Everett Community Health Partnership (ECHP)
3rd Annual MA Healthcare Workforce Summit
September 30, 2016, Devens Common Center
## About Everett

### Changing demographic and economic landscape

<table>
<thead>
<tr>
<th></th>
<th>Everett 2000</th>
<th>Everett 2013</th>
<th>MA 2013</th>
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<tbody>
<tr>
<td>Foreign-born residents</td>
<td>22%</td>
<td>41%</td>
<td>15%</td>
</tr>
<tr>
<td>Residents speaking a language other than/in addition to English</td>
<td>43%</td>
<td>55%</td>
<td>22%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$53,139</td>
<td>$48,319</td>
<td>$66,866</td>
</tr>
<tr>
<td>Renter-occupied housing</td>
<td>60%</td>
<td>60%</td>
<td>36%</td>
</tr>
<tr>
<td>Severe Housing Cost Burden (50% or more of income on housing)</td>
<td>17.5%</td>
<td>30%</td>
<td>17%</td>
</tr>
<tr>
<td>Students receiving free/reduced lunch</td>
<td>53%</td>
<td>76%</td>
<td>35%</td>
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About ECHP
Lead by the Cambridge Health Alliance Dept. of Community Health Improvement

‣ **Mission:** ECHP empowers all members to improve the health of the community through a collaborative and diverse multi-sector partnership. We engage the community in efforts to achieve health equity and racial justice to ensure that policies, programs, services and resources work to protect, promote and improve the health and well-being of all Everett residents.

**We do this through:**

- ✓ Resource identification and coordination
- ✓ Workshops and trainings for community leaders and residents
- ✓ Data collection and sharing
- ✓ Advocacy and organizing
ECHP Approach to Improvement

Working to eliminate health inequities

- Understanding racism as system of oppression and privilege, and how it effects our health
- Multi-sector collaborations in response to community issues
- Data-driven community health improvement efforts
- Evolution from focus on health outcomes \textit{(symptoms)} to social determinants of health \textit{(root causes)}
- Community engagement
A Health Equity Framework

Social determinants of health

- Income
- Education
- Transportation
- Employment
- Food Access
- Family and Social Support
- Environmental Exposure
- Health Behaviors
- Access to Health Services
- Housing
- Public Safety

Racism

Health Outcomes
Lessons Learned
Everett Community Health Partnership (Cambridge Health Alliance)

• Build relationships with unlikely partners
• Don’t be afraid to step outside the office – get out there!
• Collect and share data with community
• Link health-behavior funding with SDoH work
Contact ECHP

Everett Community Health Partnership (ECHP)
Cambridge Health Alliance Department of Community Health Improvement

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Email: Krobrien@challiance.org
Website: www.echp.org
Lawrence Family Medicine Residency – Growing our own primary care workforce
Wendy B. Barr, MD, MPH, MSCE

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A First Step to Health is Access
Greater Lawrence Family Health Center – early 1990s

- Served 3000 patients
- One Clinical Site
- HPSA Score >20
- 8 primary care clinicians
- Poor health outcomes
“Let’s Grow Our Own!”

Developing the Lawrence Family Medicine Residency Program

• Founded in 1994 – first FQHC sponsored GME program

• Mission to train family doctors for the Lawrence community (or similar communities)
  – Integrated Spanish Language training to proficiency
  – Full spectrum training to address community health needs:
    • Maternity Care
    • HIV Care
    • Healthcare for the Homeless
    • Pediatrics care
    • Others.....
Lawrence Family Medicine Residency
22 years later

• 165 graduates
  – 18% work in Lawrence
  – 1/3 of GLFHC clinicians are graduates
  – Over 50% work in FQHCs

• Nationally recognized model for Teaching Health Center

• Now a pilot Four Year Training Program
  – Improved community based and full spectrum training
Health Care Access in Lawrence
Greater Lawrence Family Health Center - today

- Serve over 56,000 patients
- 6 clinical sites, plus 2 School Based Health Centers and over 6 homeless shelter sites
- HPSA Score = 9
- Over 100 clinicians, plus 37 family medicine residents
- Improved health outcomes
Developing Your Own Primary Care Workforce
Lessons from Lawrence

• Traditional Graduate Medical Training does not meet needs of underserved communities

• Doctors training in communities – stay in those communities and stay engaged

• Skills to work with underserved communities are best taught through immersion and experience

• Partnerships are key
An Unserved Population in Need
The Organizational Challenge

2008 MAPHN Annual State-wide Conference featured presentations by Greater Boston providers for several underserved populations.

Returning veterans with Traumatic Brain Injuries and their challenges offered a totally new segment of the population to consider in public health nursing practice.

Invitation to participate in the 2008 Stand Down extended to MAPHN & accepted.
Nurses, Socks and Veterans
MAPHN Metro-West Chapter accepts the challenge with two area Public Health Nurses spending two days in late August 2008 providing foot care for homeless veterans in a tent under challenging conditions with minimal supplies gathered between May and August.

Agreed to return the following year with need to begin an on-going gathering of supplies and services for this population.
An Unserved Population in Need
Moving forward with partners

Beginning in 2009, Stand Down was embraced by the entire MAPHN community and involved in a year round collection of tangibles to provide for the veterans attending Stand Down each year.

This came to include health assessments as well as vaccines when available.

The Occupational Health Nurse Association became a valuable partner.
The two volunteers in 2008 have grown to 102 nurses and nursing students at this very moment again providing foot and health care to homeless veterans at the 2016 Stand Down.

You are invited to visit www.MAPHN.org and explore the Stand Down link on our home page for a photo and video collage of MAPHN’s participation over the years after accepting the challenge to provide care to our veterans in need. Thank you.
Health Care Revival
Our Health. Our Power. Our Community
Sharon T. Callender, RN, MPH - Mattapan Community Health Center

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Overview
Health Care Revival: A Health Center Initiative to Improve the Health Outcomes of Community Residents

Our Health

• Discussion, Testimonies and Community Dialogues

• Faith-based, data driven, community partnership initiative created in 1997 to address health disparities in Mattapan and Hyde Park, MA

• Health Screenings (blood pressure, cholesterol, blood sugar, eye, dental)

• Health Maintenance (Mammography, Prostate and Diabetes Chat Stations), Physical Wellness and Exercise,

• Vendors promoting Health Education and Social Service Programs
Health Care Revival
Implementation and Outcomes

Our Power

- Participants receive access to **free** health services and health professionals

- Health Center sharing of health information and community health data that drives programs

- Development of **CHIPs** – Community Health Improvement Programs at MCHC

- Development of Partnerships that will support health center goals and improve community wellness
Health Care Revival Evaluation

Our Community

• Sharing of health data to empower residents to “take control” of their health and their community - Community Health Report Card for Mattapan and Hyde Park

• Importance of building diverse partnerships that will benefit the community served

• Inclusion of diverse stakeholders from multi-disciplinary areas in the planning of HCR
Health Care Revival 19 and Sunshine!
Massachusetts Health Care Workforce Center
3rd Annual MA Healthcare Workforce Summit
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The Health Care Workforce Center (Center) mandate:

- Coordinate DPH health care workforce activities with state agencies, public and private entities
- **Monitor trends in access to health care providers**
- Identify solutions to address health care workforce shortages

- Conduct needs assessments, measure health care access and provider supply
- The Health Professions Data Series reports on workforce demographics such as employment characteristics, education, future plans
The Health Professions Data Series informs resource allocation, and policy and education planning

- Planning may be demographic, geographic, policy based
- Planning requires ongoing, timely and relevant data collection and analysis

<table>
<thead>
<tr>
<th>Registered Nurses</th>
<th>Licensed Practical Nurses</th>
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<tbody>
<tr>
<td>Dentists</td>
<td>Physician Assistants</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>Dental Hygienists</td>
</tr>
<tr>
<td>With Bureau of Professional Licensure &amp; Boards</td>
<td>Physician Data through BORIM</td>
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Health Care Workforce Center
RN Primary Work Settings, 2014

- Community Hospital/Inpatient: 20%
- Academic Medical Center/Inpatient: 18%
- Ambulatory Care Setting - Hospital-based: 12%
- Home Health Nursing Agency: 7%
- Skilled Nursing/Extended Care: 6%
- Physician Office: 5%
- School Nursing (K-12): 4%
- Other 17 Settings: 22%

N=68,716
Works in MA
## Health Care Workforce Center

### 2014 RN Demographics Race/Hispanic Ethnicity & Gender

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>RNs</th>
<th>MA Population</th>
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<tbody>
<tr>
<td>White, non-Hispanic (NH)</td>
<td>84.9%</td>
<td>62.8%</td>
</tr>
<tr>
<td>Black, NH</td>
<td>4.4%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Asian, NH</td>
<td>2.5%</td>
<td>4.9%</td>
</tr>
<tr>
<td>American Indian/Alaska Native, NH</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander, NH</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1.9%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>0.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>5.4%</td>
<td>--</td>
</tr>
<tr>
<td>Overall Diversity Index</td>
<td>18.7</td>
<td>44.1</td>
</tr>
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Gender: **Females:** 93%  
**Males:** 7%
13% of RNs speak in another language besides English.

Most common languages that RNs are fluent in:
- Spanish: 4.4%
- French: 2.0%
- Portuguese: 1.4%
- Haitian Creole: 1.1%
Mental Health & Disability Training

Trainings RNs Interested in Regarding Treating Patients with Disabilities and Mental Health Disorders

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>% Interested</th>
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<tbody>
<tr>
<td>Mental Illness</td>
<td>25%</td>
</tr>
<tr>
<td>Brain Injuries</td>
<td>18%</td>
</tr>
<tr>
<td>Intellectual or Developmental Disabilities</td>
<td>16%</td>
</tr>
<tr>
<td>Mobility Impairment</td>
<td>12%</td>
</tr>
<tr>
<td>Deafness or Hard of Hearing</td>
<td>11%</td>
</tr>
<tr>
<td>Blindness or Low Vision</td>
<td>8%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>7%</td>
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