Northeast Valley Health Corporation
a california health+ center

Northeast Valley Health Corporation's Journey to Improving Health Equity 6/11/21

Presented By:

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2021 California Health Equity Summit

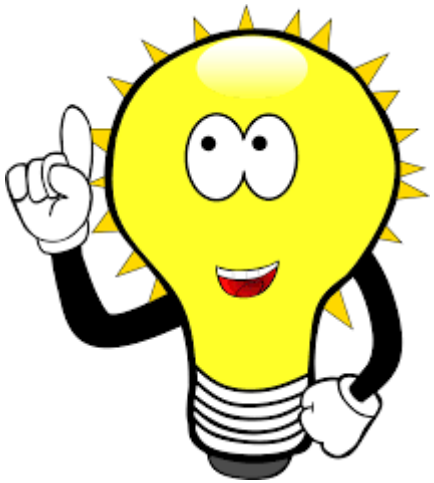
Agency Overview

- PCMH & Joint Commission Accredited FQHC
- Los Angeles County (SPA 2)
- 17 licensed clinic sites
- 80,000+ patients
- 93% <200% of FPL
- 51% ages 0-17; 49% 18 & up
- 19% uninsured

Agenda

- How my Clinic Leadership Institute Project catalyzed NEVHC's systematic health equity work
- Our approach to stakeholder engagement
- Understanding and defining the role of the Community Health Worker
- Current initiatives to address health equity
- The evolution of our organizational culture related to health equity

How it started: Clinic Leadership Institute



Assessing Organizational Capacity & Will

- Strategic Plan
- Grant funded projects
- Leverage existing resources
- Who is onboard and who needs to be convinced?

Community Health Worker Pilot (2017)

- 6 months pilot
- 4 grant funded Community Health Workers
- Standardize collection and response to Social Determinant of Health (SDoH) Data using PRAPARE and One Degree

Creating the Burning Platform

- Establish buy-in from all stakeholders
  - Leadership
  - Providers
  - Staff
  - Patients

Lessons Learned

“Technology is great, but please do not forget the human connection.”

Lessons Learned

- Define the CHW role and inform all members of the care team and organizational leaders
- Provide ongoing trainings, resources, and support: Empathic inquiry, systems navigation, boundary setting, site visits to resource providers, self-care information and EAP
- Data Sharing: Qualitative and Quantitative

Where we are now…

- National Diabetes Prevention Program
- PARENT Coach – Well Child Exam Redesign
- Health Homes Program
- County COVID-19 Community Equity Fund
- Diabetes Care Management Program w/ Risk Stratification and Care Coordination

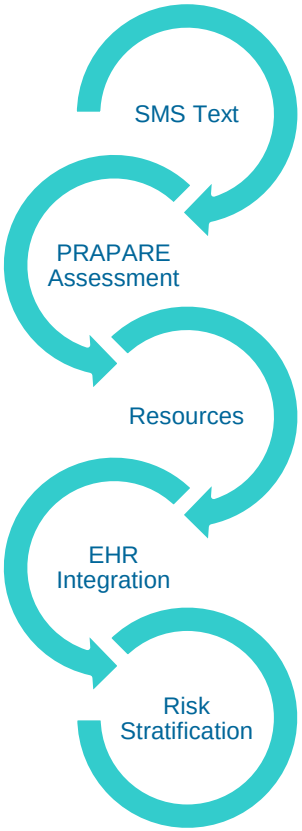
Diabetes Care Management Program

- Current Risk Stratification Model for DM
  - Counting Chronic Conditions (4 tiers) with layered HbA1c control
  - Menu of Services
    - Every patient will receive a brochure describing NEVHC DM Program
    - Patient will receive individualized insert based on their color category with screening results and menu of service appt(s) dates

NACHC Risk Score:	A1c <8	A1c ≥8 and ≤9	A1c >9
Tier 1 & 2	1. DSME 2. Nutrition Ed	1. DSME 2. Nutrition Ed 3. FMCC 4. MNT	1. DSME 2. Nutrition Ed 3. FMCC 4. MNT 5. BH 6. Clinical Pharm.
Tier 3	1. DSME 2. Nutrition Ed 3. FMCC 4. MNT 5. BH - All PTS 6. PRAPARE		1. DSME 2. Nutrition Ed 3. FMCC 4. MNT 5. BH – ALL PTS 6. PRAPARE 7. Clinical Pharm 8. MD Provider Only
Tier 4	1. DSME 2. Nutrition Ed 3. FMCC 4. MNT 5. BH – ALL PTS 6. PRAPARE 7. IPA/H.Plan Case Mgmt	1. DSME 2. Nutrition Ed 3. FMCC 4. MNT 5. BH – ALL PTS 6. PRAPARE 7. IPA/H.Plan Case Mgmt 8. MD Provider Only	1. DSME 2. Nutrition Ed 3. FMCC 4. MNT 5. BH – ALL PTS 6. PRAPARE 7. Clinical Pharm 8. IPA/H.Plan Case Mgmt 9. MD Provider Only

Where we are going

- One Degree PRAPARE Digitization Project



Journey to Improving Health Equity

- Strategic Plan
- Funding Alignment
- Operational Plan
- Trauma Informed Agency
- Justice, Equity, Diversity, and Inclusion (JEDI) Committee
- Implicit Bias Trainings

Thank you.

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