Plan to be Prepared: Community Resilience and Workforce Development

Tuesday, March 1 – 3:30 - 4:45pm

Bridging Sectors to Foster Health Care Systems’ Resilience
Nicolette Louissaint, PhD, Director of Programming, Healthcare Ready
Emily Lord, Executive Director, Healthcare Ready
Sarah Baker, Program Analyst, Healthcare Ready

With more than 90% of critical health care infrastructure owned and operated by the private sector, incorporating the private sector and non-profits into public response plans and daily operations — and vice versa — represents the most viable method for creating truly resilient communities. The resources of the private sector must be in sync with the authority of the public sector. Uniquely positioned at the nexus of the public and private sectors, as well as public health and emergency management, Health care Ready is a proven bridge in facilitating critical partnerships.

In this session, HcR will highlight its coalition-building efforts and share best practices for organizations looking to expand their own networks and partnerships. We will also discuss policy areas in which we are currently working to increase resiliency, such as private sector access to disaster areas, the upcoming CMS preparedness rule, and the future of the HPP program. We will discuss our efforts to work directly with state and local public health to improve their coordination and better work with preexisting coalitions. We will also address ways that participating organizations can engage with us to do the same. We will also share lessons learned and insights gleaned from our activations during times of disaster and infectious disease outbreaks.

In our capacity as a convener of the public and private sector, we’ve witnessed how organizations “don’t know who they don’t know,” and how, at the same time, many recurring and emerging challenges can be solved or avoided by having the right relationships in place before an event. Our breakout session will share proven methods for establishing new partnerships expose participants to beneficial coalitions and initiatives they may join, and showcase innovative case studies and success stories they can implement locally.

Learning Objectives

● Describe best practices and organizations that can be leveraged to improve community preparedness and resilience at the local, state, tribal, and national levels.
● Identify opportunities to engage with critical stakeholders on guidance, best practices and policy issues that will impact local preparedness.
● Highlight key resources and tools that will enhance or sustain efforts in planning for, responding to, and recovering from disasters and other public health emergencies.
Tuesday, March 1 – 5:00- 6:15pm

**Developing a Community Health Worker Workforce within a Health System**

Cathy Coyne, PhD, MPH, Senior Community Health Scientist, Lehigh Valley Health Network
Jessica Adams-Skinner, EdD, MPH, Director, Community Health, Lehigh Valley Health Network
Samantha A. Goodrich, PhD, Senior Research and Evaluation Scientist, Lehigh Valley Health Network

This interactive presentation will engage the attendees in the steps that lead to the development of a workforce that links primary care practices with the community in effort to improve health outcomes and population health. Presenters will share the experience of one large health system in the deployment of community health workers (CHWs) and lay educators in a variety of settings and the lessons learned through the process of developing a CHW workforce. From the engagement of community organizations in the development of a basic CHW training program to the increased demand for CHWs as part of the health care workforce, presenters will share the strategies and tools they learned throughout the journey. Key elements in this process include institutional leadership and community stakeholder collaboration; clear job descriptions; orientation and training; competency assessment; supervisor training; and continuing education and networking opportunities. Challenges, barriers and facilitators in the development of such a workforce within a health system will be shared. Attendees will be engaged in developing their own plan of action for initiating a similar process within their own institutions. This presentation is particularly relevant to conference attendees because of the emphasis being placed on community and population health, patient and family engagement, and taking health outside the walls of the practices to the communities where patients live. There is ample evidence to suggest that CHWs help to achieve all of these areas of emphasis and health systems need to have the appropriate infrastructure to help CHWs succeed within their institutions and be well-positioned to address the myriad social determinants affecting the communities they serve.

At the end of this session participants will be able to:

- Describe the role of Community Health Workers in addressing patient and population health;
- Draft an action plan to develop a CHW workforce within their organization;
- List at least 5 core competencies for CHWs.

Wednesday, March 2 – 8:45-10:00am

**Pain, Addiction and Overdose: Interventions Inside and Outside the Walls**

Michelle Lyn, Chief, Division of Community Health, Duke University
Fred S Johnson, Assistant Professor and Vice Chief, Division of Community Health, Department of Community and Family Medicine; Director of Northern Piedmont Community Care, a North Carolina Community Care Network
Cindy Haynes, Chronic Pain Coordinator, Northern Piedmont Community Care, Duke Division of Community Health

In 2007, Medical Directors from two high volume Duke Hospital Base primary care clinics and the Hospital ED sat down with three different community mental health and substance abuse providers and began mapping out ideas to address the opioid addiction epidemic in Durham County. By 2010, overdose deaths in America were the tip of the iceberg. For every 10 opioid overdoses there were 15 abuse treatment admissions, 26 Hospital ED visits, 115 who abuse/are dependent and 733 nonmedical users totaling $4 Billion in medical care. Today, with coordination from Duke Health and Duke University Hospital, a diverse group of partners implemented a multi-factorial set of programs and interventions to support patients with pain and addiction while implementing community wide strategy (Project Lazarus) to reduce overdose death. The collaboration of the Hospital, Criminal Justice System, First Responders, Behavioral Health providers, Primary Care and Specialty providers along with Pharmacies were instrumental in successfully implementing services and saving lives. The multi-level strategy included community education, provider education, hospital ED policies, diversion control, pain patient support, harm reduction programs and addiction treatment. The Community Coalitions: Durham Crisis Collaborative - Partnership for a Healthy Durham Substance Use/ and Mental Health Committee and Durham Together for Resilient Youth; Naloxone Outreach - Pharmacies, Durham County Department of Public Health and Durham Mobile Crisis Unit; Provider Education - Provider Toolkits and CME Education, Use of Pain Agreements, Use of Controlled Substance Reporting System (CSRS), Chronic Pain Provider Consultation Calls; Diversion Control- Permanent Drop Boxes; Pain Patient Support - Chronic Pain Self Management Workshops and Chronic Pain Management Resources. The take home value is that there are a myriad of cross-sector opportunities to design, develop and implement simple strategies and interventions to address a very complex and complicated issue. This presentation offers something for everyone.
Learning Objectives

● Participants will learn how one urban community came together to address a growing epidemic of opioid addiction and accidental overdoses.
● Participants will be able to assess Duke Durham’s cross sectoral approach and compare it with their provider, patient and community strategies that encompass pain programs, addiction treatment and overdose programs.
● Participants will be able to leave the session with a tangible practical intervention to test in their community.

Wednesday, March 2 – 10:30-11:45am
Health Education Specialists: Bridging Health Care & Healthy Communities in Post-Health Reform
M. Elaine Auld, MPH, Chief Executive Officer, Society for Public Health Education
Chesley Cheatham, Manager, Community Outreach, University Hospitals Seidman Cancer Center
Cherylee Sherry, MPH, Planner, Community Health Systems Coordinator, Office of Statewide Health Improvement Initiatives, Minnesota Department of Health

Both the clinical and community health workforces are vital to achieving the goals of the Patient Protection and Affordable Care Act (ACA), which aims to improve access to and quality of health care and to reduce cost. Achieving these goals presents significant challenges due to the overall burden of chronic disease, social determinants of health, aging population, lack of population health literacy and numeracy, and other variables. Health Education Specialists are well positioned to help with transition to a health care system that rewards health outcomes over services rendered and emphasizes disease prevention and health promotion. By 2022, the U.S. Department of Labor predicts that the demand for health educators will increase by more than 21%, almost twice as fast as all other occupations (11%). New models of ACA-related service have called for health educators to apply their competencies at the patient and population levels in health care settings, worksites, health departments, communities, and schools. Health educators are being used to strengthen the physician-directed team by applying theories and models of behavior change; enhance quality care coordination between health care systems and community resources; and address population health management and quality improvement.

This panel presentation will highlight the latest (2015) health education competencies that underlie professional preparation, training and certification to meet the ACA workforce demands, including developments in community colleges to educate patient navigators and community health workers. Panelists also will discuss best practices of health educators working in community benefit departments, including their roles in community health needs assessments; and emerging best policies and practices by health educators in public health agencies who are linking health care and community health services. A multidisciplinary team that includes health care staff and health educators can improve clinical outcomes, patient experience, satisfaction, lower cost, and contribute to healthier communities.

Learning Objectives

● Summarize the latest developments in professional preparation, training and certification of the health education workforce in the context of the demands and opportunities created by ACA.
● Describe best practices that health education specialists are integrating into community benefit departments and plans.
● Discuss examples of policies and practices that are bridging the gap between health care and community health and social service organizations.

Wednesday, March 2 – 2:45-4:00pm
Using Community Health Improvement Processes to Impact Community Resilience
Reena Chudgar, MPH, Senior Program Analyst, National Association of County and City Health Officials
Geoff Mwaungulu, JD, MPH, Program Analyst Public Health Preparedness, National Association of County and City Health Officials
Stephen Maheux, MPH, Senior Program Analyst, Public Health Preparedness, National Association of County and City Health Officials
As hospitals, health departments and other community partners collaborate to complete community health needs assessments and develop implementation plans to address community priorities and take action steps to impact population health, these processes also offer opportunity to improve community resilience. This presentation will describe the Mobilizing for Action through Planning and Partnerships (MAPP) framework for completing a CHNA/IP, and the RAND definition of community resilience. Presenters will connect key components of the MAPP process to the core components of community resilience as defined by RAND, including social and economic well-being of the community; physical and psychological health of populations; effective risk communication for all populations; social connectedness for resource exchange; cohesion, response, and recovery; and integration and involvement of organizations in planning, response, and recovery. Participants will learn strategies collected from three communities who identified community resilience components as one area of focus in their MAPP process, and the resulting impact on improving community resilience and population health. Participants will learn how to use their CHNA/IP efforts to collaboratively take action steps to impact community resilience.

Learning Objectives

- Define MAPP and the RAND Community Resilience model
- Describe alignment between MAPP and the RAND community resilience core components and levers
- Explain strategies other community partnerships have used to improve community resilience through their community health improvement processes

Wednesday, March 2 – 4:30-5:45pm

**Cultivating the Future Health Care Workforce**

Jamilia Sherls, MPH, RN, Community Outreach Program Manager, MultiCare Health System
Lois Bernstein, Senior Vice President, Community Services, MultiCare Health System
Laura Spada, EdD, Executive Director, Baltimore Alliance for Careers in Health care
Jo-Ann Williams, Manager of Workforce Development and Community Partnerships, University of Maryland Medical Center

Employment support services are essential to building and sustaining healthy communities. Baltimore Alliance for Careers and Health care (BACH) was built on the premise, “it takes a village,” and collaboration is vital to success. Founded in 2005, BACH is a nonprofit corporation dedicated to eliminating the critical shortage of health care workers in Baltimore by working with more than 80 partners in city agencies, health care institutions and other community stakeholders. BACH will describe their efforts to reverse the health care worker shortage in Baltimore by career coaching, career mapping, pre-allied health bridge programs.

Recognizing a shortage of health care professionals across the nation, MultiCare Health System in collaboration with diverse community stakeholders, developed and created the MultiCare Nurse Camp program, a free week-long summer program targeting high school youth, especially those from disadvantaged backgrounds. The goals of the program are to 1) increase awareness among diverse groups of students of how nursing and the allied health professions contribute to individual and population health and 2) encourage students to consider pursuing these careers or other careers in the health professions. For the past twelve years, MultiCare Nurse Camp has provided hands on experiences, job shadowing opportunities, college visits, and other learning opportunities to over 1,200 students interested in nursing and the allied health professions. A sustainable, cost-effective program, other hospitals and health systems can replicate the MultiCare Nurse Camp program and collaborate with stakeholders in their communities to address health care workforce shortages and increase diversity among staff in their service area.

Learning Objectives

- Expand awareness of workforce intermediaries
- Increase skill levels of existing frontline health care workers
- Recognize the value of collaborating with diverse stakeholders to implement a community health careers exploration program for youth.
- Understand how to build and maintain community partnerships over time to operate a successful health careers exploration program each year.
Thursday, March 3 – 9:15-10:30am
Mobilizing Public Private Partnerships in Public Health Preparedness and Response: Key to Building Community Health and Resilience
Regine Webster, Vice President, Center for Disaster Philanthropy
Jonathan Ban, Director, Division of Policy and Strategic Planning, Department of Health and Human Services
Darrin Donato, Senior Policy Analyst, Division of At-Risk Individuals, Behavioral Health and Community Resilience, Department of Health and Human Services

Public health emergencies can strike at any time and cause widespread health consequences for an entire community. Being able to prepare, respond and ultimately recover from these events require coordination of efforts that include private sector organizations working with all levels of local, state and federal government. Collaboration allows for these entities to bolster the nation’s health security – a state which the nation and its people are prepared for, protected from, and resilient in the face of incidents with health consequences. Events such as the September 11, 2001 terrorist attacks, Hurricane Katrina, and the Boston Marathon Bombings, among others, highlight the importance of public private partnerships during emergency response and recovery. Both public and private organizations offer unique access to resources that are imperative to sustain community health and resilience. Public-private partnerships can enhance public health capacity in threat assessment, immunization tracking, medical countermeasures dispensing, as well as help translate novel research into practice. The synergistic effect between these two entities allow for effective allocation and use of resources. This session will describe why public private partnerships in public health public health preparedness, response, and recovery are important; as well identify promising partnership models.

Learning Objectives
● Describe the importance of public-private partnerships in public health preparedness, response, and recovery
● Identify how public-private partnerships can foster community health and resilience
● Describe challenges and opportunities for building and sustaining public-private partnerships in public health preparedness, response, and recovery