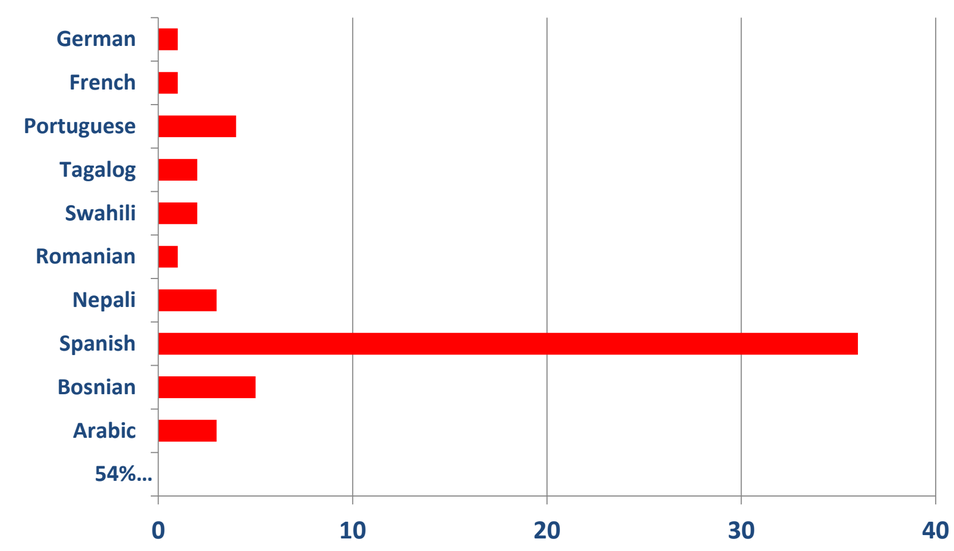
Building a Center of Excellence for Culturally Effective Care

MANCHESTER community HEALTH CENTER

Demographics

FHC in NH's largest city: **20 yrs. of operation, 2 sites**
SERVICE AREA: **Manchester & 9 surrounding towns**
ACTIVE PATIENTS: **11,000**
of EMPLOYEES: **99**
# of LANGUAGES SPOKEN at MCHC: **60+**
% of PATIENTS w/FOREIGN LANGUAGE PRIMARY: **45%**
% of MCHC WORKFORCE BILINGUAL: **54%**



MCHC recipient of a three year grant from the Endowment for Health with the following aims:

- CHW Intervention Model & Cost Effectiveness Study
- Recruitment & Retention of a Diverse Workforce
- Patient Centered Medical Home Based on Social Determinants of Health
- Immersion Training of Students in a Culturally Effective Organization
- Cultural Effectiveness Training for All Staff, Students, and Volunteers
- Collection of REaL Data & Analysis of Quality data for Health Disparities
- Integrated Policies & Procedures that Embed Health Equity Practices Across the Facility

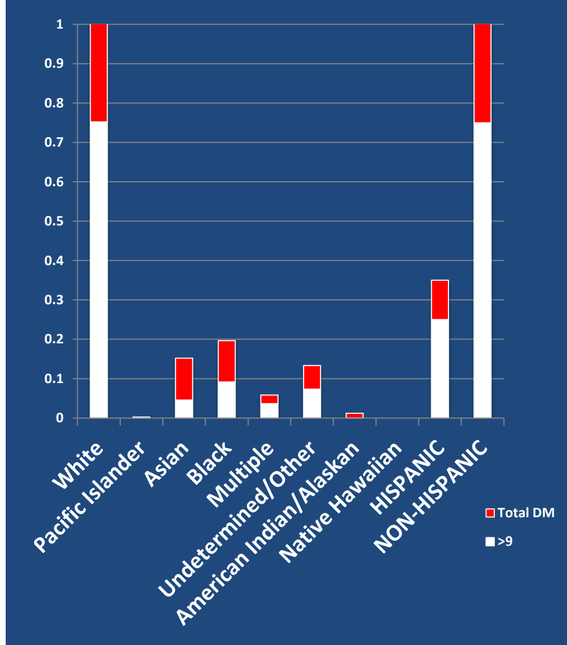
Why REaL Data Matters:

- To measure and track health differences in the population
- To target interventions appropriately

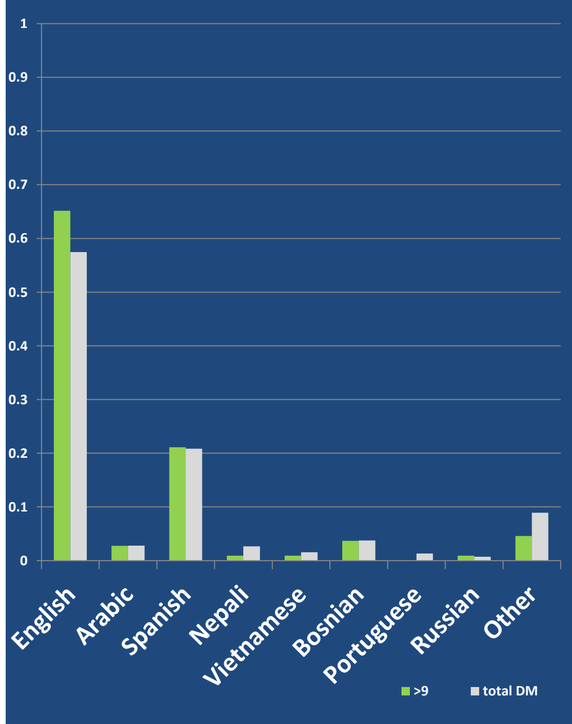
Challenges:

- Accurate REaL data collection via existing EMR and PM system
- Minimum or maximum data standards
- Delineating clear pre- and post- intervention outcomes & methods to gather those metrics in
- Patient Engagement
- Provider & Staff Engagement
- Clinical Outcomes
- Cost/Utilization Analyses

By Race/Ethnicity



By Language



Implementation of a Community Health Worker (CHW) Intervention within our Patient Centered Medical Home

Four Chronic Disease States

- Diabetes
- Hypertension
- Pediatric obesity
- HIGH RISK: Any of the three listed above and coexistence of mental health diagnoses

Populations of Focus

Patients from PCMH groups who are not reaching clinical outcome goals

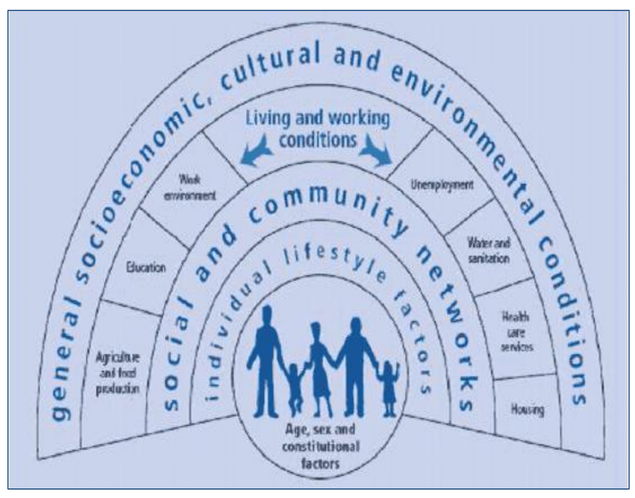
Control Groups

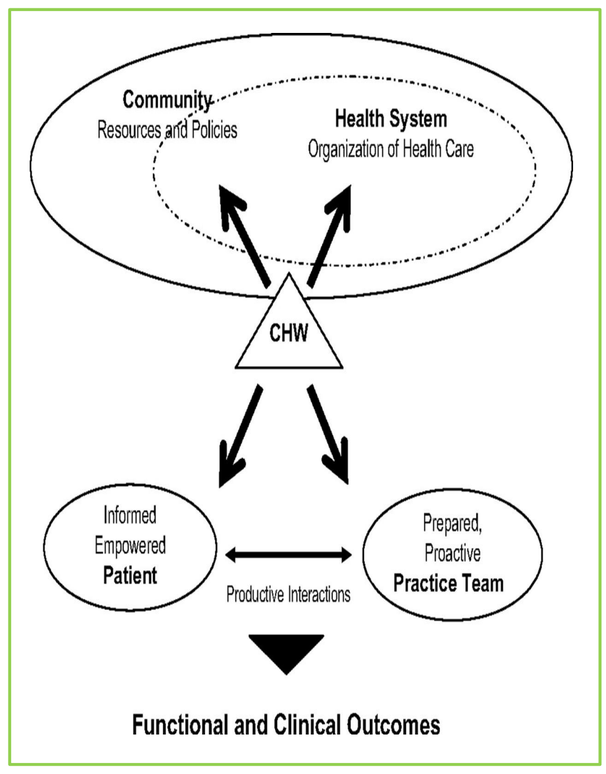
All other patients

Intervention

Assigned CHW from their communities

Social Determinants of Health





What is the Purpose

- *To assist organizations to integrate a health equity approach*
- *To build capacity in the community*
- *To make concrete progress on diversity and inclusion in health service delivery*

Lessons Learned

- *PARTNER, PARTNER – Reach out to topic matter experts and learn from the work they've done*
- *Develop your goal and work backward from there*
- *Document your process/progress so you can share with others*
- *Start with the data you will need to show when you are done*