A Blueprint for Effective Health Outreach to Vulnerable Communities

MEETING PATIENTS WHERE THEY ARE

MELISSA E. CLARKE, MD CMQ
SEPTEMBER 30, 2020
Barriers to Health Equity

- Economic Barriers
- Social barriers
- Racism
- Healthcare Disparities
- Disempowerment/Mistrust
Can healthcare providers make a dent?

- Population health puts the onus on healthcare providers to address SDOH
- Challenges
  - Limited provider time
  - Cost of employing and training staff to extend providers’ influence
  - Lack of cultural competency
  - Lack of ability to engage patients
- Need for sustainable models to impact health equity
VIRTUAL HEALTH MINISTRY
OUTREACH AND CARE COORDINATION MODEL
TO SUPPORT VULNERABLE RESIDENTS

THE LEADERSHIP COUNCIL FOR HEALTHY COMMUNITIES (LCHC) PROMOTES HEALTHY COMMUNITIES THROUGH COMPREHENSIVE PROGRAMS AND SERVICES THROUGHOUT THE NATIONAL CAPITAL REGION. WE EDUCATE, INSPIRE AND PROMOTE HEALTH BEHAVIORS.
The Leadership Council for Healthy Communities is an alliance is a 10 year alliance of clergy leaders, medical professionals, public officials, and community leaders working seamlessly to eliminate health disparities and to promote healthy communities through the leadership of faith-institutions using evidence-based practices.

- DC based 501C3 Consortium of 70 faith institutions
- Successful track record working with populations experiencing health disparities.
  - Provided 15K residents HIV prevention, treatment & referral services.
  - Executes a DC Health Benefits Exchange Authority multi-year contract to enroll uninsured residents in healthcare plans.
  - Academic, hospital and non profit collaboration for Respiratory Wellness education in areas with high incidents of lung disease training over 3000 residents
  - CDC REACH grant partner to increase awareness of and access to community health services for over 121,000 participants in 3 years.
  - Executed the Be Health Empowered Program in underserved DC wards that increased patient activation to manage chronic diseases
COVID 19 highlighted a need

1. The COVID 19 pandemic exacerbated isolation, economic, health and social inequities for those already living with health inequities.

2. Elderly, the poor and those with behavioral health issues are often overlooked and are not connected to the healthcare and services they need.

3. Timely dissemination of constantly updated public health info needs to be deployed in a comprehensive and hyperlocal way.

4. Bold new approaches that are replicable and scalable are needed to achieve long term health equity.
This project’s geographic catchment area includes high density neighborhoods of primarily African Americans in the District of Columbia with the most socioeconomic disparity.

Key Facts

- AA have the lowest median household income of all racial groups
- 27% of the District’s population have high school diplomas or less
- Unemployment 2x national average
- Wards 7 & 8 - highest per capita COVID 19 mortality
- Ward 4 has the highest percentage of elderly, 25%
- All have higher than average unemployment, chronic disease, and poverty

DC Health Matters 2020 Demographics
Virtual Health Ministry Framework

**Pop. Health Reports**

- Healthcare Providers and Hospitals

**Academic Partners**

- HUH Dept of Family & Community Medicine

**Trusted Intermediary**

- District Residents
- Call Center

**Benefits**

- Distribution channel for information and goods (masks, food, testing, vaccines)
- Improved access, engagement, outcomes

**Navigators – HU School of Social Work**

**Church/ Health Ministry**

**Managed Care Organizations (MCO)**
Virtual Health Ministry (VHM) Details

1. Each FI hires Health Coordinators from within and they are paired with a dedicated social worker and physician/NP referral network.

2. Teams are trained to culturally engage with residents, conduct telephone assessments and supply education and linkages.

3. Assessments cover mental, physical, & social health statuses. Education is on COVID-19 symptoms, testing, prevention & CDC public health messaging.

4. Medical linkages made for medication refills, COVID-19 screening & testing, or primary care; or to a Social Worker for social and BH needs.

5. Data is recorded into a secure, HIPPA compliant electronic database.

6. The database and call center software are both scalable for use by multiple FI and for use with other populations in need of outreach.
The Virtual Health Ministry Partners

First Baptist Church
- Active Narcotics and Alcohol Anonymous ministries
- HIV/AIDS and opioid use counseling and stigma reduction work

Mount Lebanon Baptist Church
- Senior Affordable Apartment complex
- Runs a community training center

Pennsylvania Avenue Baptist Church
- Mental health day treatment program for DC residents
- GW Univ. partner in HealthDesk to expand personal health awareness

Pilgrim Rest Baptist Church
- Runs The Better Way program for drug/alcohol prevention, treatment, and recovery
- Active health ministry promoting good health habits & information to address chronic diseases
Results (4 Months)

- Most Common Population Needs
  - housing (42%)
  - food (16%)
  - health (14%)
    - desire for a medical home
    - education about COVID education,
    - finding behavioral health resources for anxiety, depression, and domestic violence.

- Shortage of city resources
  - Housing
  - mental health
  - services for men who are non-veterans or unemployed.
PROGRAM HIGHLIGHTS

Established a testing center at our Pennsylvania Avenue Baptist Church VHM.

Outreached to 5900 individuals, performed over 3,800 program searches and made over 1066 medical and social service referrals to individuals and families.

Distributed over 36,000 COVID-19 specific education and public health messages through various communication platforms.
Community Messaging

To educate and support residents, 17,056 COVID-19 and public health messages were distributed through various platforms.

- Weekly VHM emails, flyers and announcements.
- Facebook, Twitter and Linked-In
- Pastoral letters and virtual worship messages to congregations.
- Texts messages and phone trees.
- In-person outreach activities: food and clothing distribution, testing site,

**EMAIL BLASTS/FLYERS**
- 6146

**SOCIAL MEDIA**
- 4928

**VIRTUAL MESSAGES**
- 1271

**WEBSITE VISITS**
- 305

**OTHER MEDIUMS**
- 5600
Love and care from a distance, practice social distancing!

#CHRISTIANSAGAINSTCOVID-19
#LCHCEDUCATE
www.lchcnetwork.org
#FIGHTAGAINSTCOVID-19
www.blackcoalitionagainstcovid.org/
#STAYSAFEDC
www.coronavirus.dc.gov/

Medicine, hope and prayer are essential to defeating COVID-19.

#CHRISTIANSAGAINSTCOVID-19
#LCHCEDUCATE
www.lchcnetwork.org
#FIGHTAGAINSTCOVID-19
www.blackcoalitionagainstcovid.org/
#STAYSAFEDC
www.coronavirus.dc.gov/
Protect yourself and others by staying home and staying safe. #HOPEANDPRAYFORACURE

#LCHCEDUCATE
www.lchcnetwork.org
#FIGHTAGAINSTCOVID-19
www.blackcoalitionagainstcovid.org/
#STAYSAFEDC
www.coronavirus.dc.gov/

Stay clean and stay healthy!

#FAMILYFIRSTAGAINSTCOVID-19

#LCHCEDUCATE
www.lchcnetwork.org
#FIGHTAGAINSTCOVID-19
www.blackcoalitionagainstcovid.org/
#STAYSAFEDC
www.coronavirus.dc.gov/

Save a life and practice social distancing.

Stay clean and stay healthy!
Summary

• provides outreach, education, screening, social support, treatment and linkage to care

• creates a centralized registry of the faith community and broader neighborhoods.

• facilitates prevention, screening and testing during a public health event

• is a scalable model to address health care disparities that can be implemented in any community, in any city, with any group
Thank you!

Melissa Clarke, MD CMQ
LCHC
301-379-8469
info@drmelissaclarke.com