
Bree Collaborative | Social Determinants and Health Disparities Workgroup

November 19th, 2020 | 8:00 – 9:30 a.m.

Virtual

Present

Cynthia Harris, Family Planning Program
Manager, Washington Department of Health
Phyllis Cavens, MD, Medical Director, Child and
Adolescent Clinic, Vancouver
Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative
Amy Etzel, Bree Collaborative
Nick Locke, MPH, Bree Collaborative
Alison Bradywood, DNP, MPH, RN, NEA-BC,
Senior Director, Clinical Quality & Practice,
Virginia Mason
Rick Rubin, Chief Executive Officer,
OneHealthPort
Yogini Kulkarni-Sharma, AVP, Health Plan
Quality Improvement at Molina Healthcare
Ashley Lile, Director of Training & Technical
Assistance, Washington Association for
Community Health
Laurie Bergman, Quality Integration/Population
Health/Cm Manager, Confluence Health
Kevin Conefrey, Vice Present, HR & Corporate
Services, First Choice Health
Maria Courogen, Special Assistant, Systems
Transformation, Washington State
Department of Health
Jessica Martinson, Director of Continuing
Professional Development, Washington State
Medical Association
Janice Tufte, Patient Partner, PICORI,
AcademyHealth
Zandy Harlin, MPH, RN-BC, Quality Program
Manager, Population Health, Kaiser

Permanente
Laurel Lee, VP Network Management, Molina
Healthcare
Emily Grimm, Operations Supervisor, University
of Washington Medical Center
Holly Bates, Master of Public Health Student,
University of Washington
Katie Spears, Master of Public Health Student,
University of Washington
Tara Ogilvie, Master of Public Health Student,
University of Washington
Wes Luckey, Deputy Director, Greater Columbia
Accountable Community of Health
Yolanda Evans, MD, MPH, Clinical Director,
Division of Adolescent Medicine Seattle
Children’s Hospital
Karie Nicholas, GC, MA, Epidemiologist,
Washington Association for Community
Health
Carol Moser, Executive Director, Greater
Columbia Accountable Community of Health
Michael Garrett, Principal, Mercer
Lauren Noble, Marketing Manager, Greater
Columbia Accountable Community of Health
Rebecca Fraynt, Manager, Health Improvement
Programs, SEIU 775 Benefits Group
Glenn Allan, Executive Master of Health
Administration Student, University of
Washington
Karen Curtis, Senior Director, Point B
Jon Ehrenfeld, Mobile Integrated Health
Program Manager, Seattle Fire Department

INTRODUCTIONS

Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves.

PRESENTATION: GREATER COLUMBIA ACH AND SDOH BY CAROL MOSER, LAUREN NOBLE, AND WES LUCKEY

Carol Moser, Executive Director, Greater Columbia Accountable Community of Health (GCACH); Lauren Noble, Marketing Manager, Greater Columbia Accountable Community of Health; and Wes Luckey, Deputy Director, Greater Columbia Accountable Community of Health, all presented on the social determinants of health (SDoH) work that GCACH has done thus far.

- Carol Moser began the presentation. GCACH set aside 1.4 million to address SDoH needs and established Local Health Improvement Networks (LHINS) to understand the unique SDoH needs of each community they serve.

- The LHIN chose to include Medicaid consumers' voices (so communities could pick their own needs).
 - Ms. Moser reviewed a map of the LHINs, the allocation of their funding, and which SDoH areas they prioritized. Behavioral health and housing were the most common.
 - In this program, GCACH does not provide direct services but works with the community to decide which third parties to fund on SDoH work.
- Lauren Noble took over to discuss the community resilience campaign. The goal of this program was to address SDoH as they relate to adverse childhood experiences.
 - Worked on spreading awareness of trauma informed practices and N.E.A.R. sciences. In person training for individuals who work with children, childcare providers, educators, foster parents, faith community, etc.
- Wes Luckey went over the data from the Community Resilience Campaign. He also spoke about the Robert Wood Johnson (RWJ) data that GCACH used. RWJ releases info each year on health outcomes broken down by county.
- An attendee asked how the LHINs determined which SDoH areas to focus on. The LHINs had members of the community take the PREPARE survey and the results determined the focus areas.
 - Once the highest priority needs were identified, LHINs worked with third party administrators on allocating the funds from GCACH.
- Another attendee asked if GCACH will be releasing the SDoH data they have gathered to the state. Ms. Moser commented on the lack of coordination between various programs across the state that are trying to address SDoH needs. There is waste in this space, as it is, and GCACH is working with other ACHs and the Health Care Authority to analyze how to use resources more efficiently.

GENERAL DISCUSSION

Nicholas Locke, MPH, Program Coordinator, Bree Collaborative, took over to lead the group in a discussion of the draft charter for the workgroup.

- The group discussed the Purpose section of the document first. The five areas of the purpose are: Defining social determinants of health, selecting priority domains for screening and further assessment, best practices for screening and assessment, mechanism to track and share results of screening including coding and interoperability, and workflow after positive screen to connect to resources internally and externally.
 - An attendee asked that, in the group's work, there be a role for the health plans so that they have accountability to this work. For example, plans could collect data on an area's housing needs or other non-person factors in health.
 - Community organizations should also be included in this work.
 - Another commented that schools also play an important role in identification and support of SDoH needs.
- Added "Outline barriers and strategies for overcoming barriers to meeting social needs" to the Duties & Functions section.
- Added language to the draft on follow-up after screening and tying that to health outcomes.
- The group discussed the low utilization of Z codes and concerns around the unintended consequences of making social conditions into medical codes/conditions.
- Ms. Weir said that the group does not need to spend too much time defining social determinants of health; they can use the World Health Organization's definition. For prioritizing areas for screening, the group can use the Gravity Project's work.
 - Next session could focus on best practices for screening and assessment.
- Ms. Weir asked for attendees to follow up with her if they can agree to come to future meetings and want to become official workgroup members.
- An attendee brought up the need to look at community information exchanges and how to make sure all the different players in this space are talking with one another.

- Rick Rubin, Chief Executive Officer, OneHealthPort, closed by commenting on the need for this group to create standards that will lead to interoperability across the state between different groups and health systems. Without standards, care in the SDoH space will continue to be siloed.

CLOSING COMMENTS

Ms. Weir thanked all for attending. The meeting adjourned.