A Tale of Five Neighborhoods

THE REBIRTH OF PLACE-BASED INITIATIVES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Lone Star Circle of Care

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Introduction: Key Concepts and Definitions



New Found Relevance: Place-Based Initiatives as Actionable Strategies to Address SDoH



Five Examples: Lone Star Circle of Care SDoH Experimental Sites



Risks, Challenges, and Early Lessons Learned



Questions & Discussion

Key Concepts and Definitions



What is "place"?

- •Place is the "local" an inside out perspective as it is experienced and sometimes transformed by those who dwell there.
- •Place is constituted through reiterative social practice; it is made and remade on a daily basis.
- •Place in this sense becomes an event rather than a secure ontological place rooted in notions of the authentic.
- •Place is an event marked by openness and change rather than by boundedness and permanence.



Rundberg neighborhood's 'Running Man,' a cardio-loving community activist.

Key Concepts and Definitions



What is "placemaking"?

- "Placemaking" inspires people to collectively reimagine and invent public spaces as the heart of every community.
- •Strengthening the connection between people and the spaces they share, placemaking refers to a collaborative process by which we can shape our public realm in order to maximize shared value.



Newfound Relevance: Place-based Initiatives as Actionable Strategies to Address SDoH



Ten areas where placemaking can have the most transformative impact:

- Equity and Inclusion
- Streets as Places
- Architecture of Place
- Innovation Hubs
- Market Cities
- Place Governance
- Sustainability & Resilience
- Rural Communities
- Creative Placemaking
- Health





Newfound Relevance: Place-based Initiatives as Actionable Strategies to Address SDoH



Economic Stability

- Poverty
- Employment
- Food Insecurity
- Housing Instability

Education

- High School Graduation
- Enrollment in Higher Education
- Language and Literacy
- Early Childhood Education and Development

Health & Healthcare

- Access to Healthcare
- Access to Primary Care
- Health Literacy

Neighborhood & Built Environment

- Access to Foods that Support Healthy Eating Programs
- Quality of Housing
- Crime and Violence
- Environmental Conditions

Newfound Relevance: Place-based Initiatives as Actionable Strategies to Address SDoH



Social & Community Context

- Social Cohesion
- Civic Participation
- Discrimination
- Incarceration



Lone Star Circle of Care's SDoH Experimental Sites: Bastrop County





Context: Fast-growing, but still small rural community 30 miles southeast of Austin

Lone Star Circle of Care Site: 25,000 SF community primary care hub

SDoH Programming:

Embedded Community Centered Health Home (CCHH) model identified high rates of child abuse in Bastrop County as an opportunity to improve health for mother-baby dyads. In conjunction with a community coalition, LSCC applied, and received funding for an evidence-based nurse home visiting program.

Operational Model: 2.0 FTE Pediatrician, 1.0 FTE Pediatric APRN, 1.0 FTE Family Medicine MD, 1.0 FTE Family Medicine APRN, 1.0 FTE Women's Health APRN, 2.0 FTE LCSW, 1.0 FTE Psychiatrist; Combined private foundation and federal/state funding; 4.0 FTE RN, 1.0 FTE Community Outreach Manager, 1.0 FTE Program Support Specialist, and .25 FTE CCHH Manager; First year home-visiting volume 150 families/~15% of Bastrop County births

Relative Annual Cost: \$\$

Lone Star Circle of Care's SDoH Experimental Sites: Rundberg



Context: Low-income, high crime, incredibly diverse (for Austin) urban neighborhood Lone Star Circle of Care Site: Acquisition from local hospital system divesting itself of charity clinics SDoH Programming:

- Academic partnership, Dell Medical School Neighborhood Health Initiative (NHI) site
- Joint staffing
- Medical-Legal Partnership
- Focused on developing APM using placemaking methods to inform the selection of services, including community organizing, social services, and primary care

Operational Model: .5 FTE IM/Ped Faculty Provider, 1.0 FTE Family APRN, 1.0 FTE Pediatrician, 1.0 FTE LCSW, 1.0 FTE Psychiatrist; .5 FTE Attorney; 2.0 FTE Community Health Workers; 1.0 FTE Community Resource Coordinator

Relative Cost: \$



Lone Star Circle of Care's SDoH Experimental Sites: El Buen Samaritano

Lone ★ Star

Circle of Care

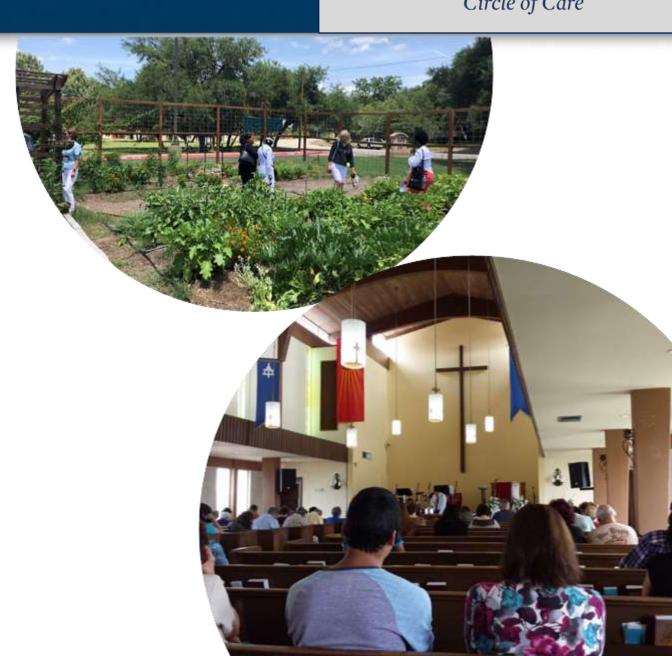
Context: Low income, urban community in Austin; Episcopal mission campus with co-located medical and social services; deep cultural competence with Latinx population

Lone Star Circle of Care Site: On campus, acquisition, ongoing strategic relationship to develop APM inclusive of medical and social services

SDoH Programming: Close partnership with on campus social services including community garden, food pantry, ESL classes, and immigrant assistance

Operational Model: 4.8 FTE APRN, 1.0 FTE Family
Medicine MD, 1.0 FTE Pediatrician, 0.2 OB
MD; 2.0 FTE Community Health Workers;
1.0 FTE Dietitian; Operational Model
Improvement

Relative Cost: \$



Lone Star Circle of Care's SDoH Experimental Sites: University of Houston, Third Ward







Context: Rapidly gentrifying, high crime, historically African American urban neighborhood; home to UH

Lone Star Circle of Care Site: Brand new, on campus, new market; joint staffing model; supports learners; supports UH's health pillar with respect to the Third Ward through a strong academic partnership with a focus on education and research

SDoH Programming: Specific initiatives and interventions are under development including collaborative multidisciplinary home visiting groups.

Operational Model: Faculty Provider Staffing – 3.0 FTE Family Medicine, 2.0 FTE Pediatrics, 1.0 FTE Psychiatry; LSCC Staffing – 6.0 FTE LCSW, 3.0 FTE Clinical Psychologists

Relative Cost: \$\$

Lone Star Circle of Care's SDoH Experimental Sites: Taylor, Texas



Context: Economically stagnated, opioid impacted, low-income, small, rural community

Lone Star Circle of Care Site: Community revitalization project, public/private partnership, operating partnership

SDoH Programming: Focus on early childhood development, intergenerational programming, and food insecurity

Operational Impact: 1.0 FTE Family Medicine MD, 1.0 FTE Family Medicine APRN, 1.0 FTE LCSW; Co-Located social

and community services; urban farm

Relative Cost: \$\$\$\$\$





Risks, Challenges and Lessons Learned



- Risks:
 - Increased expense
 - Experimental
 - Short-term Inputs vs. Long-term Outcomes Impact
- Challenges:
 - Alignment of priorities and cadence
 - Longitudinal observance of effects
 - Sustainable funding

Early Lessons Learned:

- Importance of community partner selection and goal alignment
- Community input process timeline
- Joint staffing perks and strains
- Variable neighborhood traction

