

www.AdventistHealthCare.com

Community Engagement to Improve Health Outcomes 2017

Adventist HealthCare Center for Health Equity & Wellness

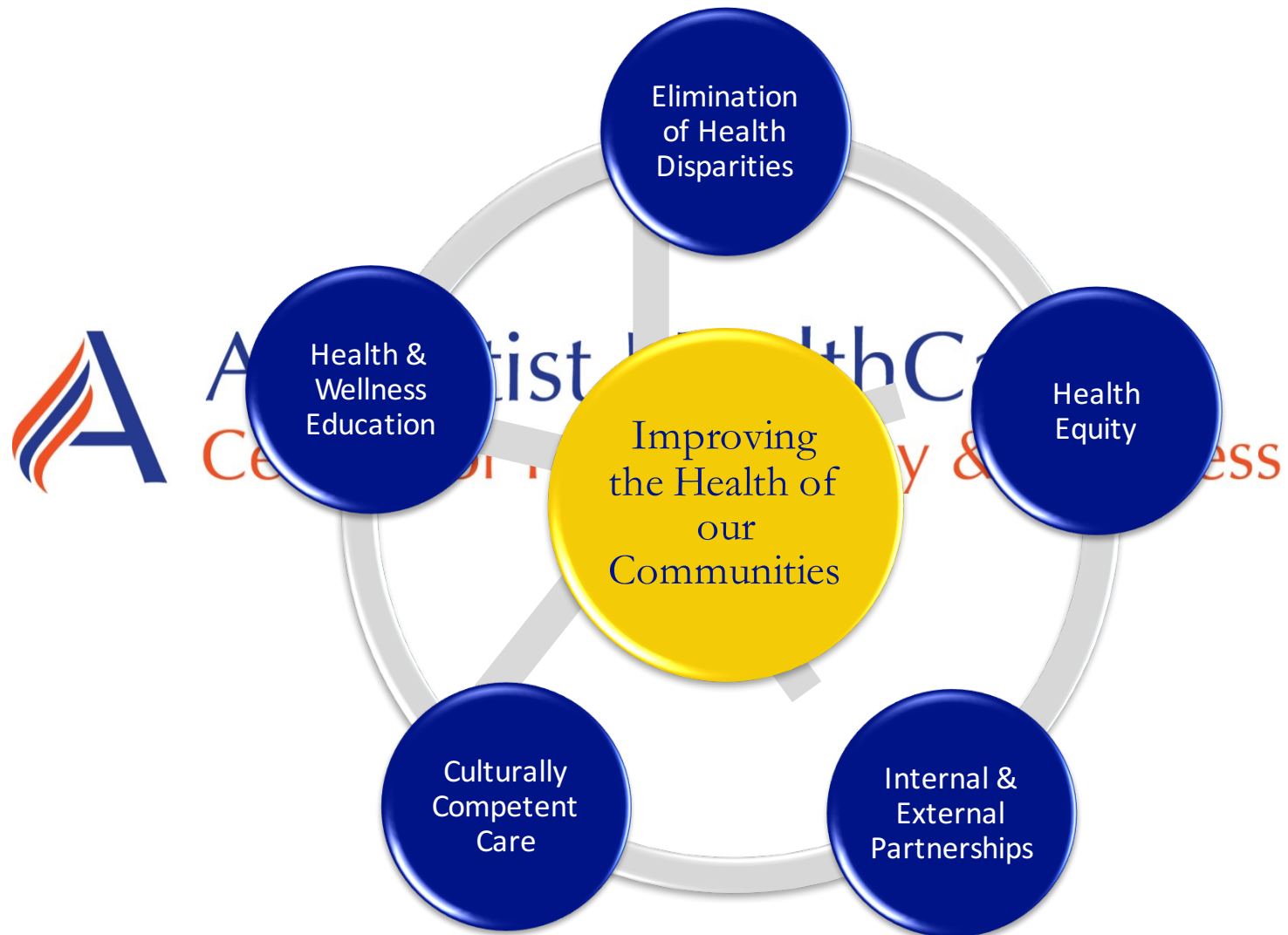


“We extend God’s care through the ministry of physical, mental and spiritual healing.”

Definition of mission

- A statement that communicates our reason for being; serves as a “north star” to guide our decision making and shape our organization.
- Expresses who we are, why we exist and the purpose behind what we do.

Center for Health Equity & Wellness



Goal: Improved Community Health Outcomes

Health Equity & Cultural Competence

Health Equity Research
Cultural Competence
Training
Organizational Assessment

Linguistic Services
Qualified Bilingual Staff
Program

Community Health Needs
Assessment (CHNA) &
Strategic Planning
Community Benefit

Disease Management & Prevention

Chronic Disease Detection, Prevention, & Management

Cancer
Diabetes
Tobacco Cessation
Cardiovascular Health

Community Health & Wellness Education

Health & Wellness Education

Maternal/Child Health
CPR/First Aid
Program Evaluation
Community Health
Screening/Edu.

How We Support Community Health

1. Develop and implement disease detection, prevention, and **health and wellness education programs** targeting at-risk populations.
2. Assess **organizational cultural and linguistic competence** and expand capacity to care for diverse populations and reduce disparities.
3. Provide expertise to ensure **compliance** with federal/state standards and other requirements for community health improvement.

Demographics of Counties Served by Adventist HealthCare

2015 Population Estimates	Frederick County	Montgomery County	Prince George's County	Maryland	USA
Non-Hispanic White	75%	45.2%	13.9%	52%	61.6%
Black or African American	9.7%	19.1%	64.6%	30.5%	13.3%
American Indian & Alaskan Native	0.5%	0.7%	1.0%	0.6%	1.2%
Asian	4.6%	15.4%	4.7%	6.5%	5.6%
Native Hawaiian & Other Pacific Islander	0.1%	0.1%	0.2%	0.1%	0.2%
Two or More Races	2.8%	3.3%	2.6%	2.7%	2.6%
Latino	8.7%	19%	17.2%	9.5%	17.6%
Foreign Born*	9.7%	32.6%	21.2%	14.5%	13.2%
Language other than English spoken at home*	14.7%	40.6%	26.4%	18.5%	21.5%

County/State Health Rankings

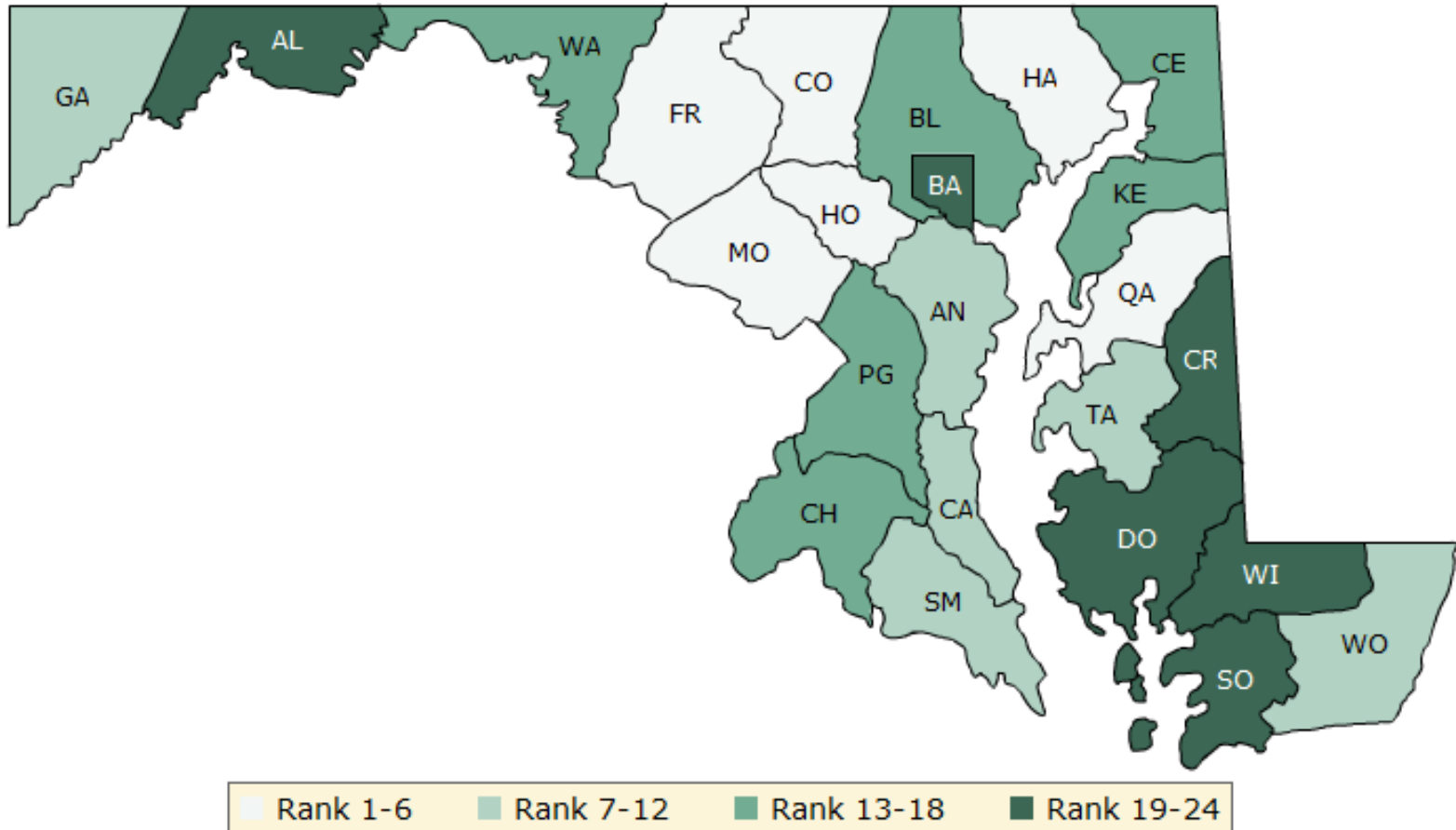
- **Montgomery County**

- Ranked #1 in overall health outcomes
- Ranked #2 in overall health factors

- **Prince George's County**

- Ranked #16 in overall health outcomes & overall health factors

Overall Rankings: Health Outcomes - Maryland



County/State Health Rankings

	Maryland	Montgomery County, MD	Prince George's County, MD
Health Outcomes	---	1	16
Length of Life	---	1	15
Clinical Care	---	2	23
Uninsured	12%	12%	17%
Primary Care Physicians	1,120:1	720:1	1,860:1
Dentists	1,360:1	850:1	1,680:1
Mental Health Providers	470:1	360:1	860:1
Preventable Hospital Stays	50	32	46

County/State Health Rankings

	Maryland	Montgomery County, MD	Prince George's County, MD
Health Outcomes		1	16
Length of Life		1	15
Premature Death	6,400	3,500	7,000
Health Factors		2	16
Health Behaviors		1	11
Adult Smoking	15%	8%	13%
Adult Obesity	28%	19%	33%
Food Environment Index	8.1	9.2	7.5
Physical Inactivity	23%	18%	24%

10th Annual Fall Conference:

Beyond Four Walls: Partnerships to Transform Community Health



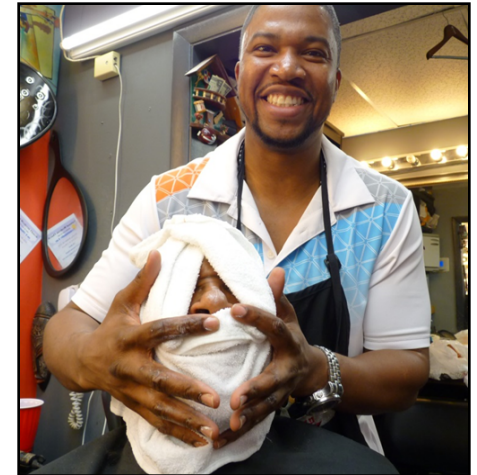
Adventist HealthCare
Center for Health Equity & Wellness



Mobilizing Black Barbershops to Promote Health & Prevent Disease

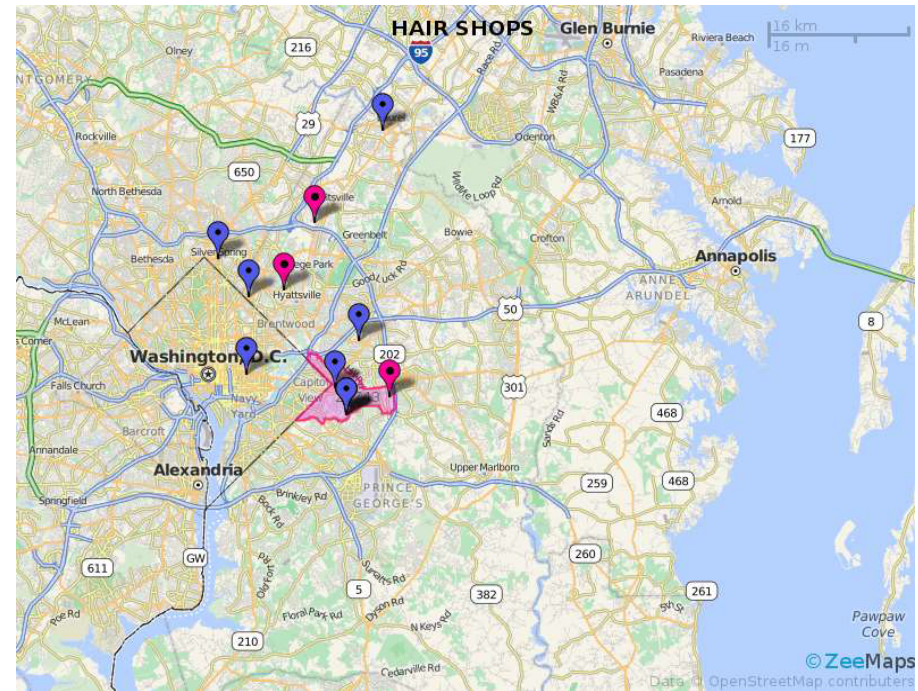
Health Advocates In-Reach & Research (H.A.I.R.)

- Transforms Black barbershops and beauty salons into health information portals
- Health messages
- Services
- Dialogue about health
- Community engaged research



H.A.I.R. Network

- 8 barbershops, 2 beauty salons (n=10)
 - Prince George's County, MD
 - Hyattsville (2)
 - Laurel (2)
 - Capitol Heights – HEZ (2)
 - Montgomery County, MD
 - Silver Spring (1)
 - Washington, DC
 - Northeast (1)



Community Engagement Partnership

■ Maryland Center for Health Equity

- Health Advocates in-Reach and Research
- Colorectal Cancer Prevention in African Americans
- Geographical Reach

■ Adventist HealthCare CHE&W

- Community Health Education & Screening Program

Prevalence and Incidence

- Adolescent tobacco use has decreased significantly in MC & PGC
- 7.9% of adults in MC and 11.8% of adults in PGC are smokers
- Among adults, Blacks in MC & those identifying as other in PGC are most likely to be smokers

Tobacco



- Neither MC nor PGC meet the HP 2020 targets for high blood pressure
- 27.7% of adults in MC and 37.9% of adults in PGC have high blood pressure
- The highest rates of blood pressure are seen among blacks in both MC & PGC

Hypertension



- In MC, 1/5 of adults are obese, and over 1/2 are overweight or obese
- In PGC, 1/3 of adults are obese, and 2/3 are overweight or obese
- Blacks are most disproportionately burdened in MC & PGC among adults

Obesity



2015 Health Screening Outcomes

- 11 Barbershops & Beauty Salons
- 428 Health Education/Screenings
 - 209 Blood Pressure Screenings
 - 156 Carbon Monoxide Screenings
 - 63 Body Composition Screenings
 - 79% AA, 10% Latino



2016 Health Screening Outcomes

- **3 Barbershops & Beauty Salons**
- **Indiv. Health Education/Screenings**
 - 19 Barbers & Stylists
 - 17 Male, 2 Female
 - 78% AA, 21% Hispanic/Latino
 - 42% No Medical Insurance, 42% No Dental Insurance
 - **43** Blood Pressure Screenings
 - **42** Carbon Monoxide Screenings
 - **86** Body Composition Screenings

2016 Health Screening Outcomes

- **3 Barbershops**
- **Community Health Education, Screening, Counseling**
 - 21 community members
 - 17 Male, 4 females
 - 76% AA, 9% Hispanic/Latino
 - 4% No Medical Insurance, 4% No Dental Insurance
 - **39** Blood Pressure Screenings
 - **28** Carbon Monoxide Screenings

Blood Pressure Screening

Systolic Pressure readings across all shops

Systolic Interpretation	Number of Individuals			Percent		
	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>
Normal	6	7	6	31.60%	53.85%	54.55%
Prehypertension	12	6	5	63.16%	46.15%	45.45%
Stage 1 Hypertension	1	0	0	5.26%	0%	0%
Stage 2 Hypertension	0	0	0	0%	0%	0%
Hypertensive Crisis	0	0	0	0%	0%	0%
Unknown	0	0	0	0%	0%	0%

Diastolic Pressure readings across all shops

Diastolic Interpretation	Number of Individuals			Percent		
	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>
Normal	13	7	6	68.42%	53.85%	54.55%
Prehypertension	5	6	5	26.32%	46.15%	45.45%
Stage 1 Hypertension	1	0	0	5.26%	0%	0%
Stage 2 Hypertension	0	0	0	0%	0%	0%
Hypertensive Crisis	0	0	0	0%	0%	0%
Unknown	0	0	0	0%	0%	0%

Carbon Monoxide Screening

Carbon Monoxide readings across all shops

Carbon Monoxide Interpretation	Number of Individuals			Percent		
	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>
Non-smoker (0-6 ppm)	10	5	7	55.56%	38.46%	63.64%
Light smoker/Secondhand smoke exposure (7-19 ppm)	6	3	1	33.33%	23.08%	9.09%
Heavy Smoker (20+ ppm)	2	4	3	11.11%	30.77%	27.27%

Waist to Hip Screening

Waist-to-Hip Ratio across all shops

Interpretation	Number of individuals			Percentage		
	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>
Low Risk	10	6	7	52.60%	46.20%	63.60%
Moderate Risk	6	4	2	31.60%	30.80%	18.20%
High Risk	3	3	2	15.80%	23.1%	18.2%

Body Composition and Body Mass Index Screening

Body Mass Index across all shops

Interpretation	Number of individuals			Percentage		
	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>
Normal	4	3	3	21.10%	23.10%	27.30%
Overweight	5	5	5	26.30%	38.50%	45.50%
Obese	10	5	3	52.60%	38.5%	27.3%

Body Composition across all shops

Interpretation	Number of Individuals			Percent		
	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>
Low	1	0	0	5.30%	0.00%	0.00%
Normal	3	3	3	15.80%	23.10%	27.3%
High	5	4	8	26.30%	21.1%	42.1%
Very High	10	6	0	52.6%	46.2%	0.00%

Accomplishments

- Relationship Building - Recruited 19 Barbers/Beauticians
- Culturally appropriate health information
- On-site counseling and screenings
- Phase III Follow-up screenings
- Decreases in BP, BMI, tobacco use
- Goals: Improve Nutrition & Exercise

Challenges & Lessons Learned


- Low enrollment
- Attrition/Loss to follow-up
- Lack of Trust

Lessons Learned

- 1) Build trust through engagement and assessment before outreach.
- 2) Intensive time and effort needed to build trusting relationships and credibility.
- 3) Regardless of intent, not every shop meets basic elements needed for success.
- 4) Demand for expansion exceeds capacity.

Community Engagement





A dialogue leads to
connection, which leads to trust
which leads to engagement.

Seth Godin

“ quotezfamily

DISCUSSION



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