

# **Cross-sector Data Sharing for Systems Level Change**

**Sheena Nahm McKinlay, Health Leads**

**Carly Hood-Ronick, Oregon Primary Care Association**

**Rey Faustino, One Degree**

**Michele Horan, Alliance for Better Health**



# Session Reminders

## **We're Recording!**

- All participant lines are muted and videos are disabled upon entry.
- Please keep your audio and video off unless otherwise requested by presenters.

## **Engage with Us!**

- We invite you to submit content-related questions in the Q&A section on your screen or offer ideas, comments, and suggestions in the Chat section.

## **Give Us Feedback!**

- Love what you're hearing? Like our session!
- Click the 'Rate Session' button and complete mini evaluation

## WHO WE ARE

Health Leads is an innovation hub that unearths and addresses the deep societal roots of racial inequity that impact health.

## OUR MISSION

We partner with communities and health systems to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

## OUR VISION

Health, well-being and dignity for every person, in every community.

# Panelists

- Moderator: **Sheena Nahm McKinlay**
  - VP of Research & Development, Health Leads
- **Carly Hood-Ronick**
  - Director, CCO Strategy and Health Equity, Oregon Primary Care Association
- **Michele Horan**
  - Senior Director of Operations, Alliance for Better Health
- **Rey Faustino**
  - CEO & Founder, One Degree

# Cross Sector Data Sharing for Systems-Level Change

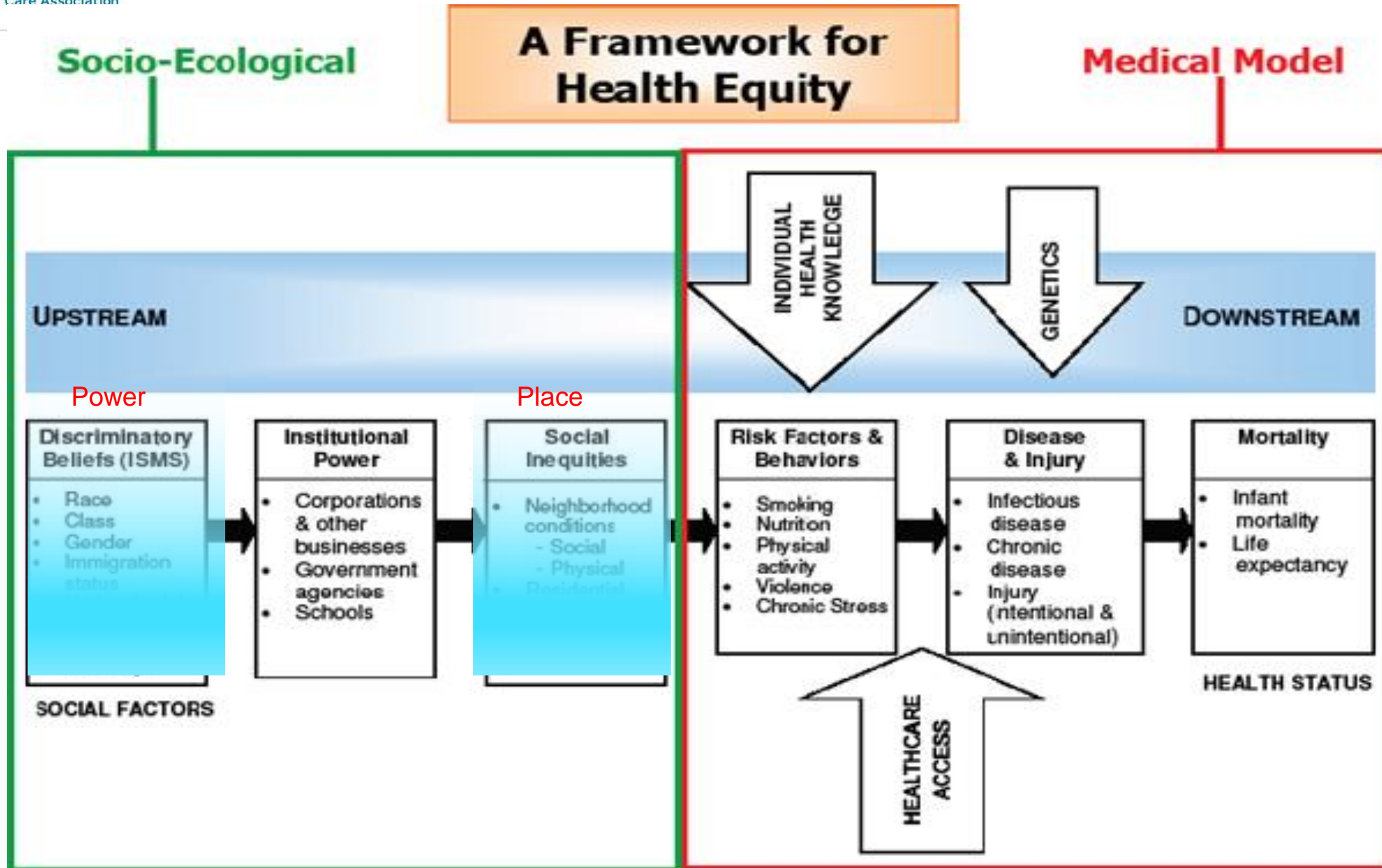
**Community Information Exchange Conference**  
**August 13, 2020**

Carly Hood-Ronick, MPA, MPH  
Director, CCO Strategy and Health Equity  
Oregon Primary Care Association

# Issue at hand







# Better defining our work...

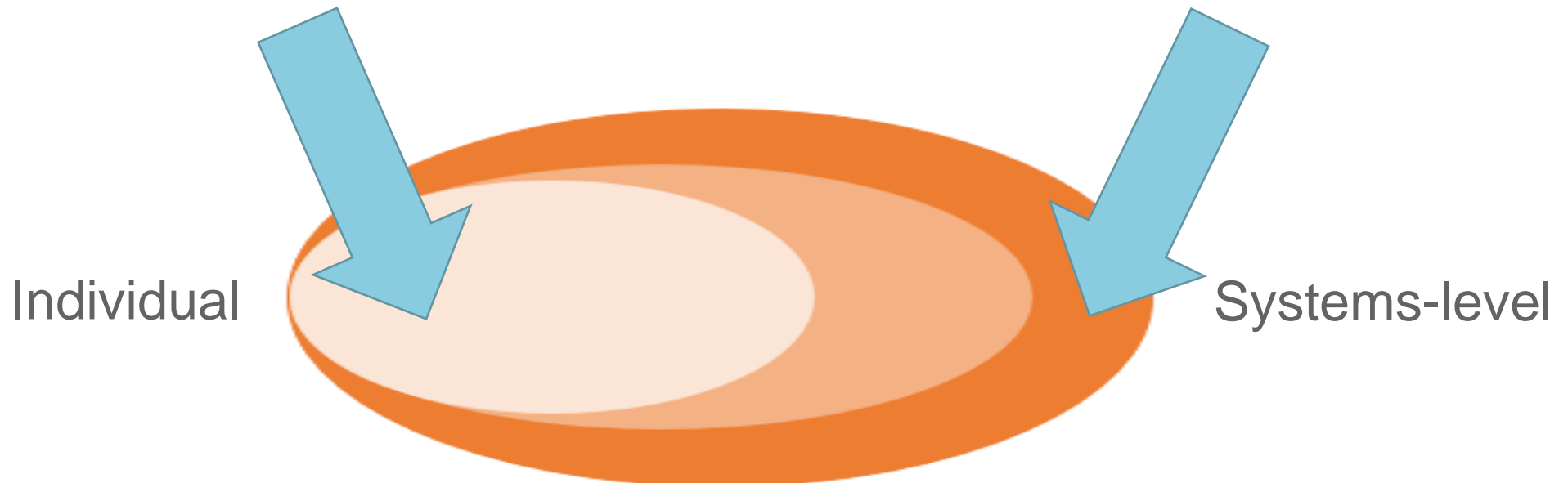
## Social needs:

**Informed care** – using information provided on a patient's social context to inform treatment plan development.

**Targeted care** – using information provided to address patients' social needs directly.

## Social determinants of health:

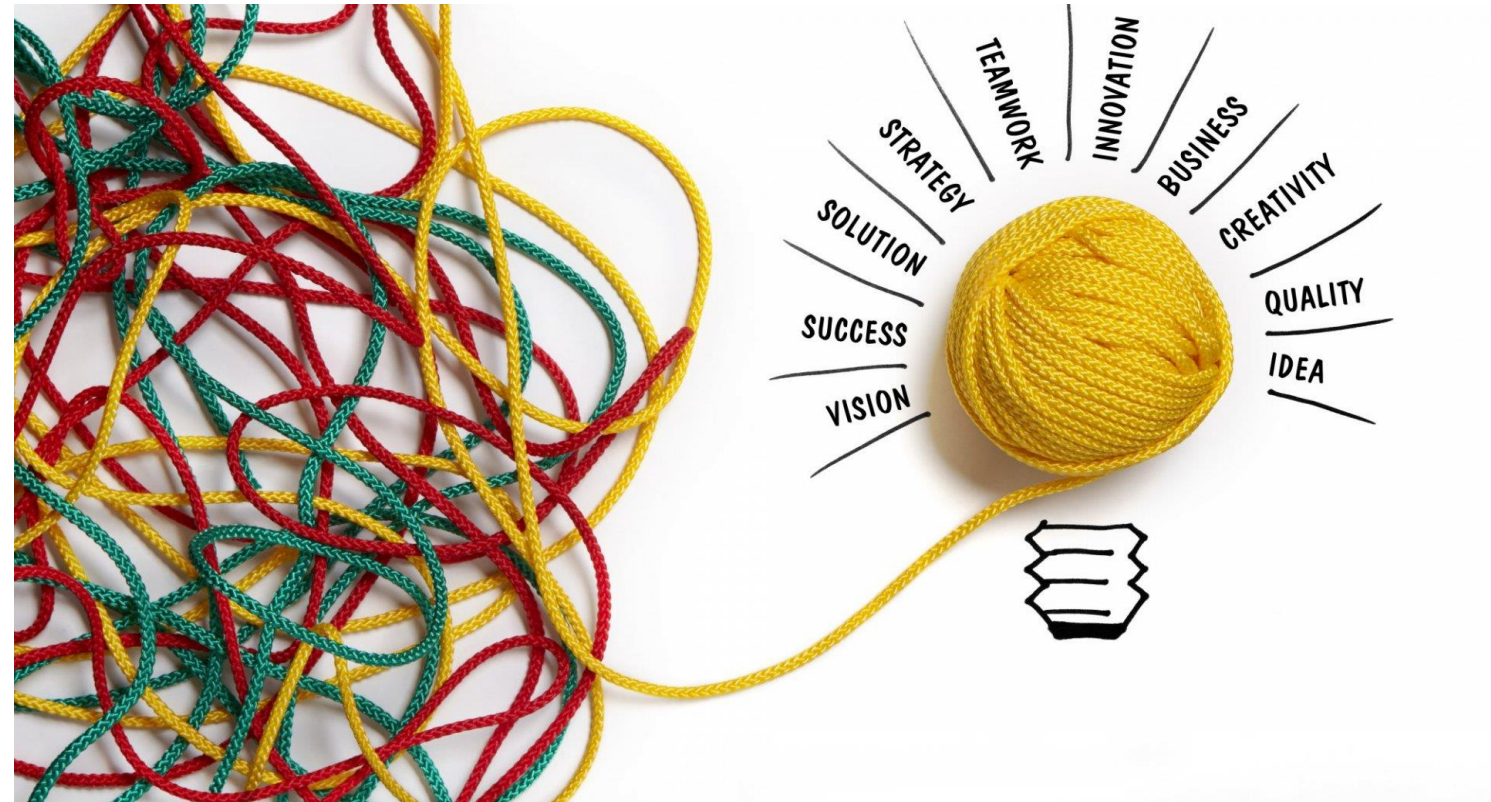
The conditions in which people are born, grow, live, work and age, which are shaped by the distribution of money, power and resources.






# Decisions should be data driven. Yet...

- Multiple:
  - » Payers
  - » Electronic Medical Records
  - » Screening tools
  - » Reporting platforms
  - » Grant requirements
  - » Etc
  - » Etc
  - » Etc

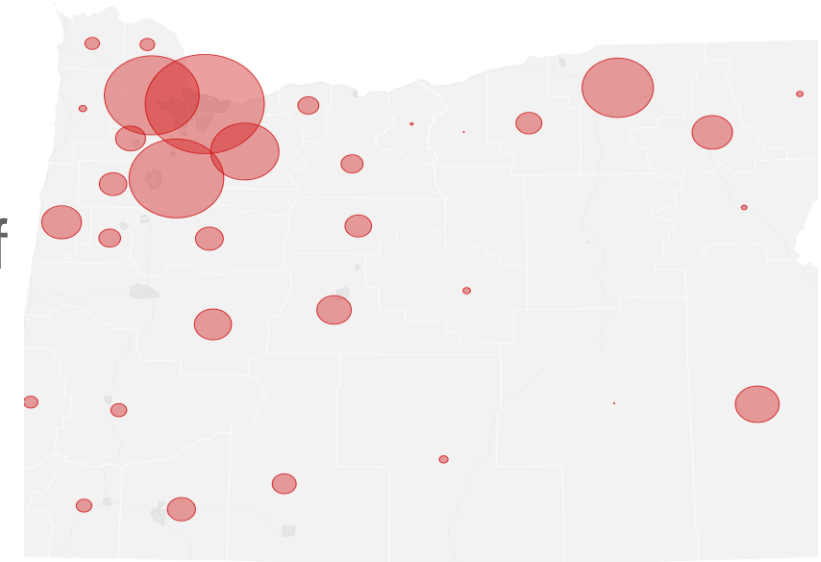


# Oregon systems-level efforts for alignment



# Oregon efforts for alignment

- CIE – Statewide advisory group to develop roadmap
- REAL-D – legislation to improve standardization of Race, Ethnicity, Language and Disability data across Oregon
- SSRL platforms – explosion of Aunt Bertha and Unite Us

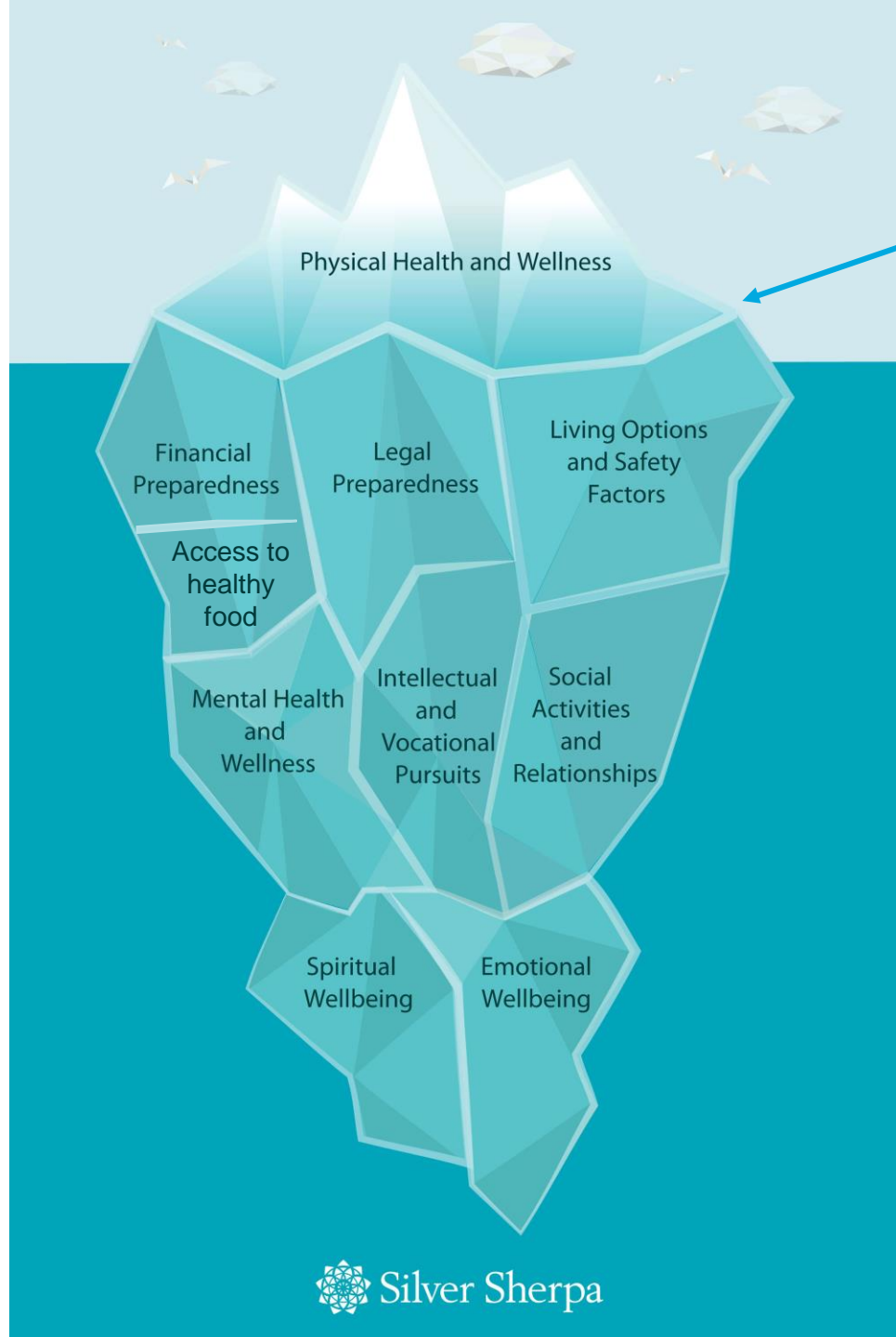


# Healthy Together

solutions for a healthier community

Michele Horan RN BSN

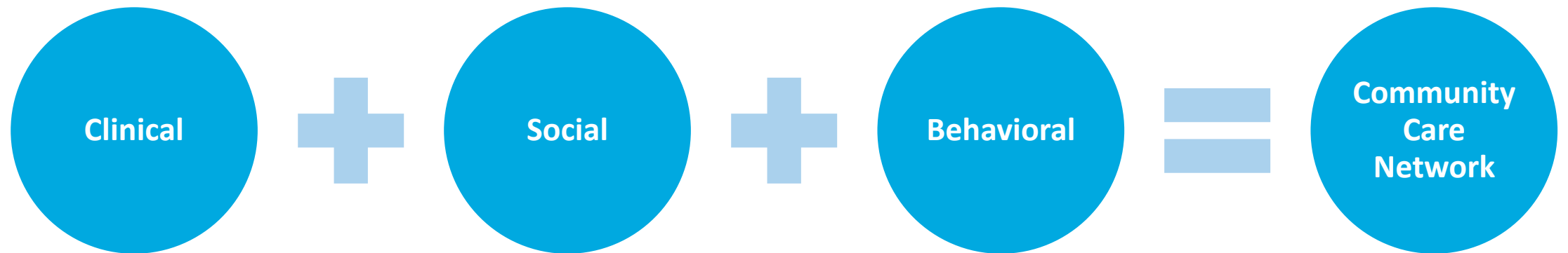
Senior Director of Operations



clinical care = just the tip of the iceberg

Root Causes of Good  
vs. Poor Health

# Community Care Coordination Referral Network





# Building the Network

## Current State



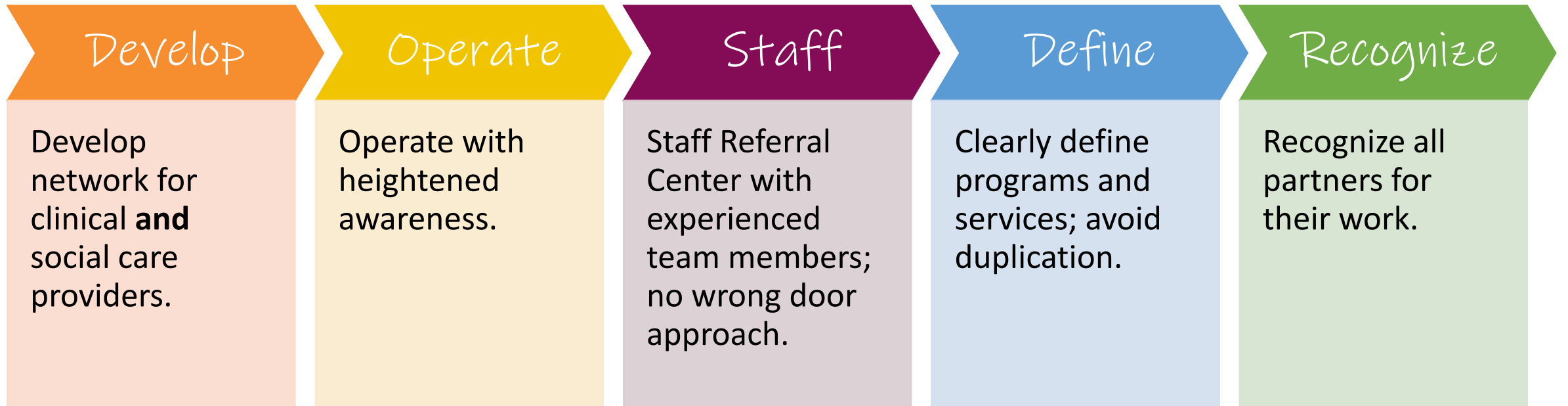
- ☐ Lack of integration, collaboration, and awareness of services available.
- ☐ High/rising risk community members often require more coordination, less care. Too many silos.
- ☐ No single “source of truth.”

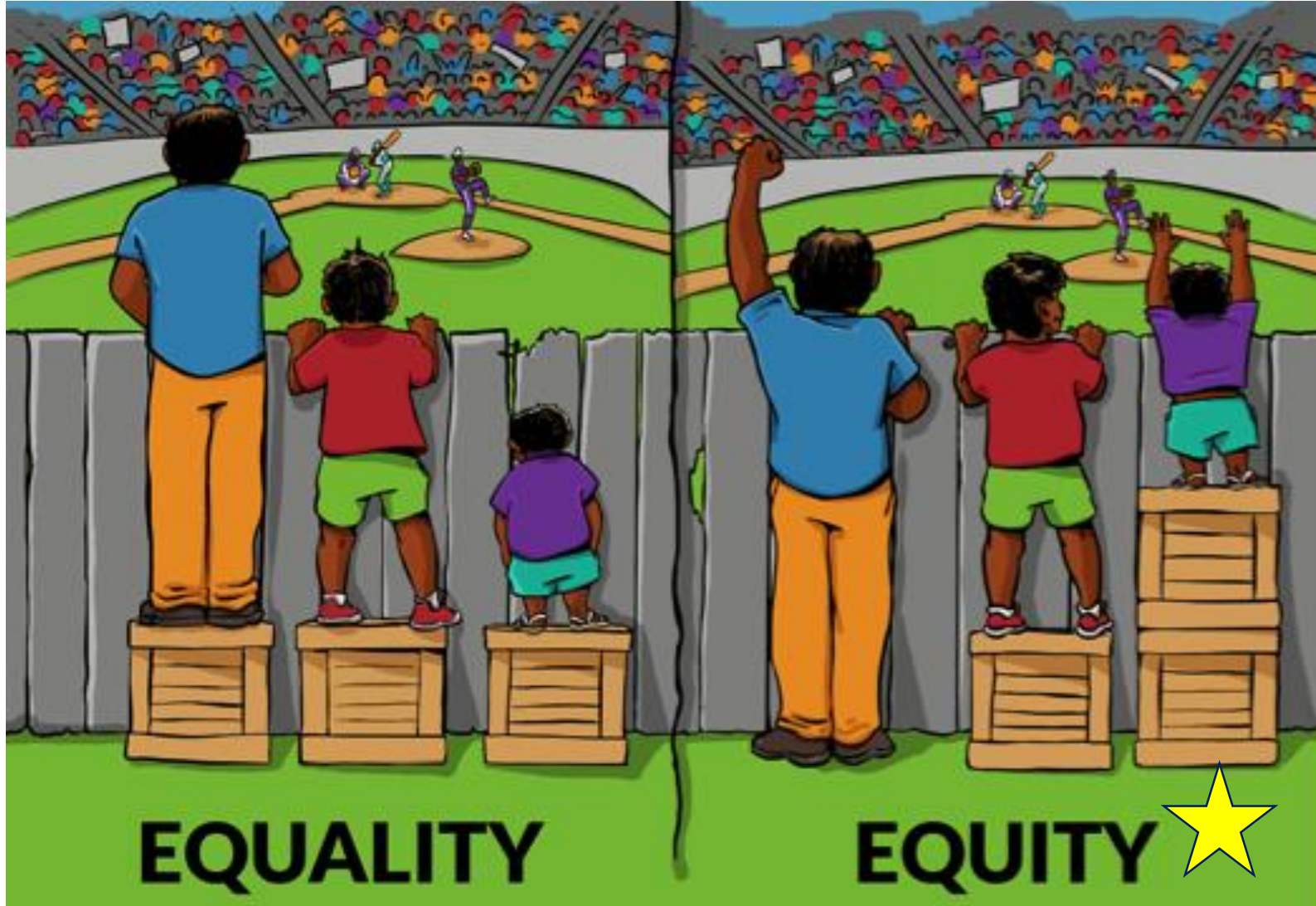
## Drivers



- ☐ Multiple, disparate payers + grants
- ☐ Lack of clear delineation between case management + care coordination
- ☐ No current network infrastructure + integration to support and measure ROI.

# How do we create change?





**Equality:** giving everyone the same thing.

**Equity:** giving people what they need to reach their best health.

# COVID-19

## What we know:

- SDoH needs are heightened
- Urgency to address the needs of the whole person

## What needs to happen:

- Clinical, social, and SDoH SMEs must collaborate; break down silos
- Timely and standard SDoH screening
- One integrative platform for all to use

## What we've done:

- COVID-19 Emergency Response Program = “widening the net”
- Supports existing Referral Network Partners (Healthy Together) by enhancing/extending existing emergency services to our community members

# COVID-19: Targeted Services



HOUSING + SHELTER



FOOD



CLOTHING +  
HOUSEHOLD  
GOODS



HEALTH INSURANCE  
NAVIGATION



BENEFITS NAVIGATION

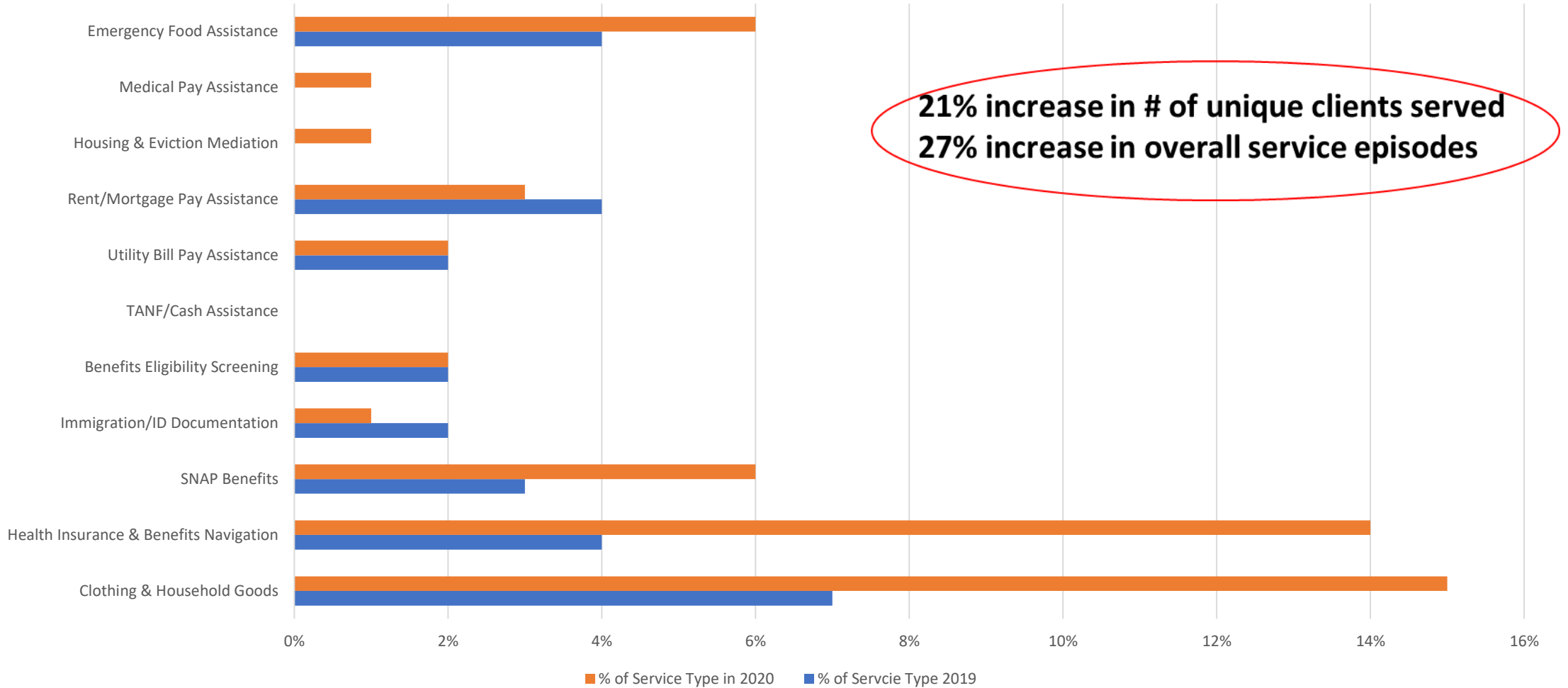


PHYSICAL HEALTH

# COVID-19 Service Data Pre/Post-Initiative

## 12 Month Lookback Period June/July 2019/2020

Chart Title





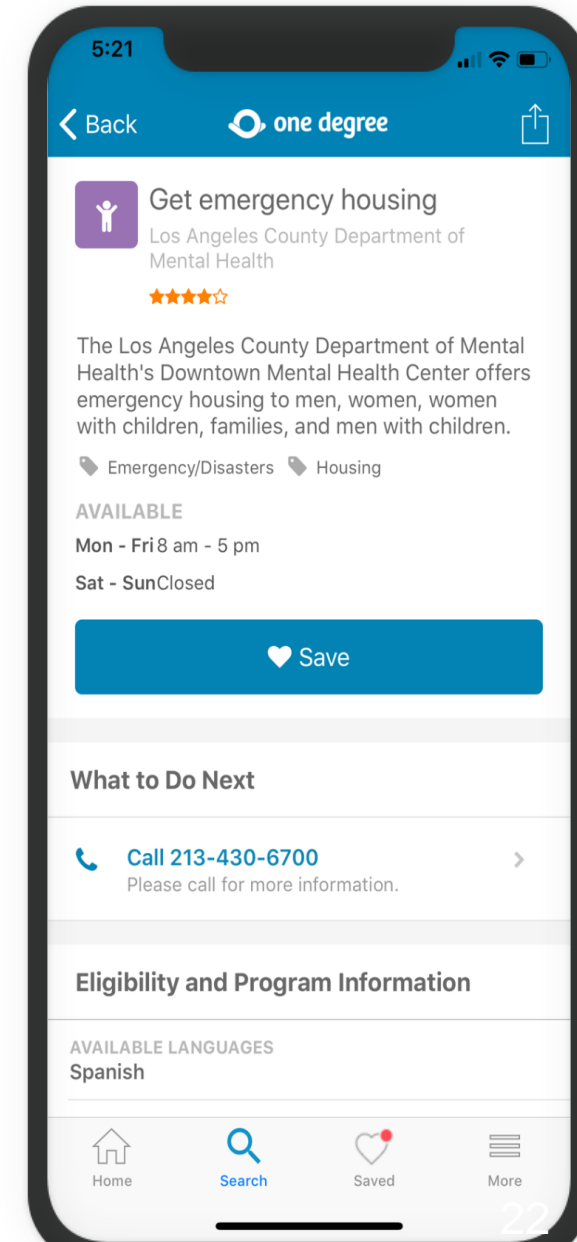
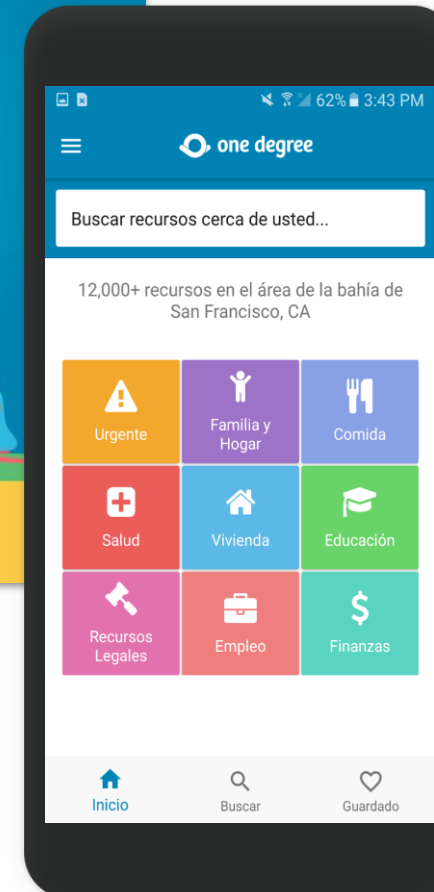
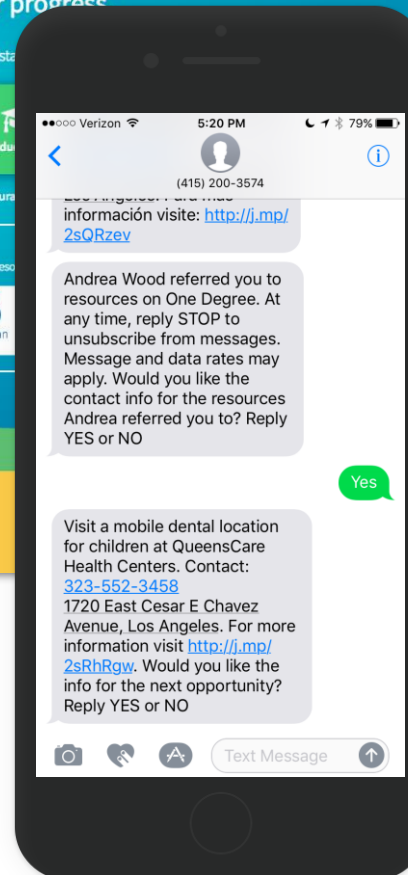
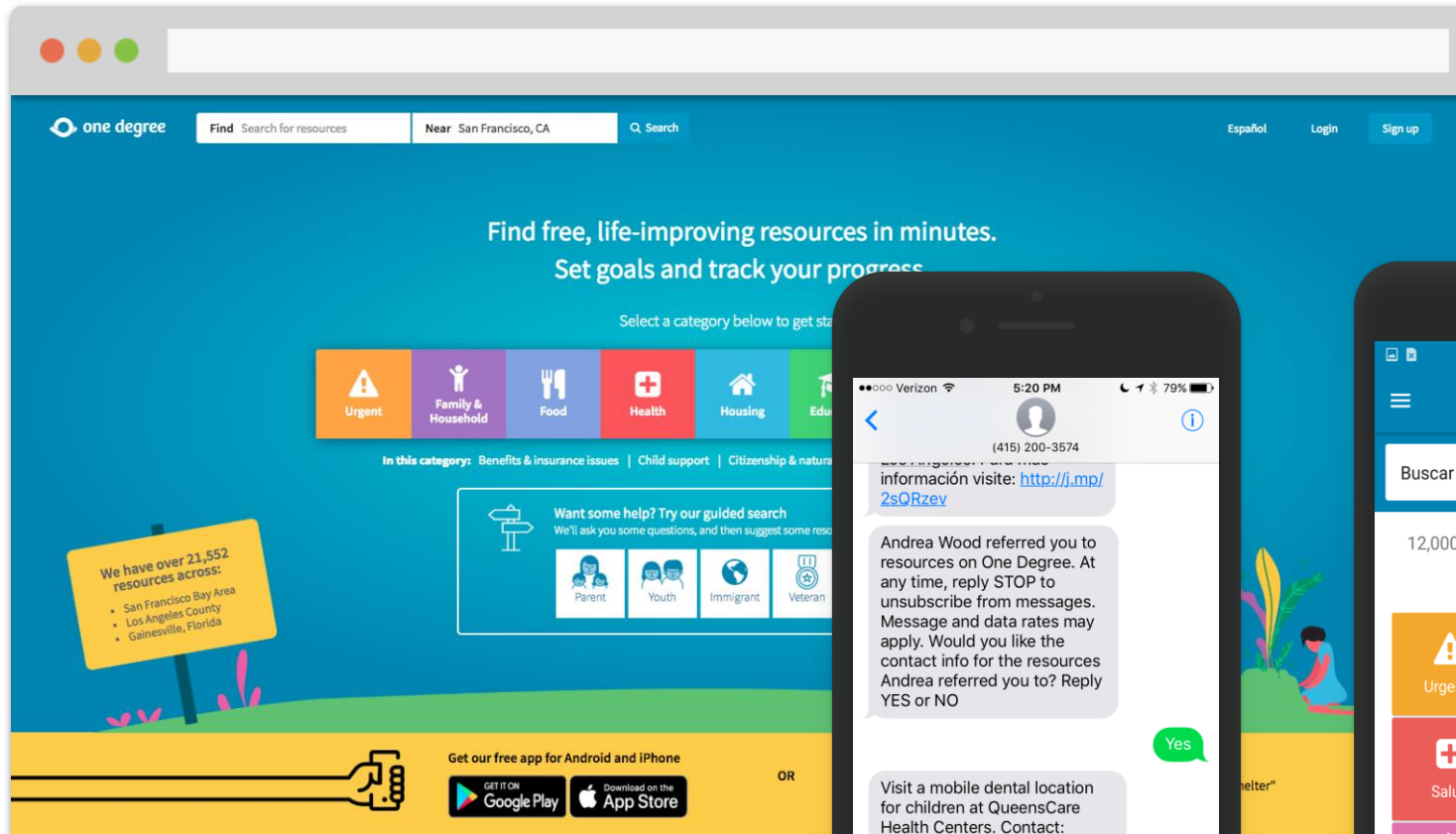


# Access to life-saving resources

Rey Faustino, MPP  
CEO & Founder of One Degree

[www.1degree.org](http://www.1degree.org)

# One Degree Platform





A map of the San Francisco Bay Area, showing the bay, surrounding land, and major roads. The text is overlaid on the left side of the map.

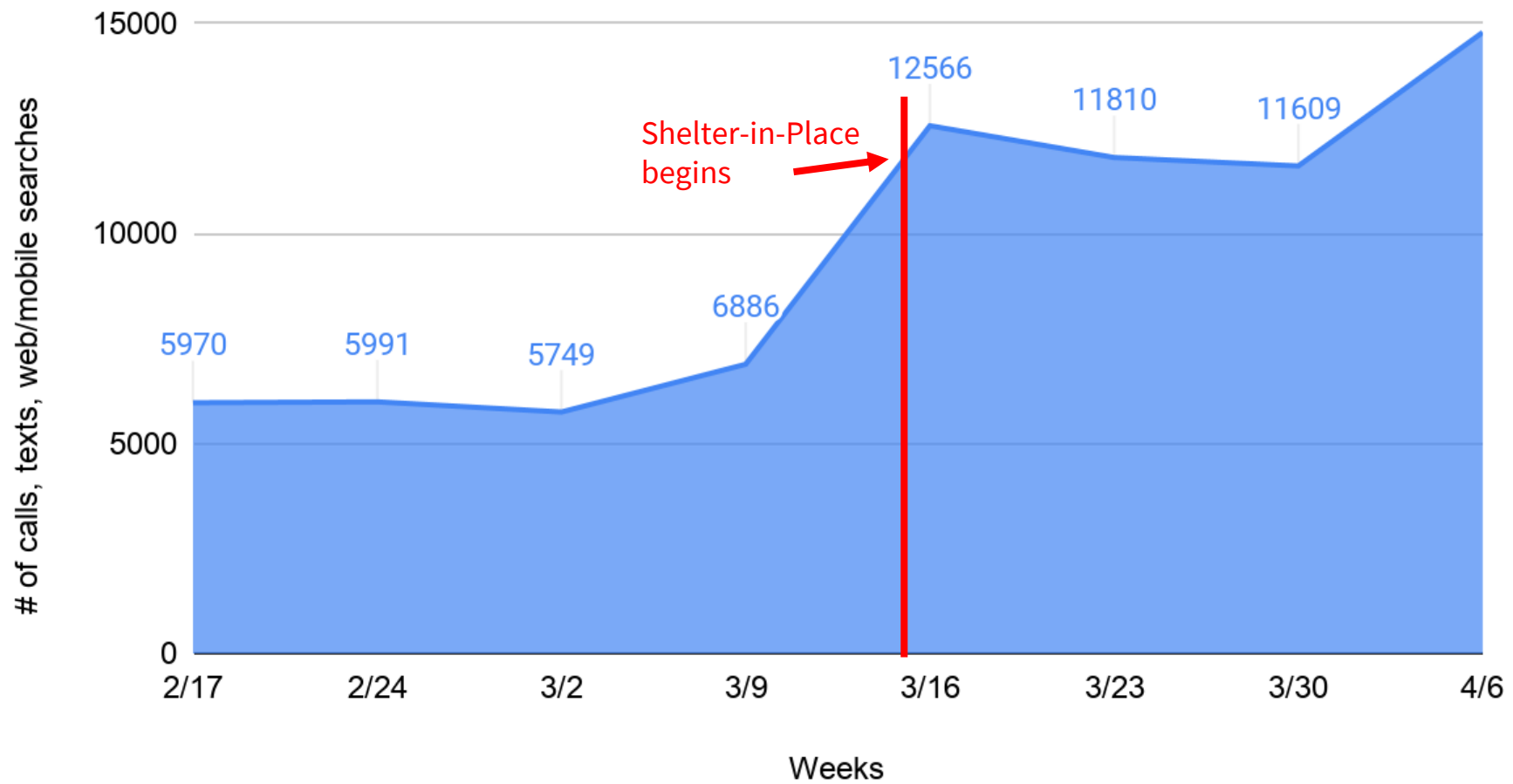
**1.3 million  
people in the Bay Area  
cannot meet  
their basic needs**



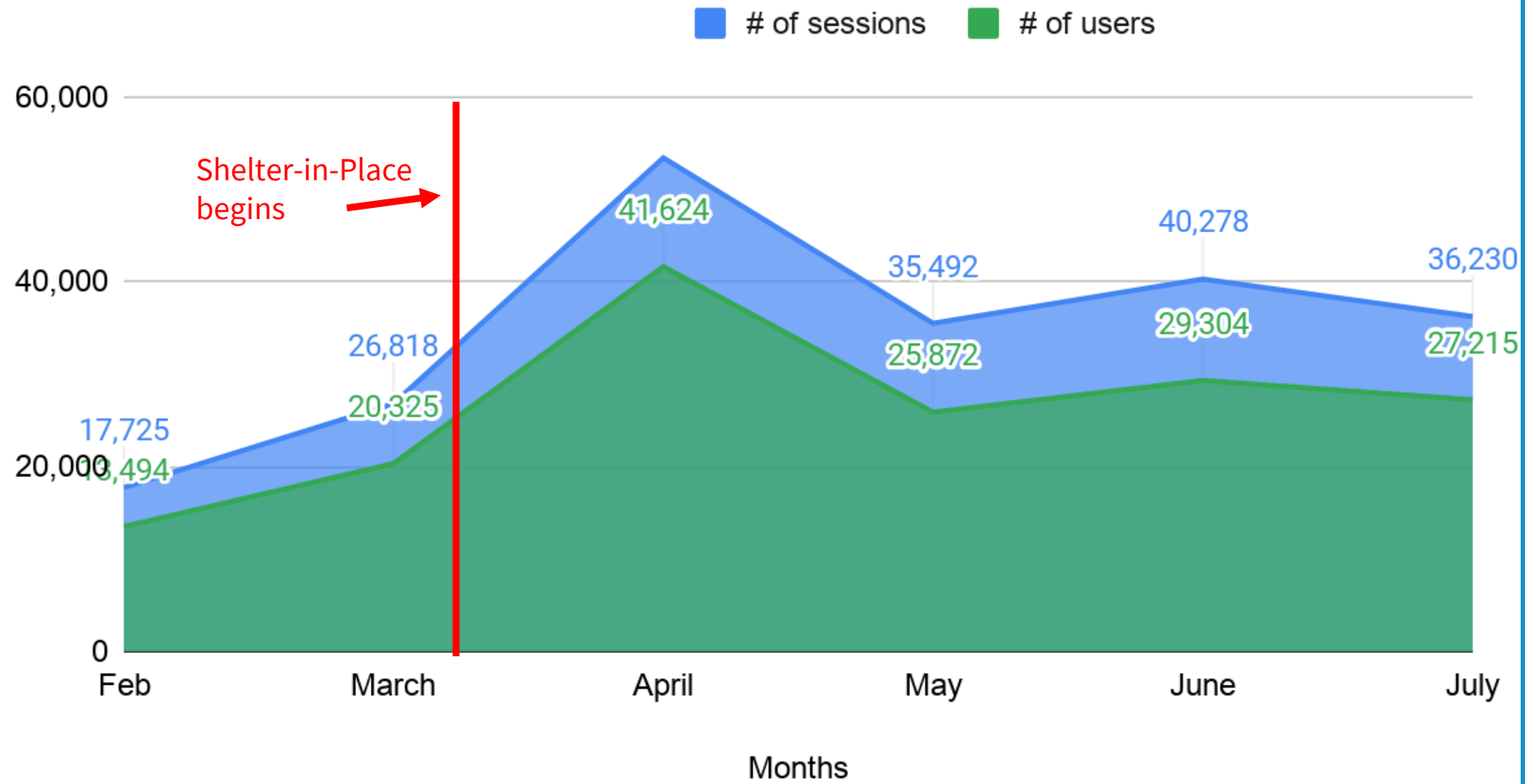
**1.3 million**  
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**their basic needs**



## # of Help-seekers from Feb 17 to Apr 5, 2020



## Help-seekers by Month





# Top searched categories by month

	February	March	April	May	June	July
#1	Housing	Food	Food	Food	Food	Housing
#2	Food	Housing	Food pantries	Food pantries	Housing	Food
#3	Groceries	Grocery & meal deliveries	Grocery & meal deliveries	Housing	Money	Employment

↑  
Shelter-in-Place begins

# CONNECT BAY AREA

[Home](#) [Approach](#) [Partners](#) [Need More Help?](#)





# Access to life-saving resources

[www.1degree.org](http://www.1degree.org)



# Thank You!

## Questions?

Send to:

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[chood@orpca.org](mailto:chood@orpca.org)

[rey@1degree.org](mailto:rey@1degree.org)

[michele.horan@abhealth.us](mailto:michele.horan@abhealth.us)



# THANK YOU!

