

Virginia Governor's Housing Conference

SWVA Regional Collaboration and the Social Determinants of Health

Panelists:

Andy Kegley- HOPE, Inc., Executive Director
Rebecca Dillow- AppCAA, Executive Director
Paula Masters-Ballad Health, VP of Health Programs

How did we get here?



Fahe is a network of Appalachian leaders working to build the American Dream.





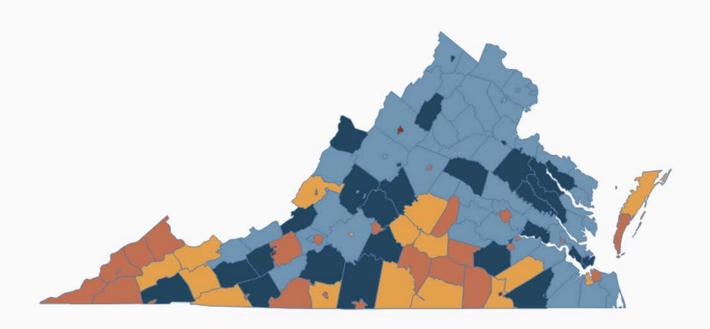
Since 1980, Fahe has invested \$1.05B, generating \$1.61B in finance.

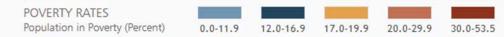
This investment channeled through Fahe's Members and community partners directly changed the lives of 687,183 people.



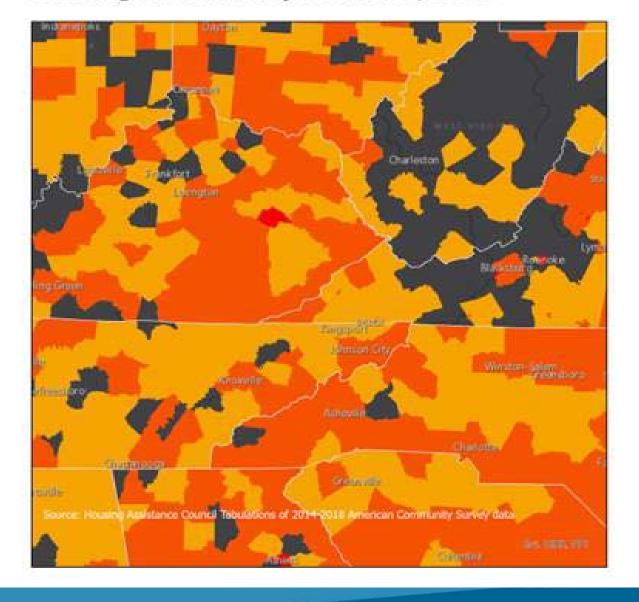








Housing Affordability Problems, 2018



County

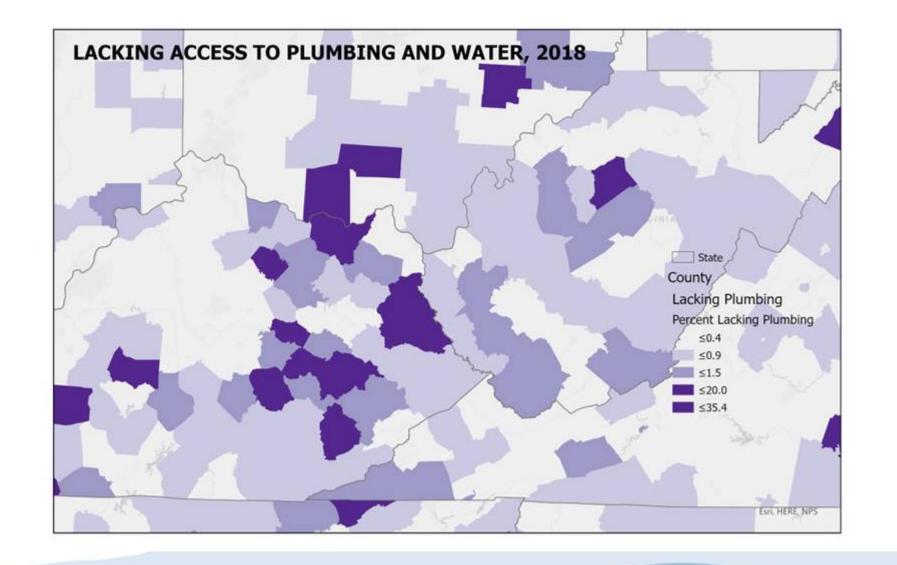
% Cost Burdened Homes

≤24.9

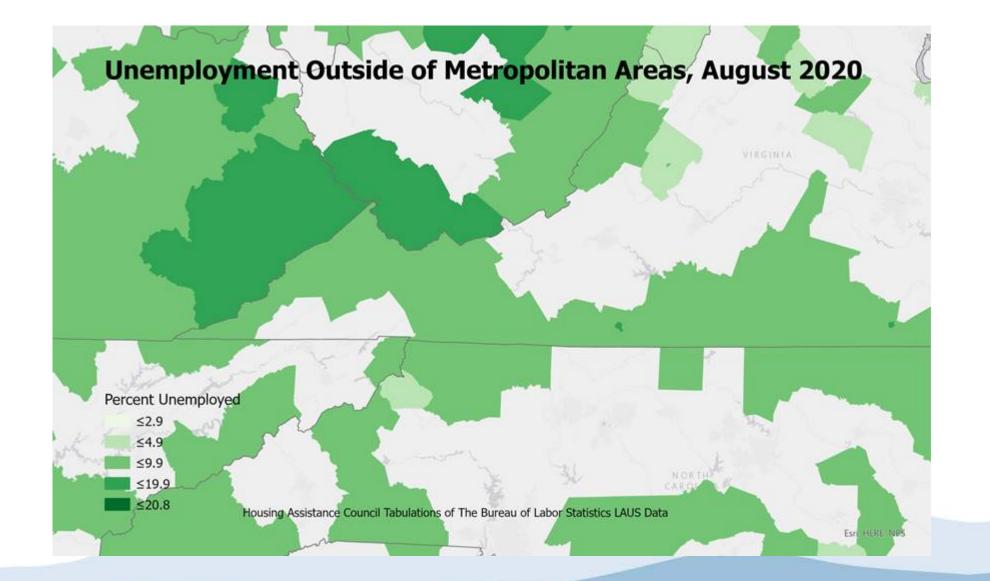
≤29.0

≤39.9

≤57.3









Fahe, based in Berea, Ky, has 50+ members in 6 states, including 5 members in the Virginia Caucus

- CHP
- HOPE, Inc. **
- People, Inc. **
- SERCAP
- Appalachian Community Action and Development Agency **
- ** Three Virginia members, and four Tennessee members, work within the Ballad footprint



HOPE's 30-year collaborative work across 6 SW Va localities:

- 60 SF homes developed/sold in 2 subdivisions and scattered site
- 2 LIHTC projects—Southridge, Woodlawn School
- 4, 4-BR group homes for IDD; 9 units PSH housing
- Bookkeeping services for 12 local non profits
- In FY 19, 20: 380 households served by Rent and Mortgage Relief Program
- 2 food security programs:
 - HOPE Packs provided 38,500 total weekend supplements last school year to 900 students
 - Open Door Café, served 44,000 lunches since opening 11-1-18, 75% paid forward by others
- Over \$40 million total housing/food program investment



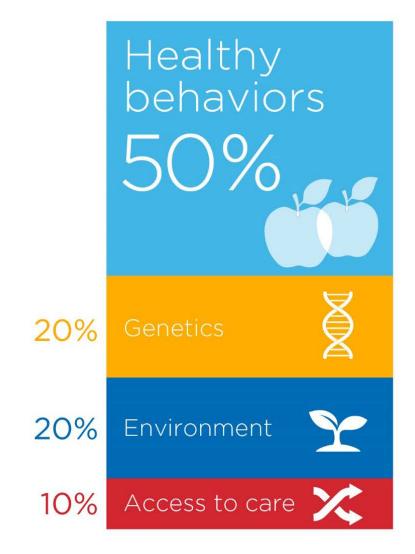
AppCAA's 55-year and current impact on housing in Far Southwest VA: Lee, Scott & Wise Counties and the City of Norton

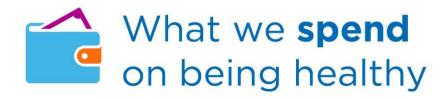
- Weatherization Assistance Program 1125 homes
- Housing & Rehab Repair services over 700 homes
- Indoor Plumbing Rehab & Repair Services nearly 250 homes
- Provided homeless prevention services and support nearly 50 individuals
- Currently serving families impacted by COVID-19 with Rent & Mortgage Relief, Food, Hygiene and Diaper vouchers 800 families since March 2020
- Partnering with Feeding Southwest Virginia on two local mobile food pantries to serve over
 200 families each month 1600 since March 2020
- Providing HUD Housing Counseling services and support as a certified HUD Housing
 Counseling since 2017 75 families



Why should a health system care about housing and why should housing care about health?

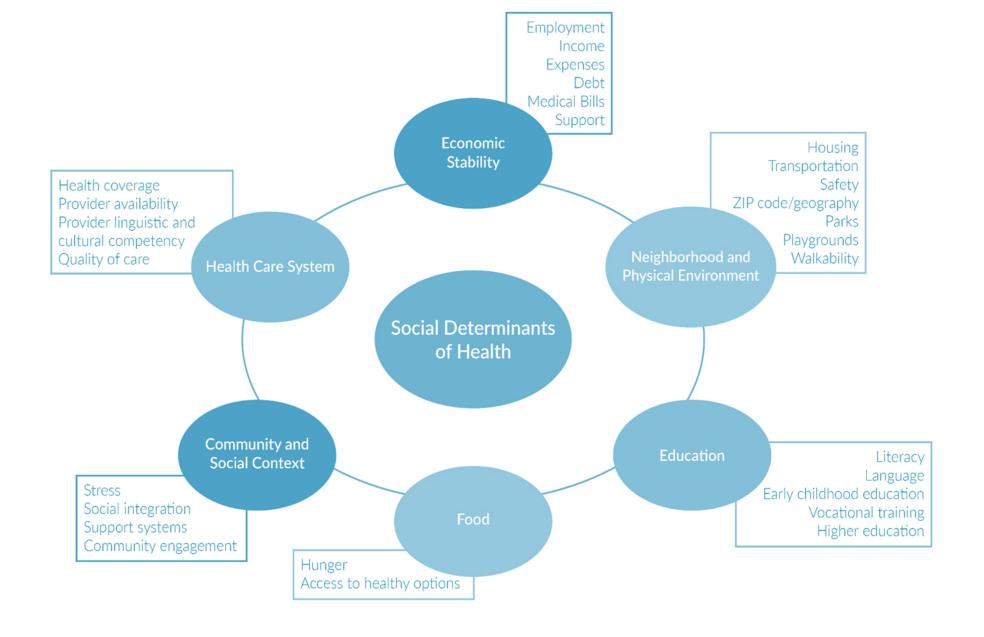
What makes us healthy



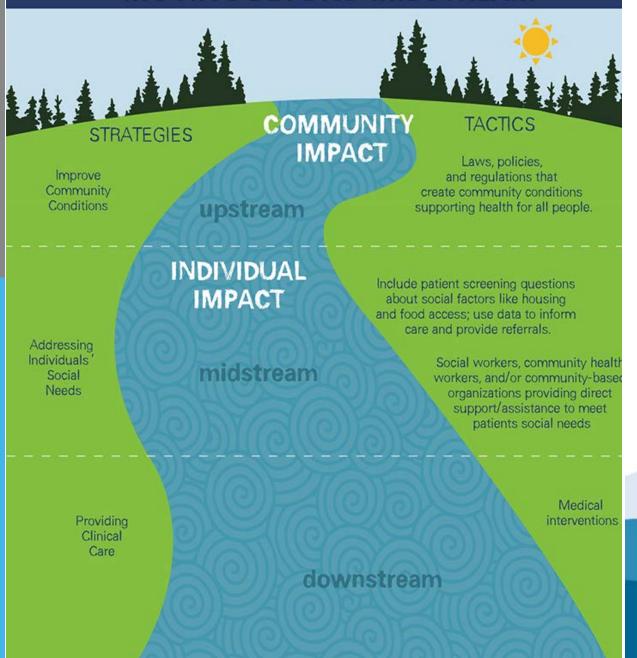






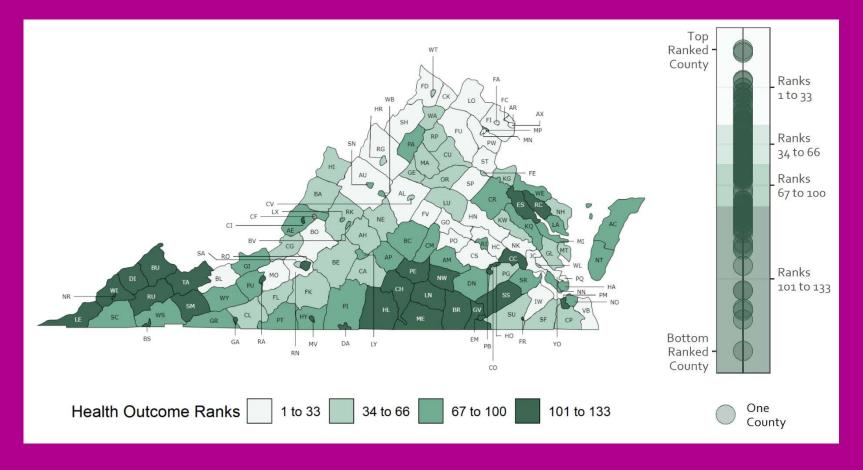


SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM



Not an either/or-All must be addressed

SWVA Health Outcomes



County/Area	Ranking
Bland	24 of 133
Bristol	121 of 133
Buchanan	123 of 133
Carrol	48 of 133
Dickenson	119 of 133
Galax	130 of 133
Grayson	74 of 133
Lee	110 of 133
Norton	109 of133
Russell	104 of 133
Scott	88 of 133
Smyth	107 of 133
Tazewell	111 of 133
Washington	79 of 133
Wise	125 of 133
Wythe	72 of 133

High social needs



Frequency of unique beneficiaries with HRSNs (11/17/2018 - 10/31/2019)





Accountable Health Communities Overview

November 17, 2018 – August 31, 2020

170,939 Offered Screenings 85,780 Answered Screenings Assistance Track Yearly Milestone Requirements:

Screening: 75,000 Offered Screenings **Navigation:** 2,048 Unique Beneficiaries

26,705 Identified Needs
15,272 Community Referral Summaries Given to Patients
1,583 Resources in Community Resource Inventory

4,009 Navigated Patients 29,238 Outreach Attempts by Navigators

	Number of Individuals Screened with Needs	
Food	7,382 (4,674 with 2 or more ED visits)	
Housing	5,559 (3,650 with 2 or more ED visits)	
Transportation	4,556 (3,081 with 2 or more ED visits)	
Safety	691 (484 with 2 or more ED visits)	
Utilities	3,659 (2,496 with 2 or more ED visits)	

Ballad Health Population Health



Who is Ballad Health?



Merger of Wellmont Health System and Mountain States Health Alliance, February 2018



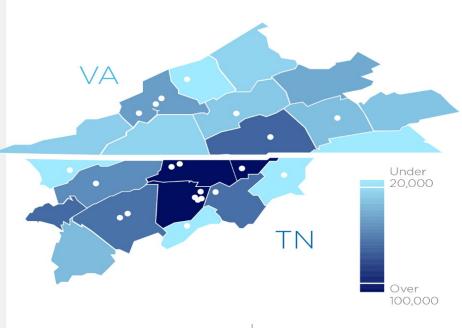












947,350 population

square miles

Decision point



Close rural hospitals

- 3–5 hospitals at risk
- 1 already closed

Out of market merger

- Two systems continue wasteful duplication
- Split volumes = reduced quality and sustainability
- Unsustainable children's hospital
- Jobs, synergies, economic benefit leave the market
- Increased prices
- Loss of local governance

COPA/Cooperative Agreement

- Consolidation of services driving sustainability
- Combined volumes driving quality
- Job loss minimized
- Synergies reinvested locally \$308 million
- Prices capped
- Local governance maintained





COPA/Cooperative Agreement Commitments

Conduct

- Open medical staffs
- Contract with all payers
- Prices increases capped
- Employed physician market share capped

Investment



\$85 million behavioral health



\$85 million academics and research



\$75 million population health



\$28 million rural health services



\$27 million children's services



\$8 million health information exchange

Performance

- Improving population health
- Preserving access
- Improving quality





Striving Toward Resilience & Opportunity for the Next Generation

Accountable Care Community (ACC)

What is an ACC?



Impacts population health by integrating:

- Public health
- Health care delivery
- Social services
- Business



Uses multisector partnerships

- To emphasize shared responsibility for the health of an entire community.
- To design systems that are successful at both:
 - addressing social and economic factors
 - improving population health.

How does an ACC work?



Leadership council



Patrick Brunty, Russell County Department of Social Services

Claudia Byrd, Speedway Children's Charities

Dennis Carter, Smyth County Public Schools

Laura Davis, Mount Rogers Community Services Board

Josh Davis, Eastman

Rebekah English, Northeast TN Regional Health Office

Lori Hamilton, Food City

Kristie Hammonds, Frontier Health

Marty Holliday, New River Mt. Rogers Workforce Development Board

Jim Lancaster, Cigna

Linda Nelms, Walters State Community College

Erika Phillips, Hawkins County School System

Sandy Ratliff, Virginia Community Capital

Beth Rhinehart, Bristol Chamber of Commerce

Karen Schetzina, ETSU Pediatrics

Sarah Seely-Dick, Highlands Pediatrics

Karen Shelton, Mt. Rogers HD

William L. Shepley, Grayson County

Joe Smiddy, Health Wagon

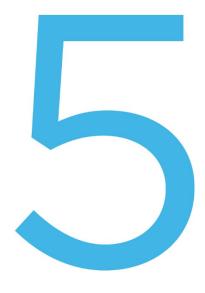
Andy True, Kingsport City Schools

Kathy Waugh, YWCA of NETN and SWVA

Kris Westover, Mountain Empire Community College

How does an ACC work?





conditions of collective impact

- 1. Common agenda
- 2. Shared measurement
- 3. Mutually reinforcing activities
- 4. Continuous communication
- 5. Backbone support

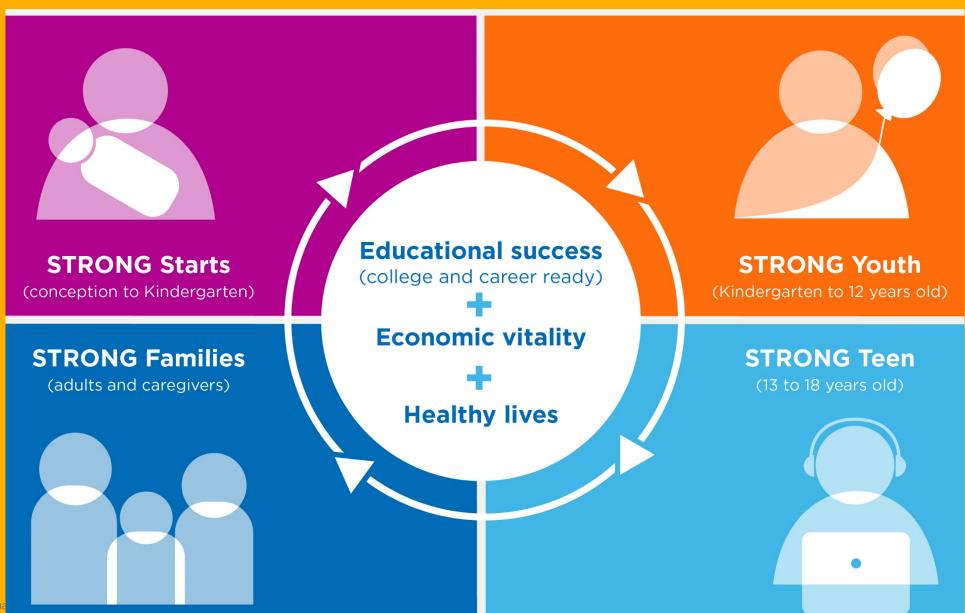
Mission

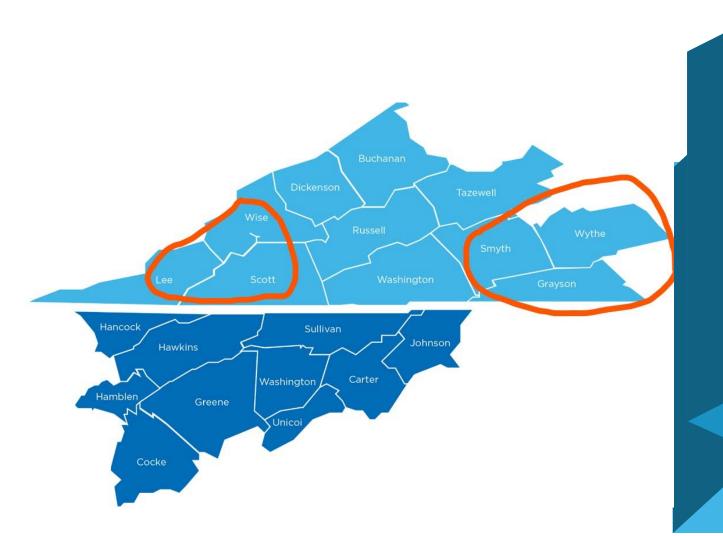


• STRONG ACC will identify, align and leverage regional wellbeing efforts aimed at recognizing the connection between education, income, and health; and seek to create a healthy population by serving people of all ages, making sure to include those who are at-risk.

S.T.R.O.N.G. model







Strategic focus

Regional resilience



What does the collaboration look like?

- We communicate monthly and as needed.
- We share data and best practices as they arise.
- We receive health screening referrals.
- We are improving relationships with our other community partners.
- We are focused on housing as a health determinant.



Where are we going?

- Co-investment opportunities
- Leveraged grant applications
- Invest in best practices around housing
- Continue screenings and referrals
- Maintain regular dialogue
- Cost sharing programs with Fahe networks
- Expand learning collaborative beyond Ballad footprint into broader Fahe service area



Thank you!