Community Health Conversations

2022-2023

Healthy Capital District
Amanda Duff, PhD

Community Health Conversations

> *"It was an honor to be among peers who are concerned about the health and wellbeing of the people in underserved communities."*

In November 2022, Healthy Capital District convened Community Health Conversations to clarify obstacles to health for populations that experience disparities and prepare for the movement toward value-based payment structures that incorporate medical and social care. Over the course of 7 months, 589 individuals from 159 different organizations registered to attend Community Health Conversations. Events were held across the region from Warren County to Albany County, at locations such as the Schenectady Boys and Girls Club, the Albany Guardian Society, Capital Region BOCES, Clifton Park Senior Center, Russell Sage College, and the Open Door Mission.

Prior to conversations, Healthy Capital District conducted listening tours across the region and displayed the perspectives of individuals unable to attend on posterboards. During Community Health Conversations, participants were provided with an overview of health disparity data before breaking into groups to identify needs. Groups consisted of diverse participants including medical providers, social workers, insurance representatives, and consumers. Each group democratically elevated their priorities to share and discuss. At the conclusion of each Community Health Conversation, participants voted on the top regional priorities and/or opportunities for that population or topic. Resource guides and training information relevant for each group was provided.

Using the information gathered from Community Health Conversations, Healthy Capital District has provided countless connections between organizations, hosted follow-up events to focus on opportunities within priority areas, and created a free, regional professional online forum to support ongoing conversation and collaboration.

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Unhoused Populations

November 9, 2022

Schenectady Boys and Girls Club

Top Priorities: Governmental Barriers and Immediate Access to Services

Additional Priorities: Mental Health and Addiction; Lack of Funding for Services; Social Support

The definition of homelessness is inconsistent between organizations and presents major challenges to individuals' access to healthcare and social services.

When the unhoused are ready to receive services, existing systems cannot accomodate due to inflexibility in hours of operation, long waitlists, and administrative complications.

There are creative solutions that support unhoused individuals' access to services including mobile healthcare, collaboration with the police for letters of attestation of unhoused status, and training healthcare providers to create a welcoming, nonjudgmental environment for the homeless.

To successfully engage unhoused individuals, providers must have the time and tools necessary to build rapport and address the need for meaningful social support systems that promote wellness.

Opportunities:

- Consistent regional definition of homelessness across organizations
- Medical and social service provider training to work with the unhoused
- Mobile and walk-in services
- Collaboration across sectors: police, providers, and consumers

Workforce

December 12, 2022

Russell Sage College

Increasing Partnerships Between Organizations

Elevating Professional Development and Training Opportunities

Offering Hands-On Experience to Students and New Staff

Recruiting What Attracts People to Jobs?

- Opportunity to make an impact
- Opportunity for growth
- Career change needed

Retention What Keeps People at their Jobs?

- Colleagues
- Enjoy helping people
- Populations served

Wishlist

- Regional collaboration
- Hands-on field experience
- Professional development and training

Opportunities

- Partnership with other organizations
- Professional development and training
- Collaboration with high schools

Discussion Items:

Importance of including veterans, seniors, disabled, and criminal-justice populations in the workforce; Need for schedule flexibility; Application process is a major deterrent to application

Healthcare Workforce Collaborative

March 31, 2023

Russell Sage College

> **Large, traditionally-competitive healthcare organizations are willing to work together to support the healthcare needs of our community.**

Barriers to Healthcare Employment

- **Technical, impersonal application process**
- Career awareness for professions other than nurses or doctors within healthcare
- Debt-to income ratio
- Work-life balance
- Childcare availability and cost
- Transportation
- Poor applicant communication

Opportunities for Healthcare Recruitment

- **Coordinated healthcare career education across the region**
- Transportation and childcare support
- Regional summary of pipeline initiatives
- Mentorships and apprenticeships
- Student and parent joint career opportunity events
- Walk-in, mobile, and flexible application processes

Educational institutions and attendees shared barriers to healthcare employment, requesting employers' responsivity. Major healthcare systems presented current recruitment strategies and opportunities to strengthen approach.

A follow-up survey on opportunity indicated 100% of responding participants wished to continue to meet to collaborate on healthcare career education, specifically focusing on awareness and preemployment work experience.

Healthcare Career Education Collaboration Opportunities

| Classroom Education | Internships | Job Shadowing | Work Experience |
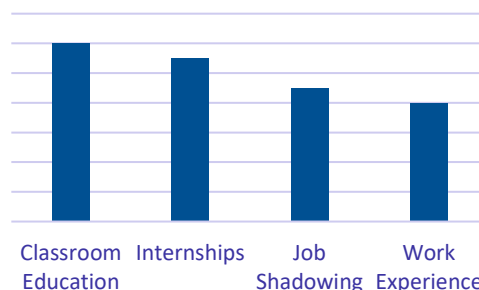
Criminal-Justice Involved Populations

January 12, 2023

Saratoga Springs City Center

Top Priority: Housing

Additional Priorities: Structured Transition Plan; Access to IDs; Insurance; Support System

There is a need for a central location to store release documentation that prevents access to services when lost or unavailable to returning citizens.

A structured transition plan that provides connections, education, and support at 90, 60, and 30 days prior to discharge would support the wellness of this population.

There are local organizations, such as Healing Springs Recovery Community Center, that are utilizing peers to connect with citizens prior to release and ensure smooth transitions, especially for those receiving medication-assisted treatment.

Individuals remain incarcerated beyond release dates due to lack of housing, especially for returning citizens that are disabled or have a history of sexual offenses.

Opportunities:

- Collaboration for insurance navigation to start prior to discharge
- Structured transition plans between medical providers, social service agencies, and jails/prisons for returning citizens
- Peers valuable in addressing stigma and coordinating care, especially for returning citizens with substance use and mental health disorders

Individuals with Disabilities

January 31, 2023

AIM Services, Inc.

Workforce Development to Address Shortages

Provider Education on Working with Disabled Populations

Transportation

Workforce

- Providers need to be trained on how to ask questions and confirm understanding when working with populations with ID/DD
- Individuals with disabilities can be better utilized to address current workforce shortages
- Employers need to clearly communicate their DEI practices

Services

- There is a deficiency in available specialists that feel comfortable serving population with disabilities
- Long delays in housing accommodations and equipment availability restrict access to services
- Widespread screening across providers for early identification of ID/DD will ensure service eligibility

Individuals Living with Mental Illness

February 7, 2023

Albany County Department of Mental Health
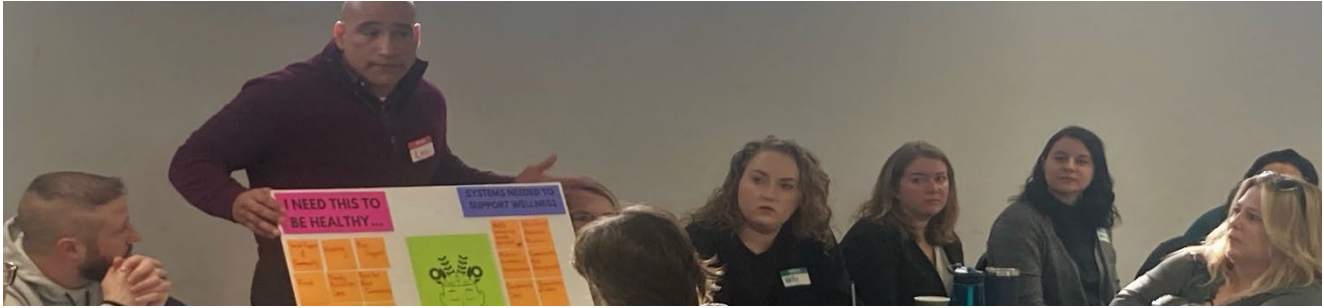
Top Priority: Workforce Shortages

Additional Priorities: Communication Between Agencies; Stable and Affordable Housing; Navigation Support

Turnover is restricting providers' ability to establish the rapport needed to have a meaningful impact for clients struggling with mental health disorders.

Workforce shortages are further straining current workers who are discouraged by additional work, low salaries, and feelings of dimished impact.

Stronger systems for communication and collaboration between service agencies will benefit consumers, medical providers, and community-based organizations.

Screening for mental illness is necessary; however, referral resources are limited and communication between agenices that screen is often nonexistant, resulting in client and provider frustration.

Opportunities:

- Employing peers in the workforce is a great resource to help individuals navigate the complicated healthcare system and provide consistent non-clinical support
- Funding needs to be flexible to allow providers the time and training needed to address complex and comprehensive needs of individuals with mental health disorders

Older Adults

February 22, 2023

Clifton Park Senior Center

Top Priority: Transportation

Additional Priorities: Home Health Aide Shortage and Reimbursement; Social Isolation

Medical and nonmedical transportation is the most significant challenge to the health of older adults in our region.

Medical providers should be allowed more time with older patients who often have more complex needs. Payment structures and scheduling must account for this extra time.

It is challenging to find home health aides both within facilities and the community. Poor reimbursement and low salaries make it hard to support a sustainable workforce.

Transportation to social events is needed to support mental wellness and sense of community in the older adult population. Transportation is especially challenging for seniors living in rural areas.

Opportunities:

- Increase transportation access and knowledge on existing resources
- Appointment scheduling flexibility for older adult patients
- Provider training on best practices and common challenges to health for older adults
- Efficient communication and warm handoffs to social supports

Older Adults Part 2

March 30, 2023

The Spinney at Van Dyke

Transportation

Home Health Aides: Workforce Shortage and Reimbursement

Social Isolation

Transportation Strategy

- Designated senior transportation navigation organization

Social Isolation Strategy

- "It's OK to Age" Campaign

Home Health Aide Shortage Strategies

- Shared cost of homecare and/or day programs
- Knowledge of existing resources (new and old)

Opportunities:

- Presentations and events for older adults to share existing resources and provide education on how to navigate complex systems of care
- Training for social and medical agencies to develop expertise on working with older adults
- Proactivity on offering and providing aging support across service providers
- Understanding and awareness of how and where seniors are connecting

Children and Families

March 9, 2023

Capital Region BOCES South Campus

Top Priority: Safe and Affordable Housing

Additional Priorities: Culturally Competent Providers; Available Mental Health Services

Affordable housing is sometimes unsafe housing, restricting children's physical activity and impacting nutrition, transportation, and access to medical and social services.

Mental health needs are at an all-time high. The system cannot currently meet the needs of families, regardless of urgency, due to workforce shortages.

The focus needs to be on resources and advocacy to empower families in making decisions and advocating for themselves across a complex system of care.

Stigma and assumptions based on age, income, race, and ethnicity continue to perpetuate health disparities in access and outcomes.

Opportunities:

- Health literacy support and advocacy for families for successful medical and social system navigation
- Substance abuse services for teens and adolescents
- Housing and shelter availability for women and children
- Build family-provider rapport through time, clear communication, and representative workforce
- Generational poverty, cultural differences, and perceived and actual discrimination should be addressed within any efforts to address disparate health outcomes

Individuals with Substance Use Disorders

March 23, 2023

Conifer Park

Institutional Bias Treating Co-Occurring Disorders

Housing

Transportation

Opportunities:

- Confront the silos created by regulating bodies, education, certification, and liability that impede treatment of individuals with both substance use disorders and mental illness
- Flexibility in comprehensively addressing individuals with their unique needs through one-stop center
- Stigma, morality, and shame greatly impact accessibility and acceptance of treatment
- Insurance coverage determines care instead of need, challenging opportunities for success
- Peer support models to mitigate social isolation and support navigation of an overwhelmingly complex and restrictive system of care
- Transportation can restrict and threaten recovery
- Primary care has become gatekeepers to treatment but have long waitlists, compounding challenges to service availability that matches individual readiness

Rural Populations

April 19, 2023

The Open Door Mission

Top Priority: Availability of Specialty Care

Additional Priorities: Transportation; Social and Generational Stigma

Rural residents travel long distances to access dental, mental health, developmental pediatrics, vision, and substance use disorder treatment. These services often have long waitlists, require a full day of travel, and present transportation challenges.

Residents utilize system supports based on what they were taught by their family. Generational lessons can impede health literacy and self-efficacy.

Tight-knit communities can simulateously support and stigmatize.

Access to wifi and language barriers perpetuate social isolation and disengagement from available medical and social services.

Opportunities:

- Accessible specialty services to rotate across rural communities (e.g., mobile healthcare)
- Utilize members of the community to support service navigation and education on available resources
- Meaningful community activities for physical activity, mental wellness, and civic engagement
- Volunteers to increase availability of transportation
- Identify toolkit of successful service navigation strategies to share with rural residents
- Investing time to build rapport with rural communities

Individuals with Co-Occurring Disorders

May 11, 2023

Conifer Park

Patient Navigation

Institutional Bias

Staff Development

Organizational Development
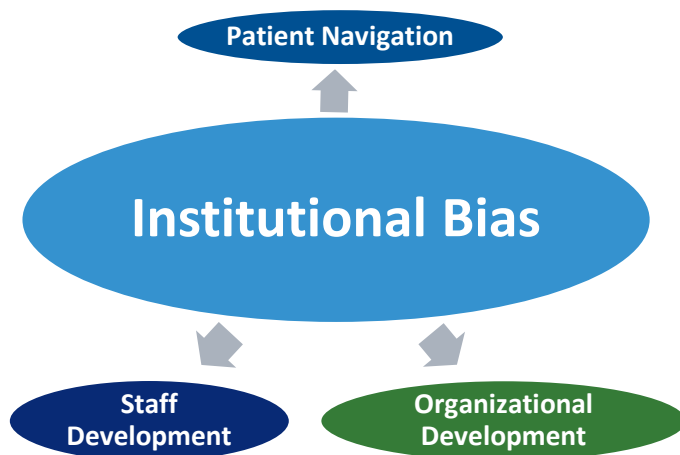
Key Points:

- System is not client-centered
- State regulations complicate aftercare availability
- Acuity and lethality drive providers' treatment decisions
- Lessons can be learned from other providers and states that successfully treat co-occurring disorders; best practices exist

Patient Navigation

- Policymakers need real-life experience with navigating complicated systems
- Service reimbursement should match growing salaries and educational debt
- Aftercare systems like PHPs and sober living are vital to successful recovery

Staff Development

- Unrestricted collaboration between agencies is needed
- Sharing organization-specific processes will expedite service provision

Organizational Development

- Organizational ambassadors needed between OASAS and OMH
- Need for enforcing compliance across systems of care

Regional Priorities

Throughout our Community Health Conversations, there are clear regional priorities that continued to present as key barriers to health and wellness. **Housing**, **transportation**, and **provider cultural competency** and **workforce**, respectively, were identified as the top areas of opportunity. Other priorities include mental health, social support, and system navigation. Awareness and consideration of key regional priorities will impact successful implementation of value-based payment structures and interventions that address health disparities.

	Homeless	Disabilities	Children and Families	Criminal Justice Involved	Mental Health	Older Adults	Substance Use Disorder	Rural	Refugee and Immigrants
Housing			■	■	■		■		■
Transportation		■				■	■	■	
Provider Cultural Competence		■	■						■
Workforce		■			■	■			
Mental Health			■						
Social Support	■					■			
Navigation				■					■

Housing

During the series, participants identified housing as the top regional priority in addressing health disparities across populations. Access to affordable housing has continuously been recognized as a challenge, with growing rent contrasting with wages and public assistance. Individuals that require accommodations for disabilities, have larger family sizes, and are returning from jails or prisons particularly struggle to identify appropriate housing. Existing housing programs for individuals with mental health and/or substance use disorders often lack key features, such as the ability to support medical needs or healthy aging. Contrasting definitions and requirements to prove homelessness complicate access to needed resources. The perceived and actual safety of neighborhoods restrict residents' physical activity, access to medical and social services, and civic engagement.

Housing insecurity makes health less of a priority, leading to disconnects from preventive care and treatment services. In evaluating the placement and availability of services, providers

should consider not only distance and location, but perceived safety and the way it impacts access. Providers that screen clients for social determinants of health have the opportunity to identify housing stability to provide resources and create plans that account for the impact of clients' environment. Partnerships to strengthen services embedded in institutionalized or concentrated settings can have significant impact on health outcomes. Although service providers may not be able to directly impact the provision of housing, services need to account for client living conditions in order to support comprehensive wellness and equitable health outcomes.

Transportation

Resources for medical and nonmedical transportation can be complicated to navigate. Residents struggle to access services across various providers and locations. Individuals with Medicaid coverage must rely on their transportation benefits but lack access to comprehensive and preventive support outside of medical care, including pharmacy access, recovery support, and community events. Rural residents struggle to travel to providers, often missing full days of school or employment. Individuals with disabilities and older adults have challenges identifying transportation that can accommodate their needs in a system that is already limited in access. Residents with substance use disorders report transportation conditions that are unreliable, challenge sobriety, and leave them hours between service provision and pick-up. Clients continue to be penalized for transportation issues outside of their control, creating frustration and impacting trust and rapport.

Transportation drives access to services, including preventive care and social supports that prevent acute health crises. Providing access to self-help groups, faith-based events, and social outings can create support systems that prevent the need to visit doctors and emergency rooms to treat mental health conditions and overdoses. Lack of available public transportation or the inability to afford transportation creates opportunities for mobile programs, embedded services, and collaborative outreach that meet people where they are, which may be within affordable housing and places of worship. Service providers can evaluate the ways in which clients are accessing their services and identify areas of flexibility that avoid transportation-related challenges.

Provider Cultural Competency

Participants throughout Community Health Conversations expressed frustration over lack of diversity, specifically with medical providers, that don't look like them and/or aren't familiar with the barriers that they experience in accessing care and maintaining health. Cultural differences challenge the ability to provide meaningful care and build trust. Lack of awareness and absent or insufficient training perpetuates an authoritative system where emphasis is on provision of information over client understanding. Significant discrepancies between what the provider says, what the provider means, and what the client hears threatens the communication and relationships vital to supporting the community's health and wellness.

Clients value receiving services from providers that they can relate to. Creating good rapport between providers and clients is necessary in reducing health disparities and addressing systemic structures that contribute to them. Employers who offer training in cultural humility and build in more time for higher need patients will have better opportunities to influence positive health outcomes. Recruiting strategies need to focus on community members and individuals that are representative of the populations served; this requires flexibility in systemically-biased job descriptions, educational requirements, and/or job schedules.

Workforce

Low compensation, elevating debt-to-income ratios, increasing workload, and burnout continue to plague the healthcare and social service workforce. Organizations rely on individuals to fit into predefined roles without flexibility for the changing workforce landscape. Challenges such as childcare and transportation continue to discourage individuals in joining or rejoining the workforce. Traditionally-stigmatized groups are unaware of their eligibility to engage in the workforce, despite being qualified, often due to employers' lack of clarity in DEI practices. Technical, impersonal application processes further discourage qualified individuals in joining the workforce.

To successfully address workforce shortages, organizational introspection is needed. Recruiting strategies should underscore flexibility and accessibility, focusing on engaging diverse populations that truly represent the community served. There is opportunity to employ previously underutilized populations such as community health workers, certified peer

recovery advocates, individuals with disabilities, retired older adults, and criminal justice-involved populations. Collaborative efforts to create career pipelines between traditionally competitive healthcare systems are needed and desired.

Healthy Capital District thanks all participants who have contributed their experience and voice in our Community Health Conversations. We express our gratitude to sponsors who welcomed conversations in their space as well as those who provided fare for attendees. Your participation and support are vital in our collective progress towards equitable wellness in our region.

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