Appendix 3: Individual needs are met timely, easily, and compassionately

Situational overview

Olympic Community of Health (OCH) believes that all people deserve to live with dignity. This includes a coordinated system of care that is tailored and compassionate to individual needs, putting the patient at the center. With a vision of healthy people, thriving communities, OCH has prioritized addressing individual needs as one of four focus areas beginning in 2022.

OCH can support and maximize local efforts to address the determinants of health by coordinating partner activities, identifying gaps, and expanding innovative and equitable solutions. OCH aims to enhance communication and collaboration across partners to achieve a healthier, more equitable three-county region.

Background

Clallam

Clallam County is mostly rural and surrounds parts of the Olympic National Park, impacting travel and other barriers to care. Clallam County has an older population (30% age 65 and over) and is the home of three sovereign Tribal nations (Jamestown S’Klallam, Lower Elwha Klallam, and Makah). Unemployment rates are higher than state averages (6.8% Clallam, 4.8% WA, 2017) as are food insecurity rates among youth (15.4% Clallam, 12.1% WA, 2018).

Jefferson

Jefferson County has the oldest population (38% age 65 and over) in the state. A mostly rural county surrounded by much of the Olympic National Park with the majority of the population residing in Port Townsend. Severe affordable housing shortfalls and limited access to childcare are common challenges
among residents. Jefferson County has the highest rates of mental health among youth at 47.2% (as measured by the percent of students who reported feeling sad or hopeless every day for two weeks or more in row in the past 12 months, Healthy Youth Survey, 2018).

**Kitsap**

Kitsap County is home to a mix of suburban and rural communities. The county has a large military and veteran presence. The population has steadily increased as travel to and from Seattle & King County has become more convenient by multiple ferry options, which has consequences for the resources of local communities such as infrastructure, housing, social services, access to care, and more.

**Examples of Current efforts**

<table>
<thead>
<tr>
<th>Organization</th>
<th>County</th>
<th>Program/Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitsap Strong and Clallam Resiliency Project</td>
<td>Clallam, Kitsap</td>
<td>Community-based interventions to support well-being and prevent behavioral health problems are evident in the work of Kitsap Strong and the Clallam Resiliency Project. These non-profits provide education on N.E.A.R. Science (Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience) and trauma-informed practices for health care providers, schools, faith-based organizations, and other community groups.</td>
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<tr>
<td>Quileute Tribe</td>
<td>Clallam</td>
<td>During COVID-19, the Quileute Tribe delivers community wellness kits to households on the reservation. Each delivery contains different activities and resources and often contains items rooted in Quileute tradition such as coloring pages, essential oils, fry bread ingredients and recipes, carved feathers, canoe pins, and dream catchers.</td>
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<tr>
<td>Clallam Care Connection (3C)</td>
<td>Clallam</td>
<td>North Olympic Healthcare Network, Port Angeles Fire Department, Peninsula Behavioral Health, and ReDiscovery collaborate on community-based care coordination to improve the health of individuals with complex, chronic conditions. The group aims to deliver a seamless experience of care that is person-centered, cost-effective, addresses determinants of health, resulting in improved health and wellness. During the initial pilot, 3C saw a 90% decline in 911 calls among eight community members who graduated from the program and a cost savings of over $100,000 by preventing 67 emergency calls and medic unit rollout.</td>
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<tr>
<td>Jefferson Healthcare</td>
<td>Jefferson</td>
<td>Jefferson Healthcare’s Health Equity Committee works to provide culturally relevant and sensitive training for staff.</td>
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<tr>
<td>Peninsula Community Health Services</td>
<td>Kitsap</td>
<td>PCHS’s community health workers are innovatively partnering with local organizations including the county jail, local emergency department, Salvation Army, and WorkSource to better understand and provide for community needs.</td>
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<tr>
<td>Port Angeles Fire Department</td>
<td>Clallam</td>
<td>The Port Angeles Fire Department launched a Community Paramedic program. Initial results show a 50% decrease in emergency room visits among clients.</td>
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<tr>
<td>Olympic Community of Health</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>OCH completed an environmental scan, literature review, and survey of local partners to look at how adverse social conditions across the region are impacting health and explore opportunities for region-wide collaborative interventions. Findings were shared at regional convenings in 2020 and are available on the OCH website.</td>
</tr>
</tbody>
</table>
Major gaps

- Resources and services for those without English as a second language or limited English proficiency individuals is limited.
- There are limited resources for the LGBTQ+ community. There is a need for additional education for health and service providers on appropriate terminology, tailoring care, and trauma-informed practices.
- Stigma can be a barrier for those seeking behavioral health services, both mental health and substance use disorder. It can also be a barrier to reaching out to friends or employers for help as stigma contributes to alienation from others who do not understand the disease or how to help.
- Effective linkages between community and clinical providers are limited due to communication barriers and ongoing changes to resources resulting in fragmented referral systems and less support for patient needs.
- To support and address equity, there is a need for more culturally sensitive practices and policies that consider historical trauma, racism, and bias.
- Communication barriers and competing priorities and approaches lead to fragmented coordination among clinical, community, and public health services.

Example activities

- Support evaluation and expansion of community paramedicine and navigator programs across the region.
- Provide opportunities for health care providers, teachers, and community members to participate in culturally relevant, equity-based, and trauma-informed care trainings.
- Implement, support, and evaluate a region-wide health information exchange platform with closed-loop referral and bi-directional communication in alignment with key privacy laws, HIPAA and 42 CFR Part 2.
- Expand cross-sector, community-based, patient-centered care coordination solutions that improve patient experience as well as reduce unnecessary health care costs.
- Implement screening on the determinants of health at the point of care with workflows that support appropriate referral, care coordination, and follow-up.
- Empower health care consumers to become active participants in their own health and health care, for example by implementing an Own Your Health campaign (WA Health Alliance).