



prosperwaco

INSPIRING CHANGE. ACHIEVING RESULTS.



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**Collaborative Connections- Impacting Care
Learning Collaborative**






Feb. 23, 2017



What Is the Prosper Waco initiative?

A collective impact initiative that focuses on bringing together cross-sector partners to identify and implement strategic efforts to measurably improve the education, health and financial security of people in the Waco community.

5 CONDITIONS OF COLLECTIVE IMPACT SUCCESS:

-  Common AGENDA
-  Shared MEASUREMENT
-  Mutually Reinforcing ACTIVITIES
-  Continuous COMMUNICATION
-  Backbone SUPPORT



Overall Education Goal

The Greater Waco community will build an environment that promotes lifelong educational attainment for all residents beginning at birth.

The successful outcome of our work will be a **15% increase** in the number of area residents who complete a post-secondary degree or certificate that prepares them for a productive career and successful citizenship.



Overall Health Goal

McLennan County will reach the **top quartile (60th or better)** of Texas Counties in Quality of Life—currently 187th – and Health Behaviors— currently 116th – in Robert Wood Johnson Foundation County Health Rankings.

RWJF County Health Rankings – 2016

Quality of Life: 128th

Health Behaviors: 199th



Overall Financial Security Goal

At least **55%** of Waco residents will live with income **above 200%** of the Federal Poverty Level (\$48,600 for a family of four).

2020 Initiative Goals

Prosper Waco Mission: To build an environment in which all members of our Waco community are able to measurably improve their education, health and financial security.

EDUCATION

OVERARCHING: The Greater Waco community will build an environment that promotes lifelong educational success for all residents beginning at birth. The successful outcome of our work will be a 15 percent increase in the number of area residents who complete a post-secondary degree or certificate that prepares them for a successful career and productive citizenship by 2020*.

GOAL 1: School Readiness

- Increase the percentage of Kindergarten-ready students by 50 percent.

GOAL 2: College & Career Success

- Double the percentage of economically-disadvantaged students who complete a workforce certificate or college degree.

HEALTH

OVERARCHING: McLennan County will reach the top quartile (60th or better) of Texas counties in Quality of Life, currently 187th, and Health Behaviors, currently 116th, in Robert Wood Johnson Foundation County Health Rankings by 2020.

GOAL 1: Access to Care

- Increase percentage of people covered by health insurance by 1 percent per year.
- Decrease percentage of people utilizing the ER as a source of primary care by 10 percent.

GOAL 2: Obesity

- Decrease the percentage of Waco-area adults and children considered overweight or obese by 5 percent.

GOAL 3: Women's Health

- Reduce disparities of poor birth outcomes+ by 50 percent.
- Increase percentage of women receiving annual preventative care by 10 percent.
- Reduce rate of teen pregnancy across all racial groups by 10 percent.

GOAL 4: Mental Health

- Decrease use of ER for mental health treatment by 25 percent.
- Improve "poor mental health days" component of RWJF rankings to Texas average.

FINANCIAL SECURITY

OVERARCHING: At least 55 percent of Waco residents will live with income above 200 percent of the federal poverty level[^] by 2020.

GOAL 1: Employment

- Increase employment of Waco residents ages 16-24 by 900 individuals.

GOAL 2: Income

- Increase median income of full-time workers by 10 percent.
- Increase median household income by 10 percent.
- Decrease the number of residents with incomes below 50 percent of the federal poverty level by 10 percent.

GOAL 3: Wealth

- Reduce the percentage of households living without three months worth of savings if the individual for some reason was no longer working.
- More than 50 percent of households will have a net worth above \$15,000.

*: Measured by assessment adopted by local ISDs

+: Pre-term deliveries and low birth weight

^: \$48,600 for a family of four

Common Agenda

Board of Directors

“Backbone”

The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collecting and reporting, and handling the myriad logistical and administrative details for the initiative to function smoothly.

www.ssireview.org/articles/entry/collective_impact

Governance,
Vision & Goals

Steering Committees

Education

Financial Security

Health

Strategy & Action
Planning

Implementing Partners

Working Group

Engagement &
Implementation

Community Members

Community Engagement Council

Public
Will

Shared Measures



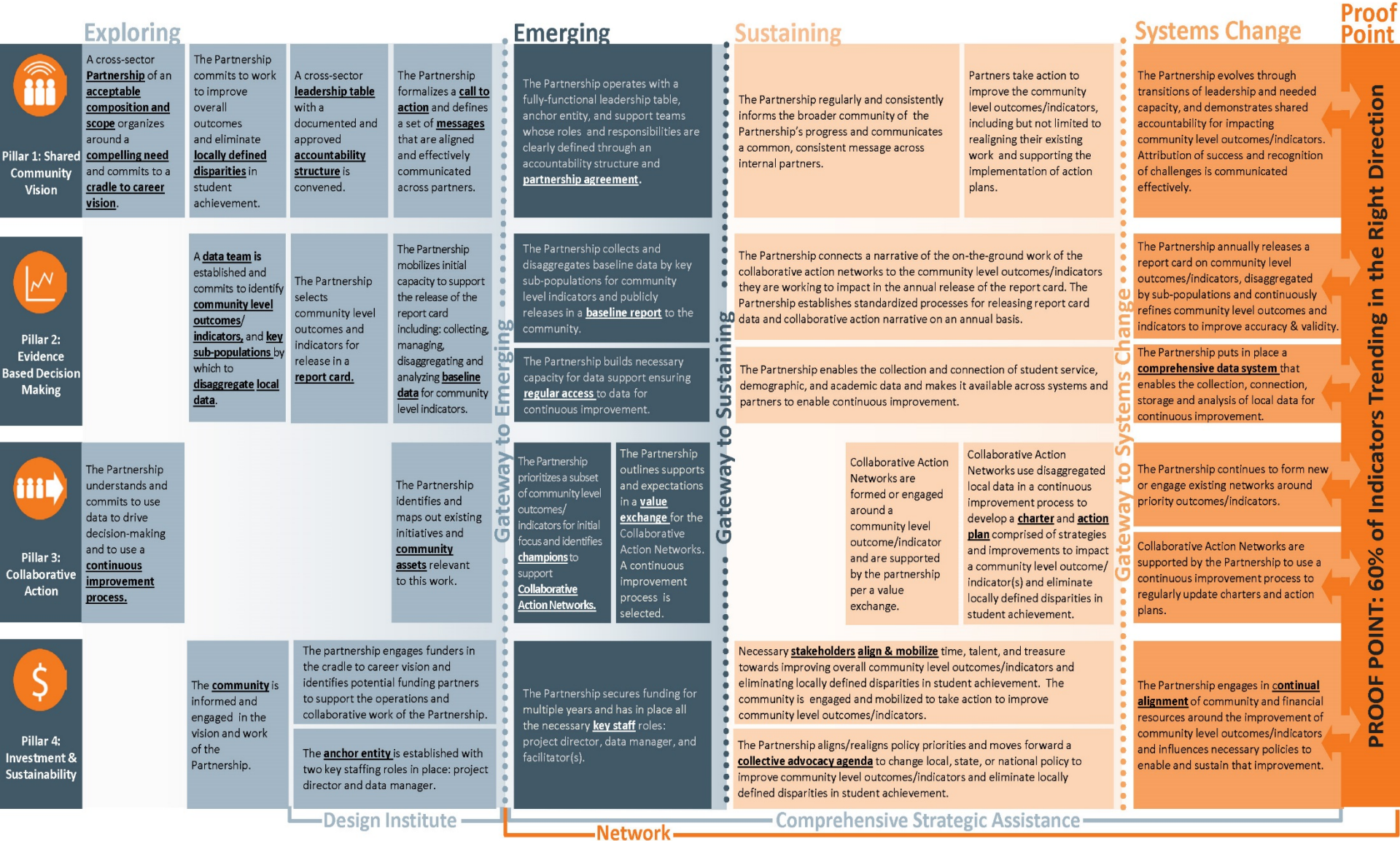


Building A Culture Focused On Outcomes

- Training and support for non-profit organizations to understand how to manage to outcomes and how data can be used to drive decisions
- Facilitating collaborative data-driven approaches (e.g., School Readiness Initiative, Community Health Needs Assessment)
- Responsible for monitoring a wide range of community indicators related to education, health and financial security and making them accessible to the community

Strive Theory of Action: Creating Cradle to Career Proof Points

BUILDING -----> ACTION



Gateway to Emerging

Gateway to Sustaining

Gateway to Systems Change

PROOF POINT: 60% of Indicators Trending in the Right Direction

Design Institute

Network

Comprehensive Strategic Assistance

Cincinnati Outcomes Across the Continuum



Five Overarching Goals:

1. Prepared for school
2. Supported inside and outside of school
3. Succeeds academically
4. Enrolls in postsecondary education
5. Graduates and enters a career

Eight Outcome Indicators:

1. Kindergarten Readiness
2. 4th Grade Reading
3. 8th Grade Math
4. High School Graduation
5. College Preparedness (ACT Scores)
6. Postsecondary Enrollment
7. Postsecondary Retention
8. Postsecondary Completion



Examples of Initiative Efforts

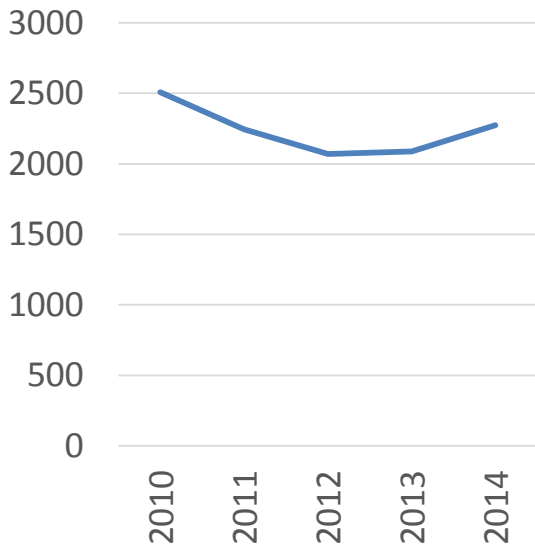
Goal: Access to Care

- Increase percentage of people covered by health insurance by 1% per year
- Decrease percentage of people utilizing the ER as a source of primary care by 10%

Potentially Preventable Hospitalizations in McLennan County between 2010 and 2014

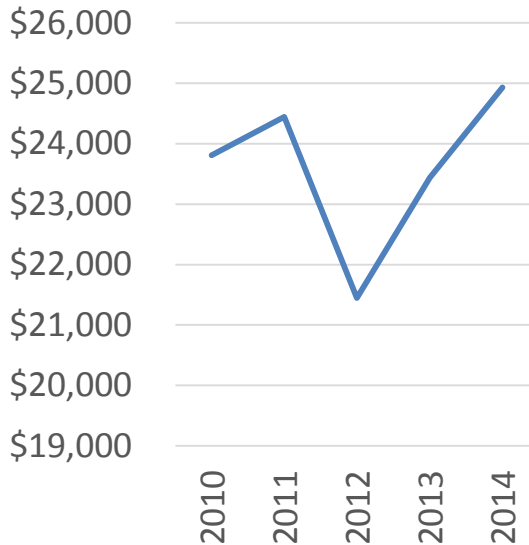
Number of Hospitalizations

McLennan County has seen a decrease in the number of preventable hospitalizations, from 2,508 in 2010 to 2,273 in 2014.



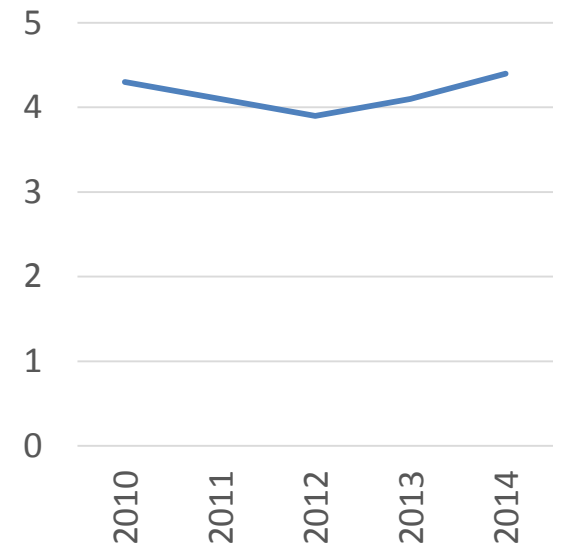
Average Hospital Charges

While the average hospital charge saw a decrease in 2011, the average hospital charge in 2014 of \$24,931 is a five-year high.



Average Length of Stay (Days)

The average length of hospital stay for McLennan County residents remains consistent at just over 4 days per stay.



Note: Hospitalizations for the acute illnesses and chronic conditions on this page are called “potentially preventable” because they may be avoided with appropriate outpatient treatment, education, support, and disease management.

Data Source: Texas Health Care Information Collection in the Center for Health Statistics at the Texas Department of State Health Services



McLennan County Community Health Worker Initiative

- Used CHNA, Public Health District, and hospital ED data to identify four high-need zip codes with 3 CHWs per zip code
- Partnership between Baylor Scott & White Hillcrest Medical Center, Providence Healthcare Network, Family Health Center and Waco-McLennan County Public Health District
- Funded by Episcopal Health Foundation grant of \$586,735 over three years



Outcome Tracking of CHW Program

- Use pre- and post-surveys to measure change in knowledge and exit surveys to measure change in behavior
- Connectivity of CHW program with other public health interventions in Waco
- Hospital ED usage data by zip code
- Community Health Needs Assessment, which will be conducted again in 2019



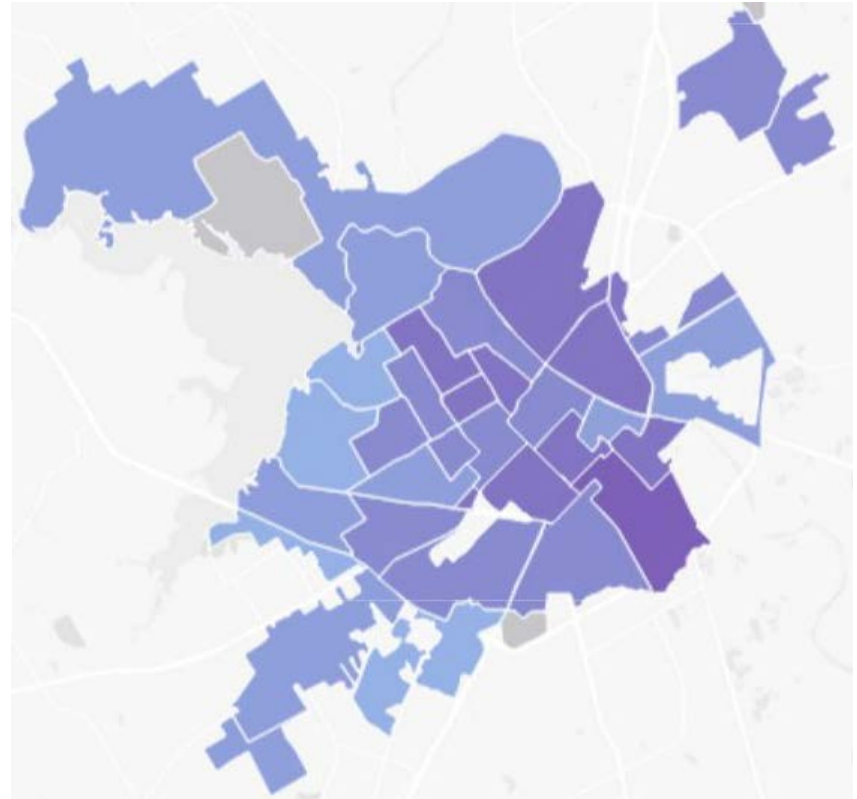
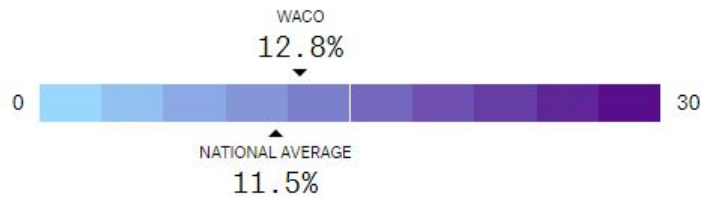
Goal: Mental Health

- Decrease the use of hospital ER for mental health treatment by 25%
- Improve “poor mental health days” component of Robert Wood Johnson Foundation County Health Rankings to Texas Average

Poor Mental Health in Waco, Texas in 2013 and 2014 by Census Tract

Percent of adults age who reported their mental health was not good for ≥ 14 days in the past 30 days.

The City of Waco has an average of 12.8% of adults who report poor mental health. This is 1.3% above the national average. The areas with higher percentages of poor mental health correspond with areas with higher poverty rates.



Data Source: City Health Dashboard; Behavioral Risk Factor Surveillance System, 500 Cities Estimates

Behavioral Health Leadership Team

- Initiated by Meadows Mental Health Policy Institute
- Collaboration between County, City, healthcare and law enforcement leaders
- Identify effective ways to better serve those with behavioral health issues
- Two subcommittees: Jail Diversion & Access to Care



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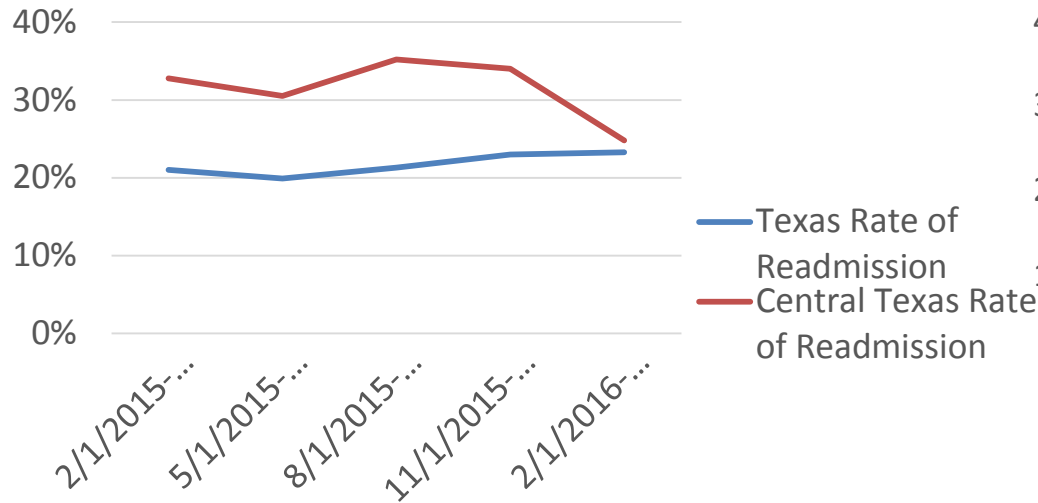
Improve Health Outcomes

- Access to Care: decrease percentage of people utilizing the ER as a source of primary care by 10%
- Obesity: decrease the percentage of Waco-area adults and children overweight or obese by 5%
- Women's Health: increase percentage of women receiving annual preventative care by 10%
- Mental Health: decrease the use of hospital ER for mental health treatment by 25%

30-Day Readmission Rates for Texas and Central Texas by Quarter

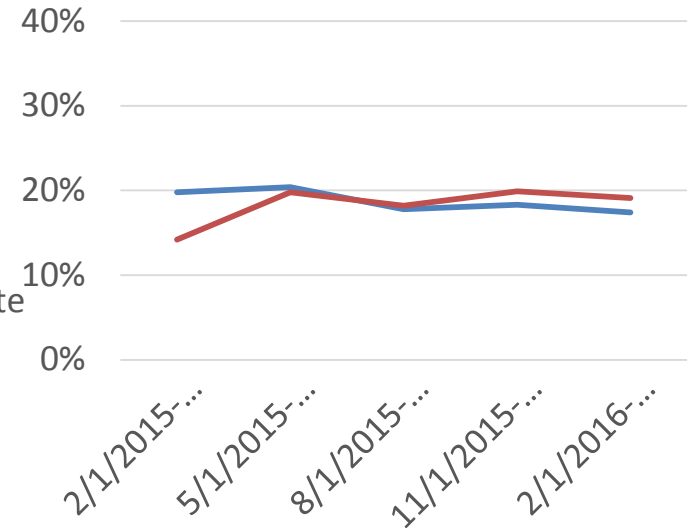
Readmission Rates with Diabetes Diagnosis

McLennan County has seen a decrease in the number of preventable hospitalizations, from 2,508 in 2010 to 2,273 in 2014.



Readmission Rates with COPD Diagnosis

The average length of hospital stay for McLennan County residents remains consistent at just over 4 days per stay.



Note: Readmission rate is calculated as the quotient of 30-day readmits and hospital discharges in the time period.
 Data Source: Quality Improvement Organizations' Region and State Readmissions Progress Update for Central Texas



Community-Centered Health Home (CCHH)

- Model focused on using patient population data to address social determinants of health and on connecting patients to a wide range of resources and supports (e.g., healthy foods, legal services, etc.)
- \$ 25,000 planning grant awarded to Family Health Center by the Episcopal Health Foundation
- Implementation grant due early 2017
- Aspects of CCHH include the Wellness Center and Medical-Legal Partnership



Cincinnati is one of the first communities in the country to bring together hospitals and post-acute providers to transform the health and care of individuals as they move through the healthcare system.

The Care Transitions Collaborative is leading the work toward our broad community goals:

- Reduce readmissions
- Support advanced care planning
- Empower patients to manage medications
- Increase patient safety
- Reduce disparities in care



The Advance Care Planning Coalition is a 12-month project with 19 hospital and care partners throughout the Tri-State region. Each hospital has partnered with a non-acute care partner (skilled nursing facility, home health, etc.).

The Goals:

- 75% of the defined Coalition population have a documented ACP on their record.
- At least 75% of the Coalition population have a successfully transferred ACP to the next care setting when they are transferred.
- The received ACP content is incorporated into the clinical order set at least 90% of the time.



Health Collaborative

Bexar County's *Community Health Leadership*



Objective 1.5 By 2016, increase the proportion of adolescents and adults who meet physical activity national recommendations by 10%.

Target Population	Baseline	2016 Target	Data Source
Adults	72%	79%	Texas Department of State Health Services, BRFSS 2012
Adolescents	49%	54%	Bexar County Youth Risk Behavior Survey 2013

Strategies

- 1.5.1 Make physical activity a patient “vital sign” that all health care providers assess and discuss with their patients.
- 1.5.2 Coordinate a sustained mass media campaign to promote healthy eating and active living throughout the community (see Objective 1.1).
- 1.5.3 Promote policies to create infrastructure for active living.
- 1.5.4 Increase proportion of public and private schools that provide access to physical activity recreation spaces and facilities for all persons outside of normal school hours.
- 1.5.5 Promote programs that provide safe and affordable physical activity opportunities, such as walking school buses, Síclovia, community walking groups, and active transportation.



Systems-Level Impact: Using the Collective Impact Framework for Public Health Systems Building



“AMCHP is currently using collective impact as a framework to guide initiatives and promote partnerships at the state and national level. Three current AMCHP initiatives that highlight the principles of collective impact and promote a collective impact approach include the Best Babies Zone (BBZ) partnership, the Adolescent Systems Capacity Tool and our new ALC phase for our ongoing project to help state MCH programs Optimize Health Care Reform to Improve Birth Outcomes.”





COLLECTIVE
IMPACT FORUM



Stanford SOCIAL
INNOVATION Review
Informing and inspiring leaders of social change



TAMARACK
An Institute for Community Engagement

What Makes Collective Impact Work

- Systems thinking
- Cross-sector partnerships
- Truly shared goals with agreed-upon measurement
- Commitment from partners to operate differently
- Active and independent backbone organization



QUESTIONS?

Thank you!



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Building an environment in which all members of our Waco community are able to measurably improve their education, health, and financial security.