**Objective:** To go beyond clinic walls and collectively observe, address and improve the social conditions that affect the community. By doing this, we hope to reduce the prevalence of obesity, diabetes and related mental health issues like anxiety and depression in the 77469 zip code.

**Lessons Learned:** Collaborative change takes a long time and internal leadership and staff buy-in is as important as external buy-in.

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### Advocating for the Construction of Sidewalks

- The community saw one serious road traffic accident per month leading to injuries before AccessHealth and partners such as Friends of North Richmond and Fort Bend County Health & Human Services advocated for the construction of sidewalks.
- Sidewalks reduce safety concerns while connecting the community and promoting general physical activity.
- Consequently, the City of Richmond received local foundation funding to build sidewalks over a 5-year period.

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### ACCESS

**FOOD RX**

- In June 2019, AccessHealth went live with “Food Rx,” a program where physicians “prescribe” 15 lbs. of fruits and vegetables each for patient pickup biweekly at a local food market.
- Supplementary financial education, nutrition and cooking classes are also available between Catholic Charities and AccessHealth.
- To date, 250 patients have been enrolled in the Food Rx program.

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### UBER Health

- To address transportation barriers, especially in cases where gas cards and Fort Bend County Transportation are not convenient, AccessHealth started utilizing Uber Health in August 2018 to bring patients from their homes directly to their medical and dental appointments and back.
- Since the inception of the program, AccessHealth has provided over 600 rides to over 200 patients.

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### FOOD INSECURITY

**KIDS CAFÉ**

- AccessHealth has also partnered up with the Houston Food Bank to provide lunches and snacks to kids who visit the clinic during the school year. Through this, kids are able to meet their nutrition needs even outside of school.
- To date, over 1,000 meals have been served across two AccessHealth sites.

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**CAP COORDINATOR**

- Houston Food Bank sends a CAP Coordinator to AccessHealth sites biweekly to help enroll patients in programs like SNAP (food stamps) and refer them to local food pantries.
- Since November 2018, 329 patients have been referred to food pantries and over 100 patients have been enrolled in assistance programs.
COMMUNITY INTEGRATION FROM THE START: ADDRESSING EARLY CHILDHOOD HEALTH IN BASTROP COUNTY

Authors: Ayla Landry, MSN/MPH, RN & Julie Rhone, RN, NE-BC

BREASTFEEDING & NUTRITION SUPPORT
- Regular co-location of Bastrop WIC at LSCC clinic to reduce barriers to accessing WIC services
  - WIC participants increased by >20% (from 974 March 2018 to 1,211 November 2018)
  - WIC breastfeeding rates increased by 5% (from 91% March 2018 to 96% November 2018)
- Participation in Hunger Free Communities - Bastrop Coalition
- Pediatricians prescribe breastmilk from Mother’s Milk Bank of Austin

COMMUNITY ADVISORY GROUPS
- Active participation with the convening organization, Bastrop County Cares
  - Multiple coalitions and collective impact efforts underway, including the Early Childhood Coalition
- Bastrop County Community Health Assessment efforts show:
  - High rates of child abuse/neglect, children living in poverty, residents who are medically under/uninsured
  - Limited access to healthcare, including no delivery hospital
  - Significant transportation barriers
  - Developed inaugural early childhood resource directory
  - Established feedback loop to solicit input from clients

STAFF TRAINING & ENGAGEMENT
- Key Elements:
  - Executive Leadership prioritizing community/population health work
  - Providers allowed time to participate in community meetings/coalitions/events
  - Staff hired with job description to facilitate community health initiatives
- Resulting Activities:
  - Staff trained in ACEs
  - Community Health agenda item at staff meetings
  - Regular lunch and learn on community events
  - Family Connects nurses pursuing Lactation Consultant Certification

NURSE HOME VISITING FOR NEWBORNS
- Evidenced-based program serving all Bastrop County newborns and their caregivers
- First Nurse Home Visiting Program adopted by LSCC
  - Consists of 2 Nurses and 1 Support Staff
  - Approximately 400 referrals received and >150 families served in Year 1
- Expands traditional healthcare delivery model:
  - Universal access program
  - Social Determinants of Health screening
  - Use of data to identify and address gaps
  - Provide individualized resources and community-based referrals and follow-up services

COMMUNITY ENGAGEMENT & COLLABORATION
- Young Moms & Dads Support Group established by Parents as Teachers at Bastrop ISD high schools for pregnant/parenting students
- Active participation in early childhood-related events such as Bastrop ISD Stuff the Bus Back to School Bash an local health fairs.

Lessons Learned:
- Organizational change requires engaged leadership, training, relationship-building, flexibility, creativity, and persistence.
- Community change requires trust, strategic, and non-traditional partnerships; patience; buy-in from community members; shared vision and action planning; boundaries; data collection and utilization; and accountability.
- Data is powerful and critical to effective decision-making.
- Honoring the privacy/confidentiality of the individual or group by determining upfront what, when, and how to share data while maintaining transparency and trust.
Providing awareness and access to safe, sustainable, culturally appropriate physical activities that excite the Burbank community.

**CLARK PARK ACTIVATION**

- **StepHealthy Walkers** – Incorporated Walk with a Doc
  - Celebrating 1 year anniversary!
- **Soccer for Success** – Over 75% of participants maintained or improved their BMI and more than 85% improved their pacer score!
- **Improved Facilities** – Revitalizing the soccer fields!
  - Revitalizing the basketball courts!
- **Community Events** – Park usage increased by 22.4%!

**CLARK PARK SAFETY IMPROVEMENTS**

- **HPD community involvement**
  - Houston Police Department has increased participation in local and school events, creating stronger bonds with the community.
- **Supporting students on park grounds**
  - Park and school staff are collaborating to solve student issues on park grounds, helping students avoid a criminal record.

**CLARK PARK CONNECTIVITY**

- **Beautified Sidewalk**
  - Houston Public Works and our general contractor have agreed on a process and are proceeding toward next steps!
- **Little Free Library and garden at Burbank Middle School**
  - A Walk to Clark Park begins at the new garden and continues into Clark Park.

**REFLECTION**

Because of CCHH, we have: Strengthened our community partnerships, learned from each other and how to leverage our work and expertise, changed the perception of exercise in the community, and created sustainable and long lasting change improving the health equity of the neighborhood.
St. Paul Children’s Foundation-Smith County Food Security Council Produce Drop and Community Roadshow

www.smithcountyfoodsecurity.org

Big Picture: Formation of Smith County Food Security Council
- Multi-sector coalition focused on increasing access to healthy foods for those in need in our community. Includes non-profit, healthcare, education, public health, faith-based, business, and agriculture organizations.
- Mission: Uniting our community to reduce hunger and improve health in Smith County
- Vision: Everyone in Smith County will be hunger free and well nourished
- Structure:
  - Leadership Team: Representation:
    - St. Paul Children’s Foundation
    - Healthcare
    - Community Awareness & Advocacy
    - Faith-based & Non-profits
  - Urban Agriculture
  - Children & Schools
  - Healthcare
  - Clinics screen for FI
  - Partners in Health: FB/clinic partnership
  - Website
  - Facebook page
  - Community Roadshows
  - Benefits Assistance training
  - Church outreach

Activities to date:
- Workgroups meet monthly/Leadership team meets every other month
- 3 clinics participating in Partners in Health-screen for FI and provide families with 12 weeks of healthy food, link to nutrition resources, and nutrition education
- Benefits Assistance training for 15+ organizations-train
- 2 quail raising cohorts completed
- School-based intervention developed-screen TISD Head Start families for FI and nutritional risks (overweight/underweight), provide 12 weeks of healthy food and nutrition education-program to launch Jan. 2020
- Community-wide hunger awareness event-hosted Jeremy Everett, ED of Texas Hunger Initiative
- Produce Drops and Community Resource Roadshow-quarterly events in North Tyler to provide produce and bring community health resources to high-need area

Objectives:
- Feed the line: Provide fresh produce to residents of food insecure neighborhood at high-need time
- Shorten the line: Connect community members with available resources including Medicaid, CHIP and SNAP enrollment
- Connect food insecurity and health: Many in our community are still not aware of connection between food insecurity and health, event provided both media coverage and connection for community members
- Community Engagement: Develop relationship with church congregation, facilitated by Community Engagement training through EHF, establish trust and credibility as foundation for future collaboration
- Inquiry: Survey participants to learn more about needs of residents in North Tyler
- Mobilize: First coalition effort to recruit large number of volunteers for an event

Results:
- Provided produce for 893 individuals
- 10 community organizations provided services/resources
- 40 volunteers assisted with welcoming, navigating event, & distributing produce
- Health Screenings: blood pressure-135, vision-108
- WIC screening & enrollment-180 individuals
- 100s connected to SNAP, Medicaid, CHIP, & Healthy Texas Women enrollment agencies
- 70+ participants surveyed

Key Learnings:
- Preparation, preparation, preparation:
  - Community engagement training provided framework for outreach and consultation
  - Neighborhood survey revealed outreach locations, initiated relationships
- Internal collaboration is key—even though event “belonged” to community awareness and advocacy group, it took expertise, effort, and input from each group for success
- Healthcare group recruited community health organizations
- Faith-based & non-profits and Children & Schools groups conducted outreach, churches, childcare centers
- Working collaboratively with host church created trust—next event will have expanded space and church will participate in outreach
- Community desires expanded services—housing, employment, immunizations, legal assistance
- Logistics need to consider diversity of community—initial set-up was difficult for disabled and elderly to access, high temperatures were difficult for both community and volunteers
El Centro’s objective was to address obesity-related health and food insecurity in the East End.

- Implemented the *Food Rx* program for Prevenga T2 and CenteringParenting® participants to access fresh, nutritious foods for their families.
- *Food Rx* incentivizes patients to increase participation in programs that will improve patient health and wellbeing.
- Twice a month, participants are able to attend the Food for Change Markets where they can select 30 pounds of fruits and vegetables.

**Growing Roots East End Network (GREEN)**

- Increased access to fresh, nutritious foods through the GREEN Collaborative, which connects East End HISD schools with area community gardens to provide support, education, and resources.

**Food Rx in Partnership with the Houston Food Bank**

- Implemented the *Food Rx* program for Prevenga T2 and CenteringParenting® participants to access fresh, nutritious foods for their families.
- *Food Rx* incentivizes patients to increase participation in programs that will improve patient health and wellbeing.
- Twice a month, participants are able to attend the Food for Change Markets where they can select 30 pounds of fruits and vegetables.

**Fresh Rx Program in Partnership with the City of Houston**

- Implemented the *Fresh Rx* Program in which patients participating in the Nutrición con Corazón program, a prevention program to address childhood obesity, receive a $25 voucher per family member/month to purchase fresh food and vegetables.

**Commit to be Fit**

- Implemented the Commit to be Fit program, which educates participating youth and their parents on the benefits of healthier eating and exercise.
- Classes are offered at three locations in the East End and one in Galena Park.

**What did we learn?**

- People want to make healthier choices, but do not have the resources.
- Houston’s East End still remains a food desert and 16.6% of people are affected by it in Harris county. *(Data Source: Feeding America)*
- Increasing access to healthy foods not only leads to healthier lifestyle choices, but also subsidizes their income which can improve the quality of life and reduce stress in the household.
- Documenting and sharing findings with other collaborative partners facilitates replication and allows El Centro to continue its programming.
To reduce the incidence of metabolic disease in our county by working within Prosper Waco’s Collective Impact model to address conditions that influence risk factors.

Our CCHH projects are clinic-level expressions of ideas born from expertise of the CCHH Clinician Council. This group consists of clinic staff and works within community development frameworks developed by Prosper Waco, a collective-impact organization building an environment where every community member can measurably improve their education, health, and financial security. The CCHH Clinician Council oversees and implements the following projects:

**Objective**

Partners, Projects & Results

**Community Gathering Space**
- Over 200 staff and neighbor survey responses informed the design of the CGS
- An advisory group composed of neighbors, patients, and staff began meeting to inform development & programming
- Relationships were established with clinic neighbors: independent senior living apartment residents, community organizers, neighborhood association
- Community gardening classes were offered by AgriLife-Better Living for Texans, McLennan County Community College Community Programs, Baylor Continuing Education
- Additional grant funding awarded by United States Department of Agriculture- Natural Resources Conservation Service

**Wellness Center**
- 2,245 patients were referred to the Wellness Center, and 33% became members
- Over 7,000 ‘doses’ of exercise were delivered between July 2018-July 2019; 80% to patients & 20% to employees
- Fitness advisors built relationships with patients through repeat visits and around the shared goal of improving patient health
- Faculty and students from the following Baylor University departments donated time and expertise: Health & Human Performance and Recreation, Public Health, Medical Humanities-Healing and Visual Arts, Computer Science, Interior Design, Medical Student Organizations

**Produce Prescriptions**
- World Hunger Relief, Inc. grew, harvested, and delivered 5,590 boxes in 5 growing seasons
- Medical providers made 4,459 produce referrals
- 98.7% of produce boxes were redeemed by patients with prescriptions or refill vouchers
- Patients guided development of additional program resources
- AgriLife-Better Living for Texans taught produce box-specific cooking classes alongside clinic providers
- The program received $30,000 in additional funds and in-kind donations from student groups, churches, local businesses, individuals, and World Hunger Relief, Inc.

**Medical-Legal Partnership (MLP)**
- Providers made more than 350 patient referrals to the MLP
- Greater Waco Legal Services (GWLS) received an additional $158,000 from a local foundation to expand services
- Patients see attorneys in the clinic (30 hrs/week) and at the GWLS office
- Patients identified health-harming legal needs in the following areas: criminal, family, property, immigration
- Patients received help from GWLS attorneys, a free monthly legal clinic, and other attorneys contacted by GWLS

**Lessons Learned**

On community partners
- Partners with complimentary missions are found across diverse sectors (agriculture, academics, medicine, exercise physiology, affordable housing)
- Partnership across multiple sectors can be mutually beneficial to all partners involved
- Partners are eager to be involved and have the capacity to modify processes and allocation of resources to maintain effective partnerships

On the community & patients
- This work provides needed avenues by which patients can shape their health/healthcare and neighbors can shape their community
- Patients and neighbors enjoy the new ways in which the clinic is engaging with them

On clinic staff
- Physicians value the work and are eager to participate
- Feedback to physicians on CCHH work is well-received and needed for program buy-in
- Limited time is a persistent barrier
- Staff champions exist in each area but not in a uniform way; identifying them requires a multi-faceted approach

On internal clinic systems
- Internal systems (workflows, EHR, communications) need more time, focused effort, and dedicated leadership to integrate CCHH components
Creating A Culture of Health

External
Acres Home Walking Trail Re-Opening and Campaigns

Objectives:
1. To encourage Harris Health System patients and residents of the Acres Homes community to engage in physical activity
2. To increase awareness of the Acres Health Center Walking trail through promotion of active and healthy living activities

Results:
Hosted fall and spring campaign with 50 staff walking with more than 400 patients and community residents

What We Learned:
- Majority of the survey respondents (74%) completed 6 or more laps (6 laps = 1 mile)
- Majority of the survey respondents (68%) reported they are likely or very likely to use the Acres Home Health Center walking trail again
- Walking groups and Zumba were reported as activities of interest for physical activity
- Patients thought the walking trail was only for staff and did not realize it was open to patients and the community

Internal
Social Determinant of Health Education and Screening

Objectives:
1. To introduce the concept of Social Determinants of Health (SDOH) to providers and staff at our ambulatory health centers
2. To identify the social determinants of health most affecting our patients

Results:
Educated over 200 providers and staff
Surveyed 2,404 patients at 6 health centers

What We Learned:
- There was an increase in knowledge about social determinants of health among providers and staff demonstrated by the pre/post test results
- SDOH needs vary across health centers/communities from cost of living, food insecurity, and transportation to health literacy
- Legal Services needs emerged as the number one need for many health centers. Additional screening is needed to learn more about the health-harming legal needs of patients and communities

Community
Acres Home Farmer’s Market
In partnership with City of Houston Complete Communities

Objective:
To convene the community’s farmers and gardeners to integrate and leverage the community’s locally grown food resources which will go directly to feeding and improving the health of the children and families living in and near Acres Homes Community

Results:
Established monthly Farmers Market
Averages 60 patrons per market
15 vendors either currently reside or are from the Acres Homes Community

What We Learned:
- There are very few stores in Acres Homes that sell nutrient-rich foods and fresh produce, however, the community desires healthier options and has solutions for increasing access to healthy foods
- Acres Homes is historically an agricultural community. Many residents have gardens with enough produce to sell or make natural products such as soaps and lotions but lack the knowledge and resources necessary to sell their items for profit
OBJECTIVES
1. Create an environment that encourages healthy behaviors that impact childhood obesity
2. Organize a coalition of community stakeholders to guide community prevention efforts
3. Form an action plan to address SDOH that impact community wellness in 77301

INQUIRY & ANALYSIS

WHAT WE LEARNED
1. Parent buy-in is essential for the success of a children’s health program. Parents control the family’s free-time activities and food choices.
2. While many local organizations were doing parallel work around this issue, we lacked an organizing influence. Forming the coalition allowed us to share and better organize our efforts.
3. Parents in this community are desperate for resources. Surveys revealed challenges they face, we will use this data to guide future work.

NEXT STEPS
1. Replicate program at Travis Intermediate
2. Work to embed programming into schools and ensure sustainability through partnerships
Northwest Assistance Ministries
Pediatric Health Center
Healthy Family Movement
Community Centered Health Homes

What was the objective of this work?
- To allow our defined target population to guide our efforts
- To influence policy and legislation
- To foster coalitions and networks
- To change organizational practices
- Utilize Community Health Worker(s) to add upstream focus in the clinical setting.
- To get closer to achieving health equity.

What were the results of this work?
- Civic engagement is also a crucial part of policy change. We became the largest Voter Registration partner for Travis County in 2018.
- The creation of the SDoH tool has put us in a position to be able to push out our CCHH work, along with the model and how other organizations could utilize the framework.
- After creating our SDoH tool through our CCHH efforts, we realized that in order to make a larger impact (other than our own patients), we needed to create a consortium of other leaders interested in screening for SDoH.
- As a result of our collaborated efforts with other organizations and government entities, we passed the paid sick leave ordinance!

What did we learn from this work that others should know?
- **Race Matters**: In order to reach equity, we must acknowledge race and how it plays a role in decisions that are made and that many times, culture shift is necessary in order to change organizational practices.
- **Organizing is key** in any program, project, initiative intended for community to better understand priorities of our target community.
- **Civic Engagement in a clinical setting**: Clinics should be encouraging and educating their patients on civic engagement.
- **Collaborate**: As a healthcare provider, we understand that we are not the experts in other spaces, and being that we want to affect the other 80% of a patient’s health, collaboration is necessary in order for us to find solutions to barriers to health.
- We are planting a seed to a tree that we will probably never see and that is ok as long as we are moving in the right direction.
HOPE Clinic’s Mission: To provide quality healthcare without any prejudice to all people of Greater Houston in a culturally and linguistically competent manner.

Our mission has expanded into not only providing quality healthcare to all, but to building healthier communities and extending the work of our health center outside the four walls.

OBJECTIVES OF THIS PROJECT:
To increase social connectedness in Alief through safe practices as we know social support can be a strong foundation to alleviate chronic diseases.

Focus Areas: Diabetes and Hypertension

WHAT DOES CCHH LOOK LIKE IN ALIEF?
Our Community: Located in the Southwest Houston, in the heart of an area known as “Asia Town.” According to the 2010 Census, “the Asian population grew faster than any other major race group between 2000 and 2010, increasing by 43 percent.” In addition, Houston hosts large foreign-born populations and rank high on the refugee list. Through August of 2019 HOPE Clinic has served more than 18,000 unique patients. Our organization’s commitment to linguistically and culturally appropriate care is reflected by the more than 160 staff members across 4 clinics who speak over 34 different languages and dialects, representing 25 countries.

RESULTS OF THIS PROJECT:
Our partners: We can’t create change alone, we have formed strong ties with our community partners in order to transform the Alief community. The International Management District, the Alief Super Neighborhood Council, Alief ISD, VN Teamwork, the Westside Police Station, the Houston Food Bank, and other local partners have highly supported CCHH.

Strategy: Increase utilization of the Alief Spark Park and Nature Center

Gazebos & Game Tables: The installation of three game tables and two gazebos have been done in the Alief Spark Park and Nature Center. These chess, checkers, Chinese checkers are not only to increase utilization of the space but will help promote cross-generational engagement between seniors and younger age groups while providing an incentive for members to leave silos and engage one another.

Increasing Community Engagement: (Events)
1. Walkability Assessments throughout the Alief community
2. “Blaze the Trail Event”
3. Winter Wonderland Food Fair
4. Behavioral Health Movie Night (upcoming event)
5. Health Equity Art Competition (upcoming event)

WHAT WE HAVE LEARNED:
What we have learned throughout the years is that healthcare is not the only source of providing care. A more comprehensive care can be provided when you cater to the root problem.

New sidewalks were built through community voice!
EPISCOPAL HEALTH FOUNDATION

Podcasts
- Physician & Staff Engagement
- Sustainability
- Partnership and Coalition Building
- Policy Change

Evaluation
- Georgia Health Policy Center
- Working Partner

Texas CCHH: What's Next in 2020?

Healthy Places Toolkit
- A toolkit resource to address the built environment influence on health
- Focus groups

Webinars
- Community Partners hosted by Prevention Institute
- Financial Sustainability hosted by the Georgia Health Policy Center

- A toolkit resource to address the built environment influence on health
- Focus groups
Our Reality: Food Insecurity

Our Reality: Disaster Preparedness

Our Proposed Project

Childhood Obesity Community Garden

Hurricane Harvey

What We've Learned:
No matter how well planned and structured a project might be, there are always outside forces which refocus your efforts on the most important and immediate needs of the communities you serve.

Where We Are Headed:

Walkable Neighborhoods

Healthy Foods