WHITTIER STREET HEALTH CENTER

Comprehensive. Compassionate. Community.

The Boston Health Equity Project

May 2012

The mission of ***Whittier Street Health Center*** *is to provide high quality, reliable and accessible primary health care and support services for diverse populations to promote wellness and eliminate health and social disparities.*

The people we serve:

Most of the people we serve are low-income, minority residents of Roxbury, Dorchester, Mattapan and Boston's South End.

70%	**Of Whittier Street patients have been diagnosed with at last one of the following conditions: diabetes, hypertension, cancer, asthma or obesity**
27%	Have been diagnosed with two or more of those conditions
80%	Have psychosocial issues
92%	Live below 200% of the poverty level
83%	Live in public housing
34%	Come to Whittier Street without health insurance

The Boston Health Equity cause:

Roxbury and other urban core neighborhoods in Boston will become among the healthiest urban communities in the nation.

- **We will improve key health indicators** of those we serve to better than national averages.
- **We will eliminate health disparities** associated with race, ethnicity, environment and income in communities that have had a heavy burden of health problems.

We will influence broad adoption of a new model of care that produces far better health results at less cost than the current health care system.

Benchmarks For A Healthy Community:

Community	Youth Patients of WSHC	Adult Patients of WSHC	Health System
Increase patient enrollment from 18,000 to 40,000 Exceed national standards for cancer, cardiovascular disease, depression and diabetes screening	100% will be engaged in prevention and wellness support 90% will have a healthy BMI (currently at 70%) 100% will have a care plan 100% of youth who require mental and behavioral health will receive it	100% will be engaged in prevention and wellness support 80% will have a healthy BMI (currently at 64%) 100% will have a care plan 80% of adults with chronic illness(diabetes, hypertension and depression) will have their problem under control	0% of WSHC patients will experience re-hospitalization due to lack of follow-up and support 95% reduction in unnecessary use of Hospital Emergency Rooms

The Pathway To Success

By ensuring that all residents have health support…

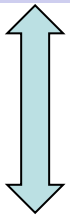
By helping children and adults sustain behaviors that promote good health…

By identifying and addressing health problems at early stages…

By controlling, and reducing chronic health problems…

By providing intensive help to people with advanced disease, complex conditions and difficult psychosocial challenges…

We will create a culture of wellness and reduce the incidence of chronic and serious illness in the communities we serve.



We will improve quality of life and prevent health crises that require hospitalization and ER use.

The pathway is supported by model of care…

That addresses many factors that affect health, such as family and income stresses, challenging living conditions, and unhealthy behaviors.

Takes responsibility for the condition of the whole person: *physical*, *mental*, *social*. Ensures that patients are partners in their own health and well being.

Is readily accessible – part of patients' and residents' daily lives and embedded in the fabric of the community.

Measures performance and health improvements.

The Model Of Care:

Comprehensive Care

- **Primary care** that integrates medical care, mental health care and social supports
- **Emphasis on prevention and wellness** to avoid health crises and alleviate chronic conditions
- **Patient navigation and care coordination** to ensure effective use of health services and proper specialty care

Health Engagement

- **Outreach** to enroll residents in health care home, help with appointments and assist compliance
- **Screening** to detect health problems at an early stage
- **Health education and assistance** in properly using primary care and urgent care

Public Health

- **Identify and address larger-scale community needs**: economic, environmental, educational, social, nutritional, behavioral
- **Track and measure** health impact
- **Partner** with broad array of community organizations and schools

Wellness Support

- **Wellness programming** fully integrated with primary care, tailored to individual needs and buttressed by ongoing support to ensure patient compliance and self-management

Noteworthy Features: Community

- Health ambassadors: peer support
- Community-based screening for cancer, cardiovascular problems, depression/stress, diabetes
- Health guidance and visit scheduling conducted in community sites
- Formal partnerships with public housing developments to provide extensive health support to residents
- Targeted health and social support for high-risk groups, including returning prisoners
- Men's health programming a major emphasis

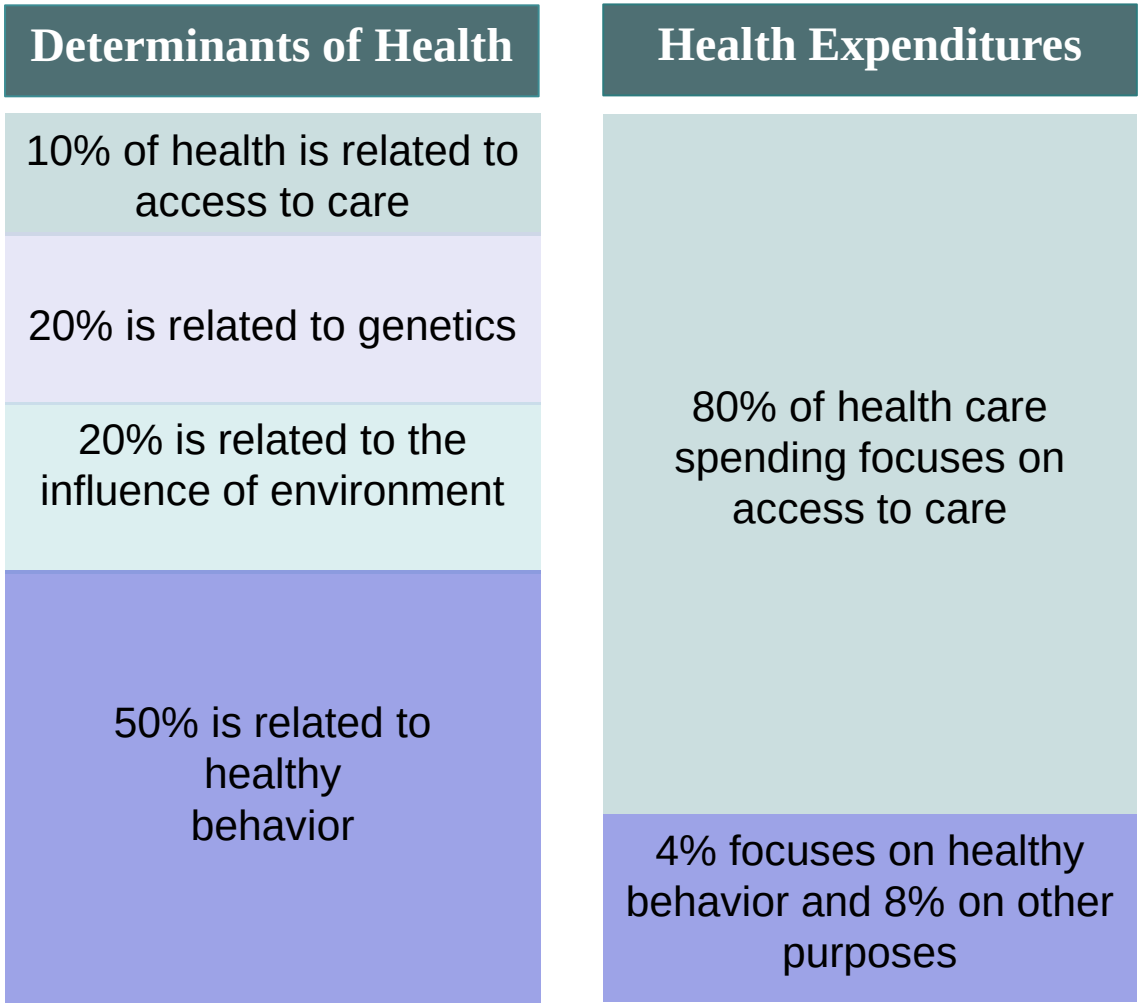
Noteworthy Features: All Patients

- Integrated primary care teams: physicians, pharmacist, dietician, diabetes educator, case managers, patient navigators, support staff
- Wellness Center: life coaching, nutrition management and other services to help with clinical and self-management of health
- Urgent Care Center: immediate access; reduce unnecessary ER use
- Partnership with Dana Farber Cancer Institute and other health and social service providers: fully integrating specialized medical care with wellness, psychosocial support and primary care
- Case management of patients requiring hospitalization: improves outcomes and prevents crises requiring readmission
- Electronic medical records and info systems: support care coordination, measure performance and health outcomes
- Streamlined testing: reduces number of required visits

Noteworthy Features: Youth

- Maternal and child health care for healthy births and early childhood development
- Youth fitness and development programs
- Family nutrition guidance and support
- School partnerships to integrate health education into K-12 curriculum; school-based health clinic planned
- Intensive support for youth at high risk for trauma or committing violence

A backward approach:



According to the New England Healthcare Institute, nearly 90% of all personal health care expenditures in the U.S. are for direct care.

This, despite the fact that behavior and environmental factors play a major role in determining our health.

The status quo is unsustainable and there is an urgent search for answers. We can provide them.

We are seeking influential partners

- **To invest** in the model of care so that it can be highly effective.
  - Near-term investments can have major long-term beneficial impact.

- **To advocate** for policies that support the model of care so that it can be sustained.
  - Only a small percentage of costs associated with the model are covered through current health care funding streams.
  - Some current payment policies create barriers to care.

- **To encourage broad adoption** of the model of care.
  - The model is well suited for advancing the twin goals of improving health while reducing health care costs.