Commerce City Community Campus

A Hub for Neighborhood Wellness

Commerce City Community Campus

C4 The following presentation outlines the concept of a new, community campus in Commerce City, Colorado.

- Why are co-location, and cross-agency collaboration efforts important?
- Which organizations are participating and why?
- What can I do to get involved?

"Addressing today's most pressing challenges requires developing the capacity to lead collaboratively and to effectively work across sectors."
-The Stanford Social Innovation Review[1]

Community Wellness from the Healthcare Perspective

Healthcare costs in the U.S. continue to escalate, and predictions estimate 2026 healthcare costs at $5.7 trillion. This prediction, made prior to the COVID-19 pandemic, represents nearly 20% of the GDP[1]. The U.S. spends more on health care than any other developed country (almost twice as much most other developed countries), and meanwhile, has the lowest life expectancy, overall worse health outcomes, and the highest rate of suicide.[2] This situation, only worsened by the ongoing pandemic, is leading to increasing attention to four key issues:

1. A current care model that fails to address the interconnectedness of the many components of whole-person health (i.e. physical, mental, dental, and vision)
2. A care model that fails to recognize the interconnectedness of social determinants of health on wellness
3. Siloed systems that suppress people's access to the full continuum of wellness services
4. The Return On Investment (ROI) of upstream intervention

The national state of healthcare and these specific issues are impacted by ongoing politics, policies, and cultural attitudes, as well as medical and technology advances. Change is constant, but often slow to create meaningful progress for individuals, particularly those most in need. The Commerce City Community Campus, (C4) is an innovative response, seeking to address all four of these issues with a pragmatic and immediate, local solution; physically co-locating within a welcoming, accessible community space, and bringing services together so members don't have to.

[1]https://healthpayerintelligence.com/news/addressing-the-real-implications-of-social-determinants-of-health#:~:text=Researchers%20believe%20social%20determinants%20drive,contributors%20to%20improved%20health%20outcomes

[2] Roosa Tikkanen and Melinda K. Abrams, U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes? (Commonwealth Fund, Jan. 2020). https://doi.org/10.26099/7avy-fc29

Whole-Person Health

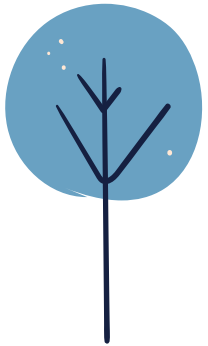
Oral health and physical health are closely linked, with chronic disease like diabetes, heart disease, and depression most commonly occurring (comorbid) with periodontal disease.

One in five cases of tooth loss is linked to **diabetes**[1] and, serious gum disease can raise blood sugar, in turn, making diabetes harder to control. Poor oral health is also a risk factor for **heart disease**, particularly if it remains undiagnosed and unmanaged. The bacteria associated with gum disease enter the blood stream and attach to blood vessels and tissue, cause inflammation, and increase cardiovascular disease-risk.[2]

Data from the National Health and Nutrition Examination Survey shows a very high comorbidity between **depression** and poor oral health with half of depressed respondents rating their teeth condition as fair to poor, and almost two-thirds of people reporting recent toothaches. The literature shows a strong link between periodontal disease and **mood disorders like stress, distress, anxiety, depression and loneliness**. It is thought that the relationship is multi-factored, with both biological and behavioral links and drivers. [3] A care model that monitors physical, behavioral, and oral health as interactive components of whole-person care and encourages **early and life-long prevention can avoid significant health costs and improve life quality.**

[1]https://www.mouthhealthy.org/en/az-topics/d/diabetes
[2] https://www.colgate.com/en-us/oral-health/heart-disease/how-oral-health-and-heart-disease-are-connected
[3]https://www.deltadental.com/grinmag/us/en/ddpa/2017/wellness/oral-and-mental-health-connection.html

Healthy Families, Healthy Communities



The C4 Campus is designed to address the **Social Determinants of Health (SDoH)** within its community. We know that health requires not just **medical care**, but **social, psychological, cultural, financial**, and **individual support.**

Nationally, individuals with health challenges also facing financial insecurity, isolation, housing insecurity, transportation challenges, food insecurity, and/or health illiteracy: **57%**

Nationally, individuals with health challenges and at least one SDoH challenge: **68%**

Holistic Care: incorporating individual, cultural, social, and psychological factors, and providing care with basic human dignity and choice to decrease healthcare costs and improve quality of life

Social Determinants of Health and Wellness

The World Health Organization (WHO) defines social determinants of health as: **“ The conditions in which people are born, grow, live, work and age.”**

These include early childhood experiences and development, educational opportunity, employment, neighborhood conditions and physical environment, clean air and toxin-free air, community inclusivity, access to food and housing, social supports, gender/racial/ethnic inequity, etc.[1]

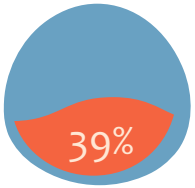
Researchers believe social determinants drive close to 80% of health outcomes. [2] This does not mean that medical care does not influence health; rather, it indicates that medical care is not the only influence on health, particularly in influencing who becomes sick in the first place.[3] Social determinants of health are a significant driver of major conditions including heart disease, diabetes, depression obesity. Indeed, a large sample study shows that 68% of medical patients have at least one social determinant of health challenge. Over half (57%) have a moderate-to-high risk for financial insecurity, isolation, housing insecurity, transportation, food insecurity, and/or health literacy specifically.

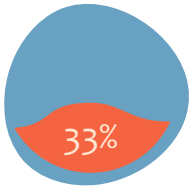
[1]https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312
[2]https://healthpayerintelligence.com/news/addressing-the-real-implications-of-social-determinants-of-
[3]health#:~:text=Researchers%20believe%20social%20determinants%20drive,contributors%20to%20improved%20health%20outcomes.

What else do we know?

People of non-White and Hispanic heritage suffer poverty and low socio-economic status (SES) at rates more than double their White and Asian peers

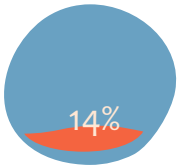
African-American Children and Adolescents Living in Poverty Nationwide



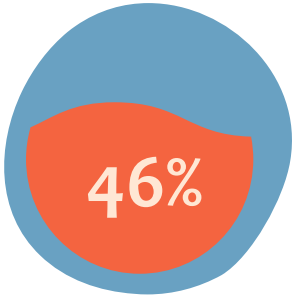


Hispanic/Latino Children and Adolescents Living in Poverty Nationwide

White/Asian Children and Adolescents Living in Poverty Nationwide



Low Socio-economic status (SES) decreases life expectancy



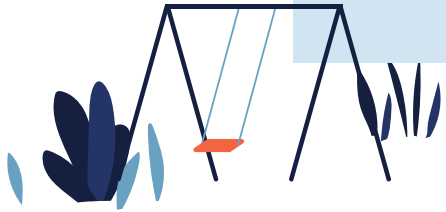
28% of Adams County, and 38% of Commerce City residents identify as Hispanic

Local Stats

Almost 1/3 of Adams County residents qualify for Medicaid.

Almost 3/4 of the C4 city district's families are low to moderate income.

More than 4/5 of the children qualify for free-or-reduced school lunch.



Social Determinants of Health and Wellness

financial and social status

The WHO states that health is significantly shaped by the distribution of money, power, and resources at global, national and local levels. Societal stratification leads to health inequity based on social and economic class, gender, and ethnicity. This can occur through a variety of pervasive, and interactive pathways. For example, discrimination can limit educational and financial development, it can negatively impact the health of individuals of all socioeconomic levels by acting as a pervasive stressor in social interactions, and living in a society with a legacy of racial discrimination could damage health through psychobiologic pathways, even without overt discrimination.[1] In the US, persons of non-white heritage suffer poverty and poor health at greater rates. For example, People of non-White and Hispanic heritage suffer poverty and low SES at rates more than double their White and Asian peers. One third of Hispanic/Latino children and adolescents but only 14% of White/Asian children and adolescents live in poverty.[2] There is a particularly strong links between poverty and health, which has centuries of documentation in the medical literature. Current estimates show that Americans of low socio-economic status (SES) are 46% more likely to die early. Poverty and health research supports a graded, as opposed to a simple threshold relationship between poverty and health, with increasing rates of disease corresponding to decreasing income and related socio-economic challenges, including low educational attainment, in a dose-response pattern that is thought to be causal. Arguments positing a reverse-causal relationship are weak. While health problems often can lead to lost income, and a child's poor health could limit educational achievement, evidence from longitudinal and cross-sectional studies do not support this argument over time.[1] At this particular time in history, we are facing the compounding health inequities of COVID, making this a critical time to take actions to support our communities.

Local statistics for Commerce City

C4 is a solution for a community with social determinants that predict high-health risks. Twenty-eight percent of Adams County residents identify as Hispanic, and almost 30% qualify for Medicaid. Thirty-eight percent of Commerce City residents identify as Hispanic, and almost 75% of C4's city district families are low-to-moderate income. More than 80% of the children qualify for the public schools' free-or-reduced lunch (FRL) programs.[3]

[1]Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Rep. 2014;129 Suppl 2(Suppl 2):19-31. doi:10.1177/00333549141291S206
[2]https://www.apa.org/pi/ses/resources/publications/minorities
[3]http://www.city-data.com/city/Commerce-City-Colorado.html

The Problem: Navigating a Disjointed System

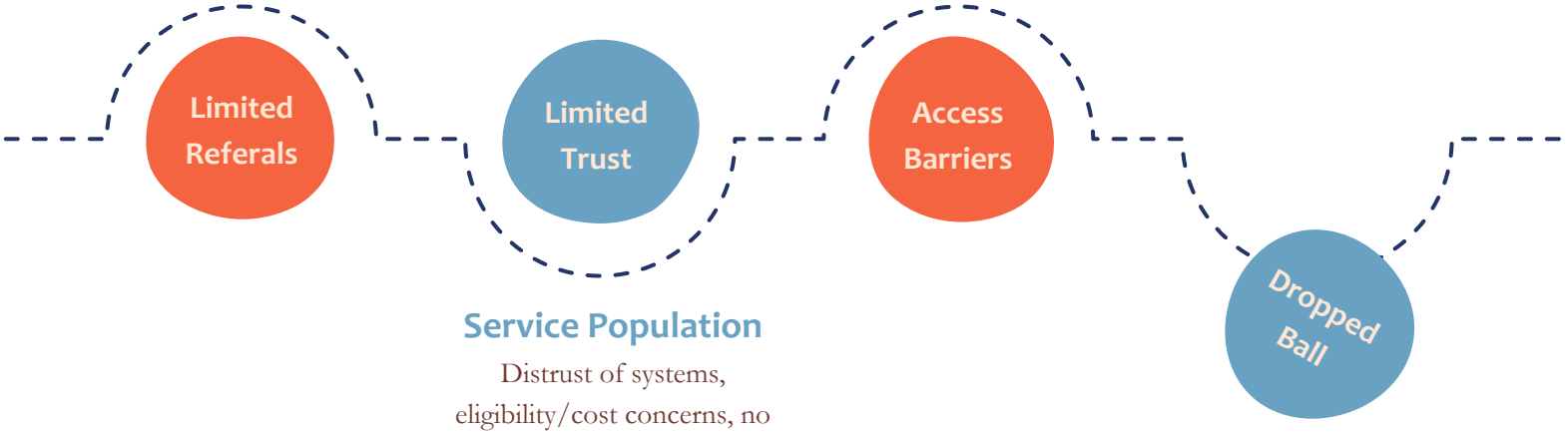
A Glimpse of the Current State of the Referral Process

Providers

Unaware of available services; no personal relationships with other agencies

Transportation

Only 43% of service providers surveyd in Commerce City offer transportation support



Service Population

Distrust of systems, eligibility/cost concerns, no child care, time, etc.

Disconnected Services

Within the healthcare system, less than 50% of referrals lead to a successful connection, with a provider in a new system.

Siloed Systems vs Holistic Care

"Population health suffers when weak ties isolate medical care from social services." [1]

While the state of the health system nationally and the local statistics noted may seem discouraging, there is a promising literature base to draw upon. The literature presents a strong case for addressing upstream socioeconomic factors, and enough is known to inform interventions. [2] Holistic care, incorporating individual, cultural, social, and psychological factors, and providing care with basic human dignity and choice, is associated with decreasing healthcare costs and improved quality of life.[3] **Research has shown that addressing a patient's housing, transportation and food needs reduces health spending.** For example, a 2016 Robert Wood Johnson Foundation study showed that a Medicaid program that identified need and added social-services referrals to patients reduced emergency department use by 17%, emergency spending by 26%, and reduced inpatient and outpatient costs.[4]

Referrals from the medical system to social services can improve health outcomes, but still may not offer the most effective approach to holistic care. A variety of sources show low rates of referral success, with one study finding that only about one third of patients successfully access referred services,[5] and another reporting a success rate of about 50%.[6] Siloed systems are usually cited as the reason – with providers lacking awareness of specialty health- never mind social service to refer patients to.[7] In addition, patients may distrust systems, lack clear information regarding costs and eligibility, and face pragmatic challenges such as limited childcare, transportation, and time. Local Commerce City data identified transportation barriers and shows that Only 43% of service providers surveyed in Commerce City offer transportation support.[8]

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[1]Zachary Pruitt, Nnadozie Emechebe, Troy Quast, Pamme Taylor, and Kristopher Bryant.Population Health Management.Dec 2018.469-476.http://doi.org/10.1089/pop.2017.0199
[2]Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Rep. 2014;129 Suppl 2(Suppl 2):19-31. doi:10.1177/00333549141291S206
[3]https://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2017;volume=23;issue=1;spage=71;epage=80;aulast=Jasemi
[4]https://healthpayerintelligence.com/news/addressing-the-real-implications-of-social-determinants-of-health#:~:text=Researchers%20believe%20social%20determinants%20drive,contributors%20to%20improved%20health%20outcomes
[5]https://www.beckershospitalreview.com/payer-issues/3-important-statistics-about-provider-referrals.html
[6]https://www.phreesia.com/2018/12/19/blog-patients-referrals-habits-revealed/
7https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/
[8]Roth J. The Early Childhood Partnership of Adams County Capstone Project Data Overview Document. September 2020.

"Effectively managing patients with complex clinical and social needs requires thoughtful integration of health care and social services." —**The Commonwealth Fund**

As payment, policies, and culture evolve to improve health equity, we must work within the current environment to improve outcomes.

An Innovative Solution: Co-Location for a Client-Centered Experience

The partners of the C4 Hub are dedicated to elevating community voice in the design of both their facilities and programming. By bringing together community members with trusted safety-net providers to develop a campus that prioritizes the need of the client, over the needs of the provider or a "system", the C4 unwaveringly chooses long-term outcomes and holistic, client-centered care over the paths of less resistance.

Siloed Systems vs Holistic Care

Holistic care offers promise to communities like Commerce City, and while the pragmatics of HOW to implement holistic care still require local innovation, there are existing and effective models to leverage.

Collaborative Care models which are gaining in popularity particularly in the Medicaid system, strive to integrate the expertise of different types of providers into one care team to minimize the care challenges and gaps associated with a disjointed, siloed system. These collaborative models, which currently focus on integrating physical and mental wellness are considered evidence based. [1]

Other collaborative models are starting to focus on SDoH. Recommendations for clinical and public health practitioners include strengthening routine procedures to assess and respond to social needs through referrals and/or on-site social and legal services and developing health-promotion strategies to educate communities.[2] For example, in Camden, a high-poverty city in New Jersey, residents have struggled to access services for behavioral, social, and medical care and consequently have high emergency room use. Camden Healthcare provider formed a Coalition and are sharing data to identify frequent consumers of emergency care and then connect them to a team of primary care providers, nurses, social workers, and behavioral health specialists. They focus on building an “authentic healing relationships” with patients to address their complex health and social needs through prevention care and social services rather than costly emergency department visits.

Nationwide Children’s Hospital’s Healthy Neighborhoods Healthy Families (HNHF) initiative is another collaborative initiative focused on SDoH. In this model, hospitals have partnered with diverse community partners to tackle affordable housing, education, health and wellness, safe and accessible neighborhoods, and workforce development.[3]

[1] https://aims.uw.edu/collaborative-care/building-business-case-cost-effectiveness-studies-collaborative-care
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/
[3] https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312

Siloed Systems vs Holistic Care

Cross-sector community partnership models are also expanding, with a recent review that identified 301 such models across the country. The Commonwealth Fund reported that there is an emerging, diverse group of programs formally coordinating services across independent health care and social service organizations. The Commonwealth Fun noted significant program difference, but common challenges. Addressed in a community playbook they developed to assist communities working to forge cross-sector partnerships.[1]

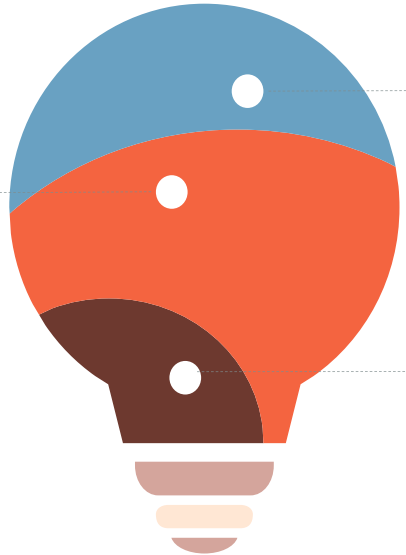
These partnerships are essentially aiming to impact community health. Community health focuses on the physical and mental well-being of the people in a specific geographic region and is at the intersection of healthcare, economics and social interaction. It focuses on the inextricable link between individual wellness and community functioning. According to the CDC, Community health also helps to mitigate health gaps caused by inequity – including differences in race and ethnicity, location, social status, income and other factors. Improving community health requires cross-agency participation.[2] "***Working at the community level promotes healthy living, helps prevent chronic diseases and brings the greatest health benefits to the greatest number of people in need.***"[3]

Individual patient engagement is another key strategy required to dismantle silos and forward holistic are. Patient surveys show low rates of SDoH-related disclosure to their healthcare providers. One study found that of all patients at "high risk" for SDoH problems, 60% had never discussed their issues with a provider or their insurance company. Of those who do, almost half decline assistance. However, those who discuss SDoH challenges with a physician or nurse are more likely to accept help than those who speak with an insurance representative.[4] This reiterates the importance of having trusted individuals build authentic relationships with patients to support effective system navigation and access to holistic care. In the oral health community individuals like community dental health coordinators (CDHCs) are certified for and have demonstrated efficacy in improving care quality.[5] In the physical health world, care coordinators, peers, and promotors have also been associated with improved care coordination.

[1] https://www.commonwealthfund.org/publications/issue-briefs/2018/jan/using-community-partnerships-integrate-health-and-social
[2] https://www.rasmussen.edu/degrees/health-sciences/blog/what-is-community-health/
[3] https://www.cdc.gov/nccdphp/dch/about/index.htm
[4] https://www.prnewswire.com/news-releases/waystar-survey-reveals-patient-attitudes-around-social-determinants-of-health-300764099.html?rel=0
[5] https://www.ada.org/en/public-programs/action-for-dental-health/community-dental-health-coordinators

Centralizing Services on One Campus

Co-Location is a Fundamental of Integrated, Client-Centered Experiences



Existing, Social Service Tenants

Early Childhood, Social Justice, Substance Use Treatment, Counseling Services, and more

ECPAC Early Childhood Partnership of Adams County

Cultivando

Front Range Clinic

United New Economy

Creative Treatment Options — Outpatient Behavioral Healthcare

WIC Women, Infants, & Children

Maria Droste Counseling Center — Colorado's Center for Mental Health

ACCESS Housing

Urban Land Conservancy Building

Non-profit real estate to benefit the community

Adding Integrated Pediatrics: Medical, Behavioral, Oral and Orthodontic Care

Medical, behavioral, and oral healthcare

KIND — Established 1912

Kids First Health Care

Public Service & Local Government

Adams County Colorado

Tri-County Health Department

Commerce City

Supporting Partners:

The Colorado Health Foundation

ADA

Colorado Access — Caring for you and your health

Adams County Foundation

Colorado Department of Public Health & Environment

The Schlessman Family Foundation

Delta Dental — Delta Dental of Colorado Foundation

Community Members of the *Commerce City Alignment Group*

C4: Commerce City Community Campus

A Hub for Neighborhood Wellness

ULC Building Tenants: 7190 Colorado Blvd

The Urban Land Conservancy (ULC): a nonprofit, uses real estate to benefit communities, preserving community assets

Early Childhood Partnership of Adams County (ECPAC): supports families with young children in connecting to needed community services and provides classes/groups for families; Partners co-located with ECPAC, include those supporting families in applying for public benefits, **Maria Droste Counseling Center** providing mental health services, regardless of ability to pay, and in partnership with A Precious Child, emergency clothing for children.

United for a New Economy (UNE): building community power through organizing; community activism and innovative policy solutions

Front Range Clinic: Addiction treatment and medicine, same day or next day appointments, accepting Medicaid

Creative Treatment Options: Substance abuse counseling and DUI services, accepting Meidcaid; integrated with Front Range Clinic

Cultivando: community-led work, social justice, and collaborative leadership

City of Commerce City: Has voted to purchase an entire floor with goals of serving residents on-site

Bringing services together, so our members don't have to.

On Campus Partners

Tri County Health Dept: Offering 60+ services including immunizations, land use planning, birth and death certificates, health promotion programming and planning, maternal child health services, children with special needs referrals, Medicaid assistance, syringe access, and sexual health including **Women, Infants, & Children (WIC)**: free nutritious foods and education for pregnant, and postpartum women, infants, and children up to age 5.

Adams County, CO: Supporting campus partners through on site space options and resource support.

ACCESS Housing of Adams County, Inc: A neighborhood non-profit providing family shelter services and rental assistance.

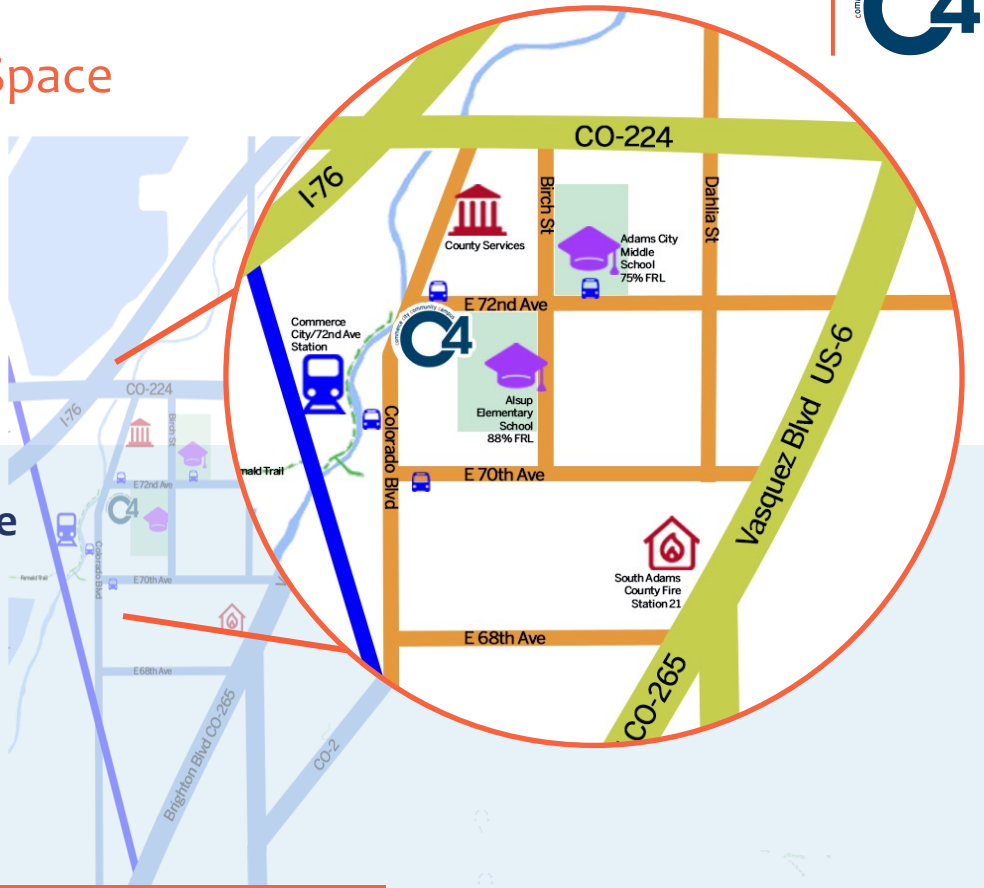
NEW! Health Care Coming to the C4!

Kids in Need of Dentistry (KIND) + Colorado Orthodontic Foundation (COF): Full service, pediatric oral health and orthodontia clinic, outreach and education, regardless of ability to pay – integrating with pediatric health care.

Kids First Health Care (KFHC): Medical and behavioral health pediatrics clinic, integrating with oral health, regardless of ability to pay..

Purposeful Design in a Repurposed Space

C4 is leveraging an existing community landmark, previously the County Human Services building, already occupied by collaborating social service agencies committed to addressing the Social Determinants of Health. **KIND and Kids First are raising funds to repurpose portions of the building for clinical spaces. By adding healthcare services…**



…The C4 is poised to become an innovative model for neighborhood wellness!

- Conveniently located near the 72nd Street N-Line Light Rail Station & multiple RTD bus stops
- Walking distance to two low-income schools
- Nearby planned affordable housing development

7190 Colorado Boulevard, Commerce City, CO 80022 **Learn more at www.c4wellness.org**

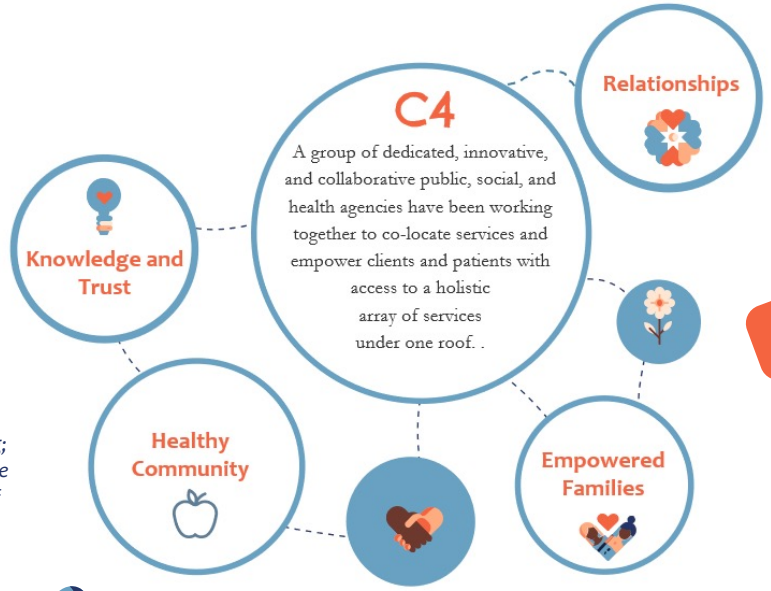
Responding to Community Voice; Rooted in Client-Partnership

Holistic care, and thoughtful integration of health and social services, requires partners, willing to change systems to meet the needs of the community; not force the family to meet the needs of the systems.

"We're confident that this relationship-building within our own organization will lead to more comprehensive collaboration with other organizations within Commerce City and throughout Colorado" – COF

"Families need a hub they can become familiar and comfortable with. When they know what to expect they are more likely to follow through with a referral." - Early Childhood Partnership of Adams County (ECPAC)

"This would help us cut down on driving; being able to access many services in one day – so only have to ask for one day off of work." –Adams County Resident & Service Client



"Kids First recognizes the incredible need for an environment that builds trust between agencies and with patients. The envisioned community campus with single-site, co-located services, warm hand-offs among resource partners and ease of transportation for clients are effective solutions to the challenges of referrals." – Kids First Health Care

"This saves on time and mis-communication between different organizations and families – which also saves time for families not having to repeat information." –Adams County Resident & Service Client

"WIC has fund great success with co-locating services with medical providers (i.e. Children's Health Clinic, Stride, Salud and Every Child Pediatrics) and community based organizations (i.e. county health and human services, food banks, housing authorities) so that a warm hand off can occur on site and one less stop for a client to make." -Women, Infacts, Children (WIC)

"At KIND, we focus on whole-person care. We know that good oral health is intrinsically linked to good nutrition, overall physical health, and mental health. When families understand, and can access comprehensive care, their care costs less, and they significantly improve their long-term outcomes." -Kids in Need of Dentistry (KIND)

"When families and their children have their health needs, basic needs, and family support needs met, children have better life-long outcomes. Commerce City families need a place where multiple needs can be met in once location." -Early Childhood Partnership of Adams County (ECPAC)

Return on Investment (ROI)

It is already clear that prevention saves money and improves quality of life. For example, each $1.00 spent on dental sealants can save $6.00 or more for an extraction[1] and Each $1.00 spent on WIC saves up to $3.13 – in just 60 days post birth. [2] Each $1.00 spent on high quality, early childhood education can save $4.00- $9.00. Collaborative care is associated with even greater cost savings. Long-term analyses have demonstrated that $1 spent on Collaborative Care saves $6.50 in health care costs.[3] There is increasing recognition in the medical and policy arenas that effective health care delivery requires the work of a broad array of community-based organizations. **Programs that coordinate health and social services are more likely to reduce health care expenditures and utilization.[4]**

As this recognition grows, health systems are shifting towards value-based care: paying healthcare providers for outcomes instead of reimbursing fee for services. While COVID has placed the attention of the healthcare system elsewhere temporarily, this payment model is expected to account for the majority of healthcare payments in coming years. Large payers such as Aetna and United are shifting provider contracts to value-based care and the Centers for Medicare & Medicaid Services (CMS) remains committed to value-based programs.[5] Establishing a collaborative system in Commerce City positions local providers to be able to benefit from these expanding payment models and increased community wellness.

[1] https://www.healthline.com/health-news/does-dental-sealant-protection-outweigh-risks
[2] https://www.fns.usda.gov/wic/about-wic-how-wic-helps
[3] https://aims.uw.edu/collaborative-care/building-business-case-cost-effectiveness-studies-collaborative-care
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/
[5] https://healthpayerintelligence.com/news/addressing-the-real-implications-of-social-determinants-of-health#:~:text=Researchers%20believe%20social%20determinants%20drive,contributors%20to%20improved%20health%20outcomes.

What's the Return on Investment (ROI)?

According to the World Health Organization : "The evidence shows that a wide range of preventive approaches are cost-effective, including interventions that address the environmental and social determinants of health, build resilience and promote healthy behaviors…"

- Each $1.00 spent on WIC saves up to $3.13 – in just 60 days post birth
- Each $1.00 spent on sealants care can save $6.00 or more in avoided tooth extractions
- Each $1.00 spent on high quality, early childhood education can save $4.00- $9.00

Holistic care offers savings on-top of prevention savings. For example,

Community care coordinators for Medicaid members: ROI of 127%

"An ounce of prevention is worth a pound of cure."
– Benjamin Franklin

Beyond ROI

While the summary presented here lays forth the case for bringing health and social services together based on the likelihood of improved health and wellness for individuals and communities and cost savings to the health system, there is also a **missional force** driving the local Commerce City agencies to work together to improve the provision of services to the community. "***More and more, healthcare leaders are positioning their organizations to assume the social and moral imperative of reducing health inequity by focusing on the social determinants of health."*** [1]

In Commerce City, organizations led by Kids First Health Care, Kids in Need of Dentistry, the Early Childhood Partnership of Adams County, and other health and social services and local organizations have come together in an evolving, organic, community health approach, based not on extensive review of the literature, but on their organizations' experiences with unmet need in our community. The C4 initiative is not mandated or led by an oversight body, and it is reliant upon the initiative and buy-in of those leading the community-based organizations. It is also reliant upon community buy-in and philanthropic support to fund collaborative efforts not reimbursable under traditional models of care.

[1] https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312

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*For citations in graphic slides

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