



Group Health Foundation

Lessons Learned from Community Engagement

PRESENTED BY:

SPOKANE NEIGHBORHOOD ACTION PARTNERS

SPOKANE RIDE TO CARE

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Description of our organization, mission, and program(s)



Spokane Neighborhood Action Partners (SNAP):

- Has served Spokane County since 1966 with a mission of "Increasing the human potential of our community by providing opportunities for people in need." We are a 501c (3) nonprofit Community Action Program (CAP agency), offering a comprehensive multi-service base for low-income and highly vulnerable citizens.
- As one of the largest private human-services agency in Spokane County, SNAP annually serves over 47,421 unduplicated individuals of all ages in Spokane and surrounding counties.
- SNAP serves Spokane's poor and vulnerable through the provision of over 30 human services programs in the areas of housing, financial services and through our community action core which responds to needs surfacing at the community level while diligently searching for long term solutions to eliminate poverty.

What about your organization's way of working has made you successful?

- SNAP leverages 50+ years of expertise through the work of the Washington State's unified Community Action Agencies that aims to build healthy communities and eliminate poverty.

Spokane Ride to Care:

- A low-acuity non-emergency medical transportation (NEMT) program offering alternative transportation to Urgent Care Clinics rather than transportation in an ambulance to an Emergency Department (ED).
- This program aimed to lessen health inequities designed around several keys to success including those based on evidence; opportunities to change cultures to get people on board, in this case Fire Departments and Health Care systems, establishing measurement and accountability systems, and designing a pilot program aimed to prove desirable outcomes.
- Individuals with low acuity conditions are appropriately referred by EMS Providers for care at Urgent Care Clinics reducing strain on emergency services (prehospital & hospital), improving the client's overall experience with the health care system and reduce emergency care costs.



Goals of Spokane Ride to Care

1. Provide a cost-effective means of transporting low-acuity clients that aligns with the Institute of Healthcare Triple Aim tenants.
2. Reduce inappropriate use of emergency services (including ER and EMS)
3. Develop sustainable, mutually-beneficial relationships with the Health Services and Insurance industries.

Collaborative Solutions with our Communities

How have you engaged, convened, and maintained relationships with your community/communities?

- **Creating and planning a Low-Acuity Transportation Program (SRTC) resulted in the development of a 25-member Consortium /Community Partnership) aimed at integrating the priorities of multiple sectors of the community.**
- **This Consortium was developed to work toward the charge of creating strategies and implementing solutions that increase value and improve outcomes assisting clients to receive quality care in an appropriate setting. This allowed for the pooling of resources and individual areas of expertise for achieving the common immediate objectives as well as the overarching goals for securing better health and wellbeing for all.**
- **All this allowed for a cross share of information and ensured that no entities were duplicating efforts. SNAP helped the coalition establish a Charter and define goals.**
- **We engaged a third party evaluator from the beginning of the project who helped us establish an evaluation plan and is currently writing the Report that will give demonstration that the partnership has made a difference.**

How have you co-designed or co-created solutions with your community/communities?

- **We followed the successful tenants of proven partnerships that included having a shared leadership and establishing a common understanding of the framework, culture, values, and approach of each partner organization.**
- **We articulated this shared common vision and purpose through our Charter that built trust and openness and recognized the value and contribution of all members.**
- **Additionally, shared and transparent decision-making processes were established —extending the scope of influence over and involvement with other services and activities— all of which proved essential to our partnership.**
- **Having respect for the contributions of all partners, combined with an absence of status barriers, also lead to active involvement of members who are identified as being effective, representative, and capable of playing a valued role in the partnership.**
- **We designed the program so that it was “insurance blind” giving access to all.**





Successes, Challenges, Culture Changes

How has your organizational culture or structure changed to allow for authentic community relationships? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.

- We became focused on the link between social determinants of health, including social, economic, and environmental conditions, and health outcomes. Moreover, it is increasingly understood that inequitable distribution of these conditions across various populations is a significant contributor to persistent and pervasive health disparities.
- We acknowledged “that communities, States, and national organizations will need to take a multidisciplinary approach to achieving health equity — an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself.”
- We hired a third party evaluator who was involved from the very beginning of the design and implementation of the project. This step established a “collective impact” approach that translated into measurable and sustainable results in the communities in which we piloted this project.

What have been your most significant challenges, obstacles, and missteps?

- We began to see a pattern that many residents who might have been appropriate referrals into the program having a preference to being transported to the Emergency Department (ED) via the ambulance rather a new option of alternative transportation to an urgent care clinic. Although we are not surprised that so many hold the perception that ED’s are convenient ‘one-stop shops’ that provide ‘total care’ including hospitality along with relevant diagnostics, delivered by a specialist team trained in emergency medicine; we were surprised at the number of patients were not aware of the level of care is equal or even higher for low-acuity conditions at the Urgent Care level.
- Many symptoms of low-acuity conditions mirror those of potentially serious conditions, putting pressure/liability on paramedics to appropriately triage patients presenting cases that once presented at Urgent Care Clinic still needed transfer to the Emergency Department.
- Technological barriers made it difficult for dispatch to contacted transportation provider. Active 911 was initially used and communicated directly with all drivers vs the transportation vendor. Drivers responded by calling into the Combined Communication Center (CCC) vs the transportation vendor’s dispatch creating additional work for the CCC.

Systematic Inequities



How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?

- **By changing healthcare settings for the individual user (Emergency Department vs. Urgent Care Clinics) we are providing support to their health while optimizing improvements to population health and health equity.**
- **We have been fortunate to have had numerous Municipalities, Healthcare Systems, and EMS Regional Coalitions reach out to us from across the United States to seek advice and gain insight to replicating similar programs in their region. With the established practice of logging “Lessons Learned” and establishing a Policy and Procedure Manual we are readily able to share information.**
- **The investment of engaging our Third Party Evaluator has already demonstrated that we can stimulate new ideas and further engage a broader reach into our community and track established outcome of the program.**

- **We were successful in addressing systematic inequities, by also assuring engagement at community-, policy-, and system-levels all while combining social, organizational, environmental, economic, and policy strategies along with individual behavioral change and clinical services.**
- **Our approach also required developing partnerships with groups that traditionally may not have been part of public health initiatives, including community organizations and representatives from government, academia, business, and civil society.**



Hope for the Future



What changes have you seen that give you hope about a future that is more equitable?

- Our person(client)-focused strategy demonstrates that giving clients a choice to access appropriate care resulted in a savings to the insurer, the patient, and the community as a whole.
- The number of engaged consortium members that includes a cross sectional representation of Health Care Systems, Health Insurers, Fire Departments and Foundation/Funders provides encouragement to the future of the program and opened-doors to future blend of related social determinants of health initiatives for SNAP that aligns with our core mission of moving individuals and families out of poverty.
- The cost comparison savings helped reduce the cost of transportation and medical services by at least **75%** per individual that was diverted from the Emergency Department. This cost comparison figure informs that this program is meeting the number one goal of the program: Providing a cost-effective means of transporting low-acuity clients to a lower cost facility all while assuring the client receives quality care.



Spokane Ride to Care Client Story

A strong case can be made that improved access to NEMT for transportation for disadvantaged persons is cost-effective in terms of better healthcare. In some cases, this cost-effectiveness translates directly into decreases in healthcare costs that exceed the added transportation costs. In other cases, longer life expectancy or improved quality of life for those suffering from the studied conditions justifies the added costs of improved access to NEMT cost-effectiveness ~ 2005 Transportation Research Board Analysis

James is a young man who eagerly answered the phone when we called him to conduct our Spokane Ride to Care follow-up survey. Before the conversation was over, it was clear that James was homeless and hoping that SNAP was calling to talk about a place to live. He uses a personal bicycle to get around and had taken a bad fall on the bicycle when he called 911. His injuries were severe enough that he could not continue riding his bicycle. When the paramedics arrived quickly, they examined him on-site and determined that the injuries were low-acuity and that Spokane Ride to Care was an option. He required services such as an x-ray to check for broken bones and wound care. He reported that the alternative care solution worked well for him and that urgent care was able to treat his injuries. He mentioned that the Spokane Ride to Care driver was polite, very helpful and carefully loaded his bicycle and belongings into the van.

James's story is the fulfillment of our hope for Spokane Ride to Care- affordable medical treatments delivered with dignity and respect to clients like James.