Health Equity Fund 9th Annual, 2022 (Virtual)



All Grantees Meeting

…at the Speed of Trust

Day 1: Thursday, December 8 9:30 AM – 12:00 PM





We acknowledge the land on which we are meeting – the ancestral lands of **Duwamish**, **Muckleshoot**, and **Snoqualmie Tribes** – and recognize their continuing connection to land, water, and community. We honor with gratitude the land itself and the **Coast Salish people** who are still here today.

We recognize the systemic oppression of Indigenous people, enslaved Africans, and other historically exploited people which has led to the disproportionality in representation and disparities in health of these communities we serve.







Introduce yourself in chat.

Name, Pronouns, Role, Organization, City Located (and the land you occupy)

• Mute your mics.

Unless you are presenting, in a Breakout Session, or engaging in Q&A, we ask that your mics be muted. Your visible face on camera and screen is encouraged.

What's said here stays here – but what's learned here leaves here.

Confidentiality is critical to providing safe, supportive conversations. We will not be recording this event. Presentations slides and contacts will be made available.

Take care of yourself.

Stretch, eat, drink, and bio-breaks as needed!

















John Kim (He/Him) Executive Director

Christina Bernard *(She/Her)* Associate Director

Mallory Fitzgerald (She/Her) Grants Manager

Gene Yoon (He/Him) Communications Manager Whitney Gerlach (She/Her) Office Coordinator







Columbia Bank









- Major Grants
- Nimble Grants
- Health Equity Scholars



PHPDA Presentation

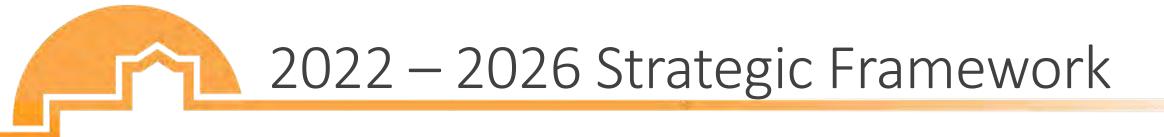


John Kim, JD (He/Him)

Executive Director of Pacific Hospital PDA







Mission & Vision

We envision a world with equity in health for all and we champion equity in health through exemplary stewardship of PHPDA's public resources.

We Value:

- Each person's worth
- Each community's unique strength, resilience, and knowledge
- System change addressing racism and other oppression
- Innovation, collaboration, and shared knowledge
- Transparancy and accountability



2022 – 2026 Strategic Framework

Roles:



Steward PHPDA assets and provide resources through funding, information, and expertise to grantees.



Be an ally to grantees and communities working to achieve health equity.



Gather and connect diverse voices to work toward health equity.





Prioritize actions that address root causes of health inequity and catalyze change.



Presentations: 2020 – 3rd Year

- Chief Seattle Club
- Entre Hermanos
- Ethiopian Community in Seattle
- Odessa Brown Children's Clinic
- Recovery Café
- Seattle Indian Health Board
- Villa Comunitaria







CHIEF SEATTLE CLUB



Key Data Points

- Founded in 1970
- ~90 FTE (on our way to 130+)
- Over 200 tribes represented by our clients; vast majority are not from local tribes. (Highest population is SE Alaskan)
- Staff are over 83% AI/AN
- AI/AN are about 1% of the population in King County
- AI/AN are 32% of the chronically homeless population (about 1,200 chronically homeless AI/AN in King County)



Mental Health Work At Chief Seattle Club to-date

- In person at residential sites (?al ?al/Eagle Village temp shelter)
- Primarily focused on members not in active crisis or high acuity mental health/sud needs
- Centered in Western Clinical approaches delivered by Native people (primarily)
- Some attention to SUD supports but not integrated into building program model
- Currently unsheltered folks not able to attend sessions as a general rule



Mental Health Work At Chief Seattle Club Future Plans

- Permanent Supportive Housing developments will have 1.0FTE Traditional Mental Health Workers. Full time staffing allows for relationship building and trust, which is particularly important for high-acuity individuals (such as formerly chronically homeless, co-occurring disorders, etc)
- Day Center Traditional Mental Health worker will focus on specific traumas and acuity of currently unsheltered individuals, as well as individuals in our transitional shelters.
- Pivoting away from the Western clinical model and bringing mental health in house instead of contracted with external providers

What is a Traditional Mental Health Worker?

A Native person who centers traditional (spiritually & culturally rooted) practices in their healing work with individuals and groups.

What is a Traditional approach? We define it as a holistic approach that balances the spiritual, emotional, physical, and mental health needs of an individual as part of a group. This approach reflects the core identity of the individual as a Native person, a part of a family, tribe, and society that balances historical and ongoing traumas.



Mental Health Work At Chief Seattle Club Future Plans Cont'd...

- Model allows for one on one and group opportunities for processing, healing, and community connection as well as trust building which can lead members to seek additional or more focused mental health or sud care as needed

hy'shqe o'siam Thank you, friends!!



Third Year Grantee

Our numbers 2021-2022

Metric	Full term Goal	7/1/21- 9/30/21 Actual	10/1/21- 12/31/21 Actual	1/1/22- 3/31/22 Actual	4/1/22- /6/30/22 Actual	Total Actual
Rapid HIV test conducted	225	70	37	11	12	130
STI test conducted	150	44	9	3	11	67
New clients receiving HIV case management	20	7	8	4	8	27
Total unduplicated clients across all services (Please fill out total year to date for each report submitted)					224	

Challenges

- **HIV/STI testing:** This was probably the hardest challenge, mostly because when someone comes to our offices to get tested, they are looking for the full panel (STI/HIV), and not enough people comes to get tested either for just HIV or just STI. It was challenging to be able to make the separation between one test or a full panel.
- **COVID-19 vaccination:** Staff is required to have the full COVID-19 vaccination panel; for clients is optional, and this was a sensitive topic with people who come to get services from our agency.

What we learned

- We learned the importance of maintaining an internal protocol to make sure services are not reported as duplicated.
- We learned the importance of having clear communication between teams, specially among Prevention and Care. We realized is more than just confirmatory tests, and that we need to work as a unit.

Changes

- Our office is open Monday through Friday from 10:00 am to 6:00 pm.
- Walk-in testing is back!

Mental Health Promotion Program Lessons Learned

Lesson 1

It is important to design and implement programs based on input from communities served

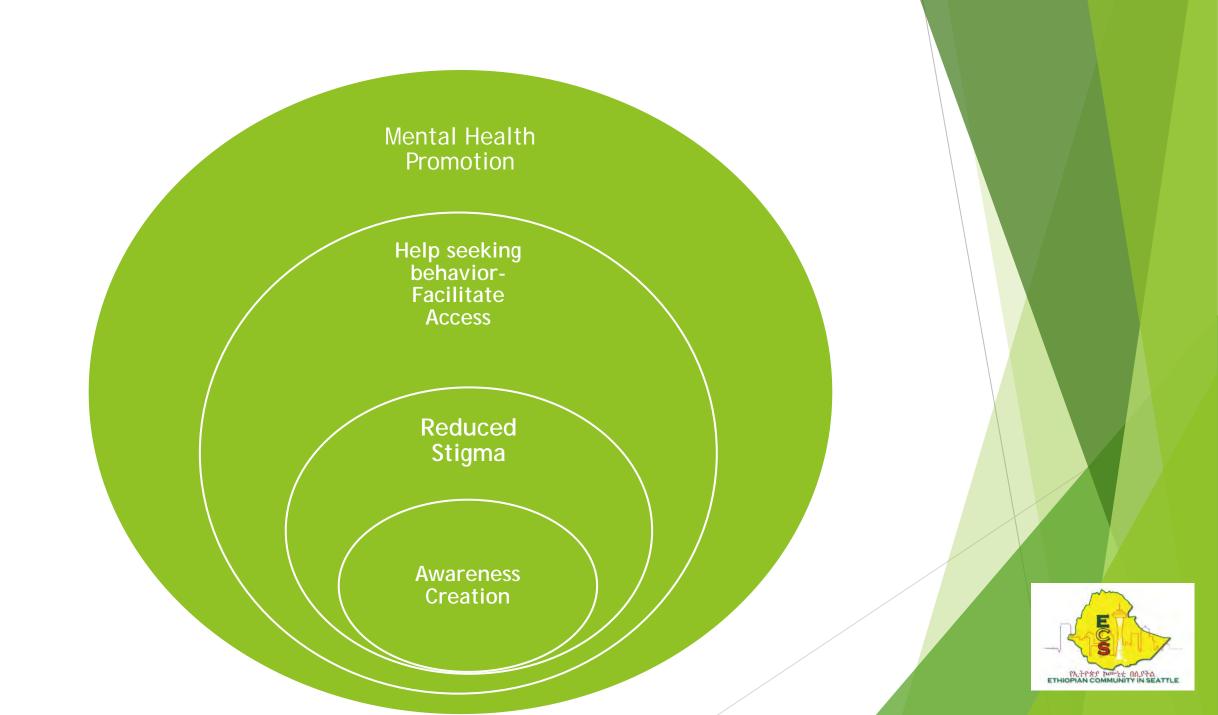
- All activities of the MHP program are based on survey done with support of Nimble Grant
- Design considered the stigma and current coping mechanisms in the community.



Lesson 2

- It is important to have a host of services to support the mental health programs
 - The social services given at ECS, even if it is not designed to be part of the MHP has supported community members to address various issues.





Lesson 4

- It is important to leave people with information that they can refer to.
- Be it printed booklets or Youtube videos, community members who took part in the MHP program of ECS share information to their family and friends. It is thus important to give them reference that they or their friends and families can refer to or share on as needed.



Next Steps

- ECS wants to build on the lessons learned and design programs on some of the stressors identified by the community. E.g, marital problems, cultural differences at home etc.
- We plan to train our own staff to be trainers on Mental Health First Aid. This will give us the ability to train community members in their own language and sensitive to their culture.
- We plan to conduct one more survey to better understand how to design the next iteration of the MHP.
- We will continue to have mental health promotion as part of our general program e.g., health fairs, regular meetings etc



Mindfulness & Compassion Program

Odessa Brown Children's Clinic





Mission:

We share community-led mindfulness and compassion practices to promote the well-being of youth, families and communities who are marginalized and build collective capacity to promote social justice.

PHPDA grant for 2022-2023

- 6-week mindfulness course for parents/caregivers of children birth-to-five (March 2022)
- Somali drop-in mindfulness classes for

parents/caregivers of children birth-to-five (ongoing)

• Two outdoor mindfulness activities (Spring 2022)



Challenges

- An unexpected makeover from in-person to online classes
- Isolation from pandemic and parenting young children
- Restrictions on county
- Zoom fatigue
- Delivering food to families for virtual courses

Before



After





What we have learned over the past three years

- Online mindfulness and compassion classes can be effective!
- The collective power and wisdom of community
- Mindfulness addresses trauma and promotes spiritual healing
- Creating safe enough space for parents with vulnerable immigration statuses and similar life experiences through facilitators who reflect participants community (i.e., ethnic group, culture, religion)
- Women's empowerment

One participant shared how paying attention to her breathing helped her calm down, which helped baby calm down and improved nursing overall (attunement)





- Strategic Planning
- a. Grow our programming within OBCC to increase participation and community engagement
- b. Invite OBCC staff and providers to attend classes
- c. Prioritize professional development
- d. Grow our staff
- May consider returning to in-person classes next year



Thank you, PHPDA! Recovery Café SODO Health Center





RC SODO Health Center Services

- Health care "desert"
- Non-judgmental medical care in a trusted environment
- Nursing Care
- Referrals to higher levels of care
- Telemedicine
- Medicaid sign-ups
- Health supplies
- Overdose prevention (Naloxone, Fentanyl test strips)
- Direct connection to long-term recovery support at Recovery Café



Resource Connection Days





Health Center services Vaccinations Hygiene kits **Clothing & shoes** Survival gear Food **Cell phone plans** Vet Van Insurance information





Long Term Sustainability

- Premera
- Arcora Foundation
- King County
- Opiate Settlements

Bastyr University Clinic Team





Earning Community Trust

"We can only operate at the speed of trust, and for us, that's meant consistency in our messaging, our low-pressure approach, and our commitment to meeting people where they're at."

-RC SODO Health Center Nurse



PHPDA Health Equity Fund Presentation

PHPDA:

SIHB TIM Pilot Project

Seattle Indian Health Board



About Seattle Indian Health Board

Traditional Indian Medicine (TIM)

Seattle Indian Health Board (SIHB)

- Create an effective system for providing TIM services to relatives in our clinic.
- Credential practitioners, integrate them into the care team and the Electronic Health Record (EHR), and create billable framework.
- Analyze: health outcomes, potential cost savings, and document best practices and recommendations for centering TIM services.

Systemic Change:

- Increase the accessibility and financial sustainability of TIM services
- Address the absence of third-party reimbursement
- Create administrative tools for other Indian health care providers offering TIM services



Learning Highlights: Billing and Credentialing

State Level Reimbursement

- SIHB's vision is for TIM provider credentialing to be treated in parity with other state recognized credentialing programs like Dental Health Aide Therapists, Community Health Aide Providers, and Behavioral Health Aides as defined within RCW 43.71.B, "Indian Health Improvement").
- King County Regional Tribal Coordination meeting exemplified the potential to develop new relationships with MCOs and other governmental partners.
- Pursuing a relationship with Amerigroup and Community Health Plan of Washington.

National Level Reimbursement

- Secured temporary extension of 100% FMAP for Urban Indian Health Programs (UIHP).
- Cost-savings from 100% FMAP were capture in the WA Indian Health Improvement Reinvestment Account for a total of \$18 million.
- Requires advocacy with Centers for Medicare & Medicaid (CMS) and American Medical Association (AMA).
- SIHB has created a procedure for credentialing Traditional Practitioner (TP) to verify potential practitioners' qualifications
- In order to get reimbursement for TIM services, CMS will need to approve TPs as a provider type and AMA will need to approve our TIM Current Procedural Terminology (CPT) codes.

45

Looking Ahead

- Continue strengthening relationships with MCOs for funding opportunities of TIM parity.
- Continue participating in state-level health policy workgroups.
- Share our first HCA report with state-level health agency workgroups, elected-officials, tribes, tribal organizations, and urban Indian organizations.
- Spring 2023 Conduct Lobby Days with our national partners to share the work of the TIM parity model and success of temporary extension of 100% FMAP.
- Monitor and advocate for State bills that create credentialing opportunities for nonwesternized health professionals.
- Complete the Traditional Indian Medicine Final Report in by June 2023.



Thank You!

Villa Comunitaria HEART TO HEART PROGRAM



Top left: Rosa Grijalva- Promotora, Monica Salmoran- Project Coordinator, Blanca Carbajal-Promotora Lower left: Roxana Rivera-Promotora, Monica Salas-Promotora



Brenda Gonzalez Program Coordinator



Isabel Quijano Promotora de Corazon





VILLA COMUNITARIA

"Cultivating leaders to create a stronger community. We envision a community where all families can thrive and participate"

Villa Comunitaria primarily serves the Latinx populations in South Seattle and South King County, however, we recognize that the experiences across marginalized and disenfranchised communities of color intersect and are often similar; therefore, we welcome all immigrant and refugee communities in need of support navigating the complexities of US institutions.

Heart to Heart

Mission: Promote physical and emotional wellness and increase emergency preparedness within Latinx communities.





LEARNINGS

2020

2021

2022

• Collecting and recording data from participants and all workshops before and after was a must.

Planning with time and having a fixed structure is very important to avoid stress.

Having a clearer strategic plan and responsibilities for each team member.

Community members are more likely to participate if there are incentives.

- High Interest in events but hesitancy to share personal information.
- Growing interest in Mental Health related topics
- High engagement with in-person workshops
- High participant retention & growing trust of information

FUTURE PLANS

- Heart health workshops
- Creating a prevention program
 - with a single group of
 - community members.
- Nutrition Booklet

- Recruit & train 4 CPR promotoras
- Increase number of CPR
 - workshops to meet demand





THANKYOU!









Past AGM surveys resulted in requests for more informal networking.

- One mic. One person speaks at a time.
- **Open minded**. Everyone comes from different places and from different places at which people will process.
- Intent & Impact. We hold ourselves accountable and are responsible for the consequences of what we say.
- Have fun! Lean in, participate, ask curious questions, and take care of yourself.

Networking & Breakout Sessions

Ask Pyramid, Our Communications Experts – "Office Hour"

- Pre-Survey
- Day 1: Candace Jackson

Future Priorities for the PHPDA – Feedback Session

• John Kim

Advocacy & Raising Community Voice – Peer-Led Informal Networking

• Paul Feldman

Mental/Behavioral Health – Peer-Led Informal Networking

Mallory Fitzgerald

Immigrant & Refugee Populations – Peer-Led Informal Networking

Christina Bernard



• Asian Counseling and Referral Service

• East African Community Services

• Living Well Kent Collaborative





Asian Counseling and Referral Service

Wellness Nurse Project in Behavioral Health Program

A Partner In a thousand of journeys of Recovery, Healing, and Transformation for people living with a mental health challenge to live a happy and healthy life in a community While striving to achieve one's full potential.





Our Clients

- Chronic Mental Illness : Depression, PTSD and adjustment disorder, Schizophrenia or other psychotic disorder, Bipolar Disorder, Anxiety or Phobia, Organic disorders including dementia
- Physical Health: 56% at risk for Blood Pressure, 70% at risk for Diabetes, 67% at risk for Cholesterol, High number of Emergency Department visits
- Social Isolation
- Barriers in accessing primary care service, health education, and health literacy





Whole Health/Whole Person Care with a Wellness Nurse embedded in the team

Promoting a state of complete physical, mental, social, financial and cognitive well-being

Multi disciplinary team based services with a bilingual mental health case manager as a primary provider and "Wellness Nurse" as a leading partner



Whole Health/Whole Person Services with a Wellness Nurse embedded in the team

- Whole Person Service Plan
- Multi disciplinary team based services with a bilingual mental health case manager as a primary provider and "Wellness Nurse" as a leading partner
- Working with high utilizers for ED and inpatient
- Working with clients with complex medical Condition such as Diabetes
- Wellness Activities, Health Education
- Primary care service on site in partnership with a FQHC
- On site Pharmacy
- Dental Van
- Acupuncture Service on site





Healthcare Access and Outcomes

- Access: 25% increase in the number of clients who receive culturally relevant, linguistically accessible, understandable, and respectful health education and wellness activities.
 - 835 clients received the culturally relevant, health education.
- Improved physical health: 25% of clients will show improvement and/or maintain improved blood pressure.
 - Due to technical challenge, no current data.
- Improved mental health: 80% of clients will report improvement and/or maintenance of improved mental health via PHQ 9.

- 78.759% of clients showing an improvement and/or maintained PHQ9 score.

- Decreased ED visits: 10% decrease in ED visit compared to baseline.
 - 10% decrease in ED visit from health education and care coordination.





- 20+ Year East African refugee and immigrant-led 501c3
- Diverse community-initiated programs for youth and families
- Serving **425**+ youth, and
- 752 adults annually
- Locations in South Seattle and SeaTac, Washington.

To Inspire Refugee and Immigrant families to Achieve Cradle to Career Success

Wraparound programs and services to empower our community to achieve their wildest dreams.

Amir N. Soulkin, M.A., Communications & Development Director *Presenting*





- EACS Continued our aggressive push for Health, Fitness, and Food Consciousness in the East African Community.
- We've added new athletics programs that address physical, emotional, and cultural wellness in youth for both Seattle and SeaTac Community Centers.
- Senior fitness exercise weekends have grown and have been rebranded as Walk.Fit: A fitness and social club for Elder East Africans!
- Youth/Elders working on **a Cooking Book**! (Eta: 2023)



- Basketball Clinics
 - 95 Youth 5th through 12th Grades. Massive waiting list for participation
- Basketball AAU Team College
 - 5 15 College-aged youth represent EACS in Amateur Athletic Sports
- Walk.Fit with Elders
 - Elders walk for fitness on Weekends rain or shine!
- Weight Training & Fitness for Life
 - Infused into High School & College—aged programming





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- Intergenerational Cooking & Storytelling: Kids & Grandmas
- Youth/Elders working on a Cooking Book! (Eta: 2023)
- Fab Food Fusions Youth Explore cross-cultural food preparation, looking for ways to fuse East African culture into international favorites.

Family Empowerment Center (2024)

- 8-Story Affordable Housing Project and Community Center
- Smart Kitchens for youth/family culinary practice
- **Rooftop Basketball**, Gym, & Yoga Space
- Meditation and Contemplation Spaces
- Quiet Study Café: Healthier muffin/pastry items with Vegan-East African fusion twist. Youth-ran employment project!

Thanks!

Any questions? Want to Partner with EACS?



You can reach me at

• noir@eastafricancs.org , 206.456.6046 – Direct Line



Healthy Starts for Immigrant and Refugee Children

Sahra Mumin & Akarim Abdi December 2022 Living Well Kent

Vision

Living Well Kent is a community-driven collaborative that focuses on creating a healthier, equitable and more sustainable Greater King County Area.

History

Living Well Kent was founded in 2014 by Shamso Issak, a Somali woman who saw health disparities in Kent and wanted to change them.

LWK started out focused on food access and youth empowerment and grew to include early learning and health and safety.

We have been assisting childcare providers with maintaining high-quality facilities since 2018.

Who do we serve?

- Somali, Iraqi, Afghan home childcare and FFN providers
- Family home childcare providers who serve children from birth to 13 years old
- We serve parents with young children 0-5 years old and provide resources such as Early Intervention





Trainings and Services

- We train childcare providers to make sure they are up to date with all the required trainings and be able to identify early of signs of developmental needs.
- We are in contact with early intervention programs. Living well Kent can refer families to early intervention programs.
- We train CCP about signs of developmental needs. CCP can identify these needs and contact us to refer these families to CTC (Children Therapy Center) and Children's Therapy- Valley Medical center.



Healthcare Access and Health Outcomes

- Child well checks and vaccinations completed on time for every child
 - (The Child Care Providers must have up to date vaccines in their files for the children to be able to attend there
- Families are better equipped to support their children's mental health, oral health, and nutrition
 - Childcare providers receive trainings to provide education and resources to the families in their care
- Childcare providers support families in their care to create and maintain medical appointments
 - Break down language barriers
 - Increase cultural competency
- Local early intervention providers have increased knowledge of caring for immigrant and refugee families





- Tomorrow: Friday, December 9
- 9:30 AM 12:00 PM
- Same Zoom link



