

Together for Health at Myers-Wilkins

Accountable Communities for Health

Together for Health at Myers-Wilkins is an innovative, collaborative approach to improving the health and well-being of the students and families in the Myers-Wilkins Elementary School and neighborhood. The project builds on the strengths and diversity of the school, neighborhood, health care and mental health providers, public health, and local community agencies. Partner organizations are committed to sharing resources and expertise to address needs and develop broad prevention and wellness initiatives.

A project **Family Health Coordinator and Community Health Worker are located at the school** to directly connect with the population and serve as liaisons to community services. Access to coordinated delivery of social, health, economic and educational services offered through school and community partnerships aims to improve outcomes for Myers-Wilkins students, their families and neighborhood residents.

Care Model

The Care Coordination Team includes the Family Health Coordinator (public health nurse), Community Health Worker, care coordinators from health care organizations, mental health providers, community-based human service organizations, the Project Manager, and Project Consultant. **The Team has established processes** to generate, receive, track, and measure referrals, and connect families with resources or provide navigation.

The Care Coordination Team discusses progress and barriers, and members freely share perspectives and actively participate in problem-solving. The Team welcomes ideas for new health services and programs and **makes recommendations to the Leadership Team**, especially where these strategies fill gaps in the current system of care coordination, information, and data sharing.



Together for Health at Myers-Wilkins leadership team.

Location

City of Duluth, St. Louis County

Target Population

The target population includes 445 students and 1300 additional family members in the Myers-Wilkins Elementary School community in Duluth's Hillside Neighborhood. The neighborhood includes low income working families, people of color, homeless, formerly incarcerated, and unemployed persons.

Key Partners

- Carlton-Cook-St. Louis Co. Community Health Board
- CHUM
- Duluth Family Practice Medicine Clinic
- Duluth LISC
- Duluth School District – ISD 709
- Essentia Health*
- Generations Health Care Initiatives[‡]
- GrayHall LLP
- Human Development Center
- Lake Superior Community Health Center[†]
- Myers-Wilkins Community School Collaborative
- Myers-Wilkins School
- St. Louis Co. Public Health & Human Services
- St. Luke's/Wilderness Health ACO*[†]
- University of MN Medical School

**Accountable Care Organization*

†Health Care Home

‡Lead organization

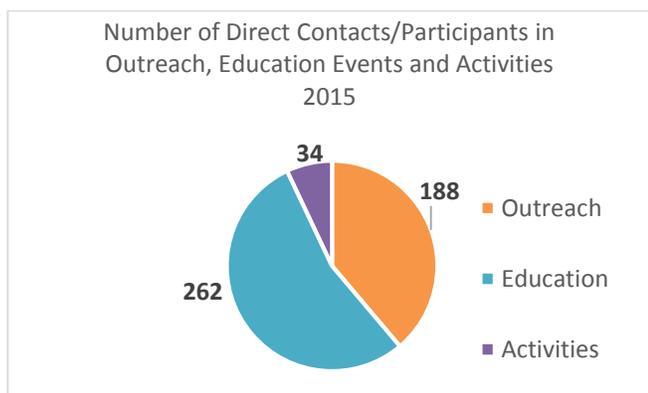
Success Story

The Together for Health Family Health Coordinator was contacted by the school nurse with 10 referrals for children with non-compliant immunization status. According to the school district's policy and Minnesota's immunization laws these students needed to provide documentation of vaccination or a legal exemption in order to remain enrolled in school. The school had attempted to notify parents of the immunization deadline via certified mail and phone calls, but many families were unreachable. The Family Health Coordinator reached out to families via phone calls, letters, and home visits.

Project staff identified many barriers including lack of a working phone, transportation difficulties, homelessness, truancy, and lack of health insurance. Many of these barriers were addressed and resulted in children receiving immunizations. In one case, during a child's pediatrician appointment scheduled with the help of the Family Health Coordinator, a severe, underlying health condition was diagnosed and treated. In other cases, relationships were initiated that lead to ongoing care coordination to address other issues related to the social determinants of health.

Measurement

Project staff are capturing data on clients served through care coordination including demographics, referrals, contacts, assessments, and other administrative information. The ACH will be **working with ACO partners in 2016 to connect utilization and outcome data** for care coordination clients. The project also collects data on participation in population-based prevention efforts.



Leadership

The Together for Health at Myers-Wilkins Leadership Team is responsible for providing overall direction to ensure that the project mission, goals and objectives are met. The **Leadership Team includes a broad cross-section of people from the community and organizations** including parents, community members, Myers-Wilkins School, the School District, Myers-Wilkins Community School Collaborative, health care providers, public health, community organizations, evaluators and project administration.

Sustainability

The **Leadership Team is committed to sustaining the ACH** and recognizes the importance of data in demonstrating its effectiveness. Project staff have ongoing discussions with key partners and potential funders and **formed a Sustainability Committee** to develop a strategy and action plan for sustaining the project beyond the grant period.

The project has been able to influence **system changes** in the community. The Community Health Worker (CHW) hired for the project was perceived as not representing the community. Discussion at the Leadership Team meeting included hiring practices at St. Louis County, the CHW employer. The Leadership Team and representatives from St. Louis County examined the process to identify possible barriers to the recruitment process for people with disparities and people of color. The outcome was a new, improved system for recruitment, applications, screening, and interviewing job applicants.

Minnesota Accountable Health Model – SIM Minnesota

This project is part of a \$45 million **State Innovation Model (SIM)** cooperative agreement awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

About \$5.5 million of SIM funds are dedicated to 15 **Accountable Communities for Health (ACH)** grant projects. ACHs meet the clinical and social needs of a defined population through person-centered, coordinated care across a range of providers.

ACH grantees were selected through a competitive process. Awards were for \$370,000 over a two-year period, 2015-16. Minnesota is evaluating if community-led ACH models result in improvements in quality, cost, and experience of care.