

Who is SDOP



- A non-partisan, multi-faith organization
- Represents 35 congregations and over 50,000 families all over San Diego County
- We teach people of faith how to build and exercise their own power to address the root causes of the problems they face
- Our mission is to build a powerful volunteer-driven organization that:
 - ✦ Listens to identify community concerns
 - ✦ Builds powerful relationships between community and persons of influence
 - ✦ Develops and implements solutions to community concerns

PICO National Network

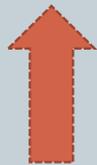


- A national network of faith based community organizations
- working in 200 cities and towns and 17 states
- Represents more than one million families and one thousand congregations
- Over 1,000 congregations from 40 different denominations and faiths

Bring Health Reform Home Campaign



1. educate families about the benefits of the law
2. Organize communities to become more engaged in local, state and federal efforts to influence implementation
3. protect the law from political threat



**Insurance
Companies
(Private,
Medicare and
Medicaid)**

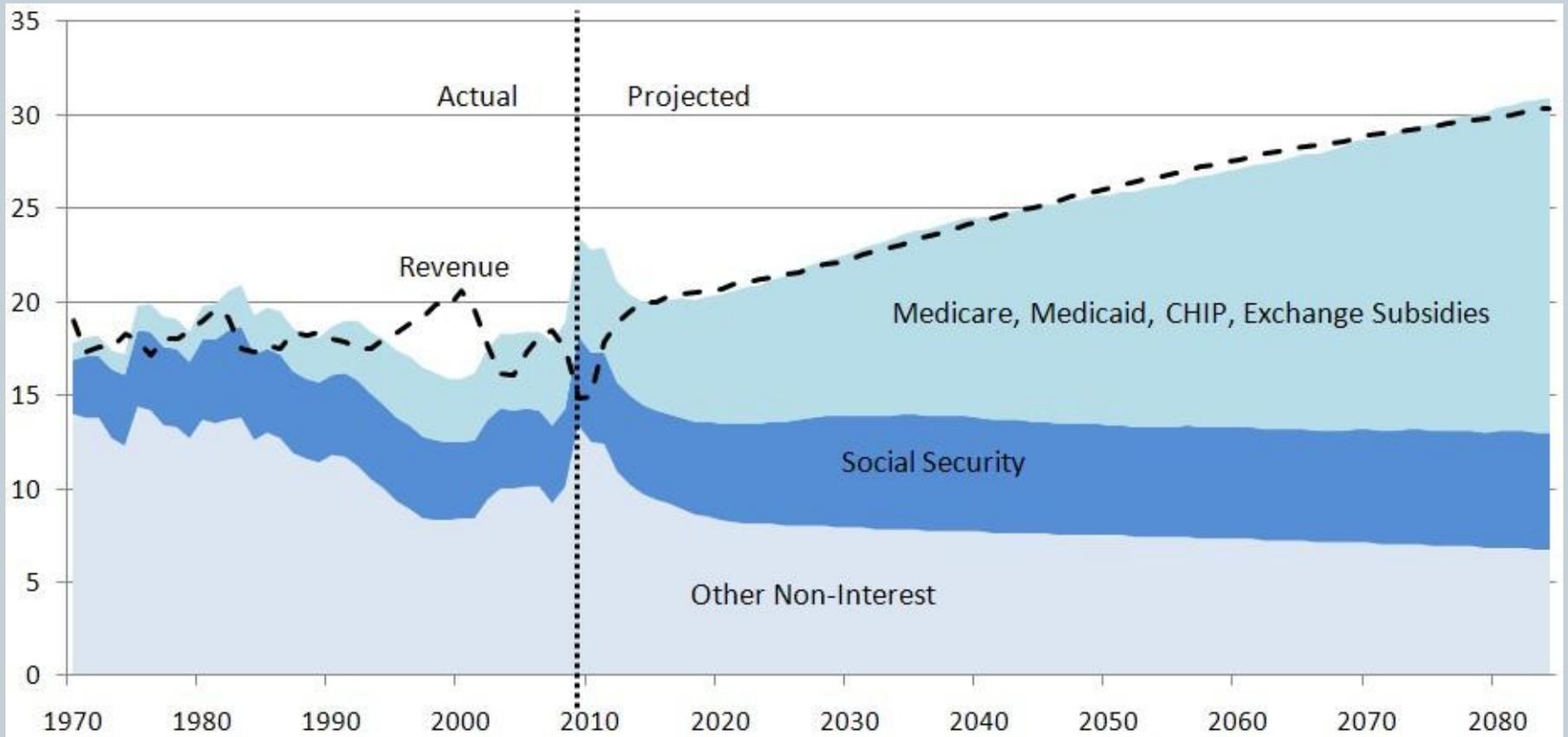
Specialists

Hospitals

**Primary
Care Offices
and Clinics**

**Healthcare is a HUGE SYSTEM
that doesn't work very well for people**

Long Term Federal Debt



The Problem



- families live in neighborhood health “hotspots”
 - depend on Medicare, Medicaid, and other publicly funded programs
 - have limited access to primary care,
 - suffer from chronic conditions,
 - often use emergency rooms as the only source of care
- Community/ patient engagement seen as a 1-way transaction

Power is the Ability to Act



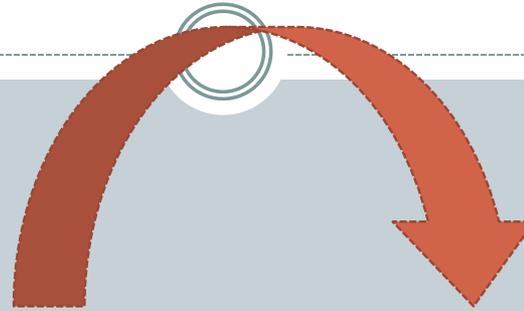
Medical concerns are scary and stressful
for the whole family.

Especially:

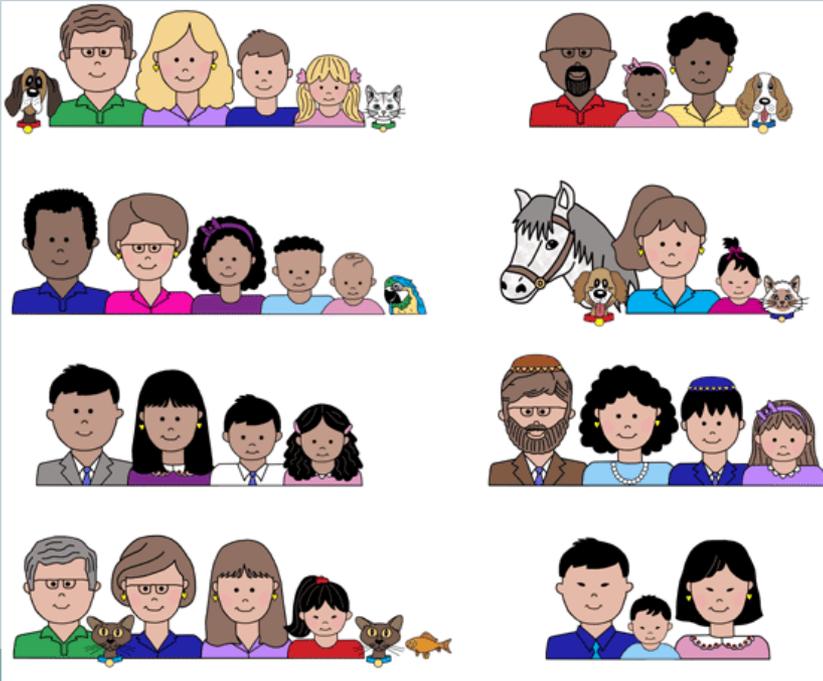
- If you don't have a doctor/primary care office you trust and knows your history
- If you can't get an appointment when you need it
- If you don't have transportation to get there,
- when you do get an appointment
- When you're also worried about costs of appointments, treatments and prescription drugs

All Power is Local

**Bring families
experience into the
system to change it**



**Find doctors,
nurses and others
inside the system
who want to help**



Communities of faith leading to create CHANGE



- 1-1's in congregations and neighborhoods, listening to barriers to primary care and involving people in developing solutions
- Research with primary care offices, clinics and hospitals to understand local system and organize them to better serve families receiving the worst care
- Teaching community members how the healthcare system works, and how their individual behavior impacts the entire system
- Building 10-patient pilot projects

What we Want



- **Geographic Targeting:** Identify high impact communities and focus coordination and resources in these zip codes
- **Investments in Prevention:** shift Medicaid dollars from high-cost, downstream Emergency Room spending to lower-cost primary and preventive care
- **Community Driven:** engage impacted communities with providers to define community health priorities, in order to make local healthcare systems truly accountable to the families they serve

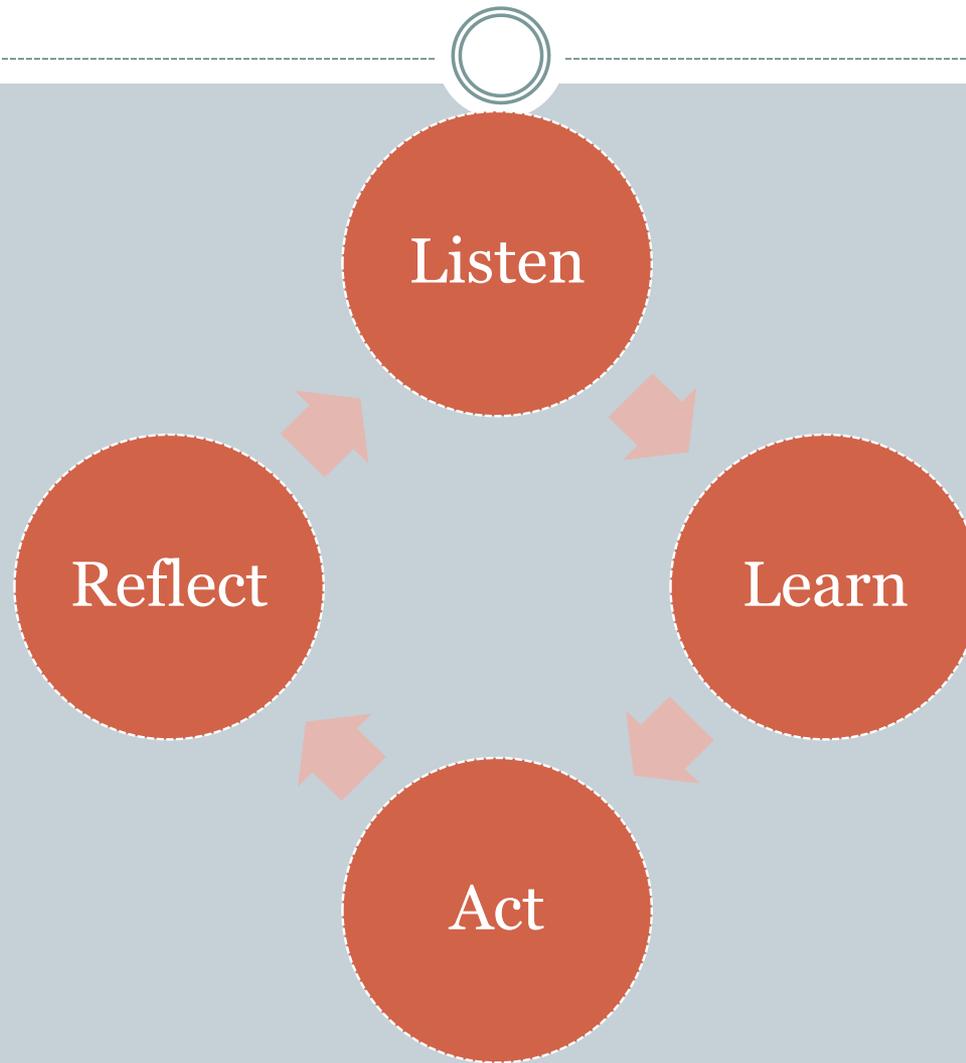
How to get there



Community driven healthcare transformation centers on 4 main principles:

- 1) regional collaboration between providers and community,
- 2) data sharing on patient needs, diagnoses and hospital visits,
- 3) changing clinical practice to include home visits and other high-touch levels of care, and
- 4) Train local residents to participate in decision-making over healthcare resources

Community Engagement Model



Listen



- Face-to-face conversations
- Focus Groups
- Surveys
- Panels
- Town Meetings

Learn



- Monthly community leader Trainings
- Research Meetings
- Visit/Experience better care models

Act



- Priority setting
- Ranking
- Public commitments
- Decision-making

Reflect



- Report back
- Surveys
- Focus Groups
- Adapt

How you can help



1. Incorporate stronger community engagement/ community organizing into your current efforts
2. Identify 10 high-cost, high-risk patients and develop a pilot project with one of our faith institutions
3. Partner with us on patient listening campaign/ community needs assessment

Discussion Questions



1. Based on what you heard today, what are 2-3 ways you can incorporate stronger community engagement into your institutional practices?
2. What are some of the barriers to incorporating these practices?
3. Can you imagine partnering with faith institutions to support patient care plans for some of your neediest patients? What are some practical ways to do this?

Thank You



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