



BUILDING BRIDGES TO OPTIMAL HEALTH

INTEGRITY • EMPATHY • EMPOWERMENT



Community Based Care

Investing in Community



Brief History



- Community Choice PHCO original charter **August 8th, 1994**
- Merged with North Central Regional Health Network in 1997
- **Rebranded** to Action Health Partners in **2018**
- Executive Director History:
 - Terrance R. Steward 1994-roughly 1999
 - Tom Jones roughly 1999-2006
 - Jesus Hernandez 2006-2016
 - Deb Miller 2016-current



Our Vision



Our Mission

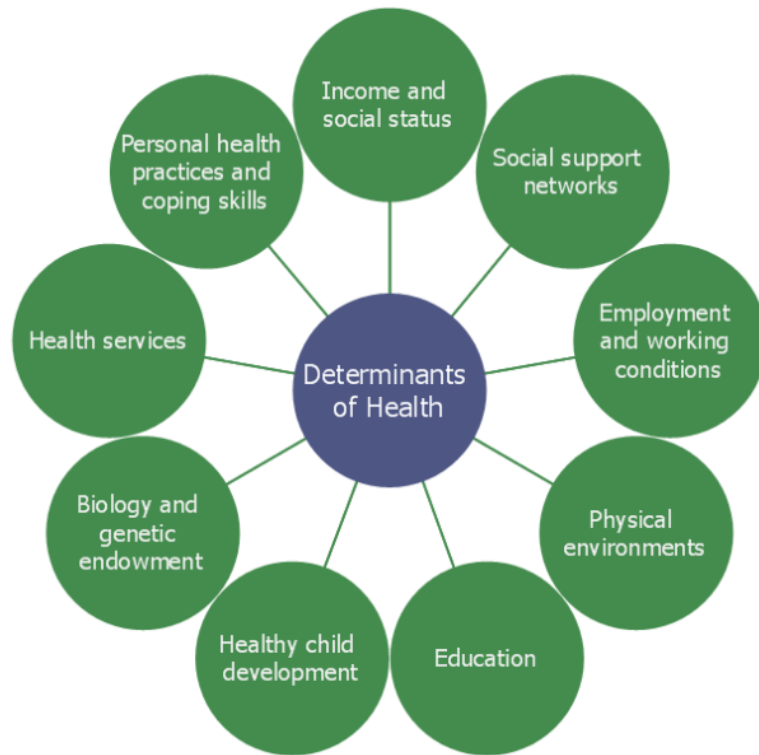
We educate, support, and empower individuals to improve quality of life and well-being.

Do you or your clients struggle to find the answers you need to better manage your health?

Action Health Partners is your source for accessing the services you need on the road to well-being.



Focus on the whole person



Addressing Social Determinants of Health

HEALTH BENEFITS

Is anyone in your household >65 or on Medicare? Do you need help understanding the benefits?

Our **SHIBA Advisors** are available to help!

HEALTH EDUCATION

Does anyone in your family have a chronic condition such as diabetes, high blood pressure, or chronic pain?

Our **CDSME workshops** could provide support!

CARE COORDINATION

Is anyone in your household on Medicare or Medicaid -AND- have a chronic condition?

Do you sometimes feel like you need a helper to find the resources you need?



Empower through Access to Care

HEALTH BENEFITS

Is anyone in your household >65 or on Medicare? Do you need help understanding the benefits?

Our **SHIBA Advisors** are available to help!

- **Providing services in region since 2005**
- **Free/unbiased counseling** to help clients make informed choice for their Medicare and supplement plans.
- Our team of Advisors (2 staff/15 volunteers) help over **1700 clients annually**
- Approx. **62% phone-based** counseling/**38% face-to-face** and events
- **20%** of clients served **English is not primary language**
- **28% of clients served are eligible for low income subsidy** (Federal program) that helps cover premium/co-pay costs



Empower through Education

HEALTH EDUCATION

Does anyone in your family have a chronic condition such as diabetes, high blood pressure, or chronic pain?

Our **CDSME workshops** could provide support!



- **Providing services in region since 2013**
- **Free** health education workshops for anyone >18yrs
 - Chronic Disease Self Management
 - 45% of diabetes participants reported being totally confident to manage their chronic conditions
 - Diabetes Self Management
 - 48% of diabetes participants changed their behavior
 - Chronic Pain Self Management
 - 71% participants reported increase in quality of life post workshop
- **20 Active Lay Leaders/61 workshops/504 total participants**
- **77% graduation rate**
- Top 3 participant reported health conditions:
 - Depression or Anxiety Disorder
 - Chronic Pain
 - Hypertension
- **New Program: BPM** check out program in partnership with NCRL

Empower through Support

CARE COORDINATION

Is anyone in your household on Medicare or Medicaid -AND- have a chronic condition?

Do you sometimes feel like you need a helper to find the resources you need?

- **Providing services in region since 2013**
- *CURRENT* Target Population:
 - **Medicaid benefit for High Risk*** individuals of all ages with chronic and COMPLEX medical and social needs
- HCA Program Goals:
 - Establish person-centered health action goals designed to improve health and health-related outcomes
 - Coordinate across the full continuum of services including medical, behavioral and long-term services and supports
 - Facilitate the delivery of evidence-based health care services
 - Ensure coordination and care transitions among care settings
 - Increase confidence and skills for self-management of health goals
 - Improve quality of care



Empower through Support

CARE COORDINATION

Is anyone in your household on Medicare or Medicaid -AND- have a chronic condition?

Do you sometimes feel like you need a helper to find the resources you need?



- **Clients** across 11 eastern Washington counties
 - Currently approx. **1800+/-** meet program **eligibility**
 - **800+/- actively engaged** with Care Coordinators across 11 counties
 - NCW counties
 - 675 +/- eligible (Q2-2020)
 - 430 +/- engaged (Q2-2020)
- **Care Coordinators Role:**
 - **Resource Inventory**-Links eligible clients to a broad range of benefits such as, medical and behavioral health services, long-term care services and supports, and other social services
 - **Complex Problem Solving**-Identify gaps in care and help to remove barriers
 - **Client Advocate**-Client centered goal setting

Services Beyond Programs

Network Support Projects

- **Coordination of the Regional Community Health Needs Assessment (CHNA)**
- **Network meeting facilitation:**
 - Interagency Meeting (Chelan-Douglas counties)
 - Chelan-Douglas Coalition of Health Improvement (Chelan-Douglas counties)
 - Moses Lake Community Resource Meeting (Moses Lake/Grant County)



Volunteer Opportunities

HEALTH BENEFITS

- Become a certified SHIBA Advisor
- Outreach-Tell your friends and family about us!

HEALTH EDUCATION

- Become a certified CDSME Workshop Leader
- Outreach-Tell your friends and family about us!

CARE COORDINATION

- Coming soon!



Volunteer Opportunities

HELP US MOVE!!!!???

October-November 2020





Questions

