

Creating a healthier community for all

Through two innovative programs, CommonSpirit Health plays a crucial role in meeting needs surrounding wellness and homelessness.

The Connected Community Network (CCN) program closes the gap between medical and nonmedical providers to address social determinants of health.

“When the social determinants of health drive as much as 80% of health outcomes, creating a solution with our partners in the community was critical,” said Ji Im, system senior director, community and population health.

When Dignity Health and Catholic Health Initiatives merged to become CommonSpirit Health in 2019, the CCN was identified as an organization “Bright Spot.” The program now operates in more than 20 communities throughout multiple states and continues to grow.

“As a system of health care institutions — anchors in our communities — we have a natural role to convene everyone involved in helping people who are struggling to gain health and improve their lives,” said CommonSpirit Health CEO Lloyd H. Dean. “Especially during the pandemic, we’ve been called upon to bring people together for a shared purpose. This has been our role for decades — generations, even. We’re inspired by the Catholic sisters who founded many of our hospitals and believe that health care is a basic human right.”

The CCN links hospitals, clinics and local community organizations that provide vital services, including shelter, chronic disease management, legal aid and family services, for supporting healthy populations. The network is designed

to connect individuals in need to appropriate community resources while collectively tracing the outcomes in one accountable ecosystem.

The program promotes standardized screening for social needs across care settings like clinics and hospitals. Screenings provide insights regarding the barriers patients and their families face in accessing services and programs to address unmet social needs that influence health. “We are the catalyst, but every community must take ownership through a neutral convener.”

One such CCN convener is United Way of San Joaquin County. CEO Kristen Spracher-Birtwhistle said United Way and its local community partners “now are better able to understand if the services are delivered, how the delivery is happening and if they are keeping people well.”

One of the unique aspects of CCN is that costs are covered through a community bank model rather than having to rely on grants. Contributors to the community bank are considered funding partners. “CCN is sustainable because of different funding partners, all pitching into the community bank, so it’s not up to one entity,” said Tammy Shaff, director of community health at Dignity Health St. Joseph’s Medical Center in Stockton.

The biggest obstacle to CCN was that all the potential partners were busy with their jobs, Im said. “It took a lot of people jumping the chasm and saying, ‘We’ve got to do this together.’”

When COVID-19 erupted, CCN pivoted toward such community engagement efforts as exposure assessment, social needs screening and integrated self-referral websites. Common-



ONSITE CONNECTIONS: The Salvation Army Mobile Street Outreach team speak with two homeless men to help build relationships and provide case management services. The fully-equipped mobile office supports real-time referrals to resources through the Connected Community Network.

Spirit’s Virtual Care Anywhere telehealth service offered free virtual visits for anyone experiencing COVID-19 symptoms.

CCN’s success has been demonstrated by several metrics. For example, a 2018 study in California showed that impacted patients received an average of 2.1 referrals for services like behavioral health, housing and chronic disease management. Referrals resulted in fewer return visits to the hospital.

CommonSpirit also is being recognized for its Homeless Health Initiative (HHI), a comprehensive investment program to prevent homelessness and serve the health and social needs of people experiencing homelessness.

“The Homeless Health Initiative is a sys-

temwide strategy to keep people housed so they can address other social needs and their health care,” said Ashley Brand, system director of community and homeless health.

Natascha Garcia, management analyst with San Joaquin Whole Person Care, said HHI “is about taking down silos, working with partners, and identifying where the individual is and what they need, not what we think people need.”

Art Flores, a project manager for HHI partner Stocktonians Taking Action to Neutralize Drugs (STAND), helped find permanent housing for a 70-year-old patient with lung disease who was sleeping in a truck. “I visited him yesterday and he was practically dancing,” Flores said. “After tonight, he won’t be homeless.” ●