CASE STUDY

Activate Care

BRIDGES TO HEALTH UTILIZES ACTIVATE CARE FOR IMPROVED COMMUNITY SUPPORT

The Columbia Gorge Health Council (CGHC) is committed to addressing barriers to health and well-being in the Columbia Gorge region of Oregon. It collaborates with partners to create community-driven solutions, amplifying the voices of patients and providers, uniting stakeholders, investing funds, and supporting collective efforts to enhance the quality, access, and equity.

CGHC's Bridges to Health (B2H) program originated as a project funded by a 2014 Oregon Health Authority (OHA) Transformation Grant, aimed at developing, coordinating, and connecting a region-wide infrastructure of front-line Community Health Workers (CHWs) across various agencies to pursue multiple health outcomes.

Today, Bridges to Health functions as a network of community health workers who help residents of Hood River and Wasco Counties overcome barriers and access resources that support their health and well-being.

The program's vision is to achieve "community health and well-being for all people in the region," and its mission includes the following objectives:

- Address barriers to health and well-being by working with partners to develop community-driven solutions.
- Lift patient and provider voices.
- Bring partners together, invest funds, and support collective efforts to improve health quality, access, and equity.

The primary goals of the organization are to:

- Address barriers to health and well-being.
- Enhance health quality, access, and equity.
- Develop a skilled network of community health workers.

A key component of B2H's effectiveness is its use of Activate Care's CareLink platform, which allows community health workers to efficiently document and coordinate client care across various health needs. This data management system streamlines operations and facilitates collaboration among partner agencies, ensuring a community-driven approach to health care. By integrating technology with personalized care, B2H is making significant strides in improving health outcomes and promoting equitable access to resources for all individuals in the region.

Bridges to Health is guided by the community and uses the Pathways Community HUB, a nationally recognized, evidence-based community care coordination model. The model includes 19 pathways of need, including:

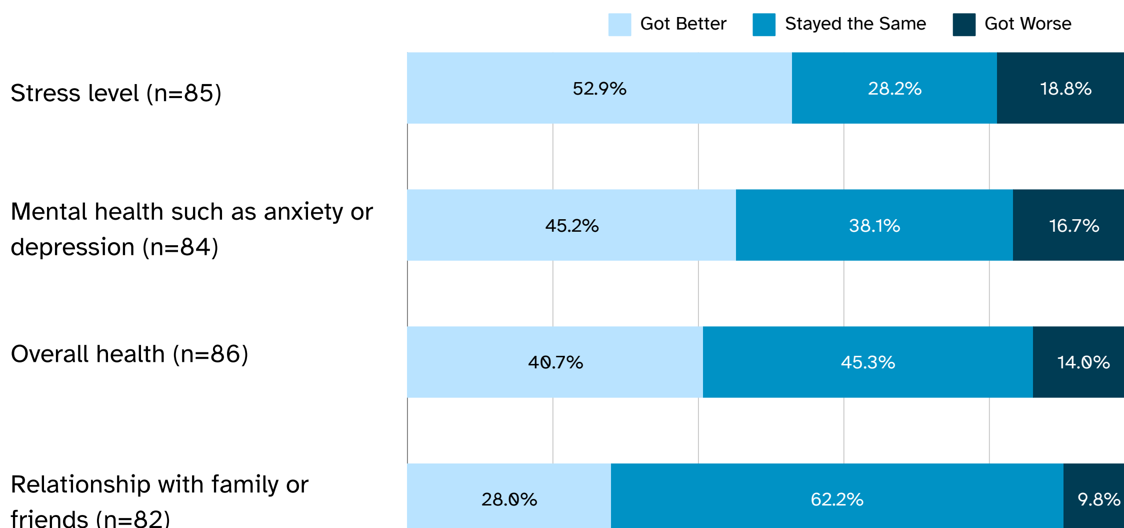
- Behavioral health
- Covid-19
- Developmental referral
- DHS assessment
- Education
- Employment
- Family planning
- Food
- Health insurance
- Housing
- Immunization
- Medical/Dental home
- Medical/Dental referral
- Medication
- Pregnancy
- Postpartum
- Social service referral
- Tobacco cessation
- Transportation

In 2020, the B2H evaluation team identified several success indicators demonstrating improved outcomes for community members participating in Bridges to Health. B2H opted for Activate Care's CareLink platform as their database management system to document client care coordination across the 19 pathways. Utilizing CareLink, B2H leverages data and CHW expertise to:

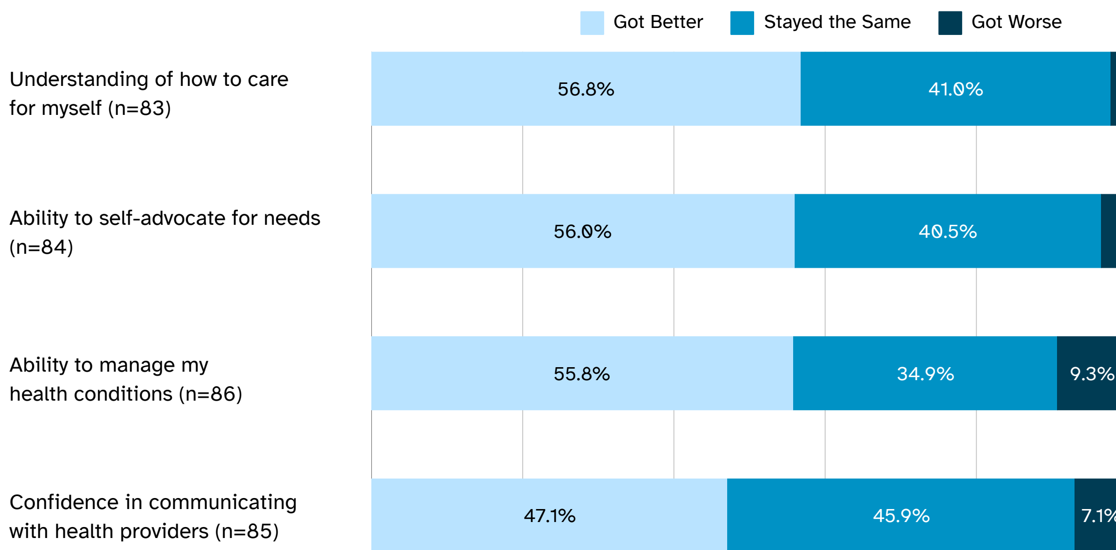
- Advocate for resources to increase the availability of essential basic needs (e.g., affordable housing) and services (e.g., behavioral health treatment.)
- Advocate for payment solutions to sustain CHWs employed at local agencies, such as billing for CHWs' time via PCPCH incentives and transitioning to outcome payments.

The Results

Over 40% of Clients Report that their Quality of Life, Mental Health, Stress Level, and Overall Health Have Improved since Participating in Bridges to Health



Source: B2H Client Survey 2023
All were statistically significant at p>.05 for the Chi-Square Test.
Notably, individuals without disabilities were significantly more likely to report a higher quality of life, while there were no significant differences across race/ethnicity, gender, or age.



Source: B2H Client Survey 2023
All are statistically significant at p>.05 for the Chi-Square Test with no significant differences across race/ethnicity, gender, age, or disability status.

Improving Health Equity

The Bridges to Health program plays a vital role in improving health outcomes and addressing the unique barriers faced by residents in Hood River and Wasco Counties. The program's strong emphasis on collaboration and advocacy ensures that the voices of both patients and providers are heard, contributing to a more equitable health care landscape. The positive feedback from clients, alongside statistically significant improvements in various health metrics, underscores the program's effectiveness and impact. As B2H continues to evolve and adapt to community needs, it holds the potential to make a lasting difference in the lives of individuals and families throughout the region. Moving forward, sustained support and funding will be crucial in maintaining and expanding these valuable services, ensuring that health equity remains a priority for all members of the community.

Customer Feedback

"We switched to Activate Care because the future of our program depended on it. The system we were using before was a barrier to doing our work, and it was challenging for our community health workers to use because it didn't function well and didn't meet our needs. Activate Care transformed our program and made it possible for us to make leaps and bounds in improving patient self-efficacy and decreasing healthcare costs."

Katy Williams, LPN
Bridges to Health Program Manager
Columbia Gorge Health Council

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