



# the REACH partnership

Bringing siloed health providers together into coordinated care teams to address systemic barriers to physical and mental health services for at-risk populations.

### The Health Collaborative

The Regional Engagement to Advance Community Health (REACH) Partnership, an effort supported by The Health Collaborative of the Dan River Region, includes the Institute for Advanced Learning and Research (lead and fiscal agent), the Virginia Cooperative Extension, Piedmont Access to Community Health Services, Gateway Health, Sovah Health Danville, Compassion Healthcare, the Danville Life Saving Crew, Caswell County EMS, Danville-Pittsylvania Community Services and Danville Redevelopment and Housing Authority. The project is funded by a \$6.3 million grant from the Danville Regional Foundation.

The REACH Partnership serves the residents of Danville, VA, Pittsylvania County, VA, and Caswell County, NC, a population of approximately 125,000 across the three-locality footprint.

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### Our Community

The service area for the Health Collaborative and REACH Partnership includes Caswell County, North Carolina and Danville City and Pittsylvania County, Virginia. This rural micropolitan region ranks low in health factors — such as economic stability, housing, transportation, education and access to healthcare, healthy foods and parks — resulting in poor health outcomes (see below) including diabetes, high blood pressure, obesity, respiratory problems and low life expectancy.

**Health Factors**  
 Danville ranks **128** out of **132 VA localities**.  
 Pittsylvania ranks **101** out of **132 VA localities**.  
 Caswell ranks **79** out of **100 NC localities**.

**Health Outcomes**  
 Danville ranks **127** out of **132 VA localities**.  
 Pittsylvania ranks **98** out of **132 VA localities**.  
 Caswell ranks **76** out of **100 NC localities**.

### The Challenge

Factors that impact health are typically generational and socioeconomic, which means there aren't simple solutions to improve health in a community. Most of the organizations focused on improving community health usually operate independently of each other, duplicating resources and diluting the potential impact. To address both issues simultaneously, the goal for REACH Partners is to take a long-term, strategic approach to improving health by working together to address systemic, socioeconomic and generational health factors.

### The REACH Partnership...

Is a systems approach to improve community health.

Involves a strategic effort to bring disparate and siloed health providers together.

Employs coordinated care teams to reduce avoidable emergency department and hospital use and address chronic disease and health factors.

Coordinated care teams include include cross-agency community health workers, care coordinators and community paramedics. Community health workers and community paramedics are trusted members of the community who serve as a link between healthcare, social services and community members. Currently, there are 20 community health workers and community paramedics in strategic locations across the service area focused on increasing clients' access to services and improving their health management through education, informal counseling, social support, outreach and advocacy. REACH teams also serve as liaisons between the community and available resources, increasing utilization to address social determinants.

### 2021-2023 Outcomes and Impact

- Made **3,592** connections to resources for **350** clients.
- Connected **53%** of clients to primary care.
- Maintain active minimum client load of **250** clients.
- Connected **63%** of clients to food and housing resources.
- Reduced emergency room visits for **45%** of clients.

### Success Story

Through REACH, a patient who called 911 for lift assist and bed repair 14 times in a year was connected to food resources, home health care, wound care, medication assistance, telehealth appointments with specialists and in-home physical therapy and was eventually placed in a bariatric nursing home. Our community paramedic and community health worker have checked on the patient and seen their improved quality of life.

### What We've Learned

- Getting all the care coordinators on the same electronic medical record was challenging but important.
- There's no wrong entry point into the health care system.
- No one organization can solve these problems alone.
- Improving health outcomes is a long-term strategy.

### Where We're Going

- Expand services to include an additional community health worker and community paramedic.
- Grow interconnected REACH AmeriCorps program, which provides community health workshops.
- Continue to reduce emergency room overutilization.
- Explore new collaboration and partnership opportunities.
- Improve the region's health rankings and outcomes.

