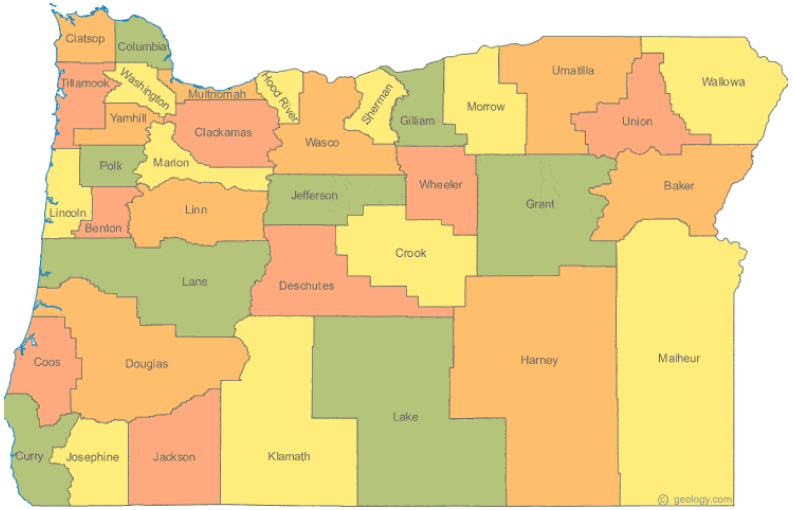
Improving Health and Reducing Disparities



ORPRN Studies and Projects in 2019

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Presentation of ORPRN projects

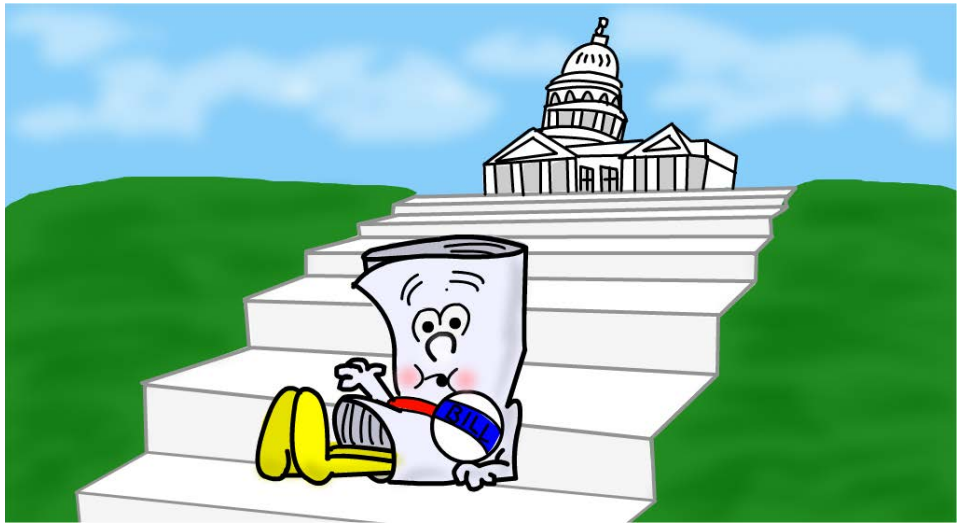
- Seven projects in one hour
- Presentations will follow a similar format
  - What critical question does this project answer?
  - How does this study improve health outcomes or health equity?
- Small amount of room for Q&A
  - Track down presenters at the snack table

Becoming an ORPRN project

- Ability to improve health outcomes or address health disparities found in primary care
- Emphasis on care for all Oregonians, especially rural Oregonians

Strategies

- Community partners
- Coaching
- Education
- Research



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Multi-PBRN Research

- Multi-network consortium with established communication, contracting, governance, data management.
- Project results are broadly generalizable to primary care in North America.
- Diverse stakeholders support planning
- Large sample size and diverse study design
  - Pragmatic clinical trial
  - Comparative effectiveness
  - Implementation research

The Meta-LARC
Advance Care Planning (ACP) Trial

Patient-Centered Outcomes Research Institute® (PCORI®) Award (PLC-1609-36277).

Project Dates: 2017-2023

Principal Investigator: Annette Totten, PhD

Project Manager: LeAnn Michaels

Engagement Manager: Angela Combe, MS

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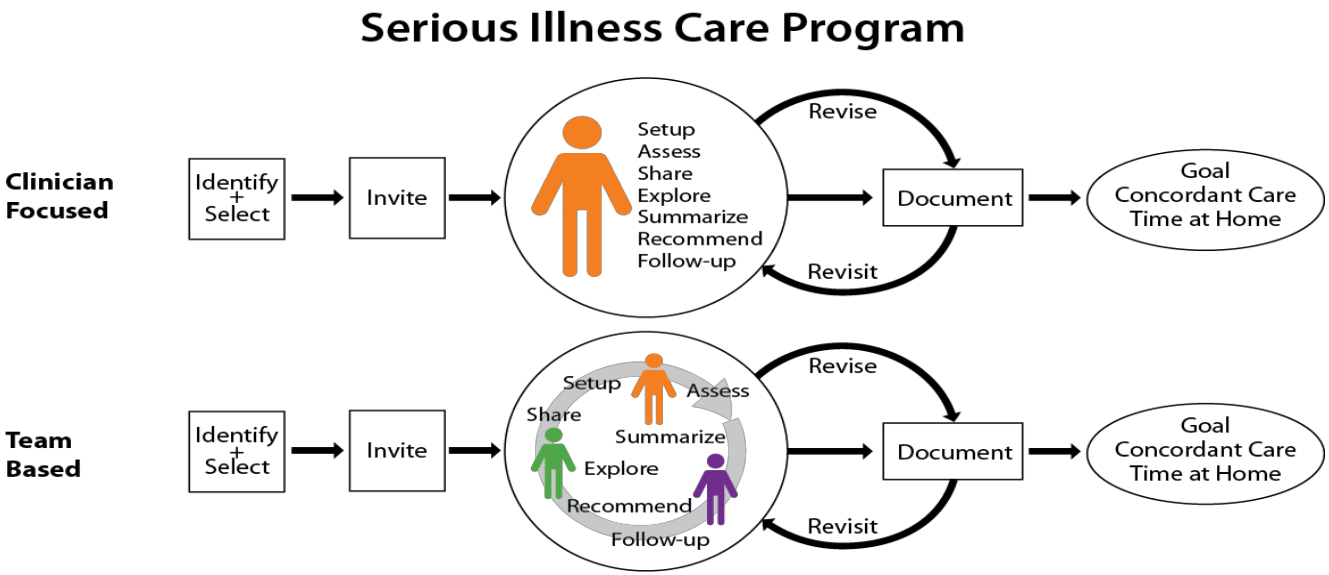
Is a team approach to ACP in primary care effective?



Study compares team-based to clinician-focused advance care planning for patients with serious, life-limiting illnesses

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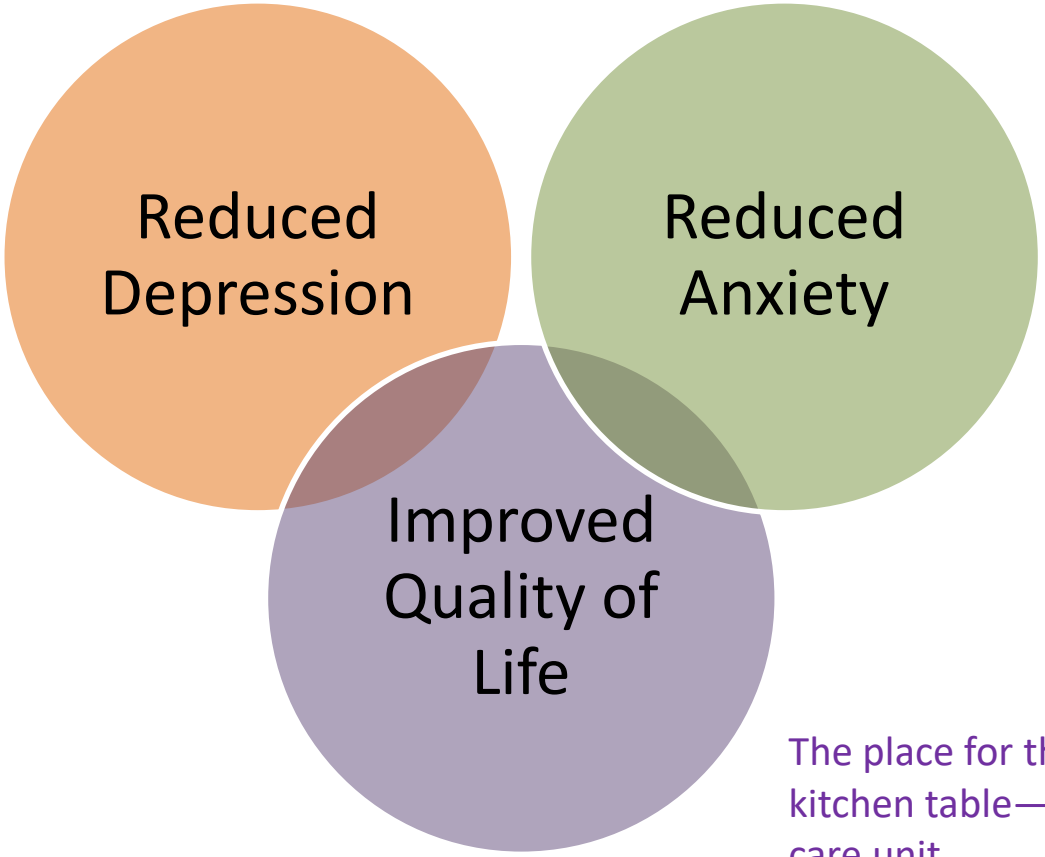
How will ACP improve health equity for Oregonians?

Why Advance Care Planning is Important



The place for this to begin is at the kitchen table—not in the intensive care unit.

--The Conversation Project

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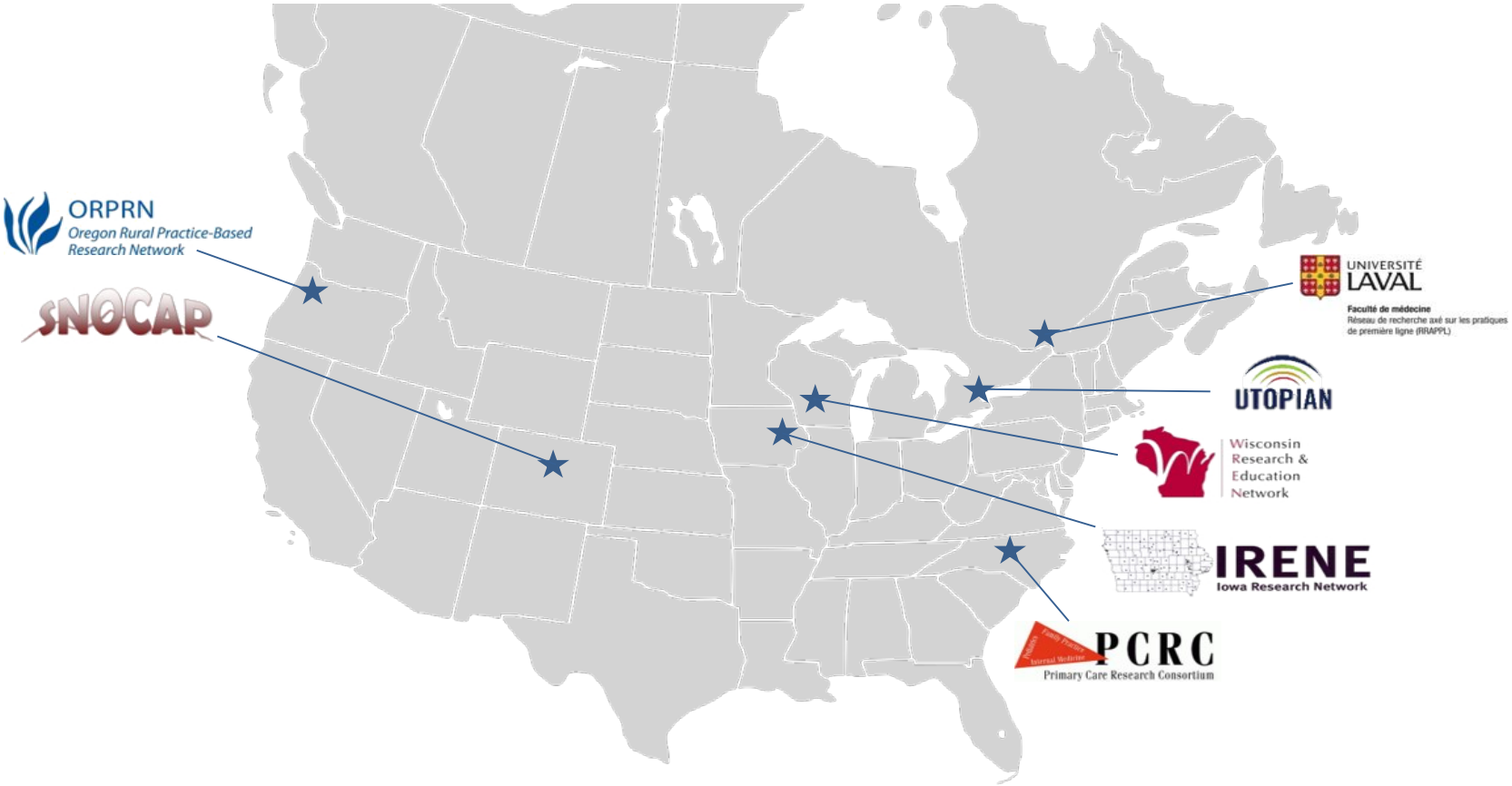
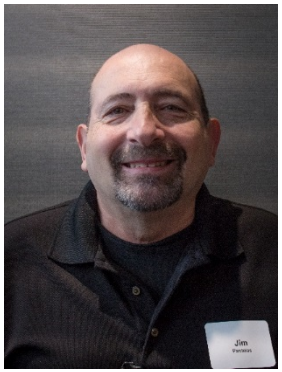
Meta-LARC ACP PBRNs/Partners



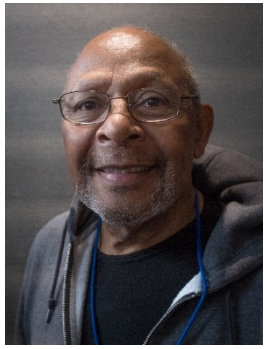
7 Practice-based Research Networks

42 Primary Care Practices (6 per PBRN)

Patient Family Advisors (PFA)



Susan Lowe, ORPRN



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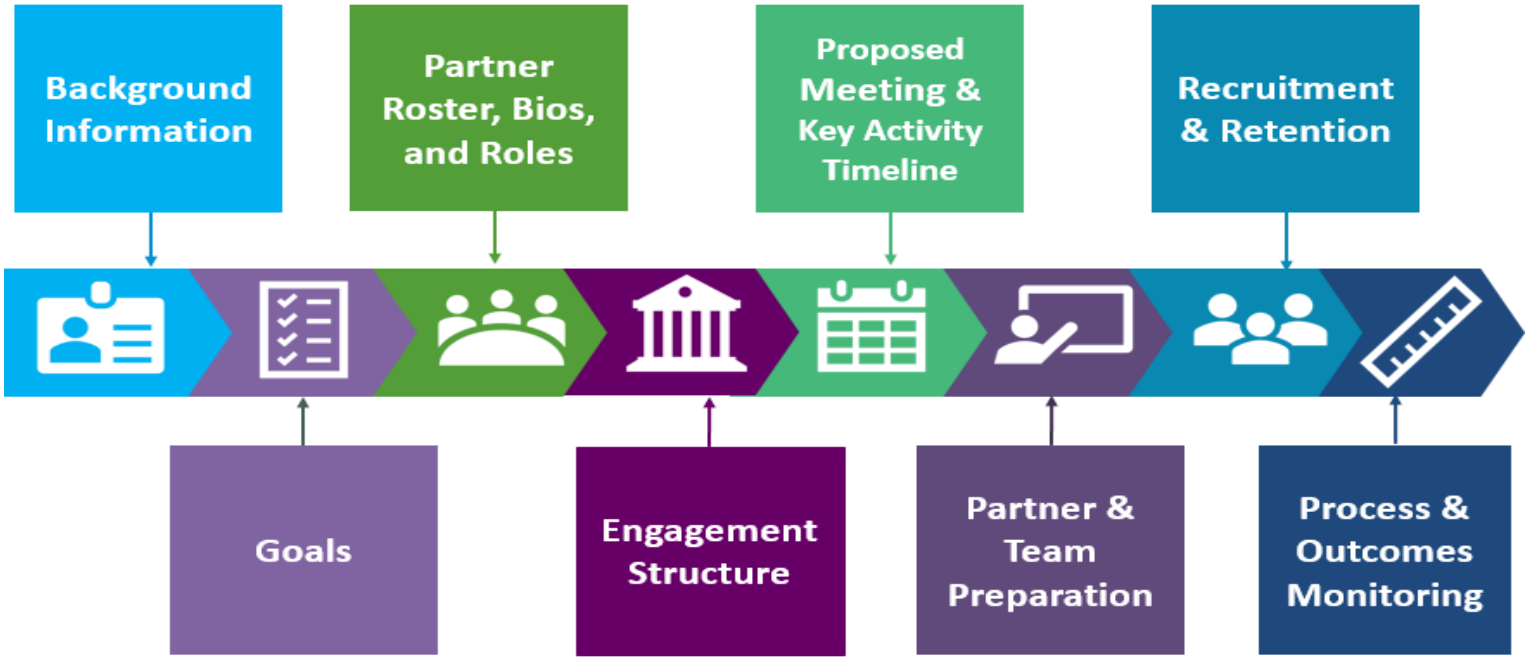
Study Design

- Cluster randomized trial
  - Practices are assigned by chance to team-based or clinician-focused model for ACP
- Population
  - Patients with any serious illness or condition (would not be unexpected if they died in the next 2 years)
  - Living in the community (not a nursing home)
- Key outcomes
  - Care that matches what matters most to patient
  - Days at home: not in the hospital or emergency room
- Other outcomes
  - Primary care clinician and team experience
  - Family caregiver experience

Patient and Family Engagement in Research

Project has an Engagement Plan as well as a Research Protocol



Engagement Purpose and goals

Meaningful engagement among diverse partners is a core element of the Meta-LARC ACP project.

Guide the development of tools to support ACP Adaptation.

Ensure we answer questions and measure outcomes that matter to patients and their families.

Assure implementation is successful and potentially replicable in real-life primary care settings.

Enable patients and families to make informed decisions by making conversations about serious illnesses routine in primary care.

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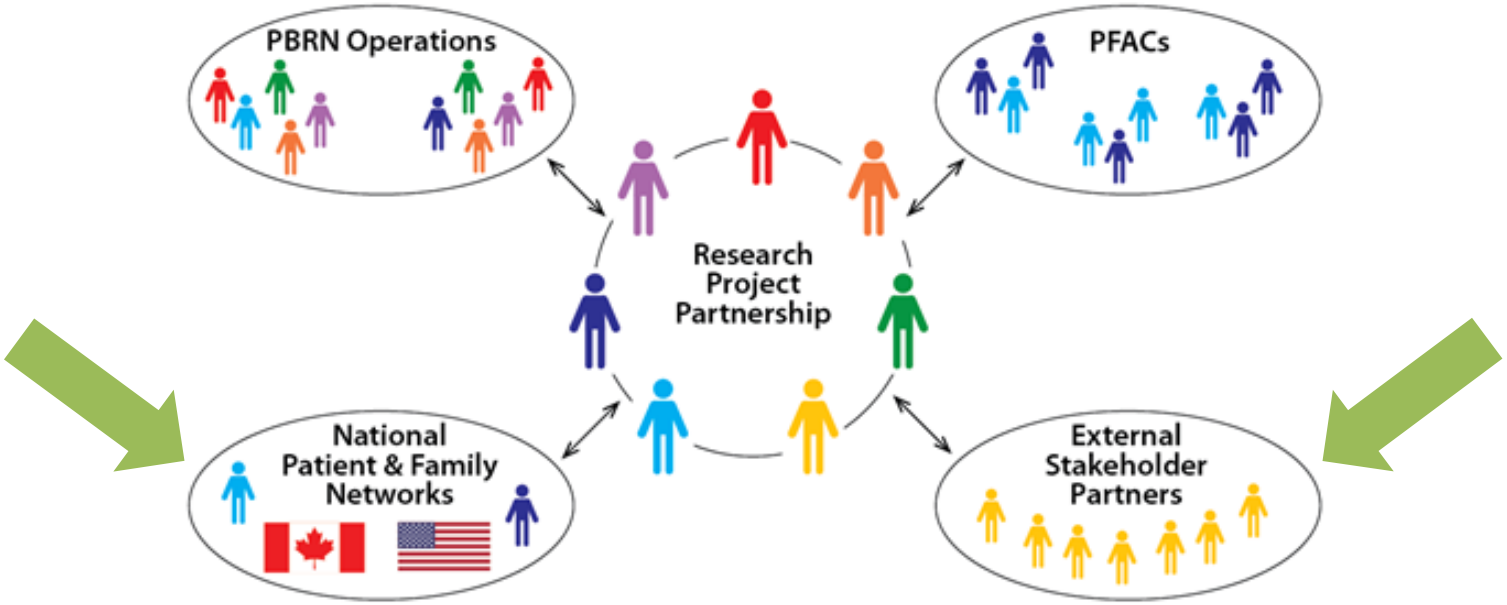
Benefits and Experience

- Commitment
- Integration
- Ongoing interaction
- Focus on why we care about this topic
- Personal experiences
- **It's just fun!** ☺

Next Steps



*Figures represent types of participants, not the number of members.

Color Key: dark blue=patients; light blue=families; orange=primary care clinicians; green and purple=primary care staff and administrators; yellow=external stakeholders; red=researchers (Investigators and staff)

Email: MetaLARC_ACP@OHSU.edu

A Community-based Assessment of Skin Care, Allergies, and Eczema (CASCADE)

1R01AR071057 - 01A1

Funding Agency: National Institute of Arthritis and Musculoskeletal and Skin Diseases

Project Dates: 2018-2023

Principal Investigator: Eric Simpson, MD, MCR

Project Manager: LeAnn Michaels

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What critical gap does CASCADE address?

- Atopic dermatitis (AD) causes the most disability of any skin disease globally (Global Disease Burden Project, 2013)
- Skin barrier function plays key role in AD
- **Can protecting the skin barrier prevent AD and allergies in a community setting?**

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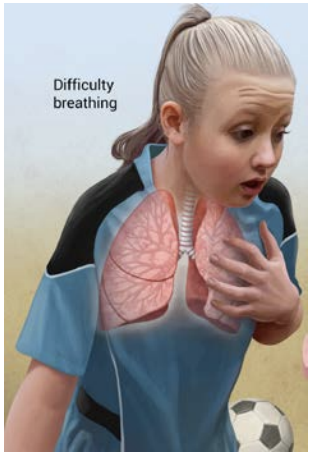
CASCADE may improve health outcomes for Oregonians

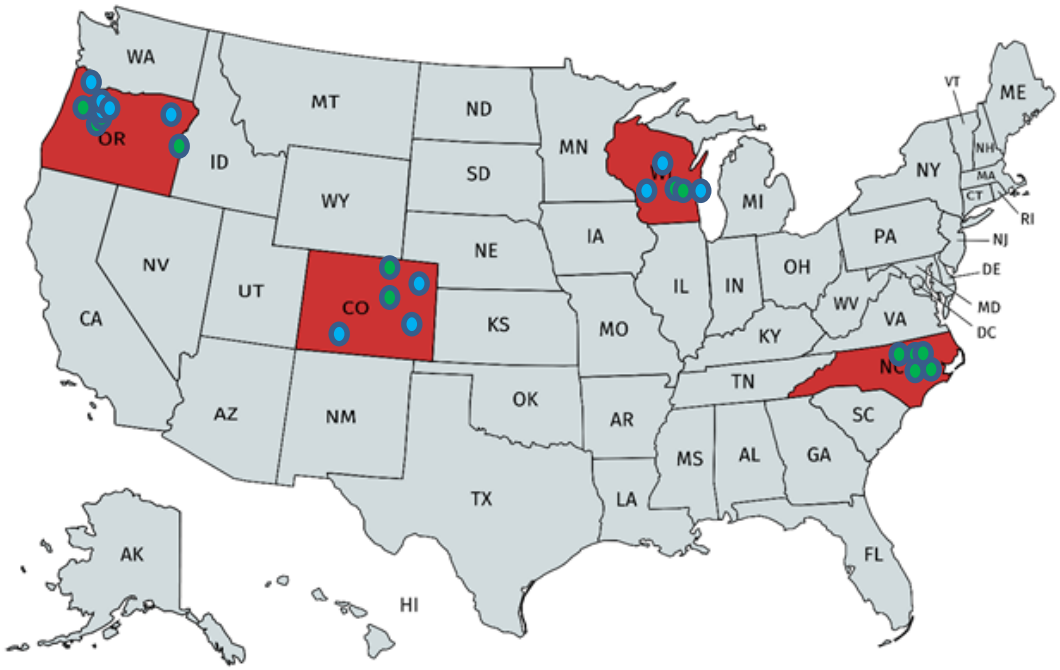
Food Allergy

Adult Eczema



Asthma

Map of Setting



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PCRC Primary Care Research Consortium

Meta-LARC

SNOCAP

Wisconsin Research & Education Network

Partners

- Dermatology
- Public Health
- Medical Informatics and Clinical Epidemiology
- Oregon Clinical & Translational Research Institute
- Data and Safety Monitoring Board
- KAI for Research

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Study Design

CASCADE Study Design: Pragmatic, multi-site, randomized community-based trial

- Arm A: Daily use of lipid-rich emollient
- Arm B: No moisturizer unless dry skin occurs

Eligibility Criteria:

- Caretaker aged 18 years or older of infant aged 0-2 months
- Infant not diagnosed with eczema
- Speak, read and write in English / Spanish
- Receive care at Meta-LARC clinic at enrollment

Outcome of interest: Cumulative incidence of atopic dermatitis (AD, eczema) when infant/baby is 24 months old

Early findings – Planning project

The CASCADE planning project was published!

ORIGINAL RESEARCH

The Burden of Childhood Atopic Dermatitis in the Primary Care Setting: A Report from the Meta-LARC Consortium

Jinan Al-naqeeb, MD, MPH, Sankirtana Danner, MA, CCRP, Lyle J. Fagnan, MD, Katrina Ramsey, MPH, LeAnn Michaels, Julie Mitchell, Kelsey Branca, MPH, Cynthia Morris, PhD, MPH, Donald E. Nease, Jr., MD, Linda Zittleman, MSPH, Barcey Levy, MD, PhD, Jeanette Daly, RN, PhD, David Hahn, MD, MS, Rowena J. Dolor, MD, MHS, Hywel C. Williams, DSc, FMedSci, Joanne R. Chalmers, PhD, BSc, Jon Hanifin, MD, Susan Tofte, RN, FNP, Katharine E. Zuckerman, MD, MPH, Karen Hansis, Mollie Gundersen, Julie Block, Francie Karr, Sandra Dunbrasky, MD, Kathy Siebe, CPNP, Kristen Dillon, MD, Ricardo Cibotti, PhD, Jodi Lapidus, PhD, and Eric L. Simpson, MD, MCR

Background: **Little is known about the burden of atopic dermatitis (AD) encountered in US primary care practices and the frequency and type of skin care practices routinely used in children.**

Objective: **To estimate the prevalence of AD in children 0 to 5 years attending primary care practices in the United States and to describe routine skin care practices used in this population.**

Design: **A cross-sectional survey study of a convenience sample of children under the age of 5 attending primary care practices for any reason.**

Setting: **Ten primary care practices in 5 US states.**

Results: **Among 652 children attending primary care practices, the estimated prevalence of ever having AD was 24% (95% CI, 21–28) ranging from 15% among those under the age of 1 to 38% among those aged 4 to 5 years. The prevalence of comorbid asthma was higher among AD participants compared to those with no AD, namely, 12% and 4%, respectively ($P < .001$). Moisturizers with high water:oil ratios were most commonly used (ie, lotions) in the non-AD population, whereas moisturizers with low water:oil content (ie, ointments) were most common when AD was present.**

Conclusions: **Our study found a large burden of AD in the primary care practice setting in the US. The majority of households reported skin care practices that may be detrimental to the skin barrier, such as frequent bathing and the routine use of moisturizers with high water: oil ratios. Clinical trials are needed to identify which skin care practices are optimal for reducing the significant burden of AD in the community. (J Am Board Fam Med 2019;32:191–200.)**

Keywords: **Atopic Dermatitis, Prevalence, Primary Health Care, Skin Care**

http://www.jabfm.org/content/32/2/191.abstract

What does it say?

- Among 652 children, estimated AD prevalence = 24% (95% CI, 21–28)
  - Under age 1 = 15%
  - Age 4 to 5 = 38%.
- Comorbid asthma was higher for AD (12%) compared to no AD (4%) $P < .001$
- Non-AD use moisturizers with high water:oil ratios

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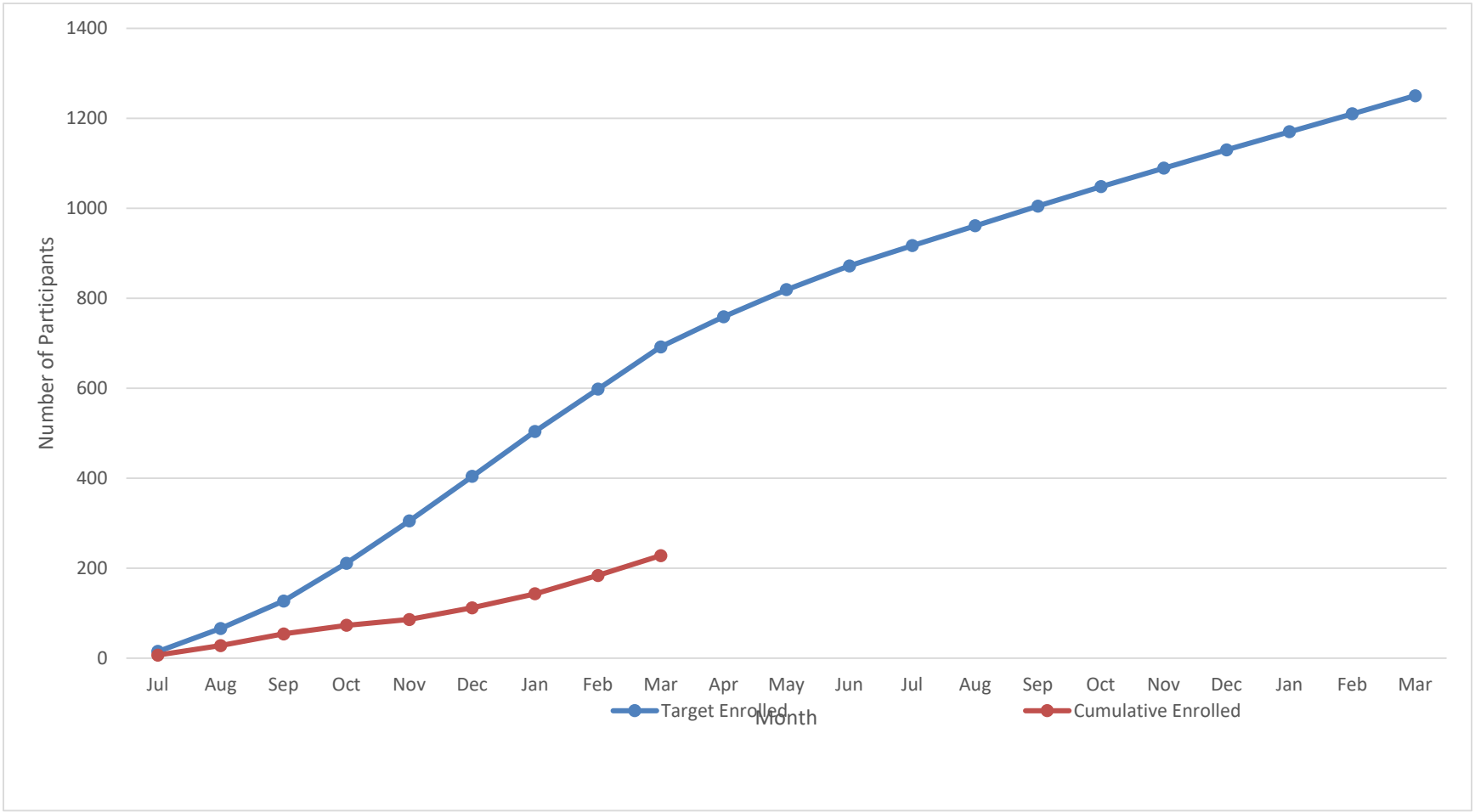
Early findings – R01

Enrollment rate



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Early findings – Feb 2019

Characteristics		PBRN					
		Oregon	Colorado	Duke	Wisconsin	Totals	Target
Total Randomized		67	38	8	26	139	1250
Gender	Male	27 (40.3%)	23 (60.5%)	2 (25.0%)	9 (34.6%)	61 (43.9%)	625
	Female	40 (59.7%)	15 (39.5%)	6 (75.0%)	15 (57.7%)	76 (54.7%)	625
	Prefer not to answer	0 (0%)	0 (0%)	0 (0%)	1 (3.8%)	1 (0.7%)	
	Not Answered	0 (0%)	0 (0%)	0 (0%)	1 (3.8%)	1 (0.7%)	
Age (in days)	Mean	31.5 days	20.0 days	23.8 days	25.1 days	26.9 days	
	Median	33.0 days	14.5 days	23.5 days	22.5 days	30 days	
	StandardDev	12.1 days	17.0 days	12.9 days	12.4 days	14.4 days	
	Minimum	1 days	0 days	10 days	3 days	0 days	
	Maximum	63 days	61 days	38 days	54 days	63 days	
Education [1]	Did not finish high school	2 (3%)	1 (2.6%)	0 (0%)	0 (0%)	3 (2.2%)	
	High School degree or GED	15 (22.4%)	8 (21.1%)	1 (12.5%)	2 (7.7%)	26 (18.7%)	
	Some college education	17 (25.4%)	11 (28.9%)	3 (37.5%)	8 (30.8%)	39 (28.1%)	
	4-year college degree	23 (34.3%)	12 (31.6%)	2 (25%)	10 (38.5%)	47 (33.8%)	
	Professional degree beyond college	9 (13.4%)	6 (15.8%)	2 (25%)	4 (15.4%)	21 (15.1%)	
	Prefer not to answer	1 (1.5%)	0 (0%)	0 (0%)	1 (3.8%)	2 (1.4%)	
	Not Answered	0 (0%)	0 (0%)	0 (0%)	1 (3.8%)	1 (0.7%)	

Next Steps

- Enroll newborns through October 2020
- Primary outcomes through December 2022
- Work with Family Medicine and Pediatric practices to disseminate

www.CASCADEstudy.org
CASCADEstudy@ohsu.edu
LeAnn Michaels, michaell@ohsu.edu

ORPRN Research

- Emphasis on addressing health disparities occurring in Oregon, especially rural
- Standardized facilitation approach for implementation, quality improvement, data collection, study monitoring
- Benefits from strong local collaborators
  - Project design
  - Data analytic plan
  - Subject matter experts

RAVE: The Rural Adolescent Vaccine Enterprise

Funding Agency: American Cancer Society (Award #RSG CPPB - 131717)

Project Dates: 2018 – 2023

Principal Investigators: Lyle (LJ) Fagnan & Patricia (Patty) Carney

Project Manager: Caitlin Dickinson

IRB oversight by OHSU (#18753)

ClinicalTrials.gov PRS, ID#: NCT03604393

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What critical question does RAVE answer?

HPV is linked to **MANY** cancers. There is a vaccine that can prevent the spread of HPV infection, yet **vaccination rates fall far short of desired targets**. RAVE will shed new light on **how communities and primary care practices can improve immunization rates**.

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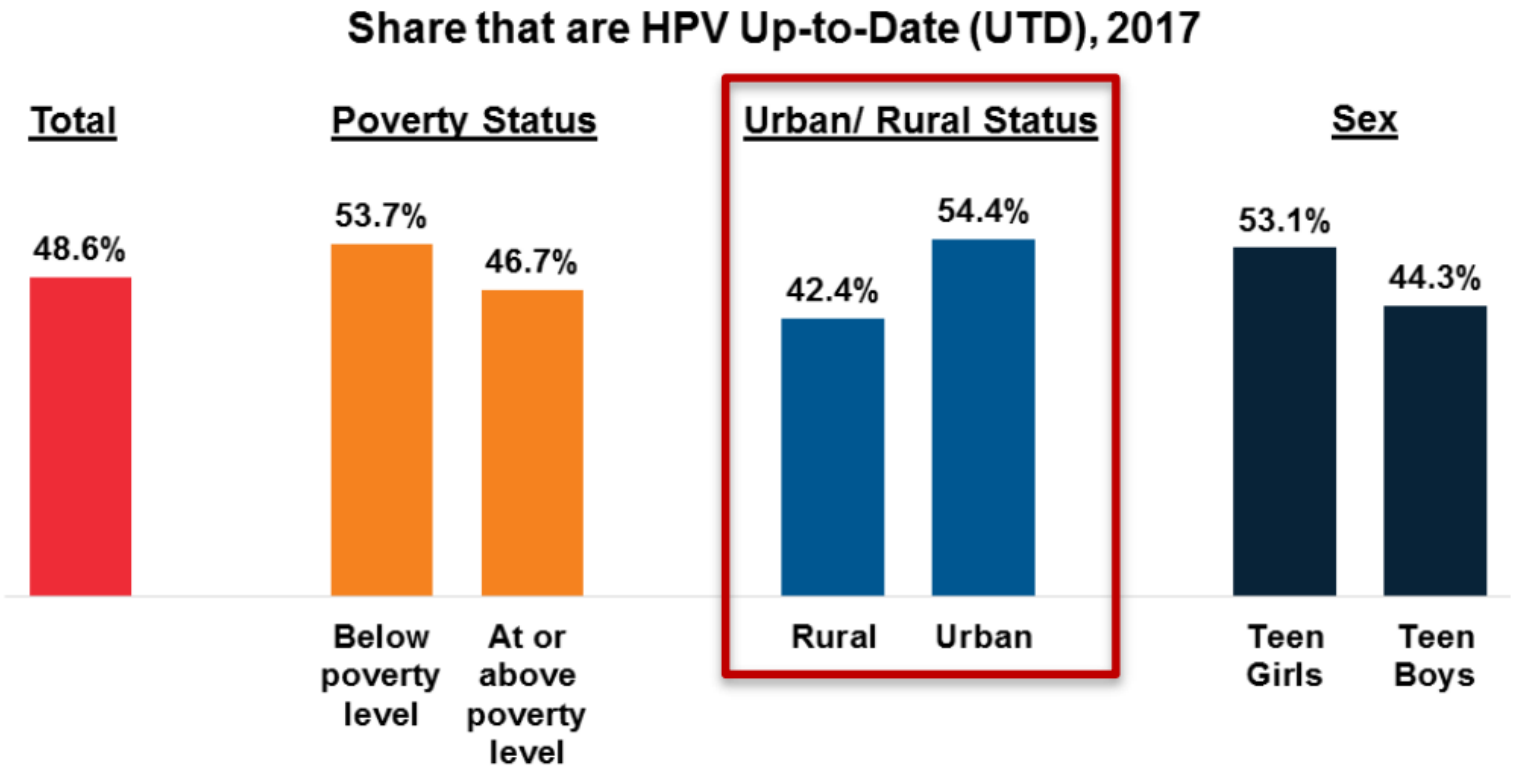
How will RAVE improve health equity for Oregonians?



NOTE: Among adolescents ages 13-17. HPV UTD includes those with ≥3 doses, and those with 2 doses when the first HPV Vaccine dose was initiated before age 15 years and time between the first and the second dose was at least 5 months minus 4 days.
SOURCE: CDC. (2018). National, Regional, State, Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years—United States, 2017. *MMRW* 67(33).

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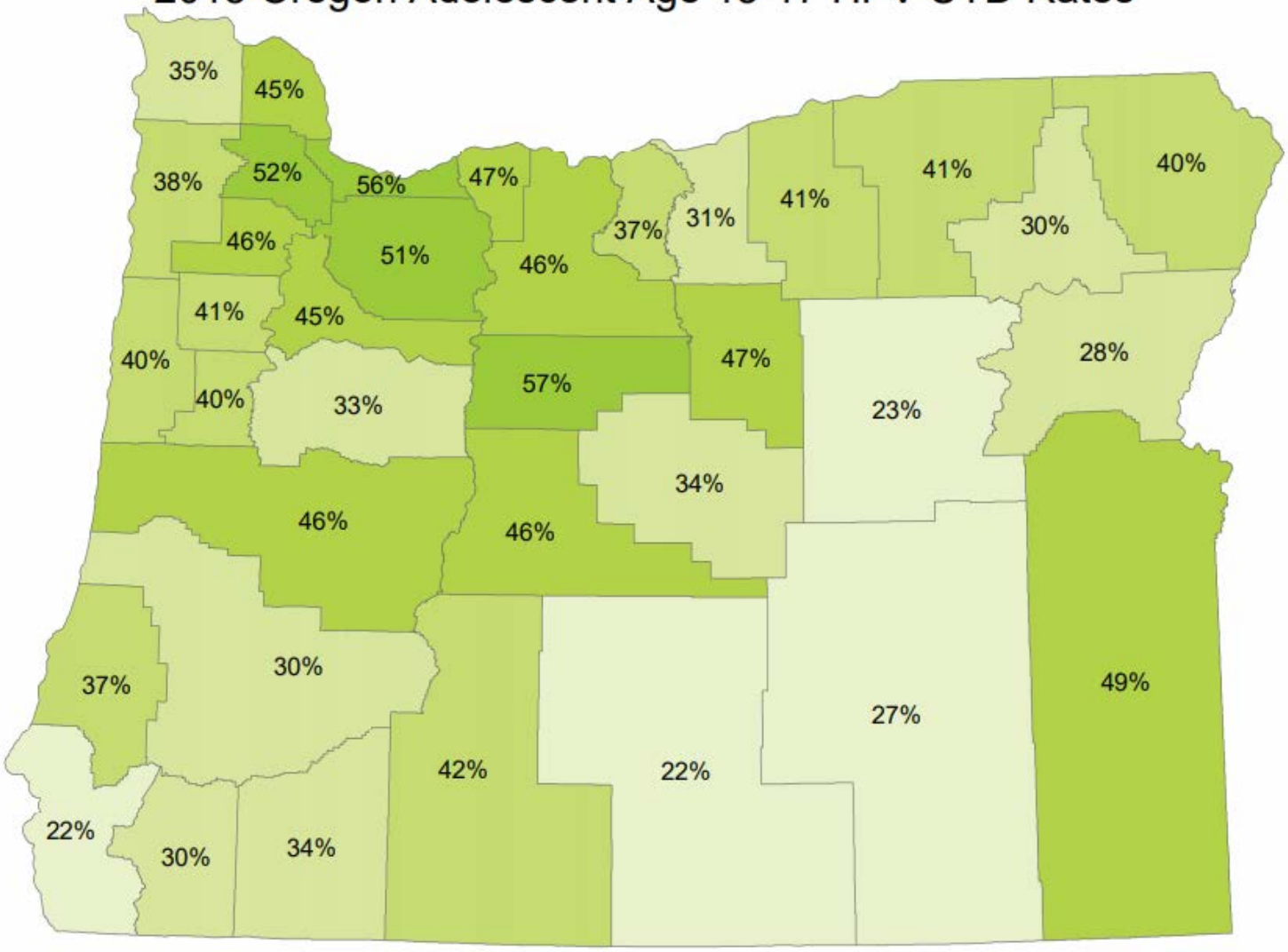
2018 Oregon Adolescent Age 13-17 HPV UTD Rates



Oregon Health Authority

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Partners

Partner	Role
Dr. Patricia Carney, OHSU	Oversee qualitative and practice-level data; lead exploratory aim (3), supporting practices and community partners in designing and implementing evidence-based intervention
Dr. Brigit Hatch, OHSU	Lead implementation aim (2)
Dr. Miguel Marino & Mr. Steele Valenzuela, OHSU	Design and direct statistical analysis
Dr. Paul Darden, OU Health Science Center	EXPERT: Pediatrics, HPV and other childhood immunizations, and practice-based research
Oregon Immunization Program, OHA	Link to the Oregon AFIX program; develop relationships with clinics and health systems; implement effective immunization policies
Jenica Palmer, American Cancer Society	Link to Oregon HPV Summit and other programs in state working on HPV activities; provide local recognition

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The UNIVERSITY of OKLAHOMA Health Sciences Center
Oregon Health Authority
ALERT IMMUNIZATION INFORMATION SYSTEM
American Cancer Society®
OHSU

Study Design

A rigorous study design to test novel interventions for **increasing HPV vaccination completion in both males and females aged 11-17 years**.

Study Design

Published Protocol Paper

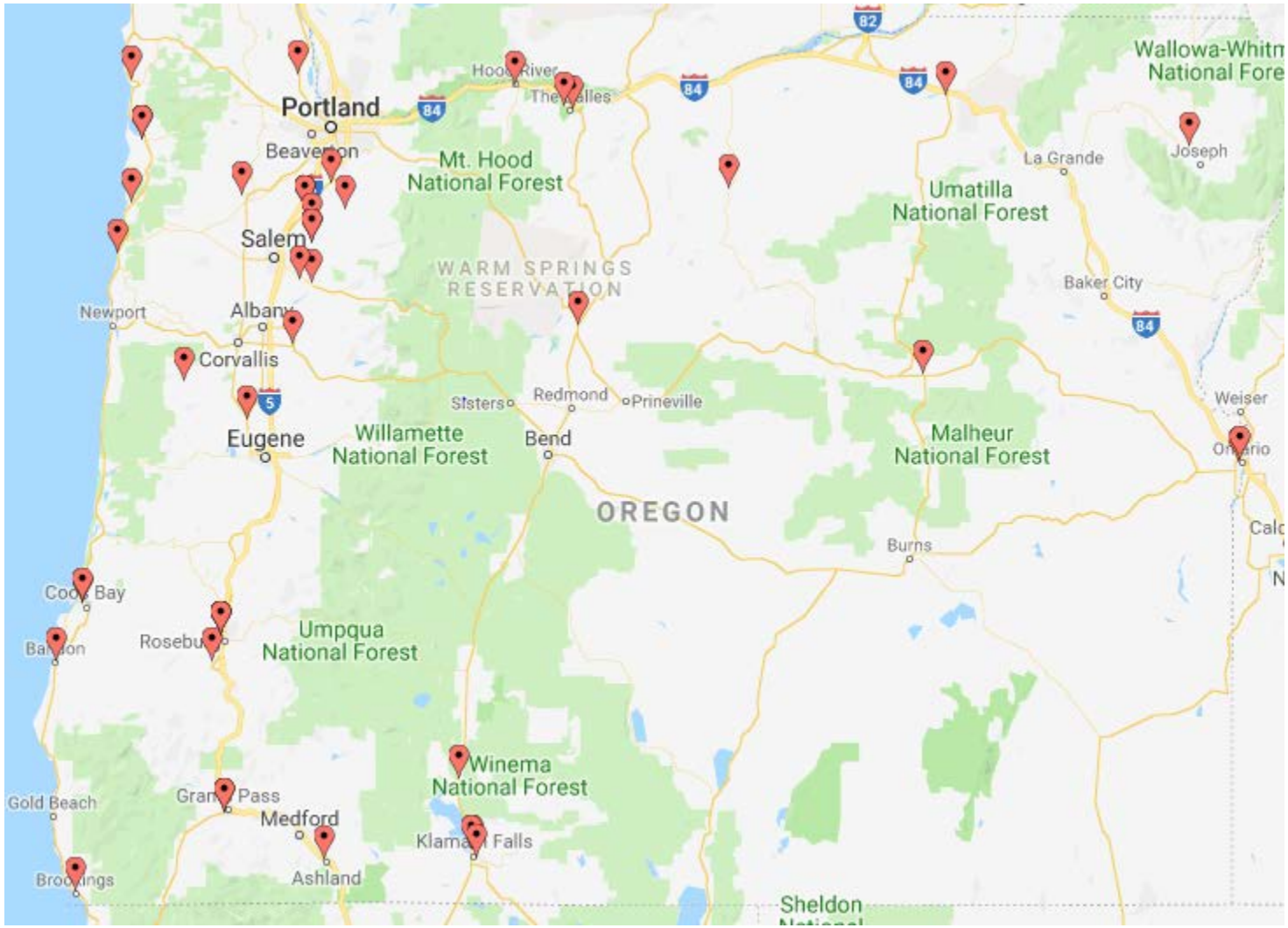
Carney PA, Hatch B, Stock I, Dickinson C, Davis M, Marino M, Darden PM, Gunn R, Larsen R, Valenzuela S, Ferrara L, Fagnan LJ. Study Protocol for the "Rural Adolescent Vaccine Enterprise" (RAVE) Study: A Stepped-wedge Cluster Randomized Trial Designed to Improve Completion of HPV Vaccine Series and Reduce Missed Opportunities to Vaccinate in Rural Primary Care Practices. Implementation Science. 2019;14:30. https://doi.org/10.1186/s13012-019-0871-9

Early Findings, Aim 1

- Higher performing clinics:
  - Standardized workflows
  - Had vaccine protocols
  - Provided immunizations at every visit
  - Engaged in population outreach strategies
  - Had a vaccine champion
  - Engaged in clear communication with patients

- Lots of missed opportunities to address
  - Unreliable EHR data
  - No 2nd dose recall

Map of Setting, Aim 2



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Next Steps

- Finalize Aim 1 analyses & publish findings
- Launch Aim 2 in May 2019
- Begin work with communities in October 2019 (Aim 3)
- Craft toolkit throughout year 2 (Aim 4)

Caitlin Dickinson, MPH
Project Manager
summerca@ohsu.edu | 971-291-7722

Education

- Build primary care capacity to manage health conditions usually referred to specialty care
  - Support for primary care in communities where specialty care is unavailable
- Education for clinicians, clinical teams, and beyond primary care setting
- Appropriate for broad range of clinical topics

Oregon ECHO Network

Funding Agencies: Various

Project Dates: Ongoing

Senior Leadership: Nancy Elder, MD, MPH and Ron Stock, MD, MA

Project Manager: Maggie McLain McDonnell, MPH

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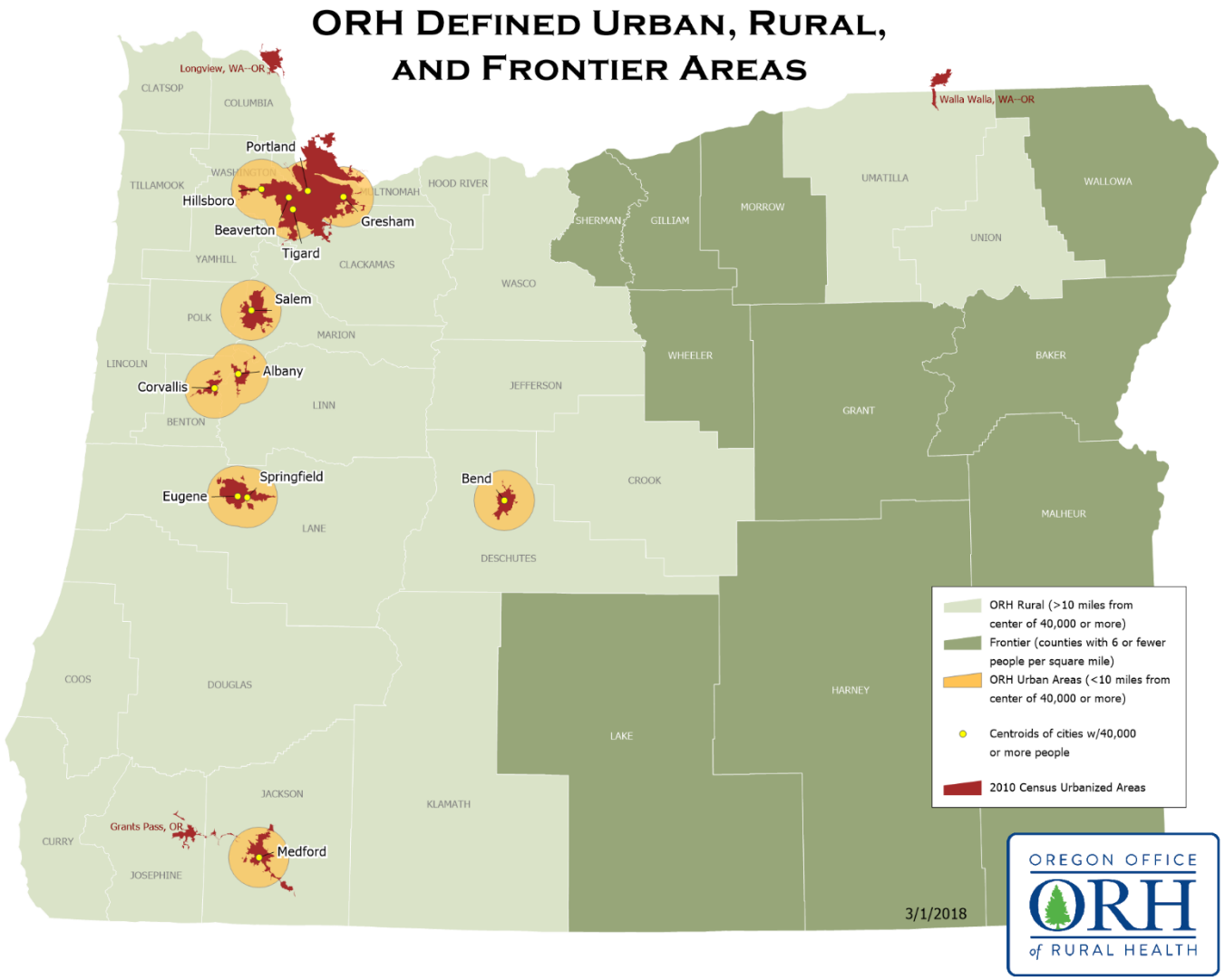
What critical gap does this project address?



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Project ECHO (Extension for Community Healthcare Outcomes) Components

1. Use Technology (multipoint videoconferencing and Internet) to leverage scarce resources
2. Sharing “best practices” to reduce disparities
3. Case-based learning to master complexity
4. Program evaluation and data tracking
5. All teach- all learn

Oregon ECHO Network

Statewide resource for ECHO programs and services, e.g. supports participant recruitment, evaluation, IT support, faculty engagement and contracting, curriculum development, delivery of sessions, CME, Maintenance of Certification Part 2

www.Oregonechonetwork.org

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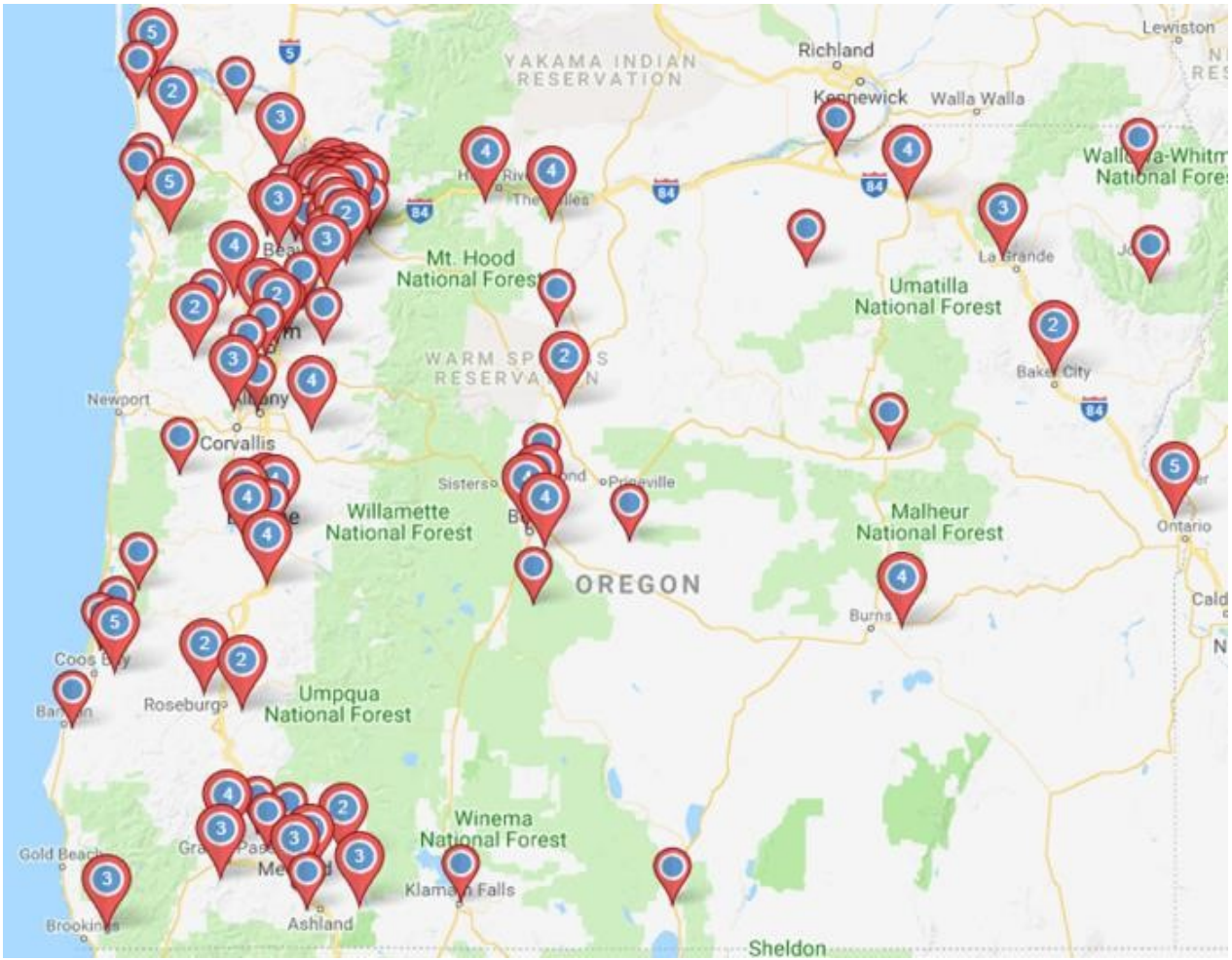
Oregon ECHO Network and Partners

How will Project ECHO improve health outcomes or equity for Oregonians?

- More patients receive expert-level specialty care in their own communities
- Patients avoid extensive travel for appointments
- Improves patient outcomes
  - Has reduced emergency department use
  - Improved medication safety
- Reduces clinician burnout
- Supports healthcare professionals to continue to practice in rural, frontier, and underserved communities

Reach



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Program Evaluation

100% of respondents “Increased the number of collegial discussions with peers about patients with opioid use disorder (OUD) and other substance use disorders”

58% of respondents reported their clinic “changed a policy or procedure to improve care for patients with OUD or SUD”

63% of respondents “provided 1 or more case consultations for a colleague on a patient with OUD or SUD”

37% of respondents convened a “multi-disciplinary group within [their] clinic to discuss improving care for patients with OUD or SUD at least 1 time”

Next Steps

- Continue to offer programs that focus on health professionals' interests and needs
- Creation of Addiction Medicine Certificate Program
- More ECHOs focused on older adults
- Develop outcomes research agenda
- Continue to engage other funding sources to create a sustainable program

Upcoming programs- Fall 2019

- Adult Psychiatry II
- Geriatrics Behavioral Health in an Age-friendly Health System
- Opioid Prescribing in Dental Settings
- Substance Use Disorders in Ambulatory Care
- Substance Use Disorders in Hospital Care

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Maggie McLain McDonnell, MPH
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Education and Coaching

- Combine education with technical assistance
- Tailor coaching to local setting
- Flexible and data-driven strategies
- Applies to several clinical topics where evidence-based interventions exist

Reducing Tobacco Prevalence in Rural Settings – Technical Assistance for Practices and Payers

Funding Agency: OHA – Public Health

Project Dates: 2018 – 2019

Principal Investigator: Anne King

Project Manager: Cullen Conway

Oregon Health Authority

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What critical gap does this project address?

- Each year, tobacco use in Oregon is responsible for:
  - Nearly 8,000 deaths
  - $2.5 billion in medical expenses, lost productivity, and early death
- Rural populations are especially vulnerable to the effects of tobacco use
- CCOs and clinics are working to reduce tobacco use and attenuate disparities
- This project sought to understand barriers and best practices across CCOs and clinics in tobacco cessation support processes

How will tobacco cessation TA improve health outcomes for Oregonians?

- Helping clinics and communities reduce tobacco prevalence and associated health outcomes

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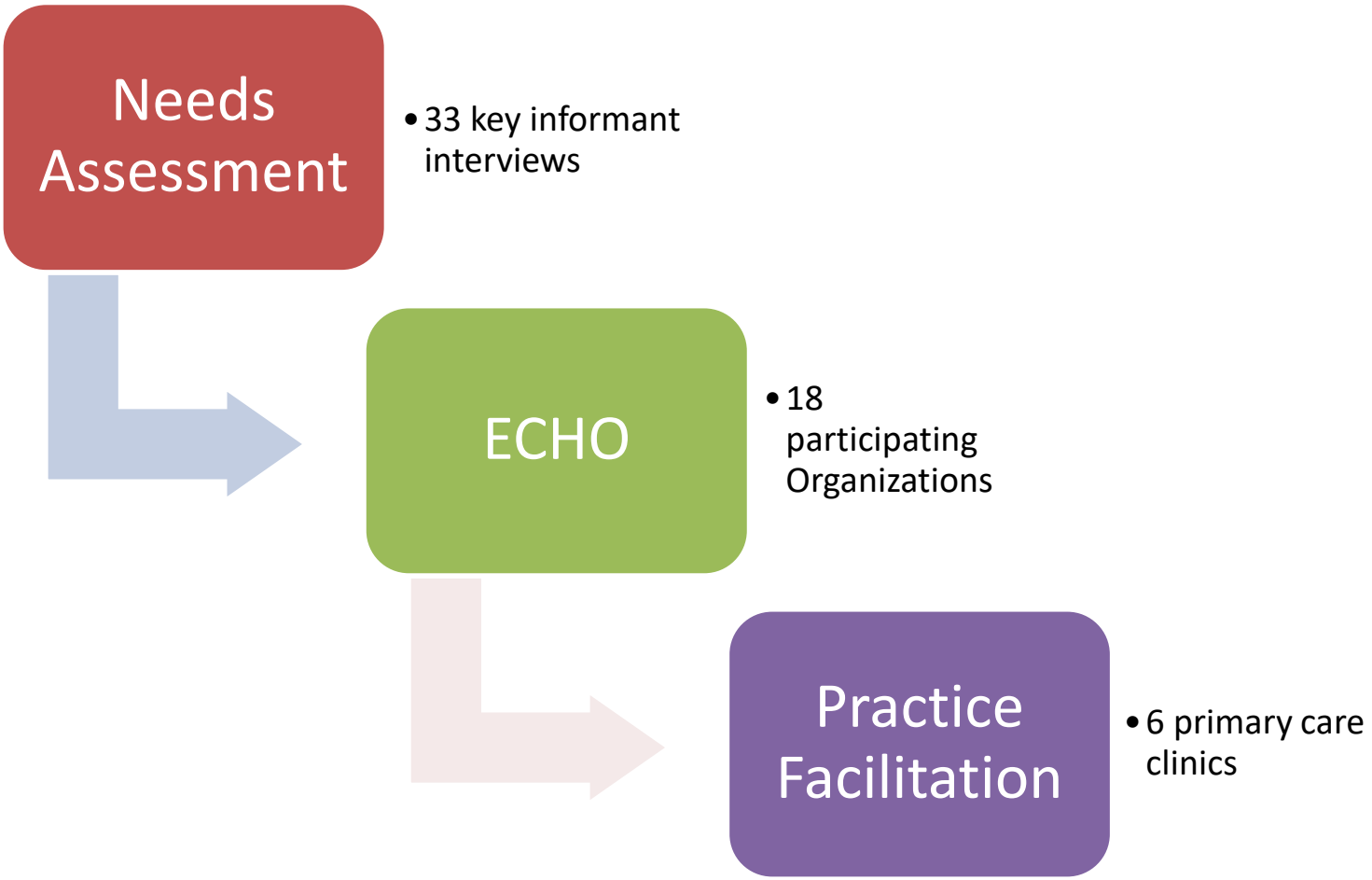
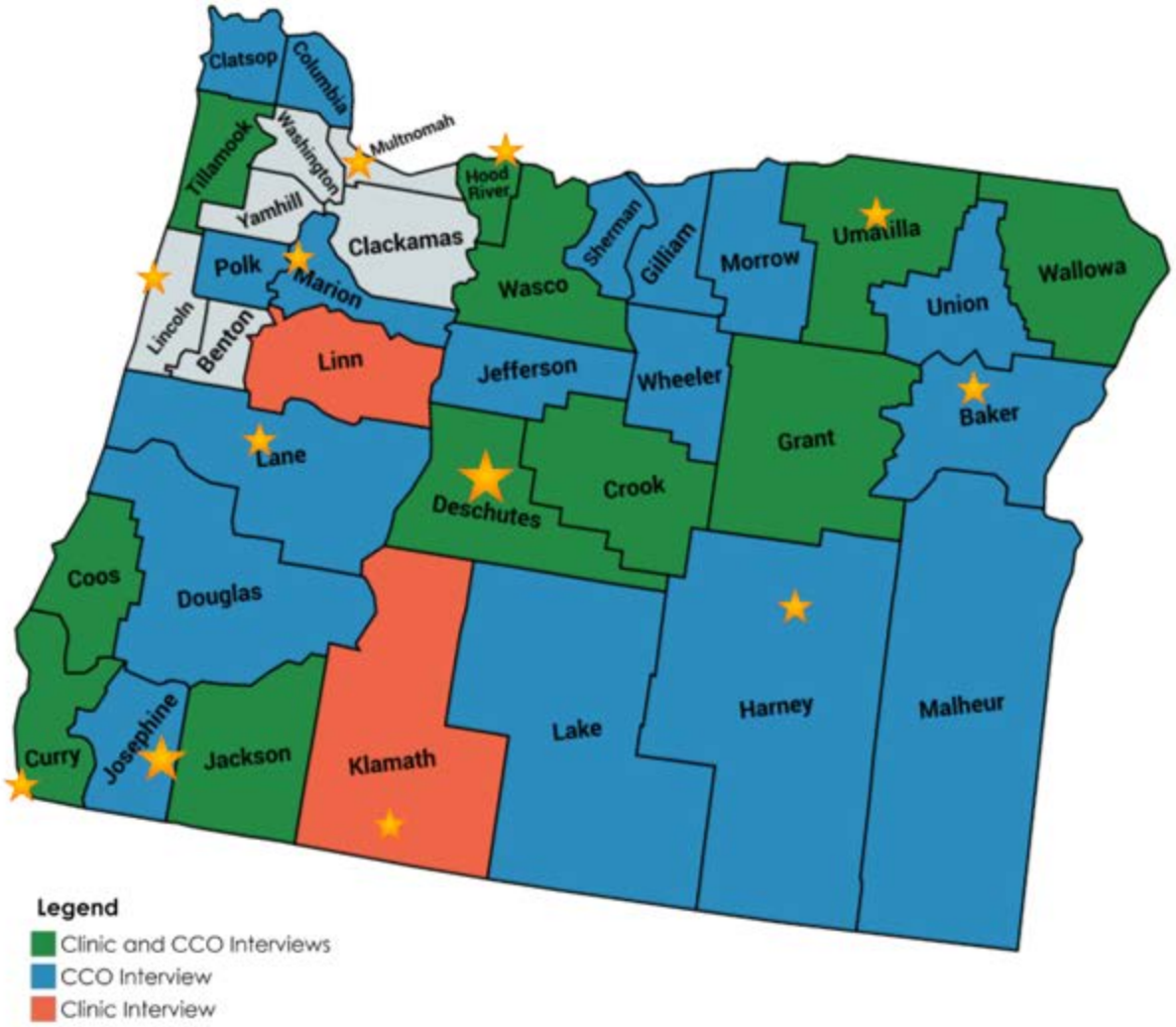
Study Components



Participants / Setting



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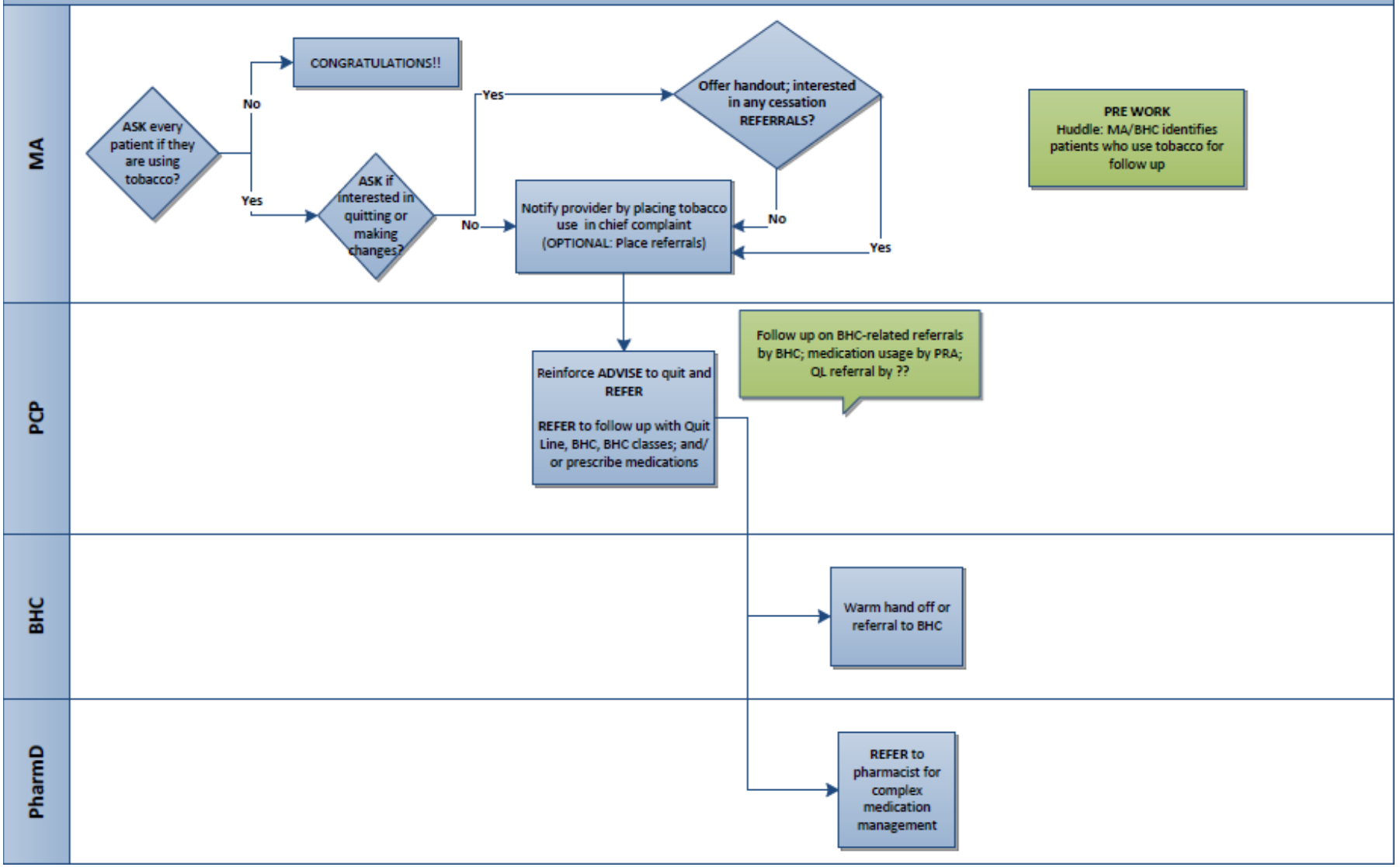
ECHO Topics

1. Office-based systems for screening through treatment
2. Tobacco cessation counseling
3. Pharmaceutical interventions
4. Referral to community services
5. Working with special populations (pregnant, elective surgery)

Tobacco Cessation Workflow – East Bend
ASK, ADVISE, REFER: 2 A's and R

Created on 3/28/19. Revised 3/28/19



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We're here to help you!

- ☐ Counseling Support
- ☐ Group Support
- ☐ Quitline—24/7
- ☐ Medication

Talk to your provider today!

MosaicMedical

Want to save $1,825 a year? Stop smoking.

SMOKEFREE oregon

Quitting is easier with help.

Call: 1-800-QUIT-NOW (1-800-784-8669)

Español: 1-877-2NO-FUME (1-877-266-3863)

https://www.quitnow.net/oregon/

Name _____ DOB _____

This patient with a history of tobacco use has an **appointment to see you today** _____. Studies show that tobacco cessation counseling in the primary care setting can be effective. Counseling can include:

- **Ask** permission to discuss tobacco cessation.
- **Assess** readiness to quit.
- **Advise** patient to quit.
- **Assist** the patient who is ready with a quit plan.
- **Arrange** for follow up visits.

As appropriate, use the following visit codes for time spent counseling:

99406	3-10 minutes
99407	greater than10 minutes

Early Findings and Recommendations

1. Training in workflow development and standardization in tobacco cessation best practices
2. Increased human resources integrated in primary care clinics
3. Implementation of e-referrals to Quit Line to create a closed-loop referral system.

Next Steps

- Stay tuned for Healthy Hearts Northwest (H2N) sessions and discussion
- Contact me with any resource requests

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Large-scale demonstration projects

- Multi-state projects having significant local impact in Oregon
- Funding through Centers for Medicare & Medicaid Services
  - Payment innovation to support practice transformation
  - Filling a critical gap between clinical care and community services for health-related social needs

CPC+
Comprehensive Primary Care Plus

Comprehensive Primary Care Plus

Funding Agency: Centers for Medicare & Medicaid Services

Project Dates: 2017-2022

Principal Investigator: David Dorr, MD, MS, FACMI

Project Manager: Martha Snow, MPH

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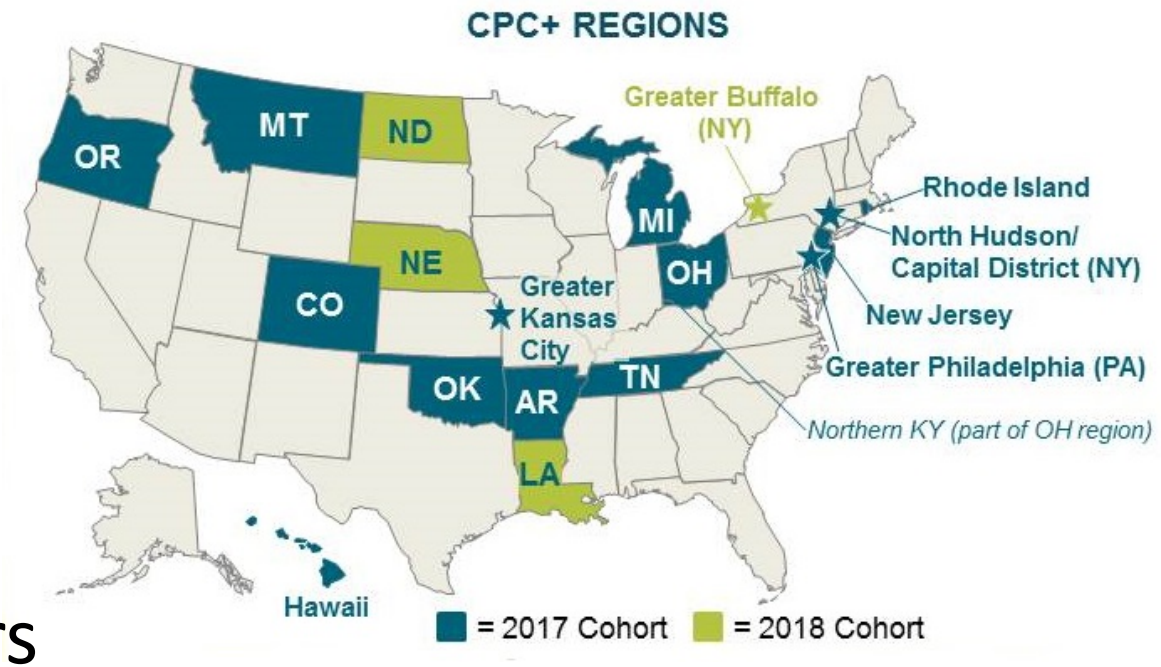
What critical gap does this project address?



- 18 regions
- 2,900 PCPs
- 56 aligned payers
- Reimbursement Reform
  1. Medicare Physician Fee for Service
  2. Care Management Fees
  3. Performance-Based Incentive Payment

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Examples of CPC+ Activities

Access and Continuity	24/7 patient access	Alternative care delivery approaches (e.g., eVisits, group visits, home visits)
	Assigned care teams	
Care Management	Risk stratified patient population	Care plans for high-risk chronic disease patients
	Short and long-term care management	
Comprehensive and Coordinated Care	Identifying high volume/cost specialists serving population	Behavioral health integration
	Follow-up on patient hospitalizations	Psychosocial needs assessment and inventory resources and supports
Patient and Caregiver Engagement	Convening a Patient and Family Advisory Council	Supporting patients' self-management of high-risk conditions
Data-Driven Population Health Management	Analysis of payer reports to inform improvement strategy	At least weekly care team review of all population health data

Meta-LARC

Accountable Health Communities

Project ECHO® Oregon ECHO Network

HEALTHY HEARTS NORTHWEST
An EvidenceNOW Project

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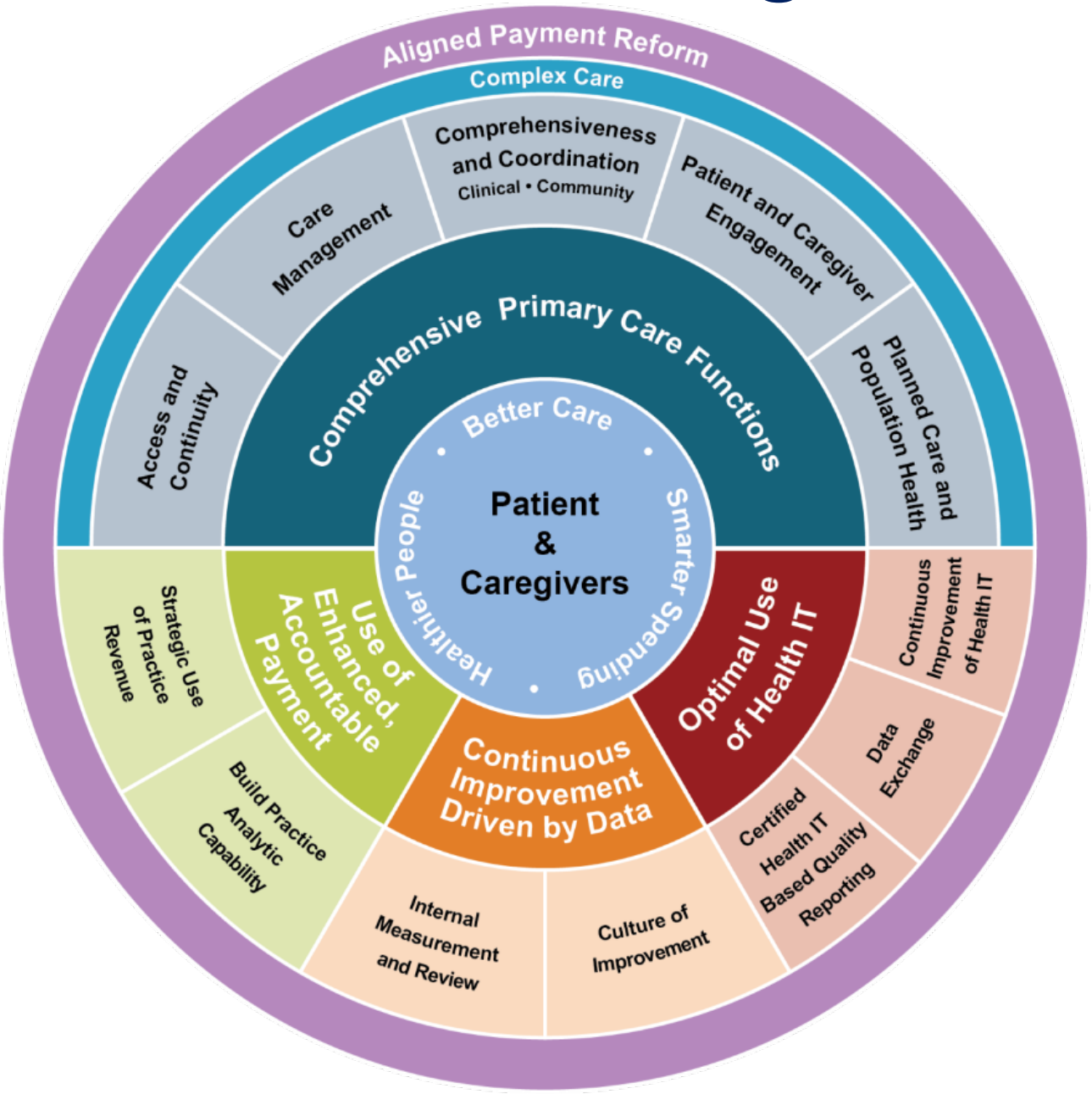
CPC+ Driver Diagram



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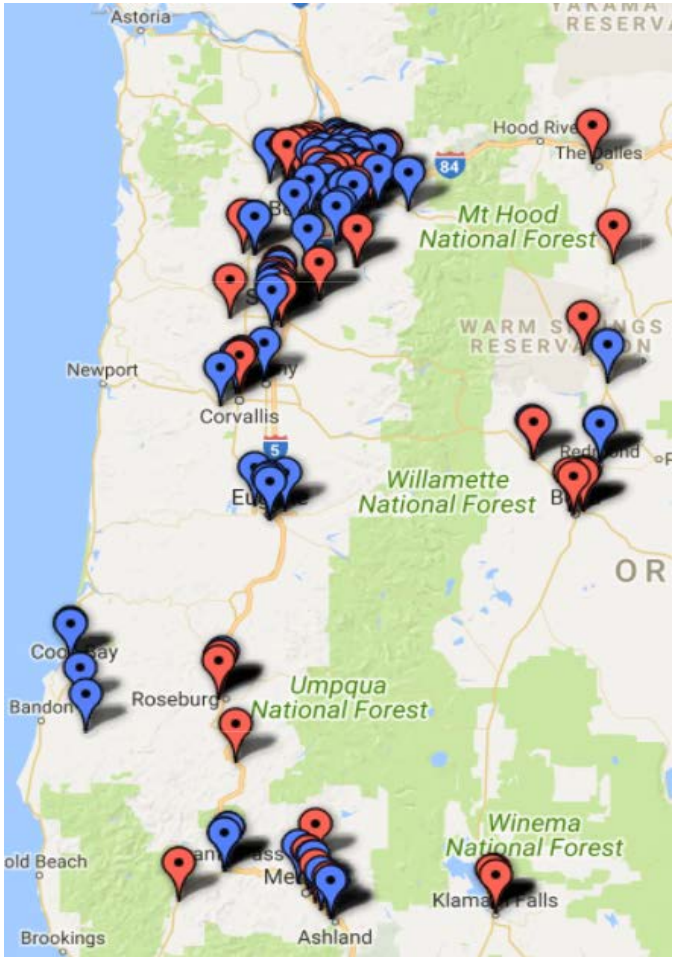
How will CPC+ improve health outcomes for Oregonians?



- 152 Practices
  - 32 Independent
  - 30 Rural
  - 23 Small Practices
- 1,081 Practitioners
- 118,982 Medicare beneficiaries
  - 100,000s other insurance beneficiaries

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Oregon Partners

CPC+ Oregon Payers

School of Medicine
Care Management Plus

Oregon Health Authority

Willamette Valley community health

InterCommunity Health Network CCO

UnitedHealthcare

PrimaryHealth

moda HEALTH

Yamhill COMMUNITY CARE

AdvancedHealth
Bridging the Future of Healthcare

PacificSource HEALTH PLANS

Trillium Community Health Plan

CareOregon

allcare health

PROVIDENCE Health Plan

Other Partners

HealthInsight OREGON

OREGON HEALTH CARE QUALITY CORPORATION

CollectiveMedical

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Next Steps

- Share local knowledge, networking, resources, and events
- Support QI projects
- Host biannual CPC+ Conferences
- Phone, virtual, and in-person site visits
- Build partnerships and elevate concerns to stakeholders

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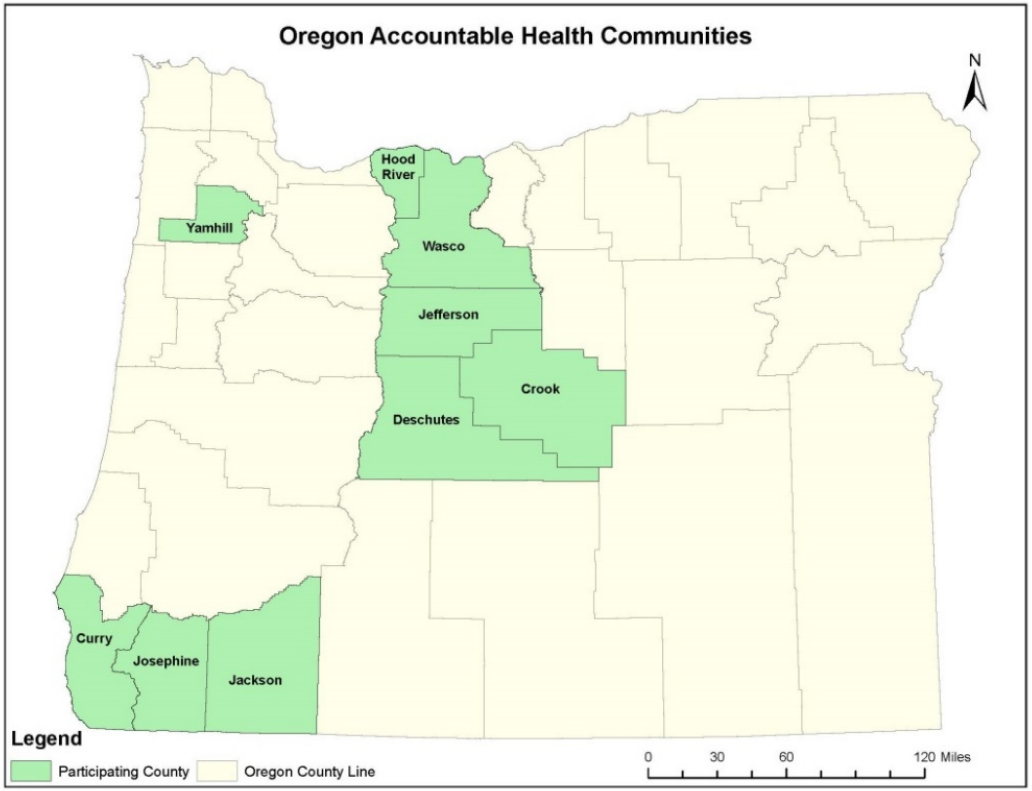
Accountable Health Communities:

- Screening for 5 health-related social needs: **housing, food, utilities, transportation and interpersonal violence.**
- Connecting patients with social needs to community services
- Developing tailored referral and care plan for “high risk” patients
- Integration activities

Project Update

1. We started 12/10!
2. Need additional volume of screens/navigations to get to 75K/3K.
3. Portland metro area clinical sites now invited to join project



Research Network

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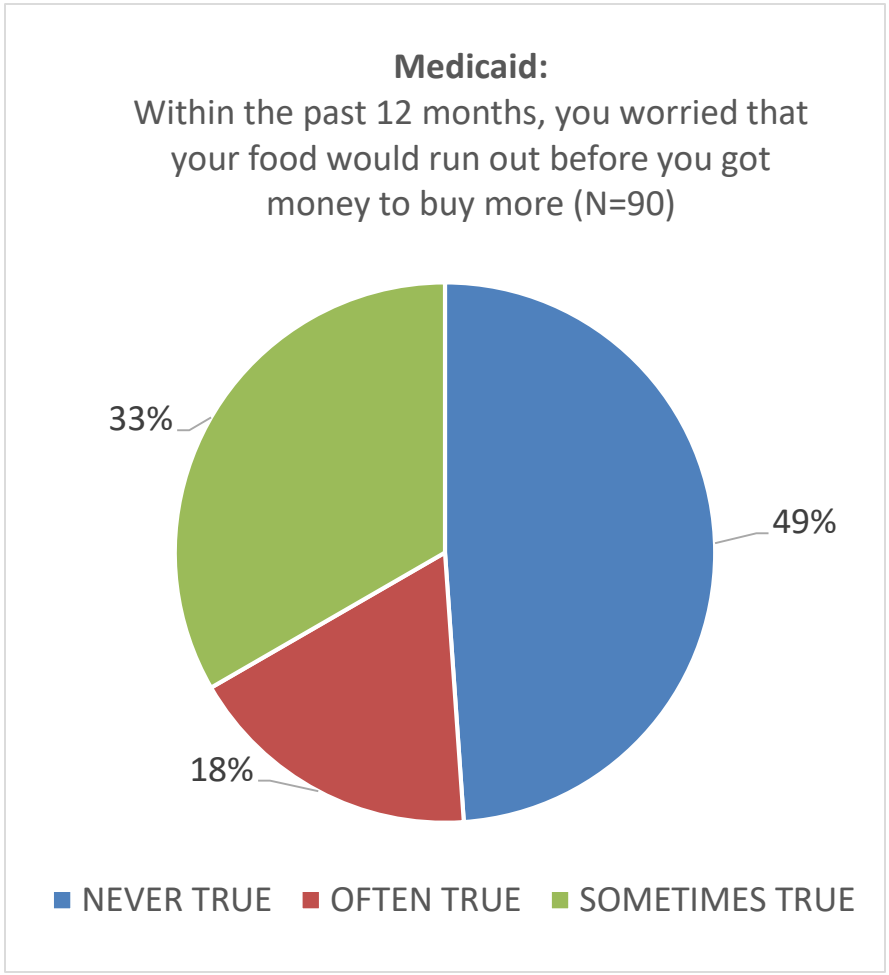
Primary Research Question

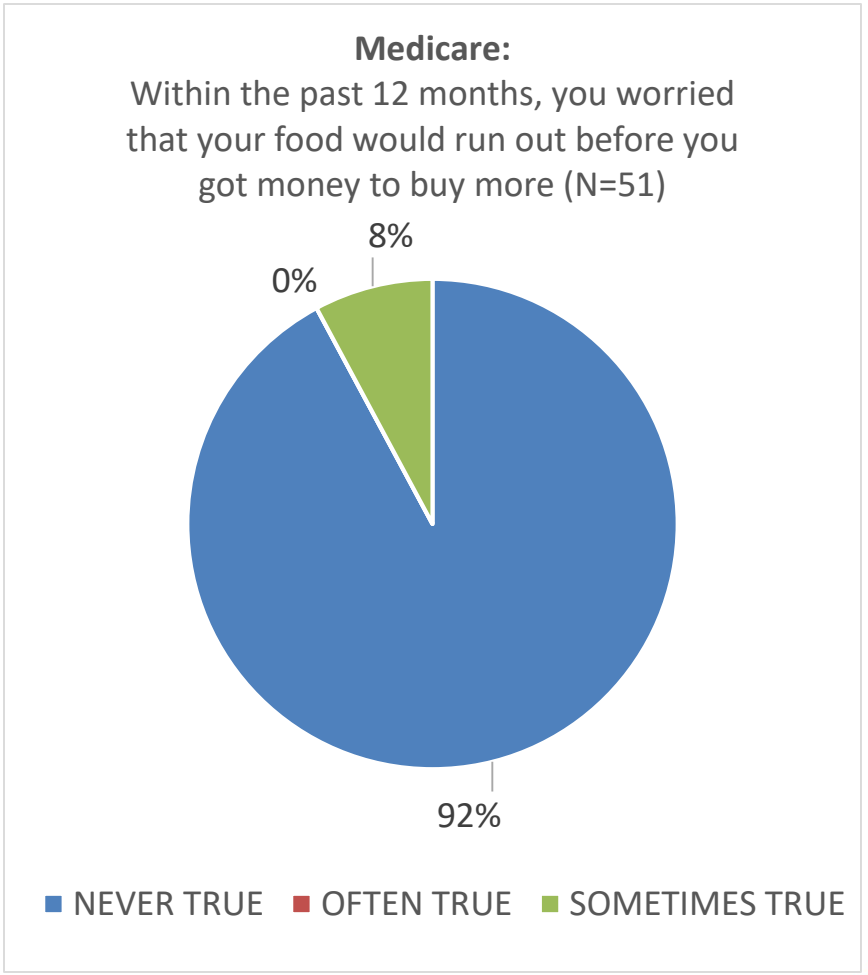
- Does screening for social needs plus tailored navigation to health and social services lead to improved outcomes and reduced costs of care?

- Other questions…
    - Prevalent social needs
    - What needs are not being met & why
    - Best approach to this work
    - Etc.

Survey Results (from early data)

- Food Questions:





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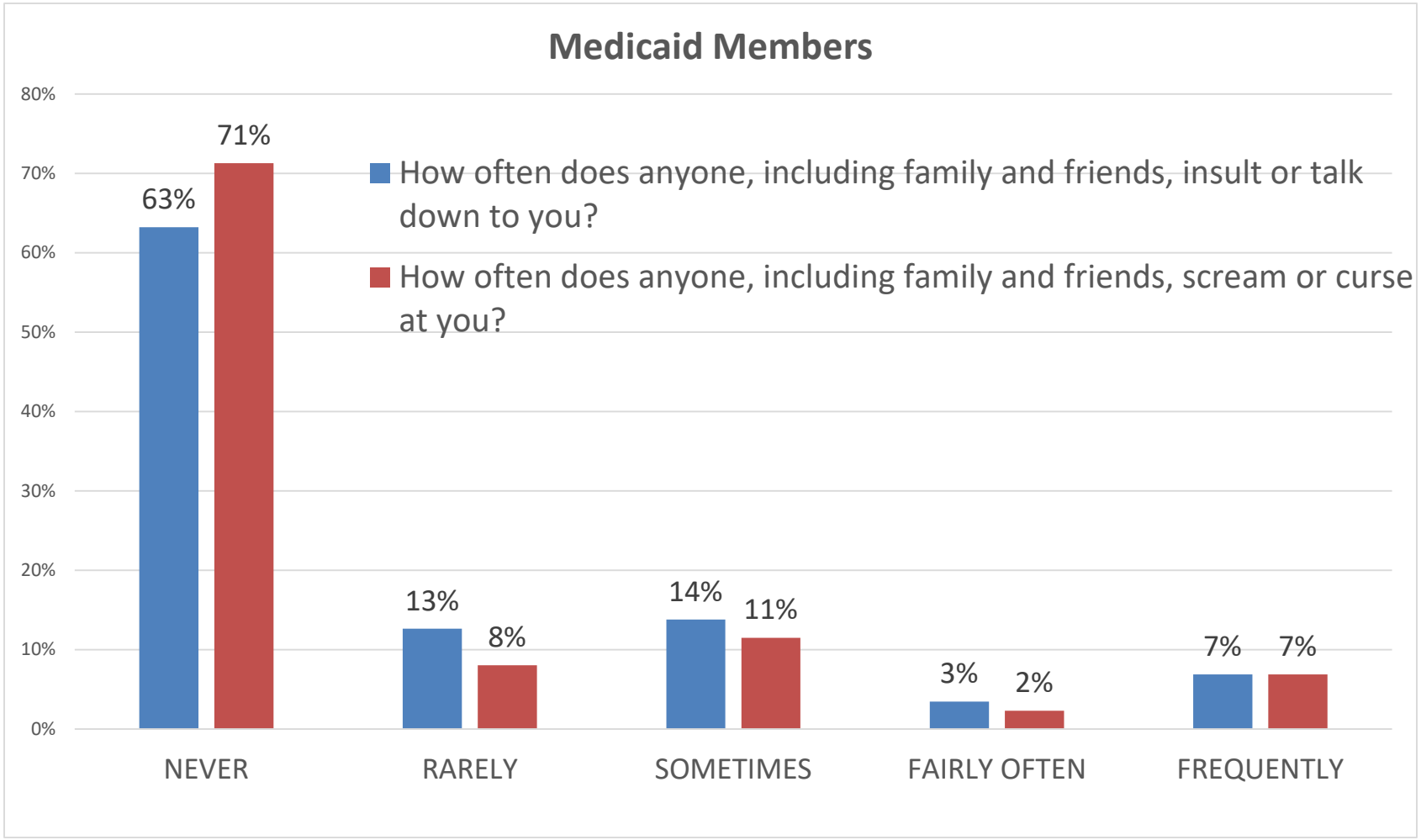
Survey Results (from early data)

	Medicaid	Medicare
"High Risk"-2 or more ED visits in prior year	33%	12%
No steady housing or concern about losing housing	19%	2%
Lack of reliable transportation to medical appointments, meetings, work or getting to things needed for daily living	13%	0%
Utility companies (electric, gas, oil or water) have threatened to shut off services	24%	4%

Survey Results (from early data)

- Safety Questions



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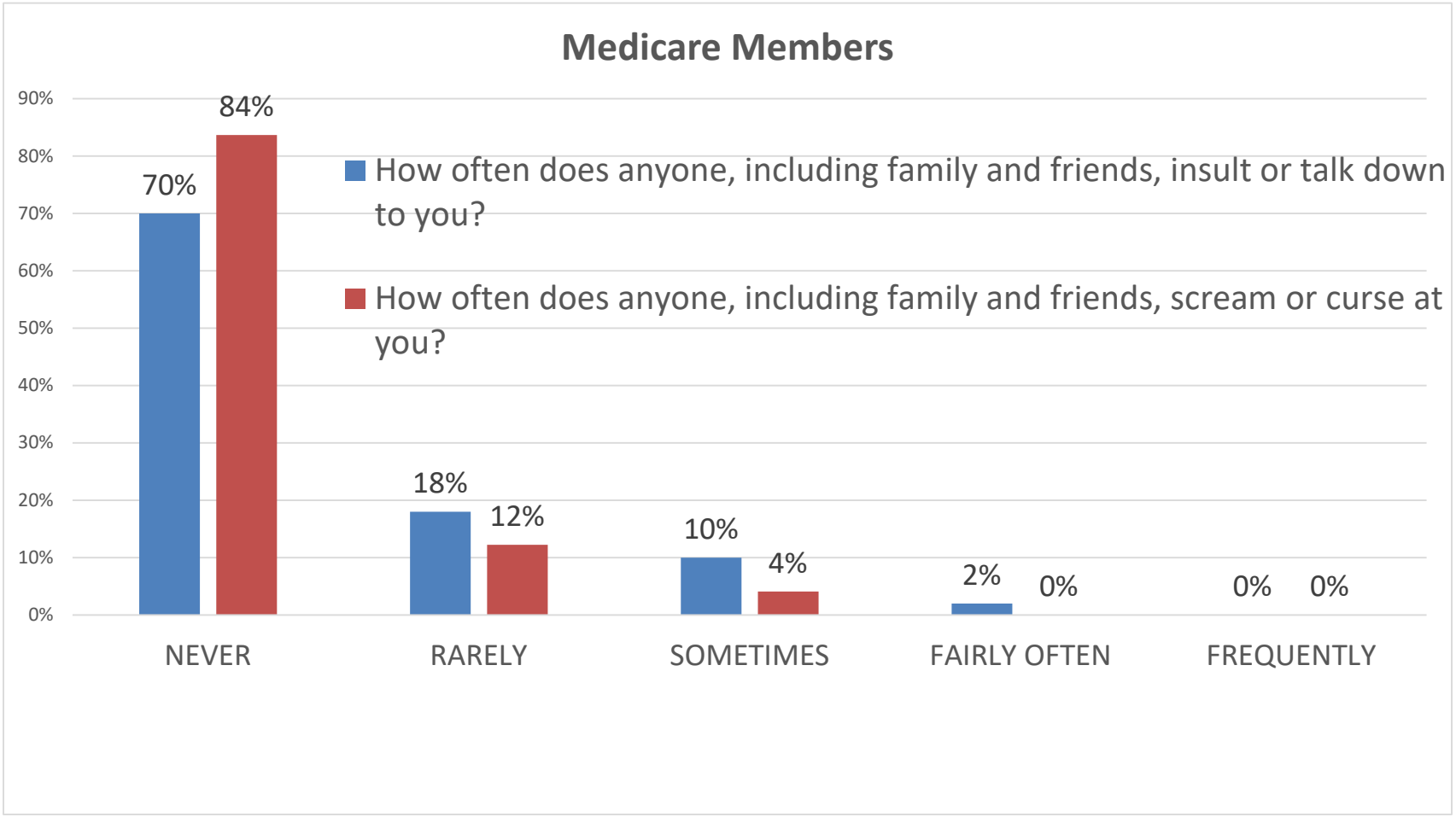
Survey Results (from early data)

- Safety Questions



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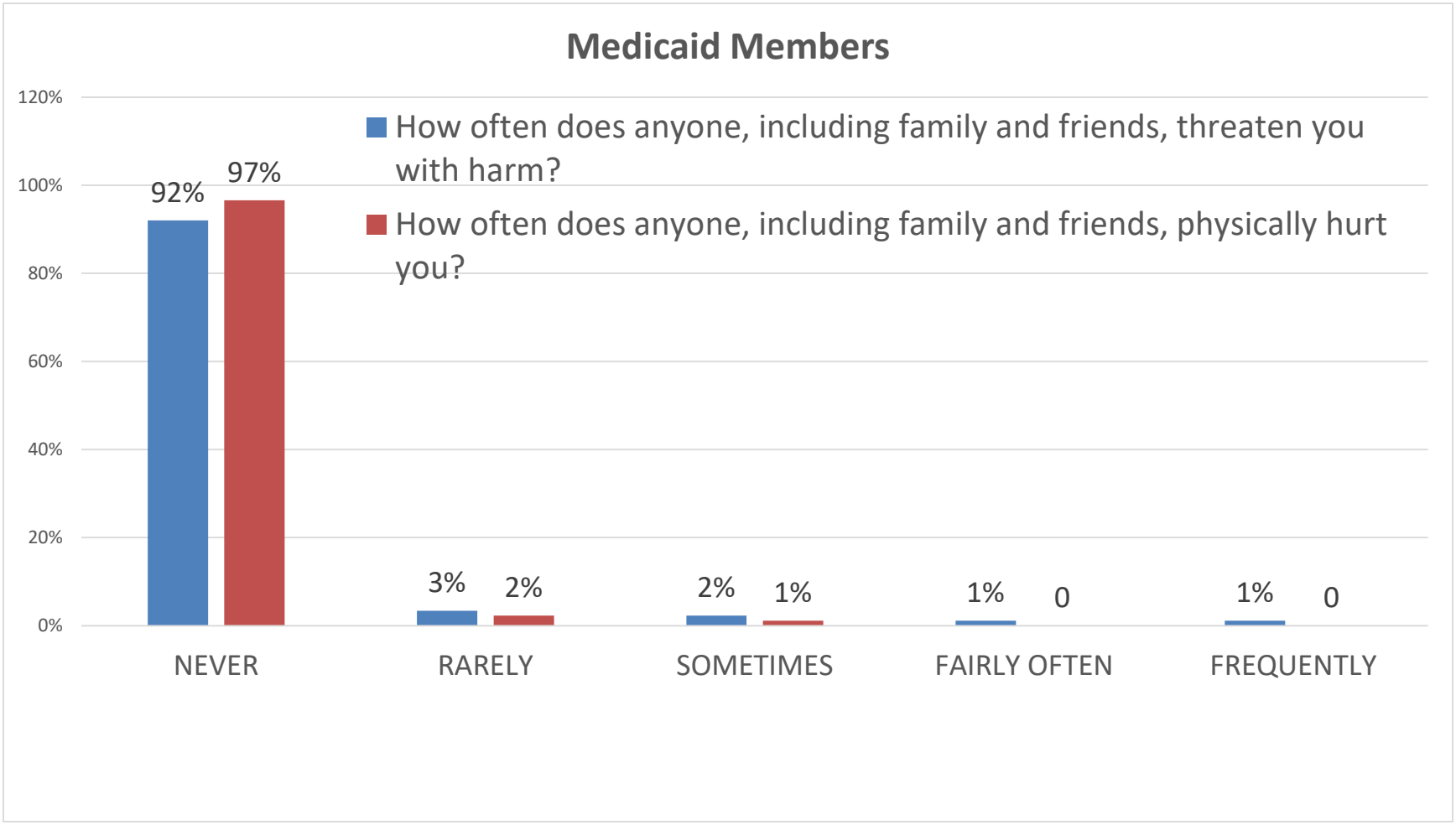
Survey Results (from early data)

- Safety Questions



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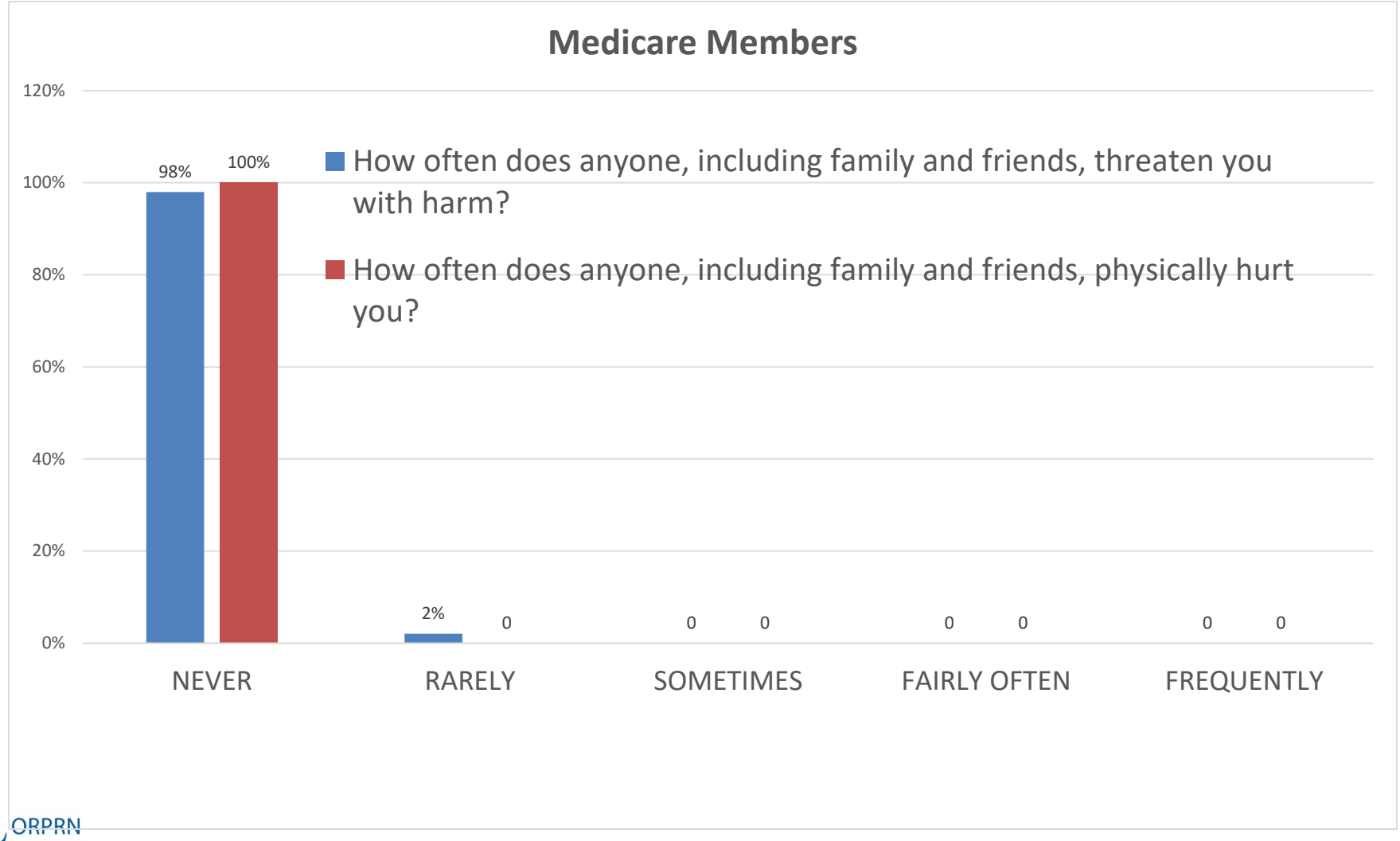
Survey Results (from early data)

- Safety Questions



Future Data Analysis

- Analyze results by demographic factors, population subsets, region, zip code, etc. & share with stakeholders
- Data dashboard and clinic reports

Webinars- now available online

1. **"Empathic Inquiry: Screening Patients for Social Factors in a Patient-Centered Way"** -OPCA & Rogue Community Health
   - https://vimeo.com/315959674
2. **"Screening for Safety in AHC Sites"–**Tillamook Women's Resource Center
   - https://vimeo.com/316619308
3. **"Health Literacy and Cultural Considerations"** –PacificSource
   - https://vimeo.com/317319849
4. **"Screening for Housing & Utilities Insecurity"** –The Curry Homeless Coalition & Sol Coast Consulting & Design
   - https://vimeo.com/315962780
5. **"Screening for Food Insecurity"** -Oregon Food Bank
   - https://vimeo.com/315963511
6. **"Screening for Transportation Needs in AHC Sites"** –OHA
   - https://vimeo.com/315963830

The **password** to access all of the webinars is: OregonAHC201819

Thank You!

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How to get involved

- Join a study
  - CAPTURE (COPD)
  - CASCADE (atopic dermatitis)
  - Accountable Health Communities (social health determinants)
- Participate in education
  - Colorectal cancer screening workshop on May 31
  - Oregon ECHO Network: go the website to learn more
- What topics interest you? In the pipeline for us
  - Screening for alcohol misuse
  - Lung cancer
  - Behavioral health and diabetes management

Thank you to our presenters!

Connect with us to get involved.

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