

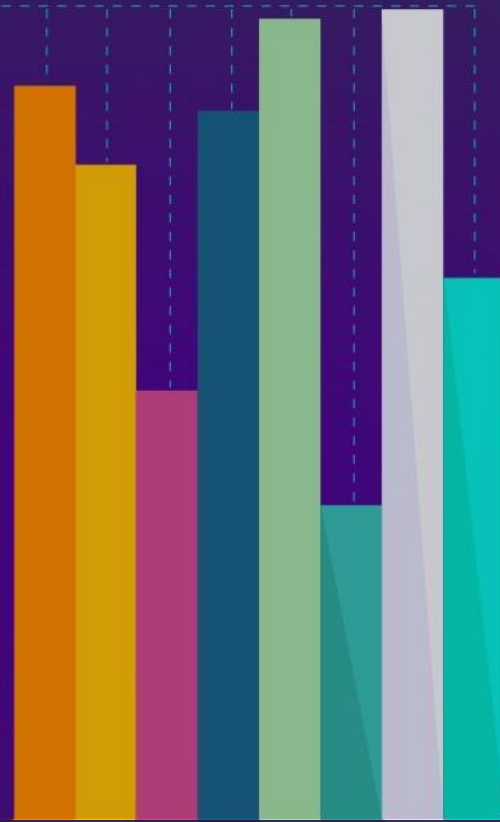
siren

Social Interventions Research & Evaluation Network

# RACIAL HEALTH EQUITY IN SOCIAL CARE

2022 National Research Meeting

An institutional, community-connected approach to  
population health equity



# Day 1: An institutional, community-connected approach to population health equity



**Andrew Beck**



**Alicia Bond-Lewis**



**Ndidi Unaka**



**Carley Riley**



**Robert Kahn**

# Agreements for a safe and brave meeting

Practice active, judgement-free, and empathetic listening

Respect each other's differences and backgrounds

Agree to disagree – but seek understanding. We are here to learn!

Honor the difference between unsafe and uncomfortable

Be curious about intentions but recognize that impact is more important than intentions

Welcome being called in as a gift and an invitation to learn

Be mindful of positionality and power dynamics

Acknowledge judgments and assumptions (including our own – we all have biases)

Use inclusive language and avoid using derogatory or stigmatizing language

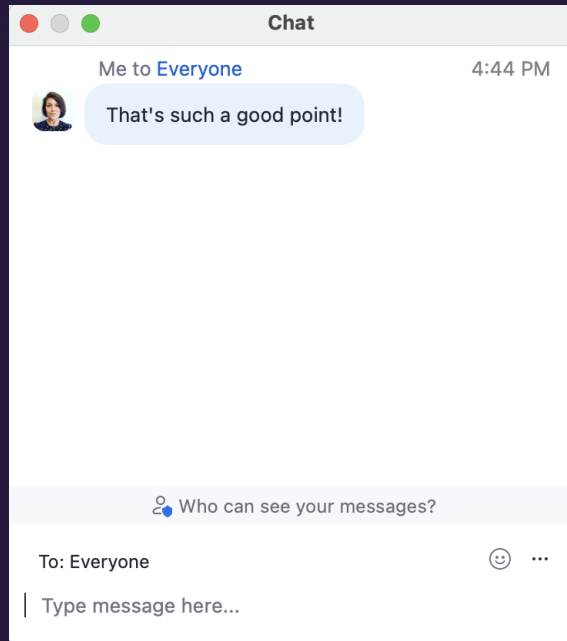
Release control, privilege, and notions of being right

Accept that things may remain unresolved; we might not feel a sense of closure

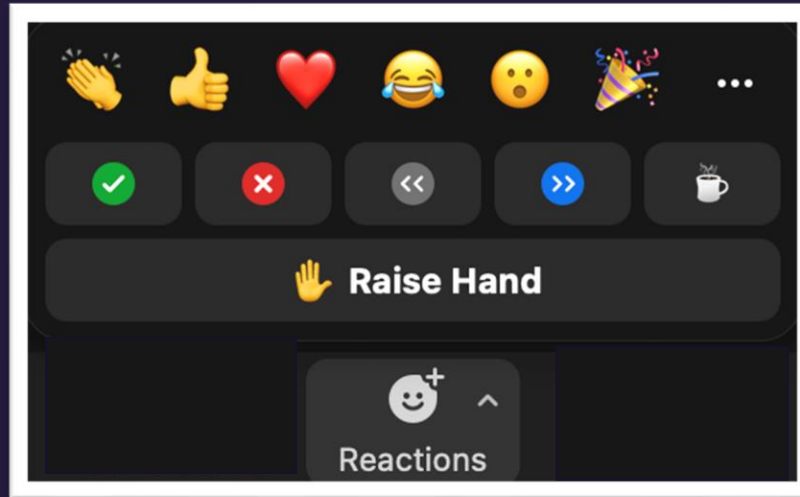
**Reminder: This session is being recorded. Recordings and slides will be available after the meeting.**

# 3 Ways to Engage in the Room

## 1. Chat Window

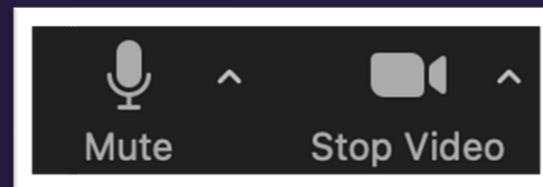


## 2. Emoji Reactions



## 3. Audio and Video

(We encourage you to keep your camera on during the session)



...and on Twitter!



#SIRENRacialEquity

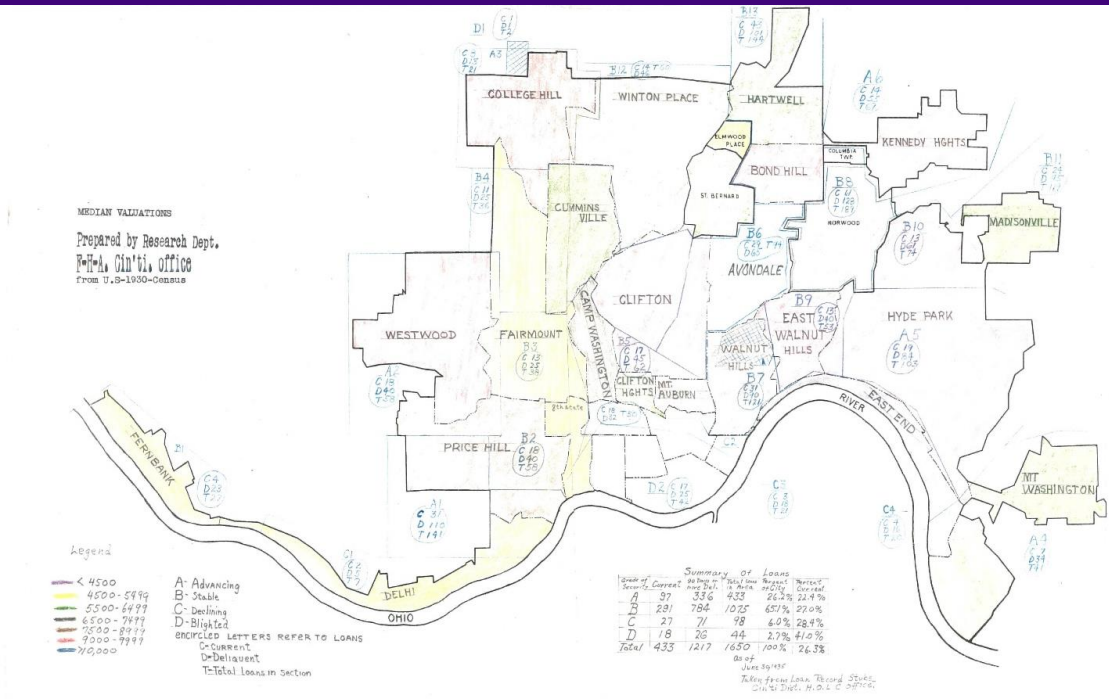
@SIREN\_UCSF

# Outline

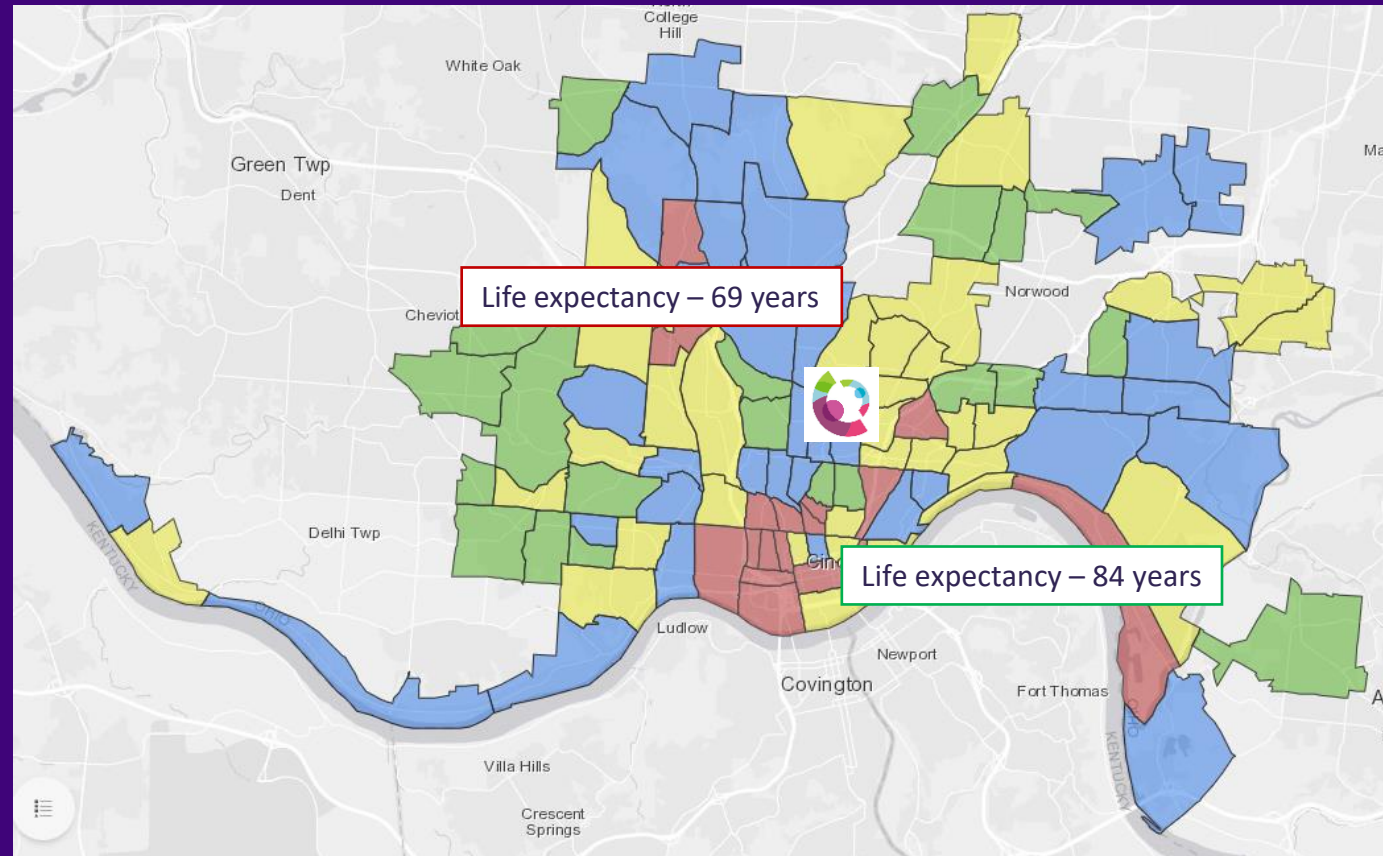
- Building an institutional approach to health equity
- Population health capabilities inside the hospital
- Co-production with families, community partners
- Multi-sector community transformation
- Discussion



# Equity Minute



<https://dsl.richmond.edu/panorama/redlining/#loc=5/39.1/-94.58>



<https://storymaps.arcgis.com/stories/d76e295c27bc45deba50273ac9fc06fd>

# Building an institutional approach to health equity

Cincinnati Children's Hospital Medical Center will be the leader in improving child health.



# Cincinnati Children's | 2020 Strategic Plan

Care

- Deliver exceptional, safe, and affordable care for every child and every family, every day

Community

- **Help Cincinnati's kids to be the healthiest in the nation through strong community partnerships**

Discovery

- Transform child health with our collaborative culture of discovery, translation and learning

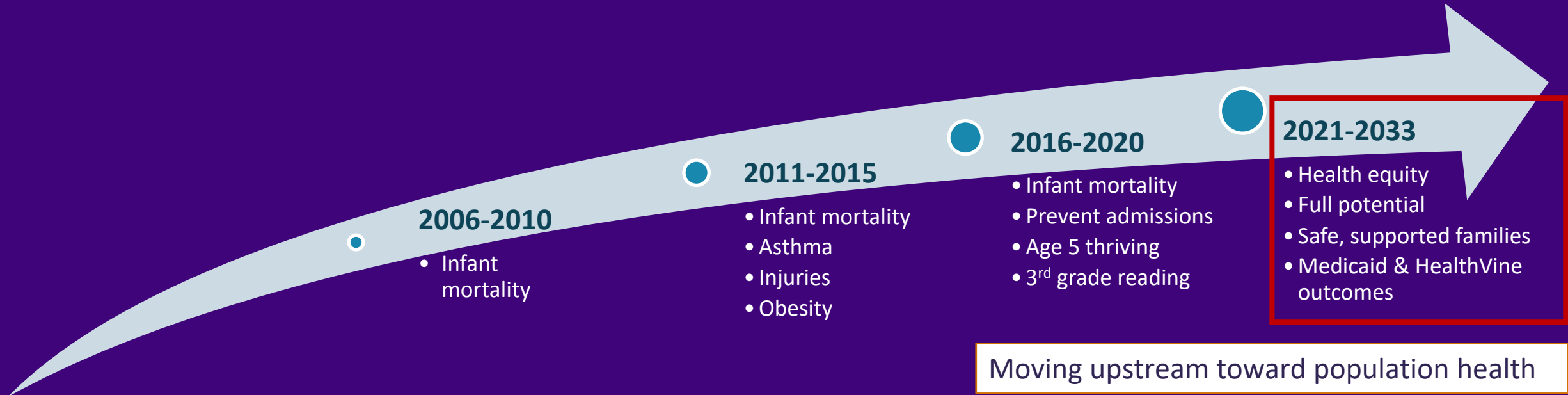
Impact

- Improve the lives of children everywhere by creating deeper connections with families, care providers and organizations

People

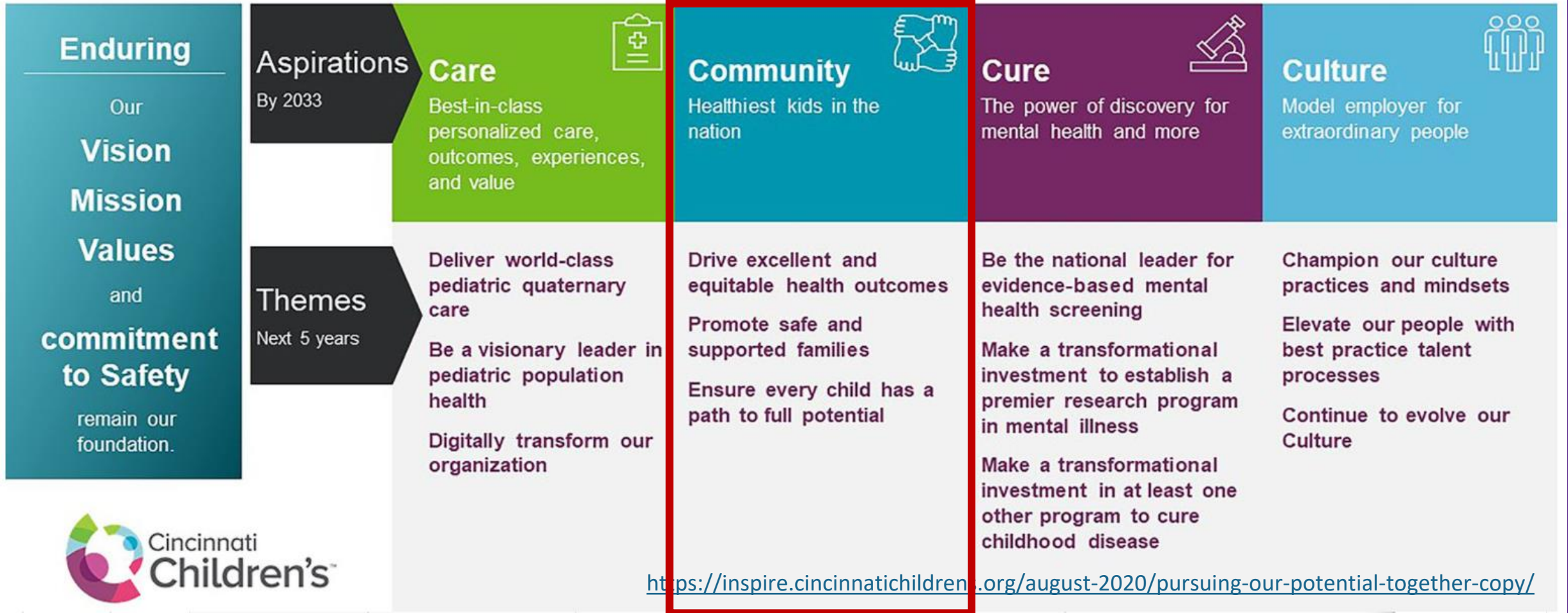
- Realize our full potential by engaging, inspiring and enabling all employees to make a difference

# CCHMC and the pursuit of equity

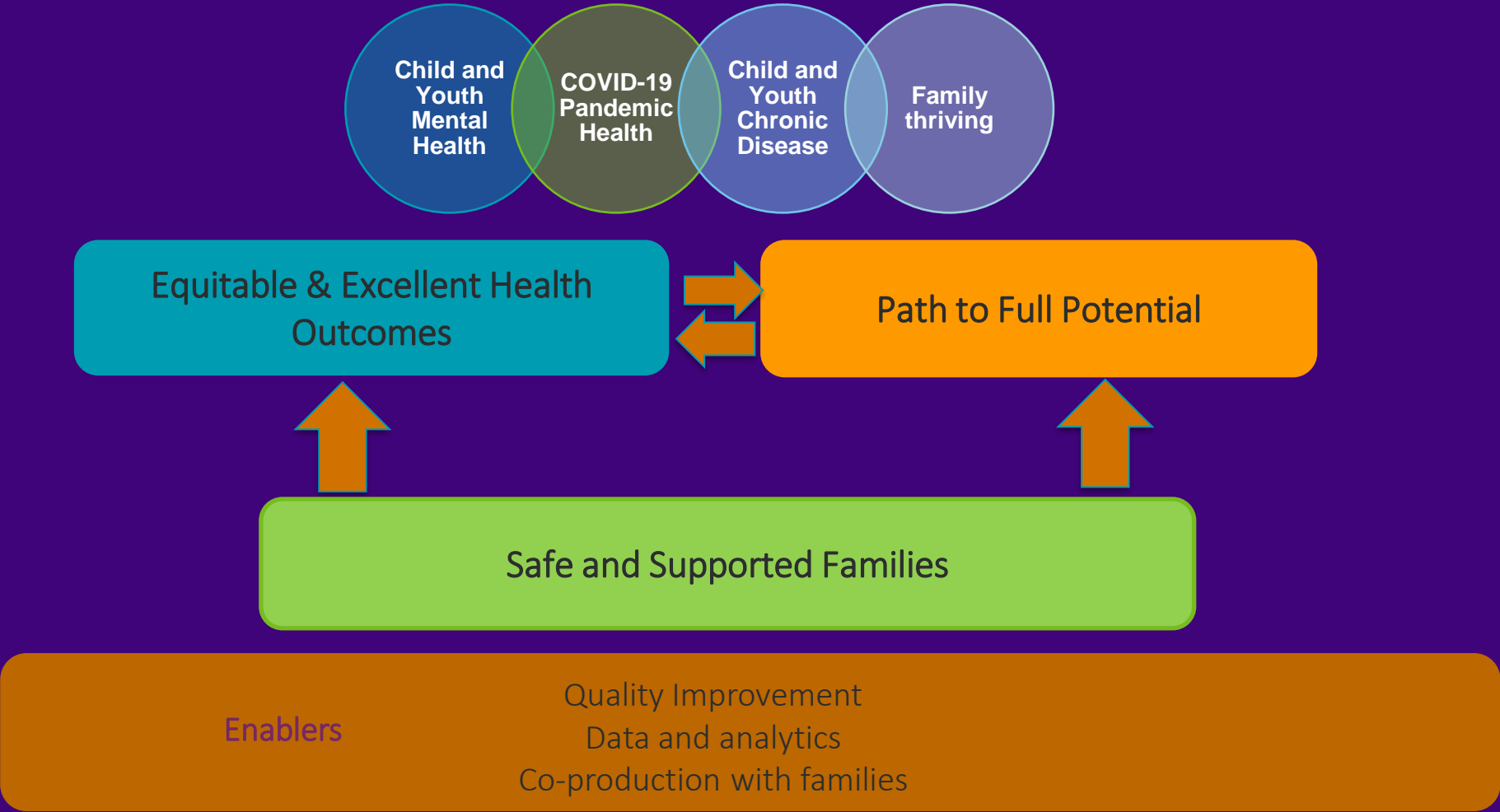


Data & Analytics				
Improvement Science				
Activation & Co-production				
Distributed Leadership				
Aligned finances				

Between now and our 150th birthday in 2033, we will **pursue our potential together** so all kids can pursue theirs

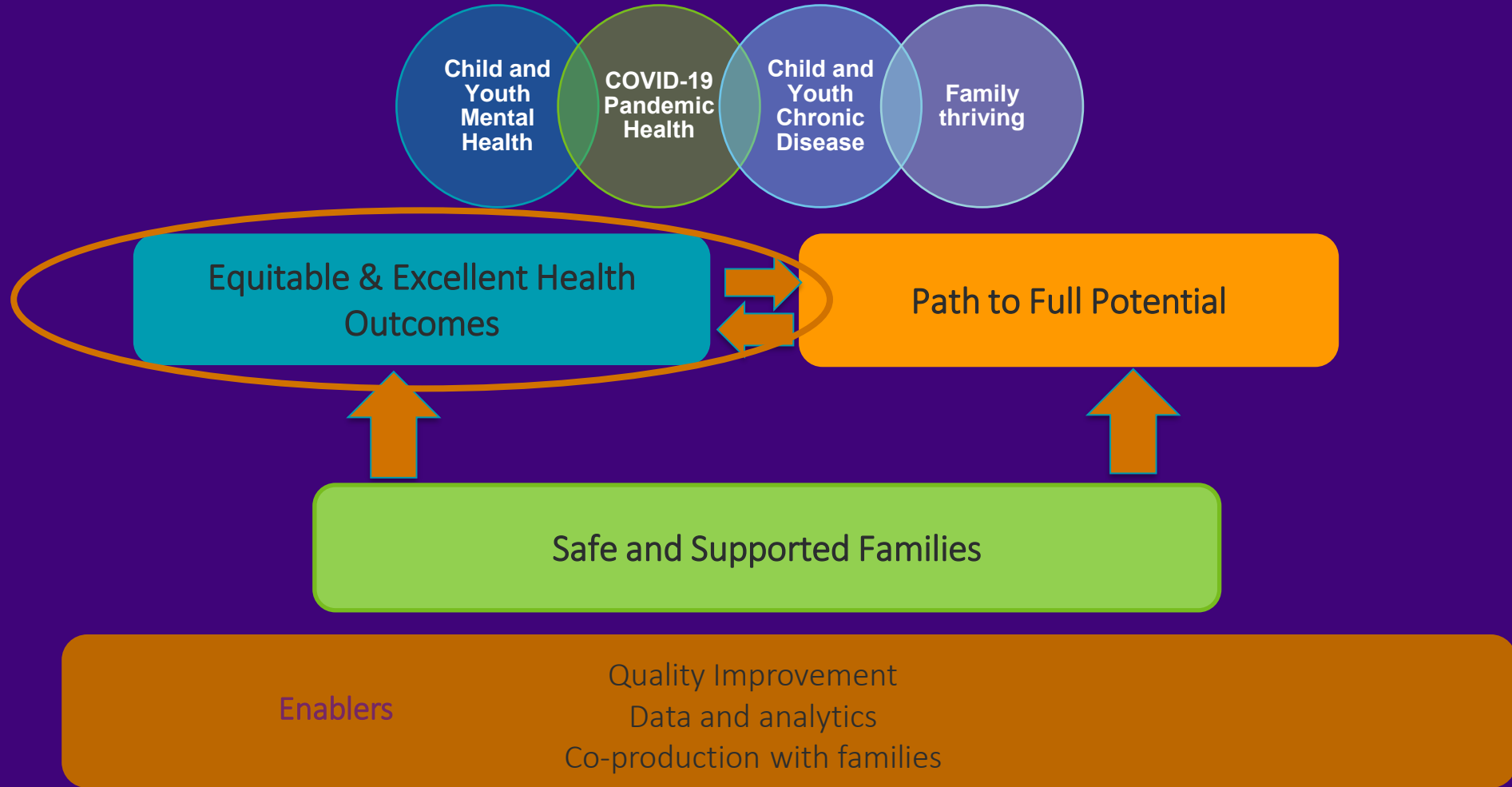


Between now and our 150th birthday in 2033, we will pursue our potential together so all kids can pursue theirs



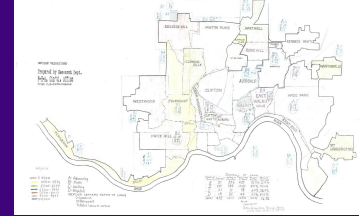
# Population health capabilities inside the hospital

Between now and our 150th birthday in 2033, we will pursue our potential together so all kids can pursue theirs



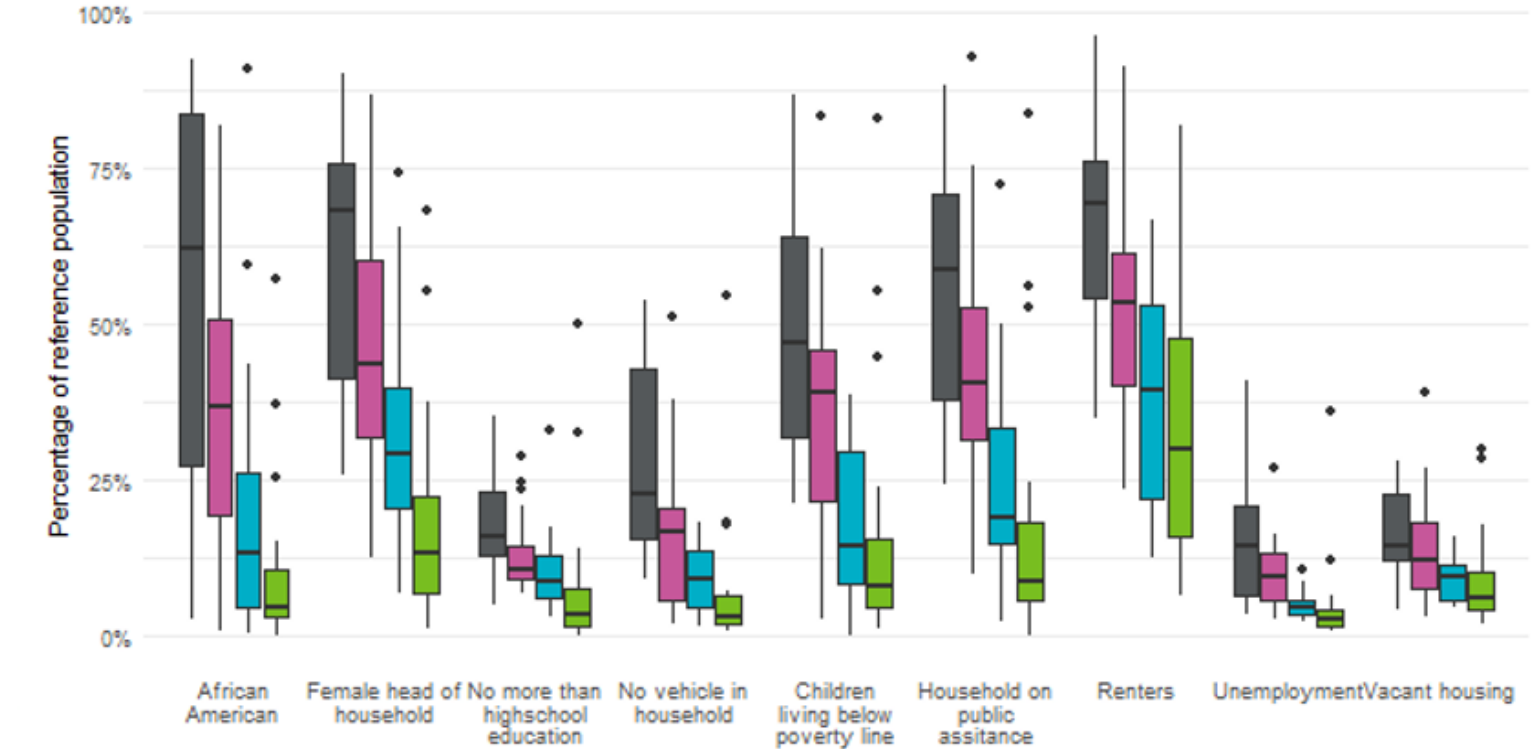


# Legacy of redlining & health outcomes

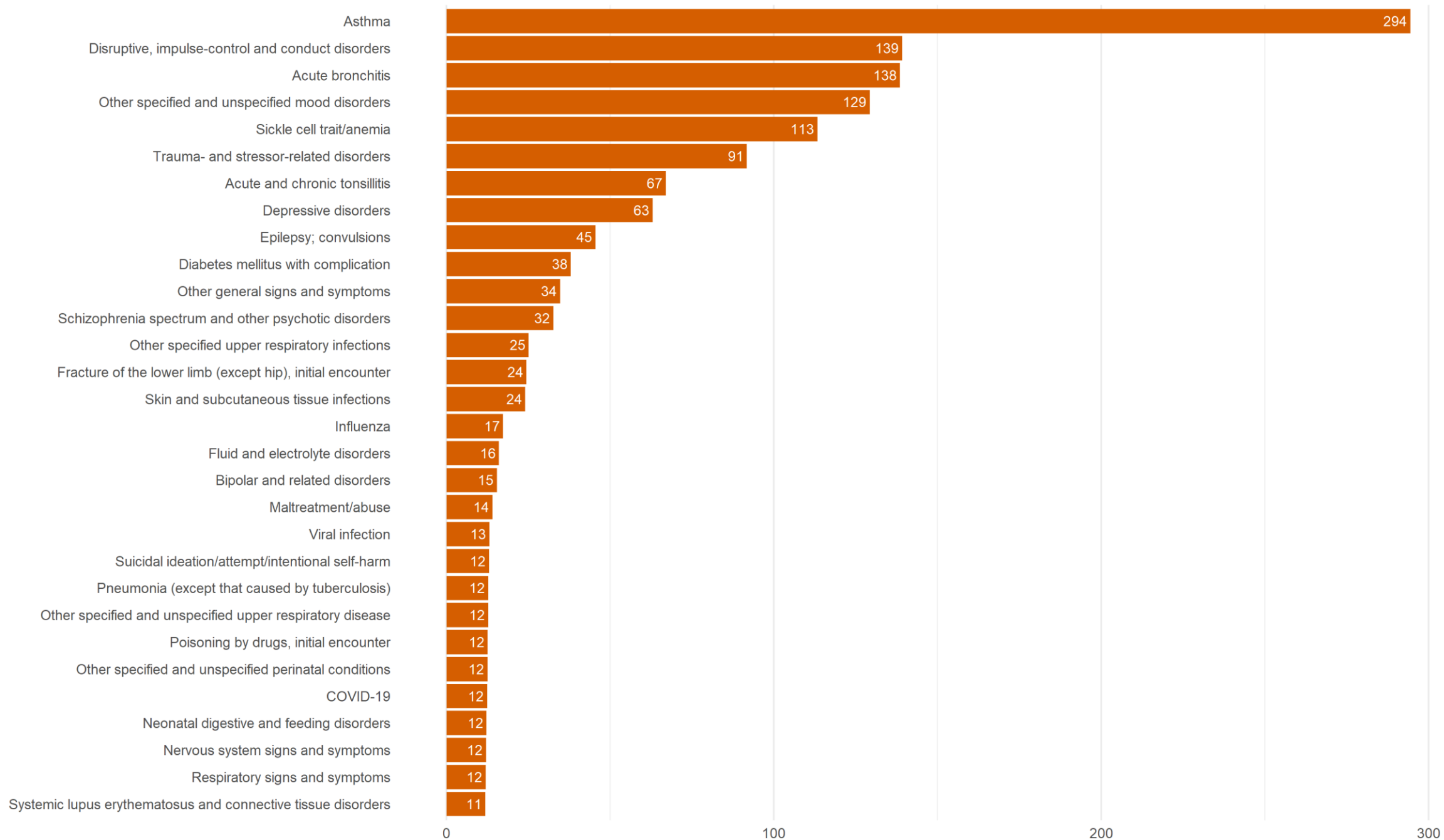


- Downtown
- Walnut Hills
- Riverside-Sedamsville
- S. Fairmount
- Hartwell
- Lincoln Hts.
- Mt. Airy
- N. Fairmount
- Pleasant Ridge
- Golf Manor
- Roll Hill
- College Hill
- N. College Hill
- Sayler Park
- S. Cumminsville-Millvale
- West End
- Norwood
- Roselawn
- Corryville
- Avondale
- Northside
- Mt. Auburn
- Silverton
- Winton Hills
- Westwood
- Crosby Twp.
- E. Price Hill
- OTR-Pendleton
- Springfield Twp.
- Elmwood
- Lockland
- Mt. Healthy
- Sharonville
- Forest Park
- W. Price Hill
- Evanston
- Sycamore Twp.
- N. Avondale
- Cheviot
- Colerain Twp.
- Whitewater Twp.
- Carthage
- St. Bernard
- Kennedy Hts.
- Deer Park
- Bond Hill
- Reading
- Fairfax
- Greenhills
- Madisonville
- Miami Twp.
- Clifton
- Oakley
- Blue Ash
- Springdale
- Spring Grove Vlg.
- E. Walnut Hills
- Glendale
- Delhi Twp.
- Madairja
- GUF
- Green Twp.
- East End-Linwood
- Hyde Park
- Anderson Twp.-Newtown
- Harrison
- Wyoming
- Mt. Washington
- Camp Washington
- Lower Price Hill-Queensgate
- Mt. Lookout
- Montgomery
- Woodlawn
- Evendale
- Amberley
- Symmes Twp.
- Indian Hill
- Terrace Park
- Loveland
- Marionmont
- Mt. Adams

Distribution of SES variables by quartile of bed days



# Number of fewer admissions per year if Black kids in Southwestern Ohio had the same rate of admission per population as Non-Black kids



Top 30 conditions with excess admissions by primary diagnosis for 2017-2021

# Developing aims and theory

## Global Aim

Zero gaps in child health outcomes by race and socioeconomic status

## SMART Aims

- (1) To decrease gap in total hospitalizations by race (Black and non-Black) by 10% (from 483.6 to 435.2 per 100,000) by 12/2022
- (2) To decrease total hospitalizations from 313.9 to 309.6 per 100,000 by 12/2022
- (3) All HEN Teams with at least modest outcome improvement (Level  $\geq 6$  on CCHMC Improvement Scale) by 12/2022

## Population

Youth < 20 years old in Greater Cincinnati (8-County SW Ohio)  
N ~ 500,000

### Right care, right time, right place, right way

(Nimble system, equitable access to appointments, medications, supports)

### Enhance the positive and address the negative social determinants of health

(e.g., food and housing insecurity, transportation, financial strain, education, caregiver mental health)

### Effective and seamless connections across the health system and between health and community systems

(Care team, patients/families, schools, community resources)

### Trusted relationships and supportive partnerships enabling impactful collaborations for ALL - Care team members, patients, families, and community partners

("All feel welcome and heard")

### Activated, accountable, aligned Leadership

(C-Suite, Division Directors, Medical Directors, Fisher Center, HealthVine, Community Health, HEN leaders)

### Fortified learning network model

(Resourced teams pursuing data-driven, shared solutions)

**Health Equity Network (HEN):**  
Joint effort between CCHMC's Community Health Initiative & HealthVine (Medicaid ACO) to use learning network structure to accelerate improvement

#### 4 Participating Teams CY22

- Adolescent Medicine (Emmanuel Chandler, MD)
- Endocrinology (Nana-Hawa Yayah Jones, MD)
- Asthma/Pulmonology (Karen McDowell, MD)
- Neonatology (Nagendra Monangi, MD, Emily Miller, MD)

#### HEN Values

Focus on Outcomes

Strive for Equity

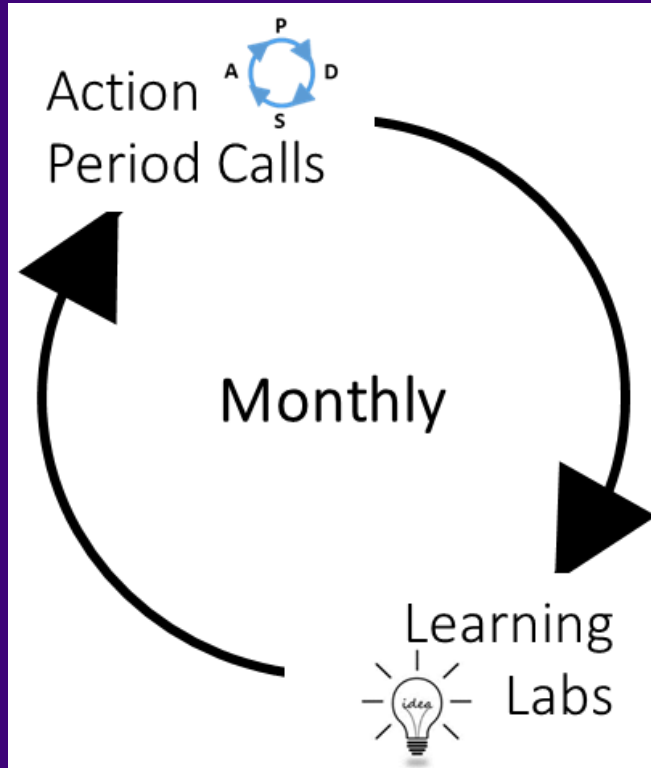
Embrace Uncertainty

Be Curious, Be Humble – We All Teach, We All Learn

# HEN improvement strategies

Shared learnings, successes, challenges

Coordinating efforts with Leadership Academy (QI capability building), Outcomes that Matter (KPIs), community supports (school systems, legal advocacy)



All Teach, All Learn Model

Focus on common drivers, accelerate testing

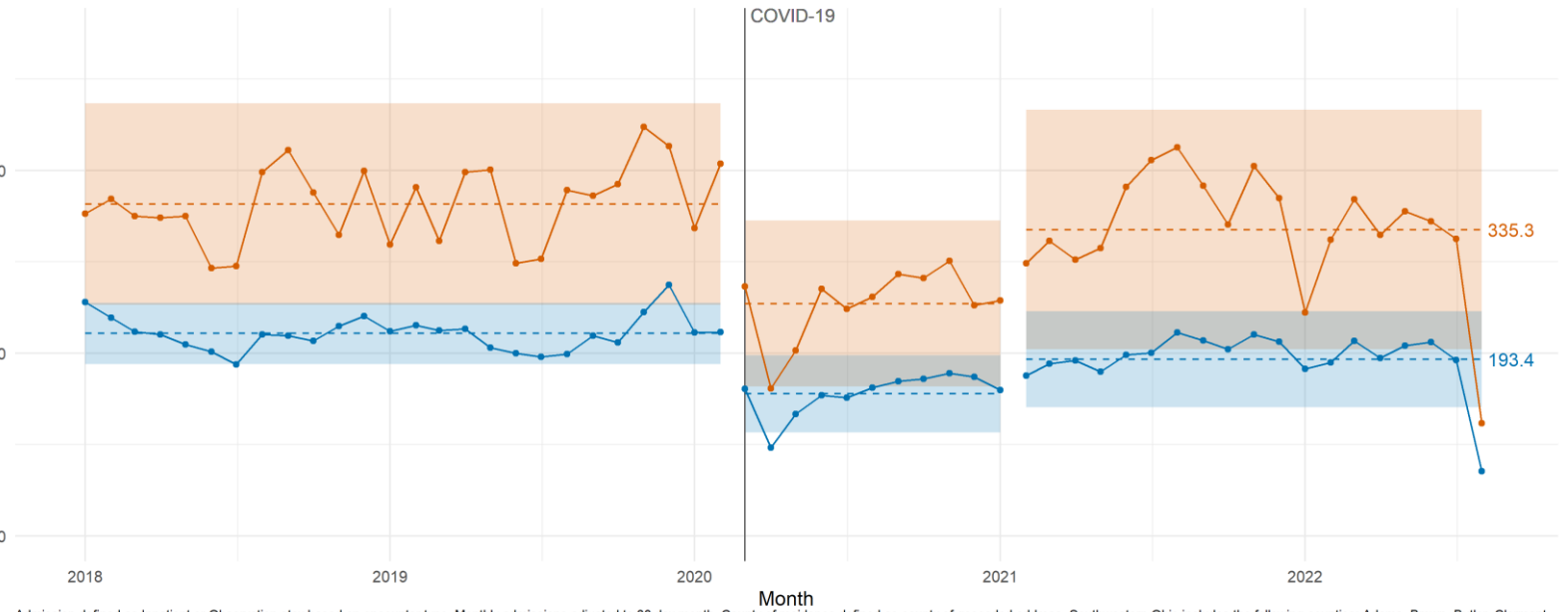
## Learning Lab Topics:

- Social needs screening
- Legal Aid
- Anti-racist care
- Using process measures
- Co-production

**Learning Network structure overcomes siloes, uncoordinated, misaligned work**  
**Enablers – QI, data/analytics, project management, community engagement, and subject matter consultation and assistance**

# Physical health admissions per 100,000 population under 20 from SW Ohio

Patients identifying as only Black or African American and All other patients



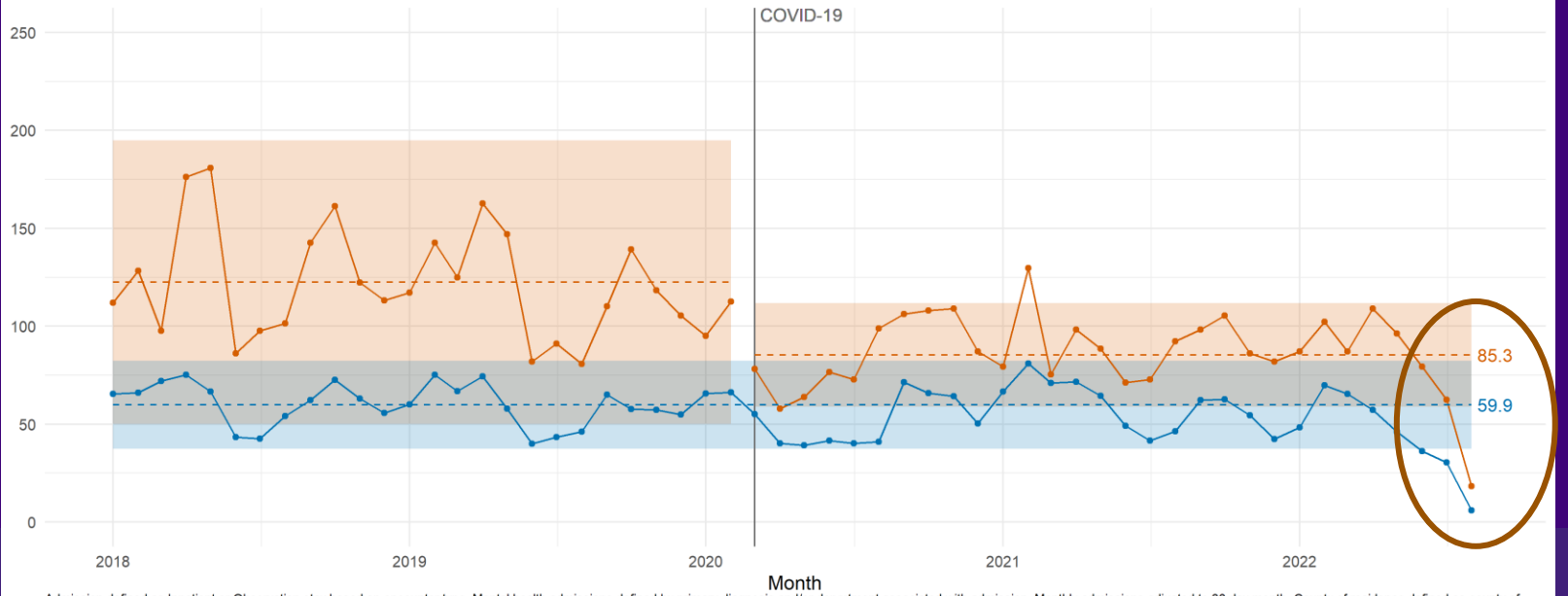
Admission defined as Inpatient or Observation stay based on encounter type. Monthly admissions adjusted to 30 day month. County of residence defined as county of geocoded address. Southwestern Ohio includes the following counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren.

New baselines in physical health admission rates (top) amid ongoing phases of the pandemic

Early evidence of decreases in mental health admission rates (bottom)

# Mental health admissions per 100,000 population under 20 from SW Ohio

Patients identifying as only Black or African American and All other patients

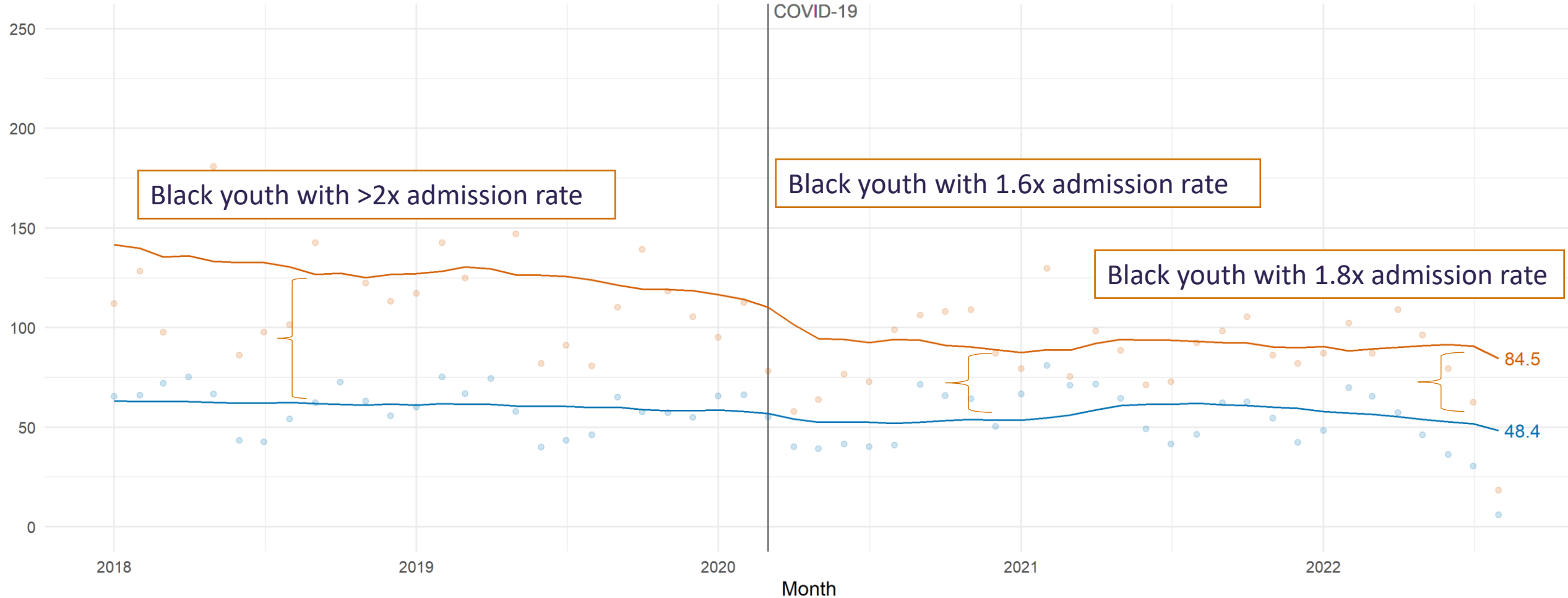


Admission defined as Inpatient or Observation stay based on encounter type. Mental health admissions defined by primary diagnosis and/or department associated with admission. Monthly admissions adjusted to 30 day month. County of residence defined as county of geocoded address. Southwestern Ohio includes the following counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren.

# Mental health admissions per 100,000 population under 20 from SW Ohio, 12 month moving average

Patients identifying as only Black or African American and All other patients

Desired direction ↓



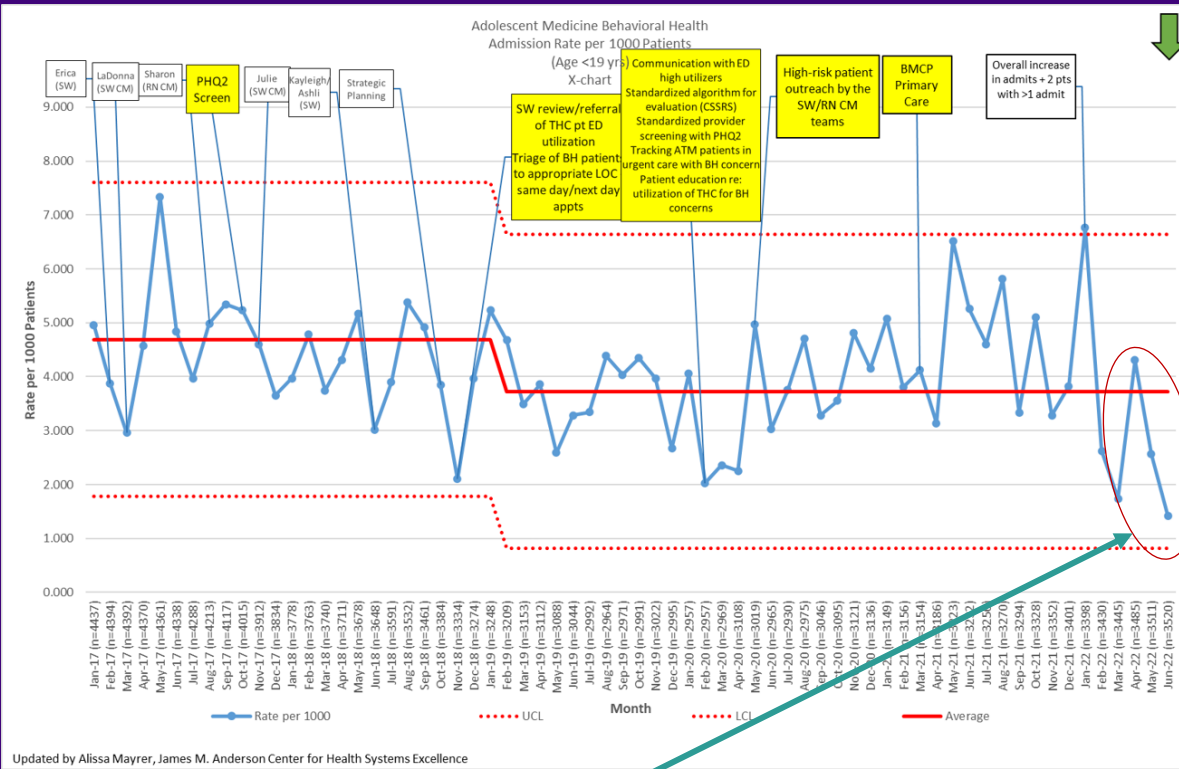
Admission defined as Inpatient or Observation stay based on encounter type. Mental health admissions defined by primary diagnosis and/or department associated with admission. Monthly admissions adjusted to 30 day month. County of residence defined as county of geocoded address. Southwestern Ohio includes the following counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren.



# Team highlights

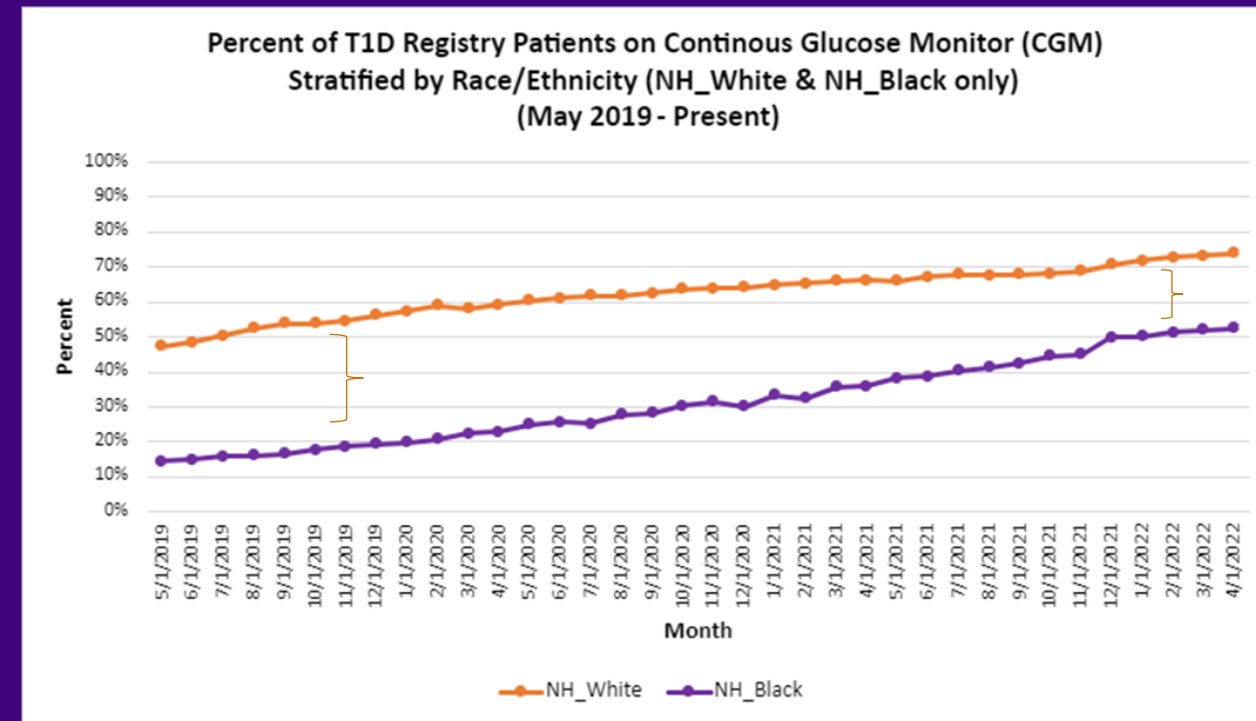
- Adolescent Medicine
  - Preventive behavioral health visits
  - Legal Aid referrals addressing housing, educational needs, etc.
- Asthma
  - Building Asthma Learning Health System
  - Updating referral process for housing supports
- Endocrinology
  - Diabetes-focused community health workers
  - Equitable deployment of diabetes technologies
- Neonatology
  - Aligning data across two systems (adult and children's hospitals)
  - Bolstered focus on breastfeeding

# Team highlights



Early evidence of decrease in admissions among youth in Teen Health Center (c/o Dr. Emmanuel Chandler)

Increase in equitable use of CGM among youth with Type 1 Diabetes (c/o Dr. Nana Jones)

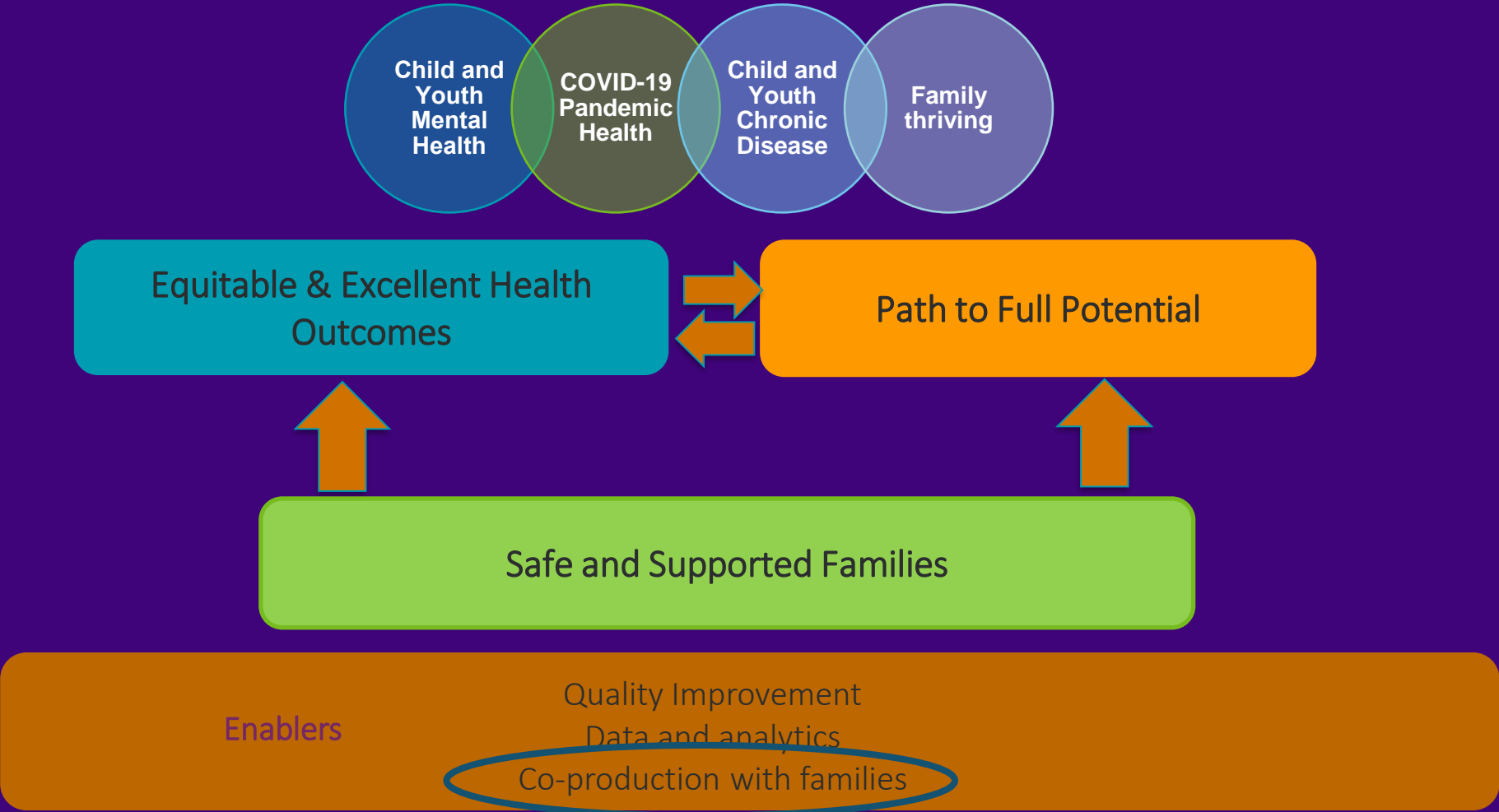


# HEN Look Forward

- Promote connections across the health system and with community systems (e.g., schools, social service agencies, city government)
- Build out population health dashboard (*key equity indicators*)
- Add ~5 additional HEN teams (ramp up Fall, formal entry January 2023)
- Navigate tension between:
  - Patience (challenges generations in the making)
  - Urgency to act (and to achieve)
- Meaningfully connect with patients, parents, families (co-production)

# Co-production with families, community partners

Between now and our 150th birthday in 2033, we will pursue our potential together so all kids can pursue theirs



# Co-production | Embedded in the Mission

Our mission is to bring community members  
– children, families, community and civic leaders, educators,  
social service providers, faith leaders, health care providers,  
researchers and others – together  
to collaborate, learn, formulate and answer questions,  
encourage discovery and implement findings to co-create  
an environment where children thrive.



# Co-production | A Way of Doing

Co-production is an approach where families, patients, partners, providers, and community members work together, sharing influence, skills, and experience to design, own, and analyze outcomes and solutions.

---

**If we want to achieve equity in health outcomes and communities, we must include those historically excluded from resources and decision-making processes. When we co-produce, we address issues and design solutions inclusively and collaboratively.**

---

# Co-production | Essential for Equity

*The status quo practice of current systems that have been **historically designed to exclude** certain populations, namely low-income communities, communities of color, women, youth, previously incarcerated people, and queer or gender non-conforming community members. **This understanding is important because if concerted efforts are not made to break down existing barriers to participation, then by default marginalization occurs.***

*- Rosa González, Facilitating Power*

## Seven Core Practices for the Pursuit of Equity through a Learning Health System

*Establish principle.* Position equity as an essential focus of the learning health system

*Measure for equity.* Track data that matter to drive and sustain success

*Lead from lived experience.* Ensure people with lived experience are leading the work

*Co-produce.* Design, create, learn, act, and sustain together

*Redistribute power.* Reallocate power and leadership across the system

*Practice a growth mindset.* Cultivate an environment and expectation for growth

*Engage beyond the healthcare system.* Catalyze change across systems that produce health

Parsons A, Stewart C, Unaka NI, Foster J, Perez V, Yayah Jones NH, Kahn R, Beck AF, Riley C. Pursuing equity within learning health systems: Notes from the field. *Learn Health Sys.* 2021; 5(3):e10279.

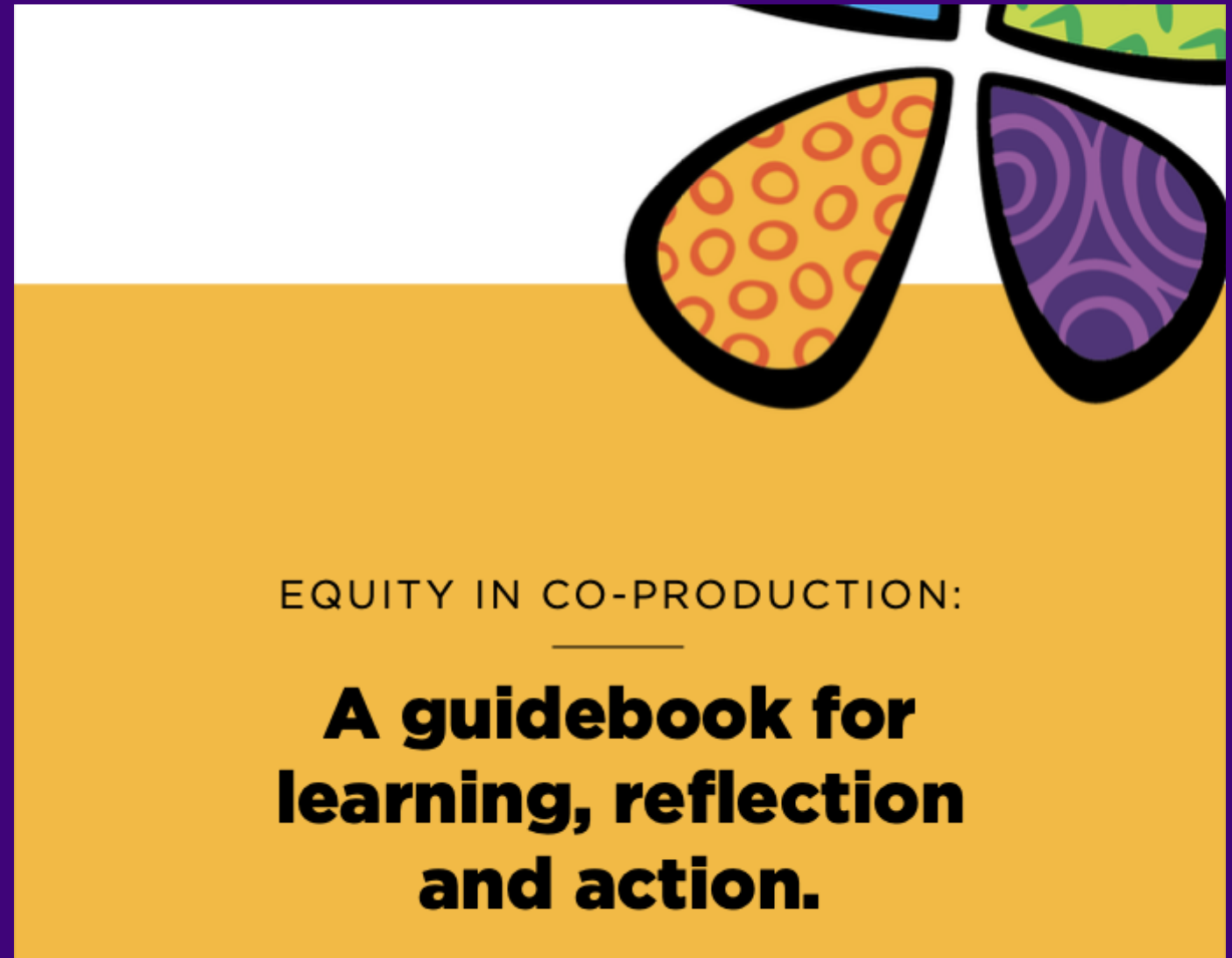
# Co-production

A Journey to Take Together



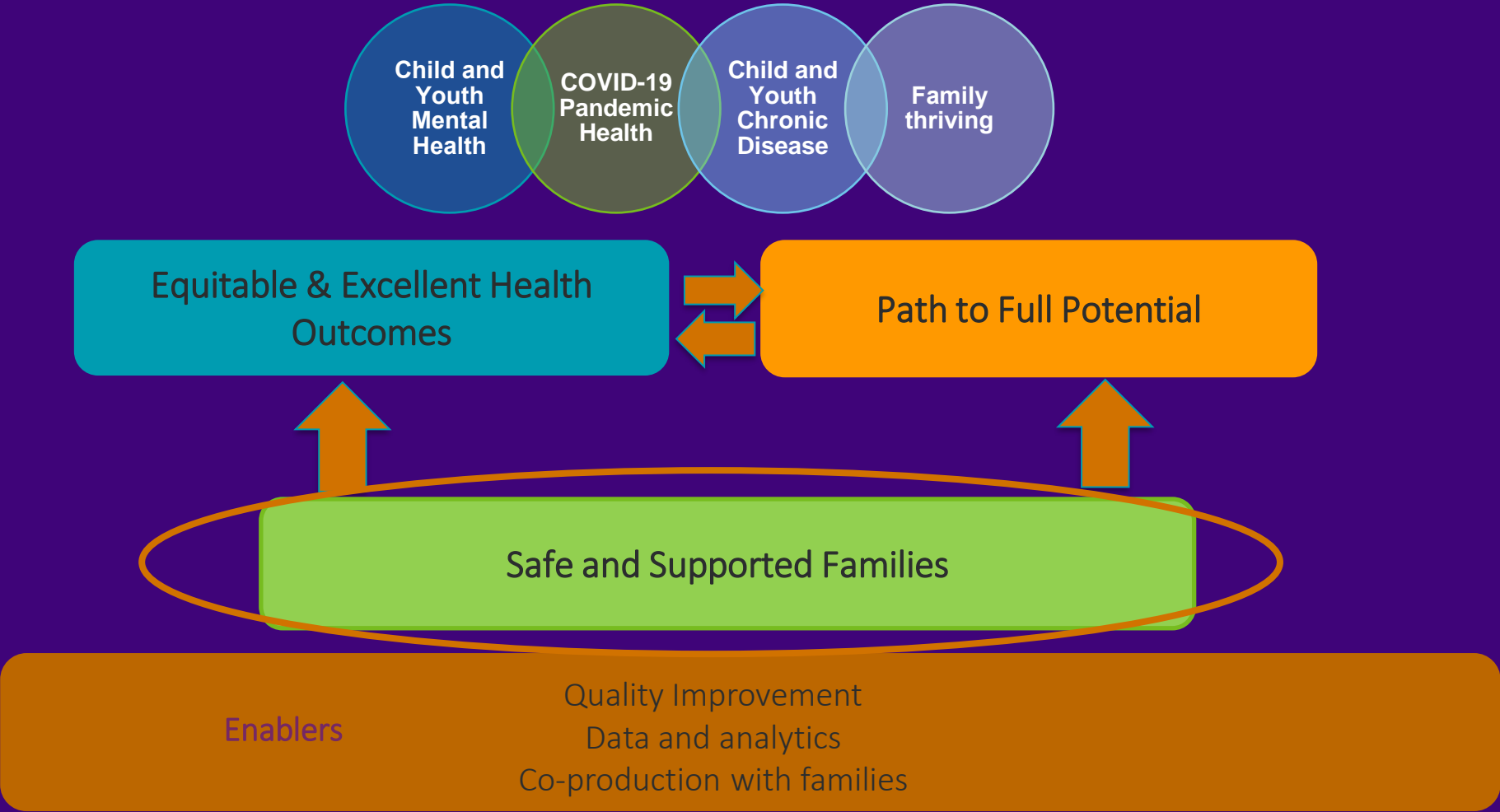
# Equity in Co-production

A Guidebook with Tools &  
Measures

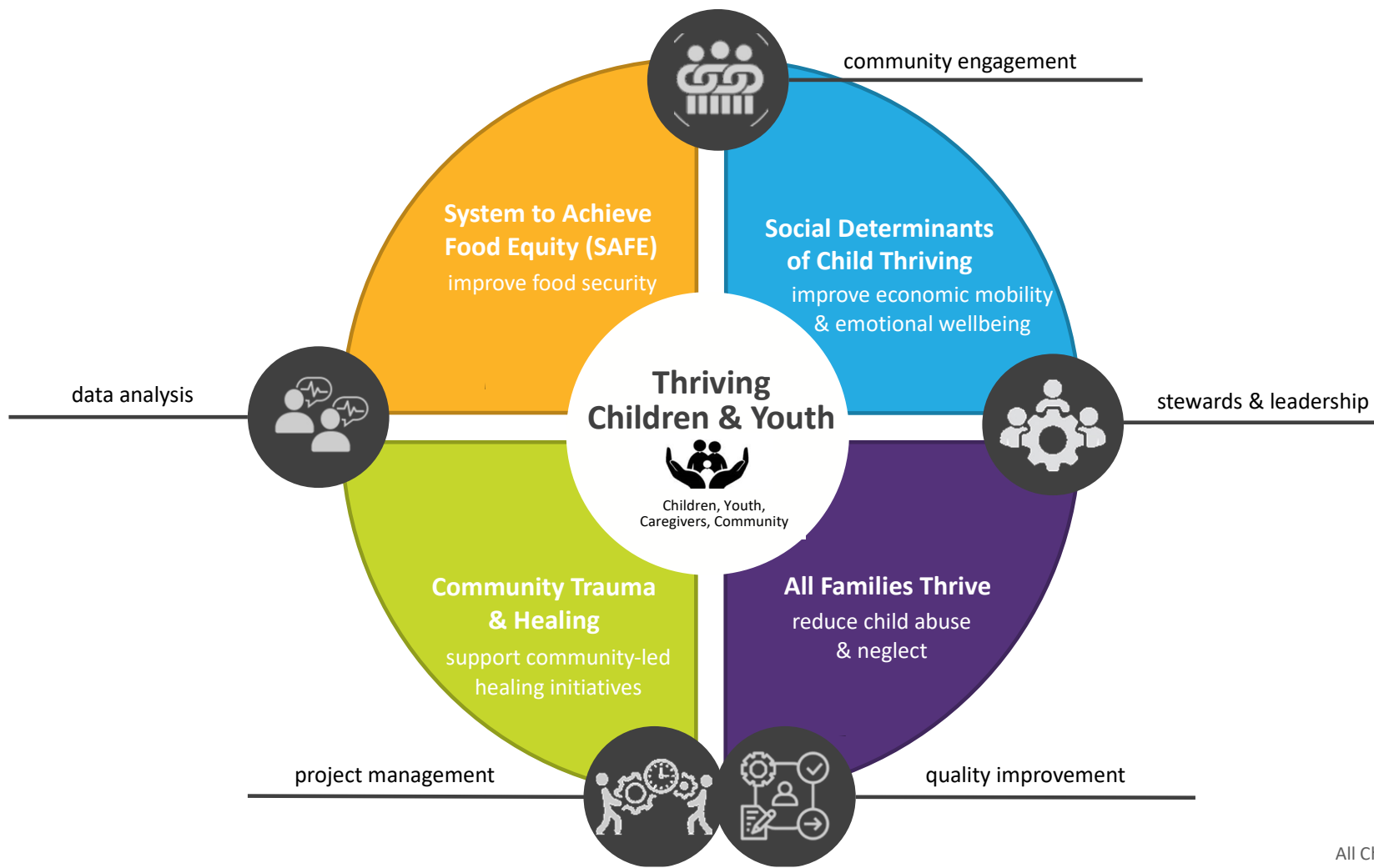


Riley C et al. Equity in co-production: A guidebook for learning, reflection, and action. 2021.

Between now and our 150th birthday in 2033, we will pursue our potential together so all kids can pursue theirs



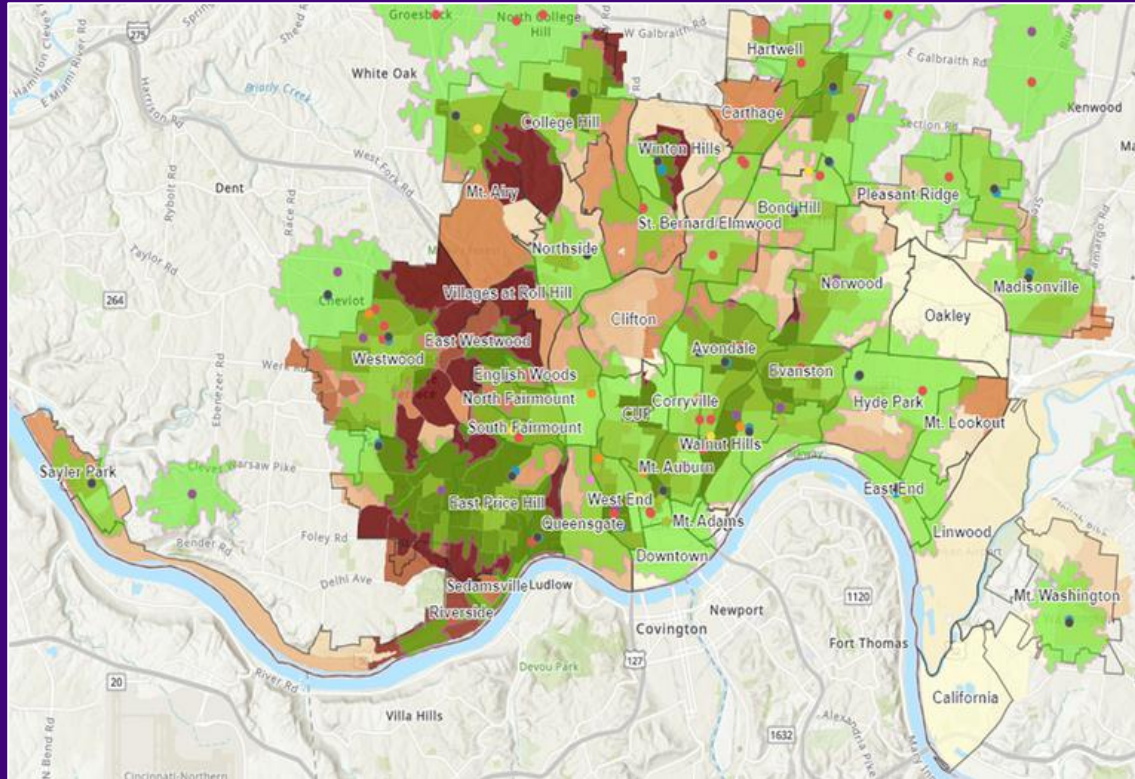
# Safe & Supported Families | Learning System



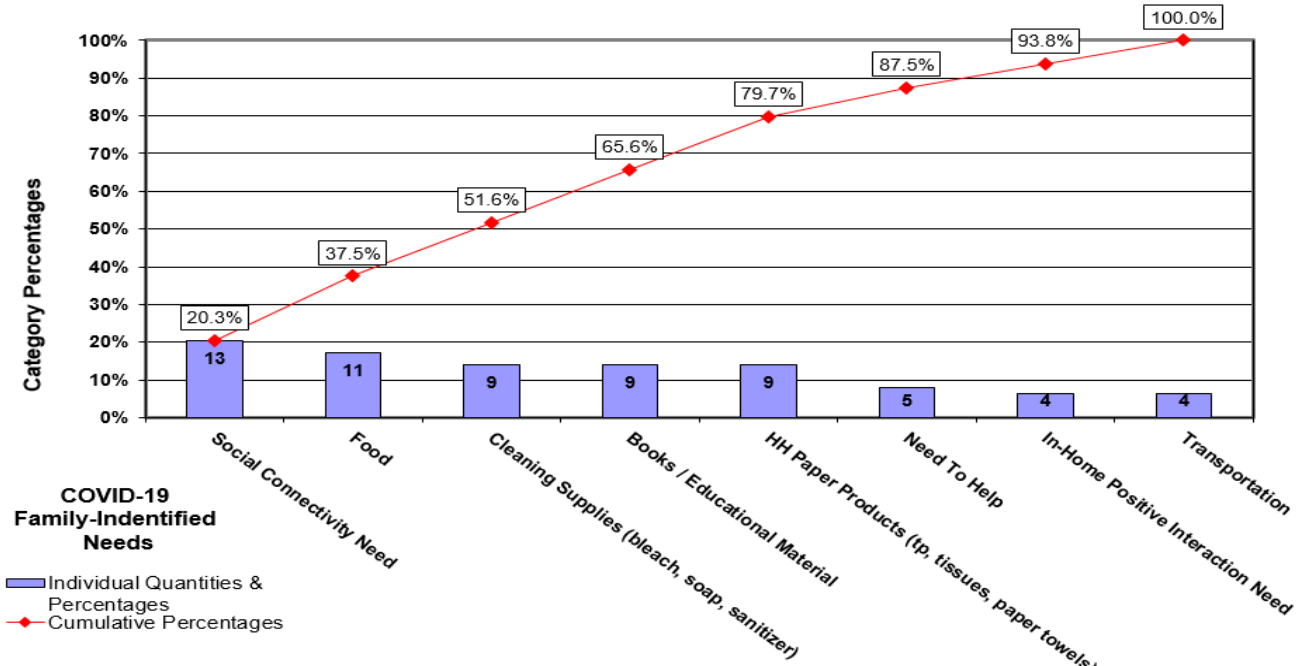
All Children Thrive Cincinnati



# Food Equity | Seeing & Hearing

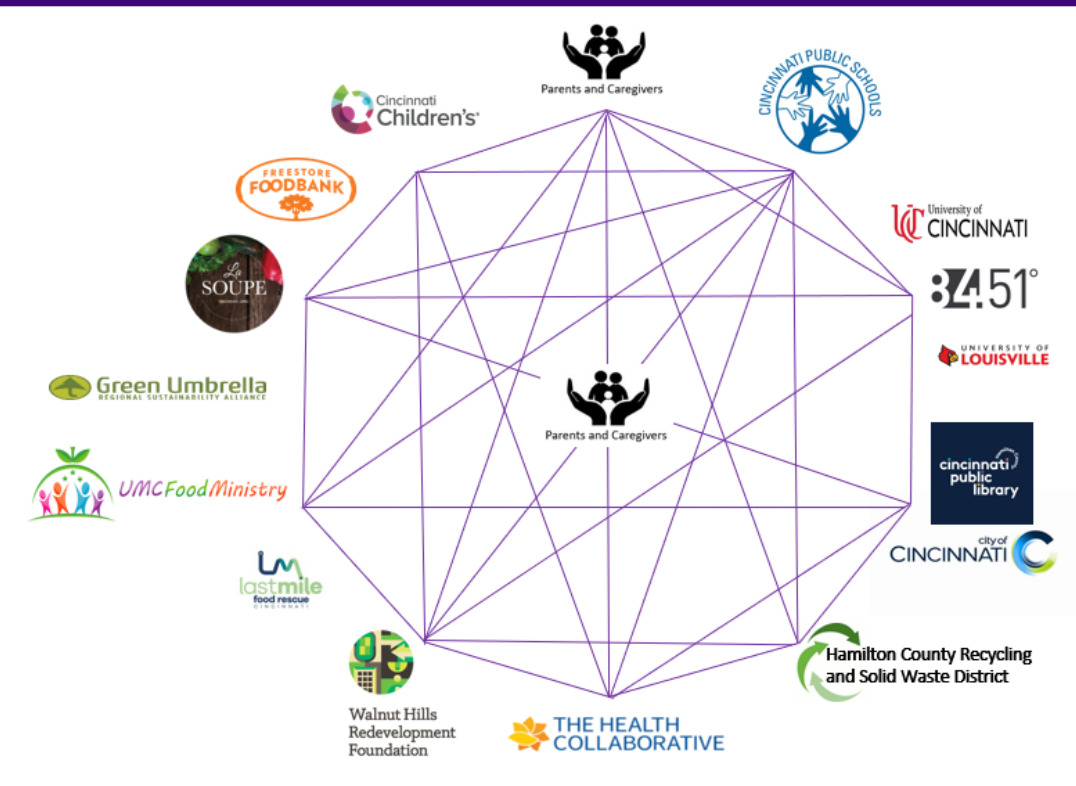


**COVID-19 Crisis Family-Identified Needs Pareto Chart**  
March 16, 2020 - March 23, 2020





# Food Equity | Emerging Learning Network



## Our True North

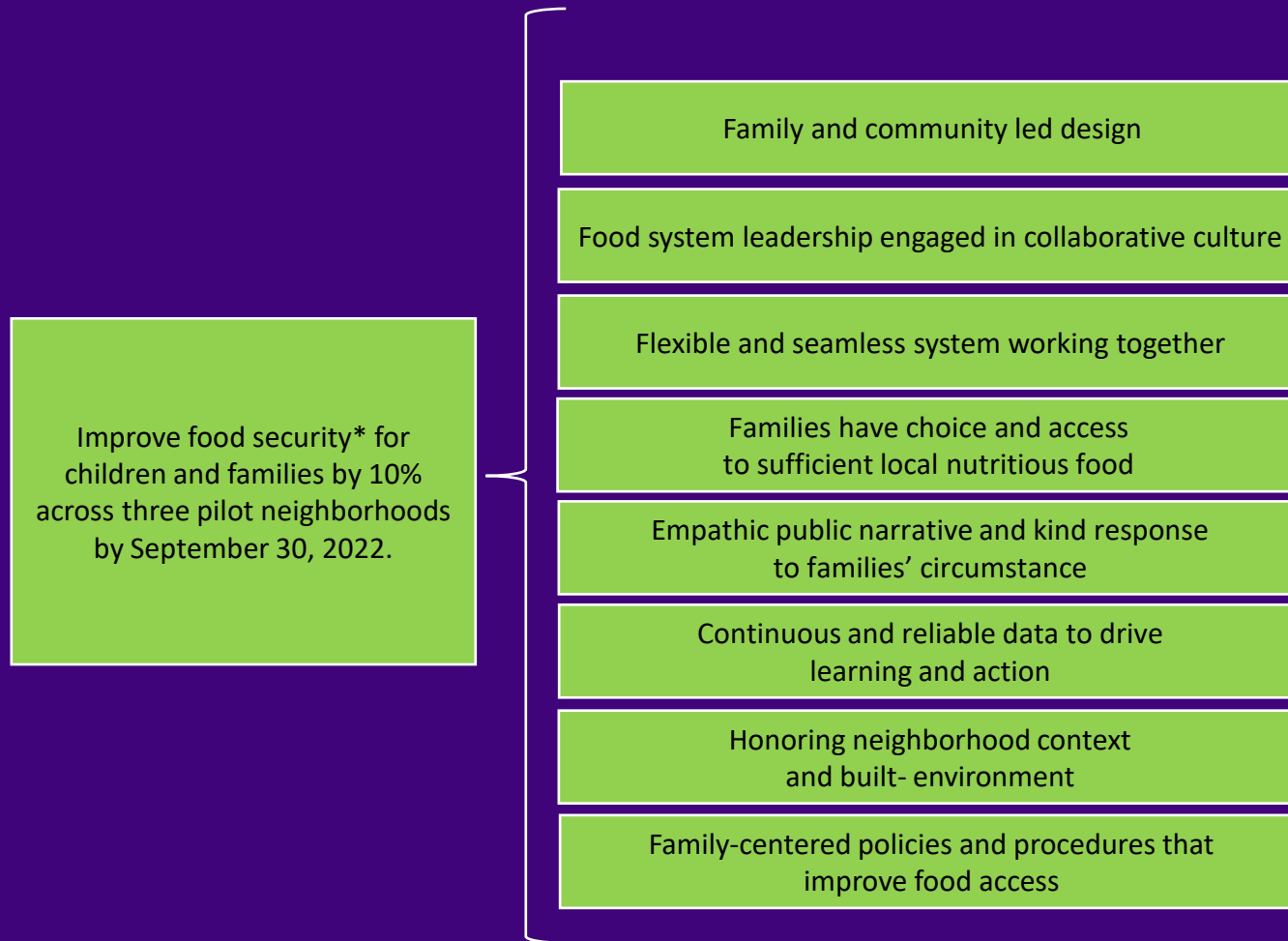


All 66,000 children in Cincinnati have the food that they need to grow, develop, learn, and thrive.

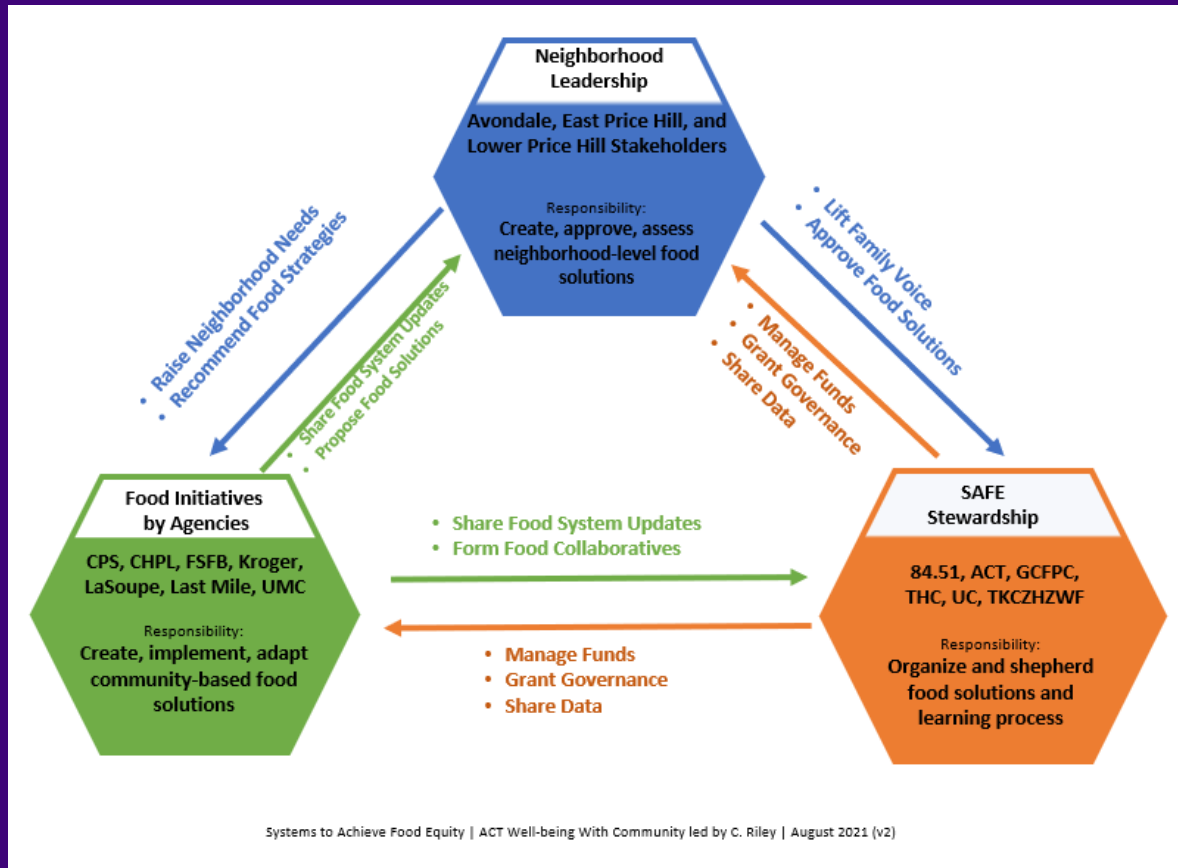


# Food Equity | Shared Aims & Theory of Action

## Family & Community Led Design as Essential



# Distributing Leadership & Reallocating Power





# SYSTEM TO ACHIEVE FOOD EQUITY

## SAFE summer summit



**LOOK BACK:**  
BUILDING COMMUNITY  
AROUND A SHARED GOAL

MAPPED NEIGHBORHOOD  
CHILD POVERTY +  
FOOD DISTRIBUTION  
SITES

BEGAN AS A RESPONSE  
TO COVID CAUSED  
**FOOD INSECURITY**  
**URGENT NEED**  
- SCHOOLS CLOSED MEANT  
KIDS WERE MISSING MEALS

EMERGENCY  
FOOD SERVICES

SHARING  
DATA

OF  
EVERY  
CHILD

WITHIN 1 MILE

THIS COMMUNITY  
MOBILIZED  
FAST!  
TO HELP THE  
GREATER GOOD

NOT IN OUR  
STRATEGIC  
PLAN / NOT  
A PLANNED  
GOAL

HIDDEN BLESSING  
OF COVID  
**UNITY**  
and EMPATHY

WE BROUGHT  
SO MANY TO  
THE TABLE

LET'S BUILD  
A BIGGER  
TABLE



WHO BUILDS THE TABLE

**CENTER  
FAMILY VOICE**

**EXPERTISE**  
COMMUNITY PARTNERS  
WITH LIVED EXPERIENCE

SHARED  
AIM

CREATING A  
NETWORK

FOR COORDINATED  
RESPONSE

MEASURING OUR SUCCESS



SHARED  
DASH BOARD

REAL-TIME  
DATA

HOUSEHOLD  
SURVEY

FEEDBACK LED  
TO ITERATIONS  
HIRED COORDINATOR

**DATA DRIVEN**

MEAL GAP  
MEASURE

FIRST  
CAMPAIGN

**DISTRIBUTIVE  
LEADERSHIP**  
COLLECTIVE ACTION  
BALANCED W/  
RESPONSIBILITY

**FOOD SOVEREIGNTY**



**OUR CONNECTIONS  
GOT STRONGER**

**GROW LOCALLY**

REPLICATE  
REPLICATE  
REPLICATE  
ACROSS THE STATE &  
NATIONALLY!

**NEIGHBORHOOD  
LEADERSHIP TEAMS**

**SHARK  
TANK IDEAS**

FOR INTERVENTIONS  
FUNDED BY SAFE

PROVEN  
INTERVENTION

**COMMUNITY  
FOOD POP-UPS**

1500+  
HOUSEHOLDS SERVED



MEISER'S  
DELI

LAST MILE MOBILE  
MARKET

MY WHY

CHILDHOOD  
FOOD SOLUTIONS

EAT 2 LIVE FOOD  
EQUITY

QUEEN MOTHER'S  
MARKET COMMUNITY GARDEN

ISAIAH 55 INC.  
DELIVERY SERVICE

HYPER FARM  
HYDROPONIC FARMING

LORDS GYM

HOW TO  
FILL SEATS

**BEING  
REBELS  
together!**



WHO PROFITS?  
THEY HAVE AN  
OBLIGATION

STAFF  
SHORTAGES

SYSTEM  
FIREWALLS

POLICIES  
WE NEED  
ADVOCACY

POOL OUR  
RESOURCES

see.your.words.co

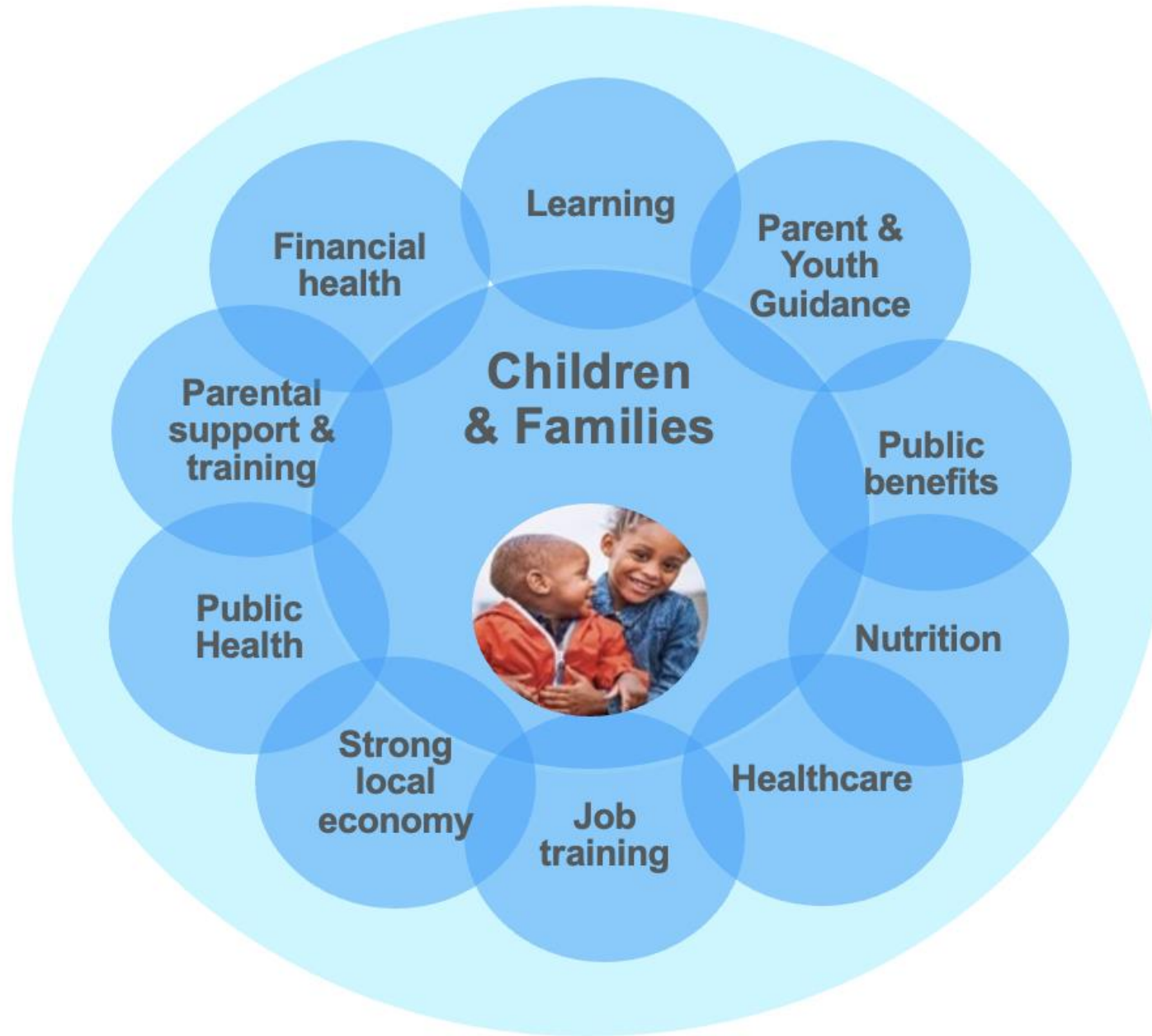
Shared aims,  
democratized data,  
co-production,  
distributed leadership,  
shared power, and  
systems thinking  
can lead to  
catalytic change and  
real transformation.



## SAFE Summit 2022 | Summary of Recommendations

For now, the SAFE Network will maintain focus on the 3 currently engaged neighborhoods in order to solidify our approach and essential infrastructure and to enable us to expand our efforts related to nutrition quality, root causes of nutrition inequity, and policy. We will plan to scale when ready (e.g., data infrastructure fully established, funding sufficient). We will:

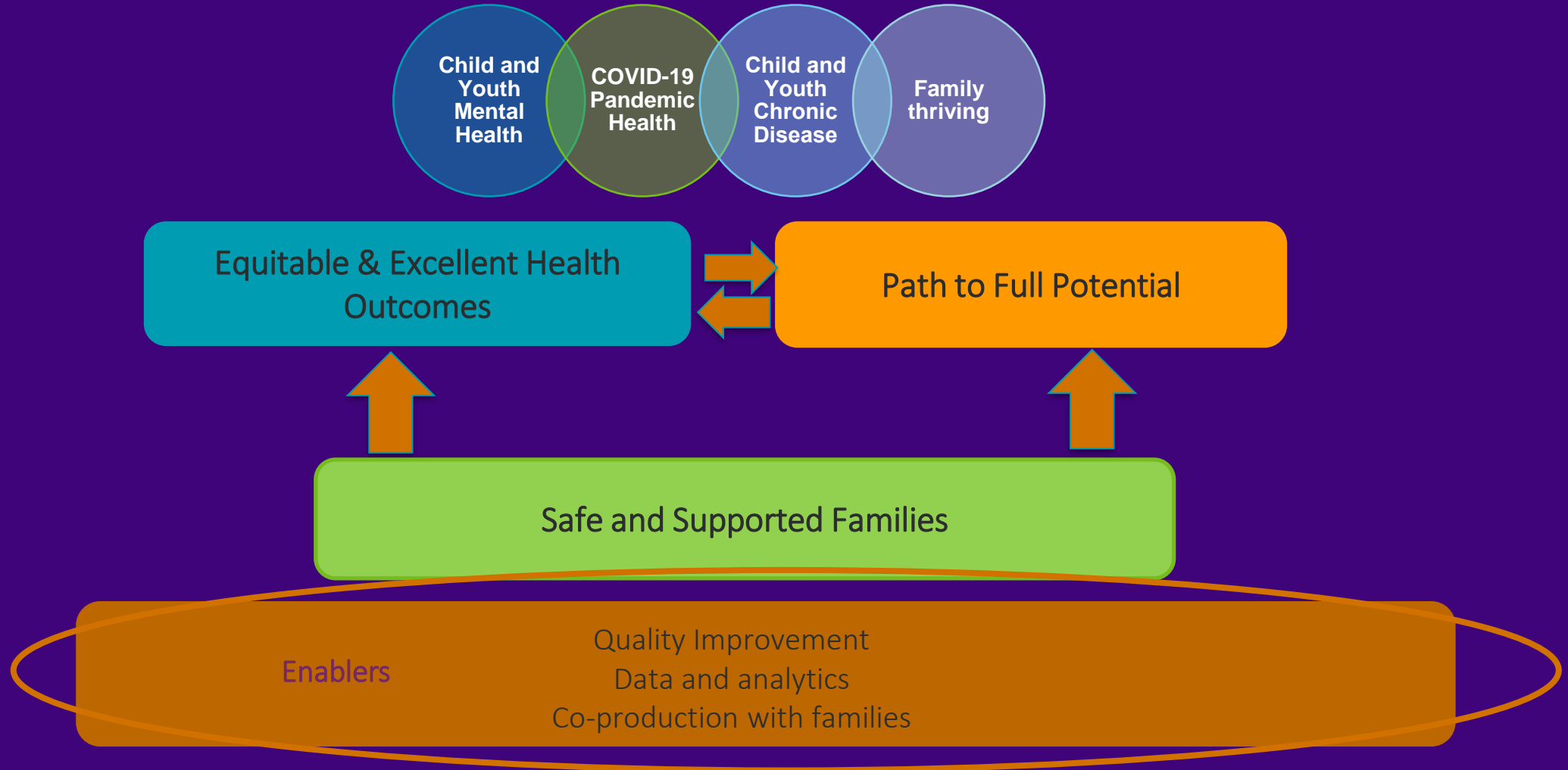
- Share learnings from this past year in a SAFE Network report and playbook to be disseminated both internally and externally
- Continue learning through on-going support of community-led and owned interventions (e.g., Neighborhood Leadership, Shark Tank initiatives)
- Support execution of the planning grant from Feeding America focused on networked strategies to improve local access to food
- Co-develop a longer-term strategy for the SAFE Network, including communications and funding plans, for addressing food equity based on learnings
- Establish clarity for SAFE network roles and responsibilities through a charter process
- Standardize data management and gain alignment on data governance with all SAFE partners
- Identify and advocate for strategic policy priorities, starting with a focus on one key policy



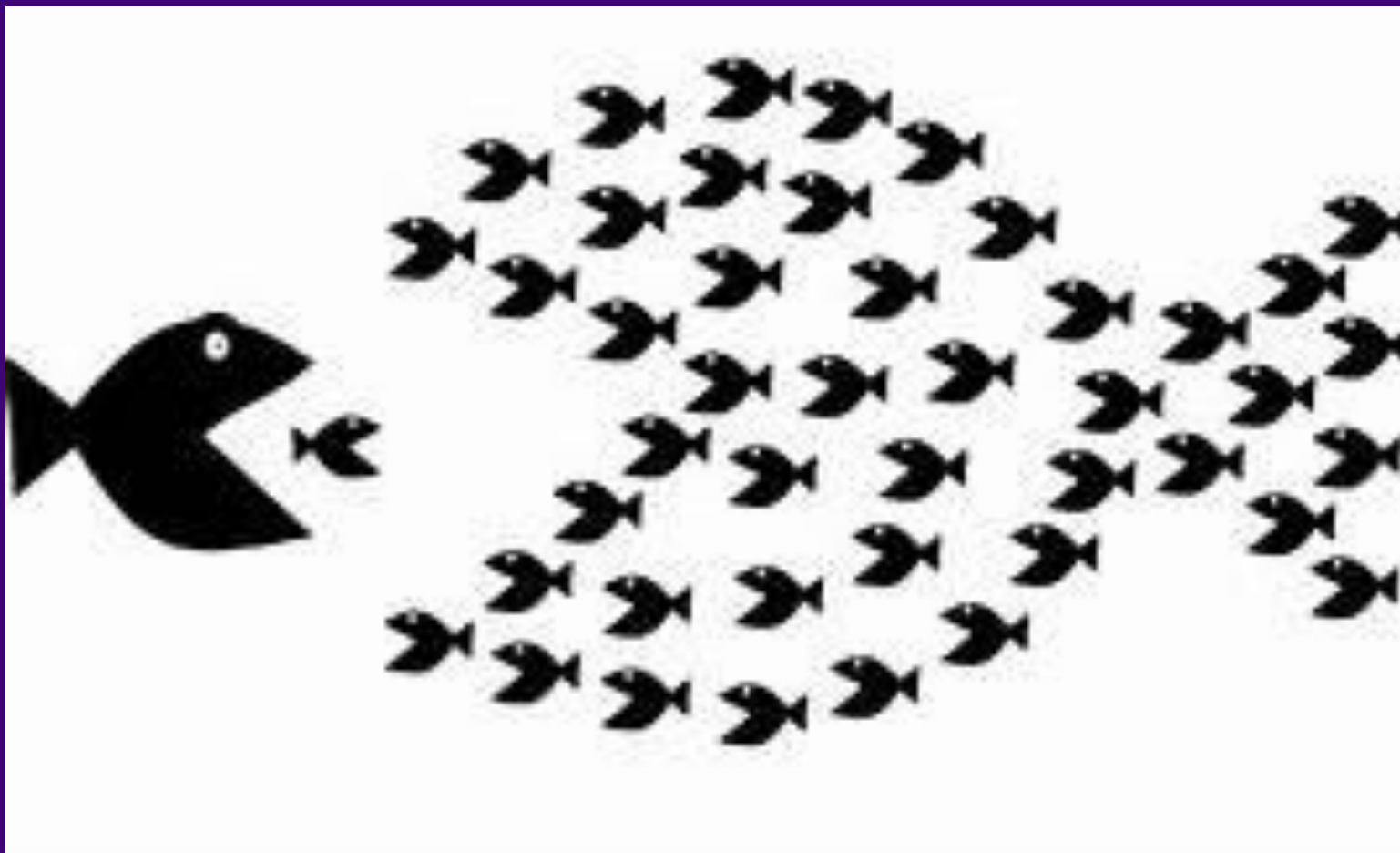
# Multi-sector community transformation



Between now and our 150th birthday in 2033, we will pursue our potential together so all kids can pursue theirs



# External Alignment



**Urban League of Greater Southwest Ohio**  
Christie Kuhns



**Cincinnati Public Schools**  
Iranetta Wright



**Beech Acres Parenting Center**  
Laura Mitchell



**Parent Representative**  
Vagee Ferguson



**5/3 Bank**  
Kala Gibson



**United Way of Greater Cincinnati**  
Moira Weir



**Kroger/84.51°**  
Milen Mahadevan



# COMMUNITY TABLE

2022-23



**Greater Cincinnati Foundation**  
Ellen Katz



**Cincinnati USA Regional Chamber**  
Jill Meyer



**University of Cincinnati**  
Bleuzette Marshall

**Together with families and community we will ensure Greater Cincinnati is a place where all children can thrive**



**Cincinnati Works**  
Tianay Amat



**Cincinnati Children's Hospital Medical Center**  
Steve Davis



**Youth Representative and UC Student**  
Raven Lyons



**Hamilton County Job and Family Services**  
Michael Patton



**Hamilton County Job and Family Services**  
Margie Weaver



**Cincinnati Health Department**  
Grant Mussman

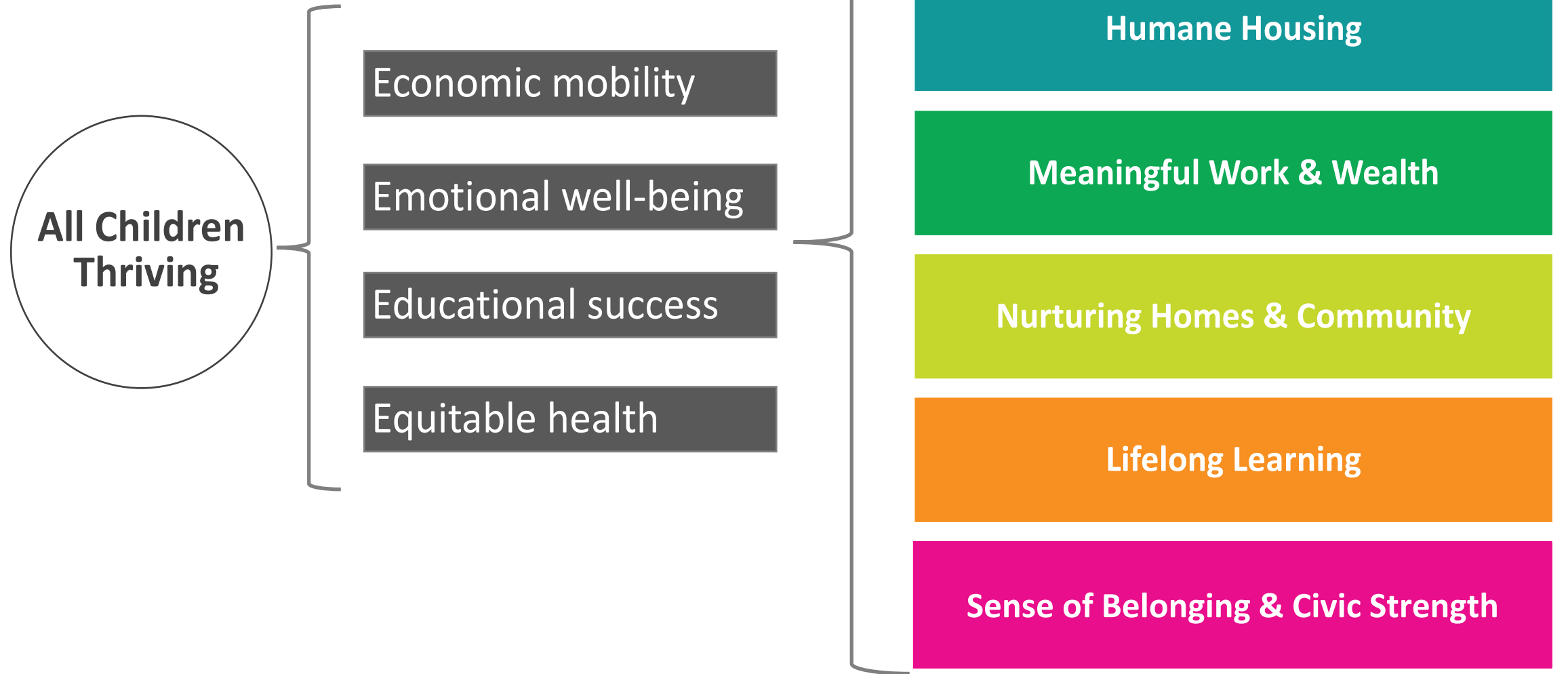


**Executive Director**  
Alicia Bond-Lewis



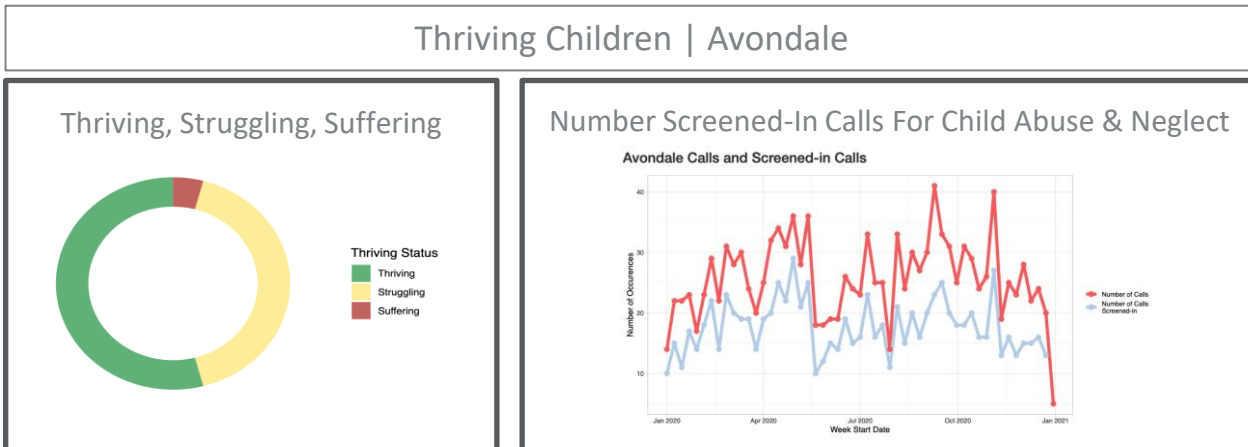
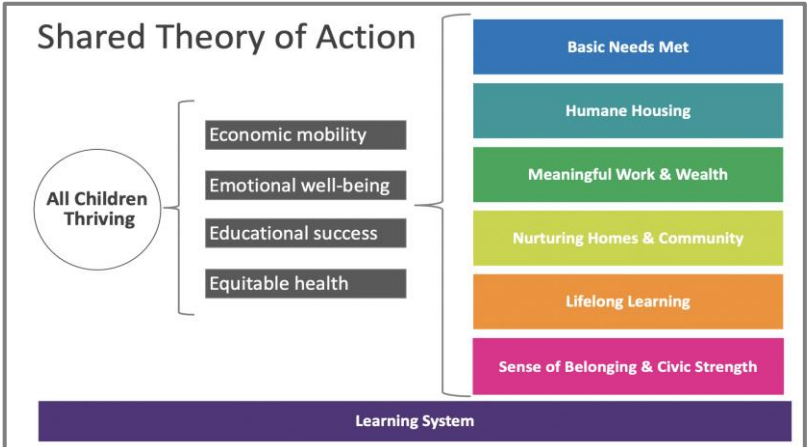
**de Facto Chair**  
Michael Fisher

# Shared Theory of Action

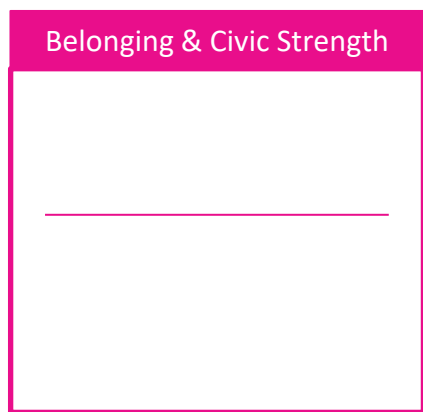
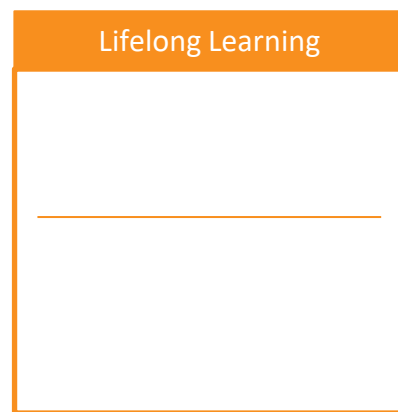
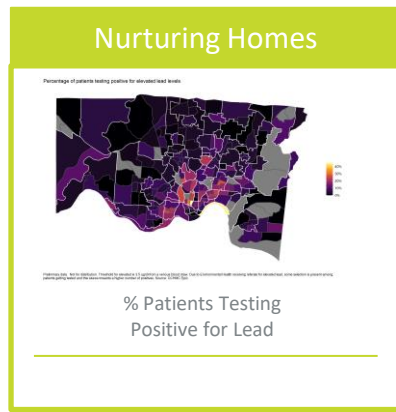
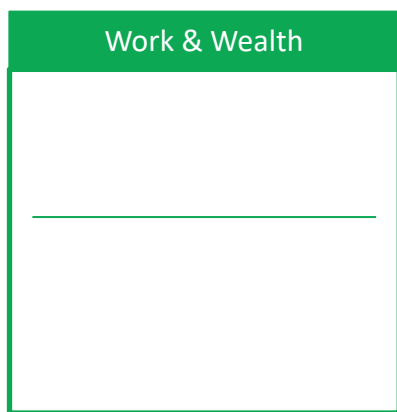
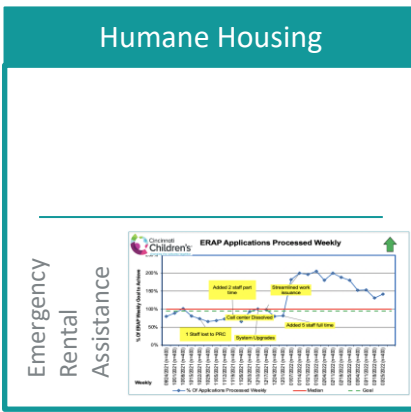
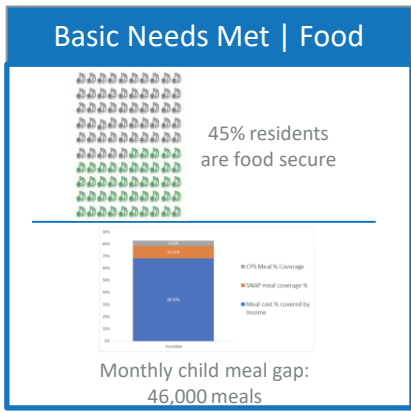
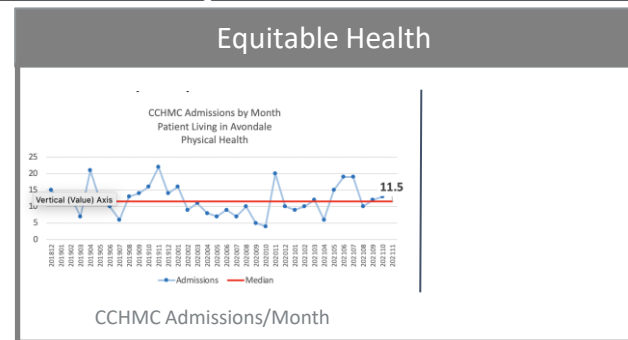
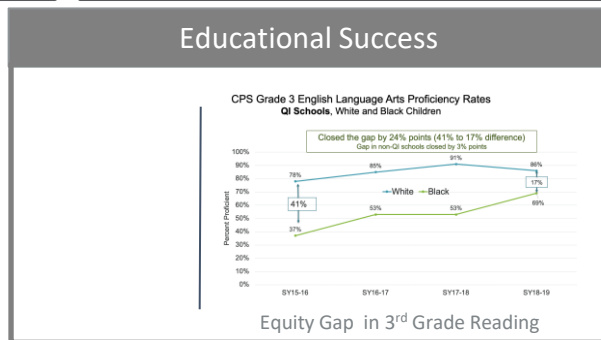
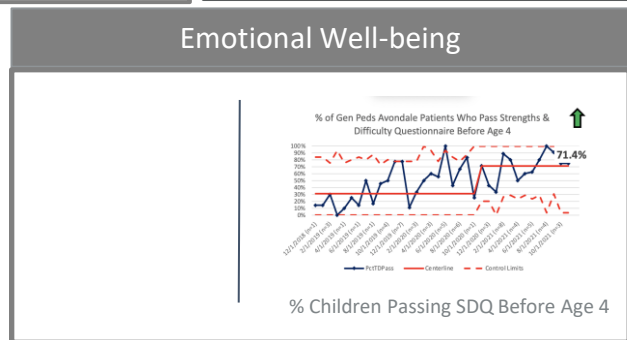
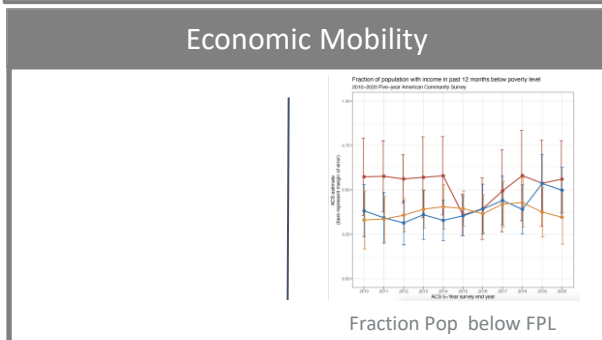


Learning System

# Together we will ensure Greater Cincinnati is a place where all children can thrive.



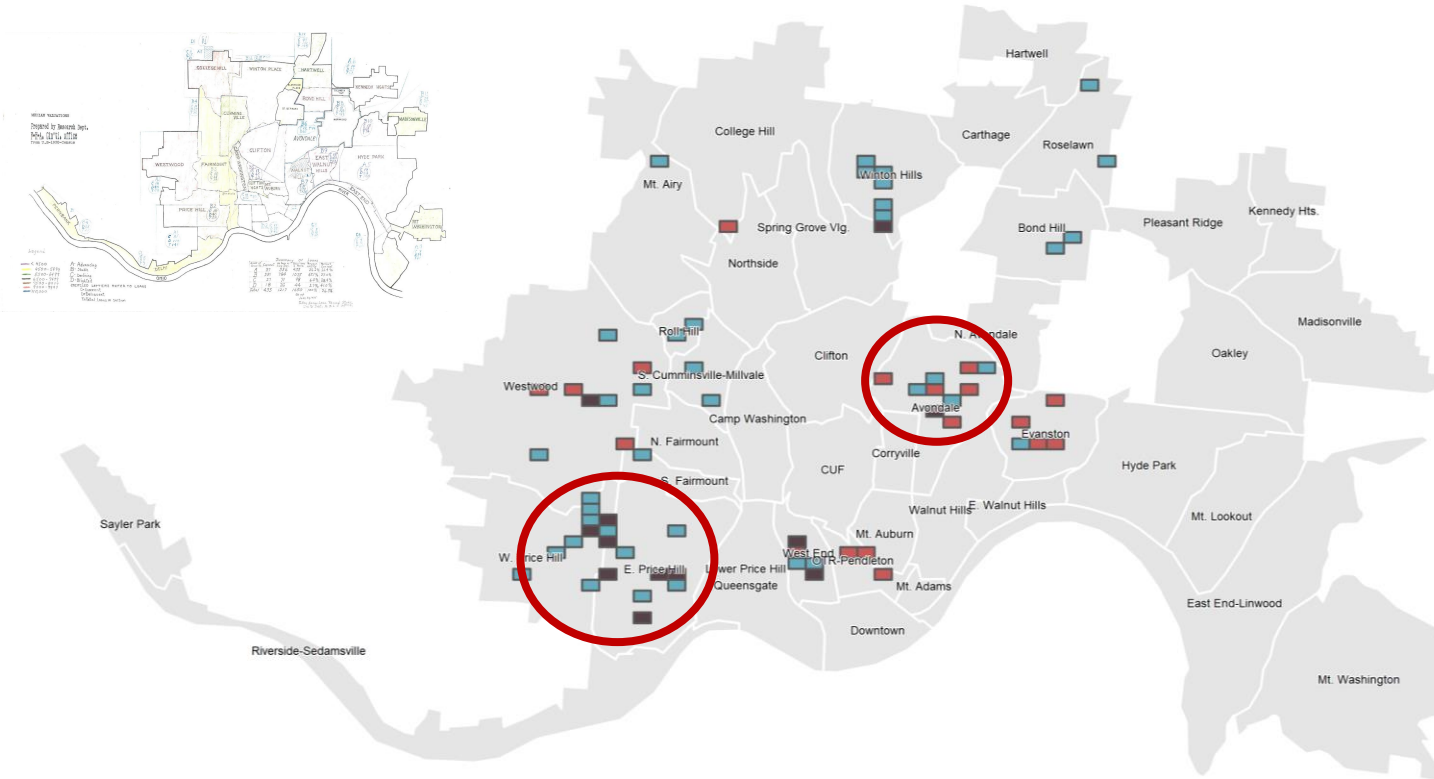
- ### Guiding Principles
- Elevate an unassailable goal focused on excellent & equitable outcomes for children
  - Commit to a portfolio of work that we develop and share with families
  - Manifest diversity across our teams, amplifying voices of those with lived experience
  - Use rigorous improvement science with continuous testing and rapid learning
  - Cultivate trustworthiness and robust, transparent communication
  - Achieve scale by addressing foundational causes including racism





# Alignment across city, across sectors

Areas that are in the **top 5% of building and health code violations and asthma encounters**, **top 5% of crime reports and mental health admissions** and in both sets



Data from 2017-2021. Point locations were placed on to an 80 by 80 grid and ranked by the various measures.

## Cincinnati Creating Cabinet To Combat Issues Affecting Children And Families

91.7 WVXU | By Tana Weingartner  
Published January 6, 2021 at 6:14 PM EST



# Discussion

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