Building a Systems Approach to Community Health and Health Equity for Academic Medical Centers

Year 2 Summary Presentations

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July 12th & 13th, 2018
Specific Aims

AIM 1: Create a protected work space for interprofessional academic medical center teams and their public health and/or community partners to identify cross-over priorities and opportunities for enhanced clinical, programmatic, scientific, and community collaboration.

AIM 2: Deploy site-specific implementation plans that bring together community-engaged clinical, research, educational, and administrative community health efforts into a system of mutually reinforcing, sustainable activities.

AIM 3: Develop a research and evaluation strategy to enrich and assess the implementation of these site-specific plans and their outputs/outcomes for communities, the health system, and learners alike.

www.aamc.org/healthequitysystems
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Webinar Schedule

July 12th

- University of Florida, Gainesville
- University of Mississippi Medical Center
- MedStar Health
- University of Rochester Medical Center
- Virginia Commonwealth University

July 13th

- Western Michigan University Homer Stryker MD School of Medicine
- Eastern Virginia Medical School
- Florida International University
- Baylor College of Medicine/Harris Health
- Vanderbilt University Medical Center
Webinar Structure and Goals

- 10 slides, 10 minutes
- Where they started, where they are now
- Long term and project period goals
- Successes
- Challenges
- Specific requests for input
  - Other teams: 5 minutes to provide feedback/guidance
  - All: Submit input via Chat function any time
University of Florida
Reducing food insecurity and related disparities in our community

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Irvin (PeDro) B. Cohen, EdD
Marvin A. Dewar, MD, JD
Anna M. McDaniel, PhD, RN, FAAN
Maureen A. Novak, MD
Wendy D. Resnick, FHFMA
Eric I. Rosenberg, MD, MSPH
Catherine W. Striley, PhD, MSW, MPE
Abigail Hummel (Support)
State of Affairs in 2016

• 47% of the population HealthStreet (community engagement program) reaches is food insecure
  • 20% of the population of Alachua County
  • 16% of the population of Florida
• Food insecurity is significantly associated with:
  • Older adults (46 – 65 years old)
  • Those with less than 12 years of education
  • Those with at least 1 child under 18 years of age
  • Those with depression and anxiety
• Food insecurity at UF in the news: https://bit.ly/2zj91z2

Initiatives at UF:
• Interns at HealthStreet
• Population Health class for first-year medical students (assignments about food insecurity)
• Geocoded food deserts and food swamps
• Community Health Workers
• Community Health Needs Assessment
• DOH involvement
• Alachua County Safety Net Collaborative involvement
• UF COO involved in Fresh Wagon Mobile Farmer’s Market Exposure
• IFAS Extension (land grant)

Depression and anxiety are nearly 2x as common in the food insecure than in the food secure

Gaps in clinical care, undergraduate medical education, and continuing medical education
Year 1 - Building the System

- HealthStreet: our greatest resource
  - UF community engagement program funded by CTSA and UF
  - Community Health Workers – backbone
  - Health intake form/Community Health Needs Assessment

- New partnerships to prioritize:
  - Mobile Outreach Clinic (MOC) – medical student volunteer clinic
  - Equal Access Clinic Network (EAC) – medical student volunteer clinics
  - Health Science Center students (6 colleges)
  - Institute for Food and Agricultural Sciences (IFAS Extension offices)
  - Local food resource centers
  - Bruce Waite and the Fresh Wagon Mobile Farmer’s Market
  - Kresge Foundation, PepsiCo, Publix, other allied group grants in the area of food insecurity and positive nutrition
Equity Focused Long-Term Goal

By December 31, 2019, we will increase the number of people:

1) screened for food insecurity from <1% to 25% of the people who come through the internal medicine and community health & family medicine departments at UF Health clinics in Gainesville;

2) educated about and referred to at least three food services within close proximity to them; and

3) eventually, served through a food resource center located at the UF Health Science Center.
Intermediate Process Outcomes

• By August 2018:
  ✓ Become a USDA-funded Summer BreakSpot site in summer 2018.
  → Assess the utility of an online database to serve as a referral resource for patients who screen positive for food insecurity.

• By June 2019:
  → Integrate the following question into the EMR system in use at the UF Health Family Medicine – Eastside Clinic:
    “Have there been times in the last 12 months when you did not have enough money to buy food that you or your family needed?”
Potential catalysts and landmines

• Catalysts
  • Common and established practice of history-taking in physicians’ offices
  • Current screening practices in clinical settings

• Landmines
  • Overstressing of local food resource centers
    • From increased referrals due to increased screening
    • From president’s threat to cut SNAP
  • People may not like being asked if they are hungry or if they have enough money to buy food
  • People may be upset if they are asked about their hunger in a medical context and then nothing is done about it
Current State in 2018

✓ Summer BreakSpot sites at 4 primary care pediatric clinics in Gainesville

→ CDC Community Health Leadership Development Award to implement the following programs:
  → Creation of a food resource center database by Health Science Center students in the Putting Families First program
  → Completion of a needs assessment of local food resource centers by first-year medical students in the Public Health Plunge
  → Development of an open-access online module on health equity and social determinants of health, with a focus on food insecurity
  → Training for all volunteers at the Mobile Outreach Clinic and Equal Access Clinics to screen for food insecurity and educate/refer patients to local food resource centers

→ Three decision-making meetings before implementing food insecurity screener question
  → Community members
  → Food resource center administrators
  → Physicians and nurse leads
Successes

• It is great to think big...
  • But we have had success with making our goals smaller and more manageable!
    • Example: Our goal to establish a USDA-funded Summer BreakSpot site on site at UF Health was exceeded; we now have Summer BreakSpots at 4 separate pediatric clinics.
  • Our team keeps us in check by helping us to keep our goals reasonable and realistic.
Challenges

• Due to busy schedules and summer activities, getting the full team together is a challenge!
Feedback
University of Mississippi Medical Center

Sport-Related Concussion

HEADS UP
MISSISSIPPI
State of Affairs in 2016

• NO: Baseline testing; prevention efforts; consistency in clinical management; approximation of incidence; inclusion in healthcare training programs

• Community engagement at UMMC on this topic was limited; health-equity was not explicit in any efforts in this area

• Community: No “go-to”

• Academic: siloed-approach
Year 1 - Building the System

- More interest than we thought
  - Extended group meeting
  - Many offers to be involved
  - Most from Jackson

- Community members/groups across the state needed to be identified and engaged

- Engagement conversations: hunger for our involvement in youth sports
Equity Focused Long-Term Goal

• By December 31, 2025, implement a collective impact strategy to develop an equitable (by sex and region) statewide contact-sport concussion prevention system for adolescent athletes (12 – 18 years of age) in Mississippi.
  • Partners Contribute: Curriculum development; continuing education; registry and surveillance system development; improved access to care; form research collaborations
  • Partners Benefit: Reliable and identifiable location to send constituents; improved wellness for teen athletes; improved risk management capabilities
Intermediate Process Outcomes

• Each of these IPOs rely on ongoing relationships with community partners

• By June 2019:
  • Survey responses for baseline attitudes; behaviors; behavioral intentions; and role identification
  • Widespread concussion education
  • Preliminary work for development of concussion surveillance system
Potential catalysts and landmines

• Catalysts: Center for Mississippi Health Policy; levels of involvement: Core Team and Systems Development Team & subgroups

• Landmines: Lack of collaborative relationships between the Medical Center and private Sports Medicine clinics
Current State in 2018

• Identified brand: Heads up Mississippi!
• Strong partnerships with diverse community organizations
• Novel research projects
• Multiple presentations to stakeholders across the state
• Exciting training event for healthcare providers /coaches/administrators
Successes

- Engagement of our core team and extended team (Systems Development Team)
- Acceptance of and excitement about our work by the community
- Statewide coverage of our project through media outlets
- Ability to measure population level change across time in various groups
Challenges

• Creating something from nothing is not easy
• No upper-level administrative movement towards the envisioned statewide concussion system at UMMC
• No funding
• Core team is beginning to be tapped-out (time)
• Need core members with political clout AND time to devote to the work of the project
Feedback

• How do we move this grass-roots project to an identifiable program?

• What specific funding route/mechanism/award would you recommend us to explore and what would make us more competitive for funding?
MedStar Health
Medical-Legal Partnerships
“Health-harming legal needs”
State of Affairs in 2016

• Health equity and community work in silos
• Some collaboration among, research, education, clinical, and community settings
• Independent community-engagement and health equity goals
• Most community engagement from community health work
• Challenge – Identifying the health need – no clear “stand out”
Year 1 - Building the System

• Health equity inventory – highlighted silos and minimal collaboration

• Missing -- Increased community engagement in research, education, and clinical efforts

• Some priorities
  • High priority for MedStar
  • High visibility for MedStar
  • Well resourced

• Georgetown Health Justice Alliance launches
• Medical-Legal partnerships identified
• Now what?
Equity Focused Long-Term Goal

• Addressing health-harming legal needs
• Long-term goal
• Give and take
  • Existing Georgetown Health Justice Alliance model, location, and limited resources
  • Need to identify needs and resources of other settings and communities
  • Replicating existing model may not be a good fit
• Inform, Influence, Improve
  • Community, Clinicians, Educators, Administrators
Intermediate Process Outcomes

- Establish a collaborative of key stakeholders
  - In 6 months, develop an environmental scan protocol
  - In 12 months, complete the environmental scan, prepare and distribute a brief report
  - In 18 months, present the scan results to additional health system leadership

- Engage in dialogue with the local community around the findings of the environmental scan
  - In 18 months, the partnership will present environmental scan results to the community in at least three established, trusted community settings.

- Inform, Influence, Improve
Potential catalysts and landmines

• Catalysts
  • Clinician champions
  • Leadership awareness of social determinants of health
  • New system-level health equity initiatives
  • New structure folding community health under the same oversight as research, clinical, and education
  • Senior leadership excitement about medical-legal partnerships

• Landmines
  • Clinical, legal, and financial resources
  • Community perceptions of legal involvement
Current State in 2018

• Data-driven approach
  • MedStar “hot spots”
  • Business case

• Pilot site visit
  • MedStar Franklin Square Hospital’s Family Health Center
  • Clinician engagement

• Next steps
  • MFSH Needs assessments
  • Additional partnership engagement
  • Establish the collaborative
Successes

- Building the large team
- Leadership buy-in
- Working in smaller teams
- Stakeholder identification, interviews, and engagement
  - Clinicians
  - Community
  - Researchers
  - Educators
- Identifying and acting on next steps
Challenges

• Active working meetings with the larger team
• Larger team schedules and geography
• Identification of new clinical champions
• Identification of new community partners
• Keeping the project moving among competing priorities
Feedback

• What strategies have other organizations adopted for scheduling and executing effective active working meetings with larger teams?
• When stakeholders have left the organization or the project, what strategies have other organizations used for identifying and engaging new stakeholders midstream?
• What strategies do other organizations use to keep the project moving among competing priorities?
Addressing Unplanned Pregnancy
State of Affairs in 2016

URMC Chosen for National Community Health and Health Equity Initiative

Thursday, January 12, 2017

The University of Rochester Medical Center is one of only eight institutions chosen by the Association of American Medical Colleges (AAMC) to join an effort to improve health equity and the health of communities nationwide.

The three-year initiative – Building a Systems Approach to Community Health and Health Equity – will map the health-focused activities of URMC and the other participating institutions. It also will evaluate the impact of the initiative on patients, communities, learners and the institutions themselves. It provides a unique opportunity for URMC and the other institutions to share successes and lessons in an effort that will have a broad impact on health equity.

“This is an exciting opportunity for us and our academic medical center colleagues, along with patients and community partners, to share best practices and further develop targeted actions to address disparities in health to community health, population health and health equity,” said Theresa Green, Ph.D., M.B.A., Director, AAMC’s Community Health Education and Policy.
Year 1 - Building the System: Unplanned Pregnancy

**PROJECTS**

- **Remove barriers to the use of LARC (Long-Acting Reversible Contraception), particularly among high-risk women of reproductive age**

- **Help women plan their pregnancies especially during the inter-conception phase**

- **Reach youth with evidence-based sexual health education – teen pregnancy prevention**

- **Measure and evaluate determinants and the impact of efforts towards reducing unplanned pregnancy**

**EXTERNAL PARTNERS**

- Rochester Regional Health
- Planned Parenthood
- Nurse Family Partnership Program
- Healthy Baby Network
- Metro Council for Teen Potential
Equity Focused Long-Term Goal

• GOAL: By December 2019, decrease the percent of births in Monroe County that are the result of an unplanned pregnancy from 32% of (2013 Vital Records) to 30% or less

Adolescent Birth Rates, Age 15-19
Monroe County, City and Suburbs, 2007-2017*(provisional)

Births Resulting From Unintended Pregnancy, by Insurance Status, 2008-2017* (provisional)
Intermediate Process Outcomes

1. Increase support and funding for unplanned pregnancy efforts
   • Support the key role of peer-health educators especially in schools
   • Develop and pitch a business plan for insurers’ support

2. Make LARC more accessible to those who want contraception
   • Assess real-world accessibility to reproductive services
   • Be the first county in New York to have universal accessibility to post-partum LARC
   • Implement a regional plan for education and practice facilitation for point-of-care LARC placement in primary care and comprehensive contraception education for providers
Potential catalysts and landmines

**CATALYSTS**
- ACO practice guidelines focusing on unplanned pregnancy – push for best practices
- LARC Initiative for education linked to OB/GYN residents and ACO = efficiency
- New empowerment through Synergy Meeting

**LANDMINES**
- Recent funding cuts to community based education programs
- Still misinformation spread through peers and parents
- Need formative evaluation to determine ‘what works’... what is the upstream cause and how to we impact this?
Current State in 2018

• Synergistic and energized leadership team within URMC
• Excellent partnerships with most impactful and influential community agencies
• Understanding of data sources and connections to timely local data by race, locality and insurance status
• Evaluating post partum LARC for Medicaid patients
• Successfully conducted a SWOT analysis with community partners around unplanned pregnancy
• Developed a comprehensive community plan for action
Successes
Challenges

1. Time
2. Money
3. Leadership team members are not the ‘doers’ in unplanned pregnancy interventions
4. Big problem with complicated solutions
5. Time
6. Money
Feedback

• We are making great connections, but how do we establish accountability for actions that are not under our domain?
  • In other words... 40 people created the plan, who will be working towards implementing the plan? Is it the leadership teams job to oversee the project? Or do we just focus on the internal goals under our control?
  • Where is the line between internal efficient collaboration and community partnerships (URMC plan or community plan?)
Closing Gaps for Opiate Use Disorders

Virginia Commonwealth University
Long-Term Impact & Intermediate Process Outcome

Long-term Impact:
By 2022, have at least a three-year trend in reduction of deaths from drug overdoses in central Virginia by at least 10% per year without a disparity in benefit among race, gender, or socioeconomic status as measured by state-reported vital statistics.

Intermediate Process Outcome:
By June 2019, our team will have developed a strategic plan for expanding clinical care, training, and community outreach to address opiate use disorders.
Gaps

- Clinical Care
- Education and Training
- Community Engagement
- Research
Clinical Gaps

- Variety of Services
  - Methadone clinics
  - OBOTs
  - Support resources
  - Others
- Structural Issues
  - Licensing
  - Payment
- Lack of Coordination
- Mismatch of Need, Services, Workforce

Blue markers denote treatment locations. Deeper red denotes higher mortality rate from opiate overdoses.
Education and Training Gaps

- Frontline competency
- Prescribing expertise
- Counselling expertise
Community Engagement Gaps

• Lack of coherence
  • Widespread problem
  • Poorly developed community ‘voice’

• Disparities?
Research Gaps

• VCU is top 10 in NIH funding for addiction...
  ...but does little clinical research in addiction.
Intermediate Process Outcome

By June 2019, our team will have developed a strategic plan for expanding clinical care, training, and community outreach to address opiate use disorders.
Next Steps

• SBAR submitted to VCU Health System strategic planning process
• Engage broader community and non-health system entities in planning
• Work to include the patients’ voices