Collaborating for Health Equity: Health Care and Public Health Partnering with Communities

IPHA Annual Meeting
September 21, 2017

Laurie Call, Director, Center for Community Capacity Development
Jess Lynch, Program Manager
Illinois Public Health Institute

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Chicago Department of Public Health
Collaborating for Health Equity: Health Care and Public Health Partnering with Communities

Today’s session:
Discuss opportunities and challenges in working with multiple healthcare systems and community partners to advance health equity

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Opportunities and/or Challenges?
Overview: Health Impact Collaborative of Cook County

Laurie Call & Jess Lynch, IPHI
Merger of Two Collaboratives!

25+ hospitals
6 local health departments
nearly 100 regional & community stakeholders
IPHI as backbone org

Steering Committee
joint collaborative, as of summer 2017

Advocate Health Care
Chicago Department of Public Health
Cook County Department of Public Health
Loyola University Health System
Lurie Children’s Hospital
Northwestern Medicine
Norwegian American Hospital
Presence Health
Rush University Health System
Sinai Health System
Swedish Covenant Hospital
University of Chicago Hospitals
Timeline

**February 2015**
Health Impact Collaborative of Cook County Kickoff Meeting
*Start of Community Health Needs Assessment Phase*

**November-December 2015**
Evaluation Baseline Survey of Stakeholders

**August 2016**
Health Equity Kickoff Meeting
*Start of Collaborative Implementation Planning Phase*

**April 2017**
Decision Made to Merge Two Collaboratives.
First Joint Steering Committee

**June 2017**
First Merged Collaborative Meeting of all Hospitals

**July 2015**
Start of RWJF Funded Evaluation

**June 2016**
Evaluation Focus Groups with Regional Leadership Teams
*Completion of Regional Community Health Needs Assessments*

**January 2017**
Collaborative Action Teams Begin Ongoing Implementation
Collective Purpose, as of July 2017

Improve population and community health by:

- Promoting **health equity**
- **Capacity building, shared learning, and connecting** local initiatives
- Addressing **social and structural determinants of health**
- Developing broad city/county wide initiatives and **creating systems**
- Engaging **community partners** and working collaboratively with community leaders
- Developing **data** systems for population health to support shared impact measurement and community assessment
- Collaborating on **population health policy and advocacy**
Setting: Chicago & Cook County

- Population: 5.24 million residents
- City of Chicago: 77 community areas
- Cook County Suburbs: 130 municipalities/30 townships
- 6 certified local health departments, each completing individual CHA/CHIP
- ~50 non-profit hospitals

Source: Cook County Department of Public Health
Substantial Economic Inequities

Percent of population living within 200% of the Federal Poverty Line
- 15.00% or less
- 15.01% - 30.00%
- 30.01% to 45.00%
- 45.01% or greater

Data source: American Communities Survey, 2009-2013
Substantial Differences in Life Expectancy
Focus on Health Equity (leadership from public health)

Laurie Call & Jess Lynch, IPHI
Megan Cunningham, CDPH
Kiran Joshi, CCDPH
Key Frameworks for Health Equity

The “buckets” of prevention framework

1. Traditional Clinical Prevention
   - Increase the use of evidence-based services

2. Innovative Clinical Prevention
   - Provide services outside of clinical setting

3. Total Population or Community-Wide Prevention
   - Implement interventions that reach whole populations

Total Health Impact

Institute for Healthcare Improvement

5-component framework for health equity

"Triple Aim for Health Equity", ASTHO & Minnesota Department of Public Health
Suburban Cook County WePlan

To reduce structural racism, a root cause of health inequities, and advocate for pro-equity policies.

To reduce inequities and the burden of chronic disease by cultivating environments, healthcare systems and a culture that promotes health.

To support and enhance the mental health and well-being of all SCC residents.

WePlan2020

Improving Community Health & Health Equity for Suburban Cook County

we PLAN

Cook County DEPT of Public Health
Healthy Chicago 2.0

• Expanding Partnerships & Community Engagement
• Addressing the Root Causes of Health (Built Environment, Economic Development, Housing, Education)
• Increasing Access to Health Care & Human Services
• Promoting Behavioral Health
• Strengthening Child & Adolescent Health
• Preventing & Controlling Chronic Disease
• Reducing the Burden of Infectious Disease
• Reducing Violence
• Utilizing and Maximizing Data and Research
Chicago Health Atlas

• Website with open-source citywide and community level public health data for over 150 indicators.
• See how health behaviors, neighborhood conditions, and outcomes change across demographic groups, over time, and in different communities.

• Data can be used to...
  o better understand our communities’ assets and needs
  o inform planning efforts
  o advocate for policies and programs
  o write grant proposals
  o develop infrastructure
  o support research
Health in All Policies (HiAP)

- Health in All Policies is a collaborative approach to improving health and health equity by incorporating health considerations into decision-making across sectors and policy areas.

- In 2016, Chicago City Council passed a resolution that commits all City of Chicago departments and agencies to a ‘Health in All Policies’ approach.

- A City-wide Health in All Policies Task Force developed 16 recommendations to guide the implementation of this resolution.

May 18, 2016
Mayor Emanuel's 'Health In All' Resolution To Ensure That Health Of Communities Is At The Core Of All City Policies
City Council Passes Resolution to Ensure that All New City Policies Promote Public Health Benefits
HiAP Recommendations (Aug 2017)

- Data collection & Data sharing
- Community engagement
- Training of public information officers
- Cross-sector grant applications
- Employee health
- Connecting residents across departments
- Health & human services resource
- Trauma-informed City
- Active design
- Proactive housing inspections
- Zoning and licensing code review
- Health impact reviews
- Evaluating projects and funding decisions
- Health criteria in RFPs and RFQs
Collaborative CHNA Assessment

Laurie Call & Jess Lynch, Illinois Public Health Institute
Collaborative Structure

• Started with Three Regional CHNAs
• Each assessment region
  ▪ Regional Leadership Teams with hospital & health department representatives
  ▪ Stakeholder Advisory Teams
• As we move into implementation, structure shifting to a topical focus, although there will continue to be some geographically-focused work
• Steering Committee has been crucial in designing and leading the Collaborative
**Vision and Values, developed collaboratively**

Vision: Improved health equity, wellness, and quality of life across Cook County

Values:

1. We believe the highest level of health for all people can only be achieved through the pursuit of **social justice and elimination of health disparities and inequities**.

2. We value having a shared vision and goals with alignment of strategies to achieve **greater collective impact while addressing the unique needs of our individual communities**.

3. Honoring the diversity of our communities, we value and will strive to include all voices through **meaningful community engagement and participatory action**.

4. We are committed to emphasizing assets and strengths and ensuring a process that identifies and **builds on existing community capacity and resources**.

5. We are committed to **data-driven decision making** through implementation of evidence-based practices, measurement and evaluation, and using findings to inform resource allocation and quality improvement.

6. We are committed to building **trust and transparency** through fostering an atmosphere of open dialogue, compromise, and decision making.

7. We are committed to **high quality work to achieve the greatest impact possible**.
3 Regional Reports

Extensive Community Input

Data Analysis across Chicago and Suburban Cook County

Focus on Health Equity

Health Impact Collaborative of Cook County
Community Health Needs Assessment North Region

June 2016

Participating hospitals and health departments:
- Advocate Children’s Hospital
- Advocate Illinois Masonic Medical Center
- Advocate Lutheran General Hospital
- Chicago Department of Public Health
- Cook County Department of Public Health
- Evanston Health and Human Services Department
- NorthShore University HealthSystem Evanston Hospital
- NorthShore University HealthSystem Glenbrook Hospital
- NorthShore University HealthSystem Highland Park Hospital

healthimpactcc.org/reports2016 Prepared by the Illinois Public Health Inst

Unemployment Disparities

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Asians</td>
<td>7.1%</td>
</tr>
<tr>
<td>Whites</td>
<td>7.5%</td>
</tr>
<tr>
<td>Hispanic/Latinos</td>
<td>11.9%</td>
</tr>
<tr>
<td>African American</td>
<td>22.5%</td>
</tr>
</tbody>
</table>
We used the MAPP model to conduct CHNAs within Cook County, incorporating data from Healthy Chicago 2.0 and WePLAN.

Community Input
- 5,000+ Community Residents Surveys
- 23 Focus Groups
- Stakeholder Advisory Teams
- Hospital’s Community Advisory Groups
- Action Teams
COUNTY HEALTH RANKINGS MODEL AS FRAMEWORK FOR ASSESSMENT INDICATORS

Inclusion of Mental Health Indicators

Health Factors

Health Outcomes

Mental Health

Social & Economic Factors (40%)

Clinical Care (20%)

Health Behaviors (30%)

Length of Life (50%)

Quality of Life (50%)

Tobacco Use

Diet & Exercise

Alcohol & Drug Use

Sexual Activity

Access to Care

Quality of Care

Education

Employment

Income

Family & Social Support

Community Safety

Air & Water Quality

Housing & Transit
Overview of Focus Group Findings for CHNA

Major Community Health Factors Identified by Focus Group Participants

- Access to care & community resources
- Behavioral Health
- Community Cohesion
- Infrastructure & Built Environment
- Access to Healthy Foods
- Availability of Quality Affordable Housing
- Availability of Family Services
- Educational Opportunities
- Safety

Priority Populations that Focus Group Participants Identified
- Caregivers
- Children and adolescents
- Homeless individuals or families
- Immigrants
- Incarcerated or formerly incarcerated
- Individuals living with mental illness
- Individuals with intellectual disabilities
- Individuals with physical disabilities
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual individuals (LGBTQIA)
- Low-income communities
- Marginalized racial and ethnic groups
- Older adults
- Single parents
- Veterans
- Women
### Focus Areas and Key Community Health Needs

#### Improving social, economic, and structural determinants of health while reducing social and economic inequities.

- Economic inequities and poverty
- Education inequities
- Healthy environment
- Housing and transportation
- Safety and violence
- Structural racism

#### Improving mental health & reducing substance use disorders.

- Overall access to services and funding
- Integrative care
- Mental Health First Aid and addressing stigma
- Violence and trauma, and ties to mental health

#### Preventing and reducing chronic disease.

- Focus on risk factors - nutrition, physical activity, and tobacco
- Healthy environment

#### Increasing access to care & community resources.

- Cultural & linguistic competency/humility
- Health literacy
- Access to healthcare and social services, and navigating the system, particularly for uninsured and underinsured
- Linkages between healthcare providers and community-based organizations for prevention

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*Note: Policy and data strategies are cross-cutting across all four focus areas.*
Planning and Implementation

Laurie Call & Jess Lynch, Illinois Public Health Institute
Planning and Implementation Vision

- Align with existing plans
- Leverage & coordinate efforts
- Build capacity
- Identify New initiatives
- IMPACT!
Collective Purpose, as of July 2017

Improve population and community health by:

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Capacity Building for Social Determinants of Health (SDOH)

“Capacity Building generally refers to a process to increase the skills, infrastructure, and resources of individuals, organizations and communities.”

CDC [https://www.cdc.gov/hiv/programresources/capacitybuilding/]


California Endowment “Drivers of Change” [http://www.calendow.org/building-healthy-communities/]


Stakeholder Health “Transformative Partnership” [https://stakeholderhealth.org/the-movement/transformational-partnership/]

Triple Aim for Health Equity [http://www.astho.org/Health-Equity/2016-Challenge/Ehlinger-Commentary-Article/]

100 Million Healthier Lives “Equity, the price of admission” [http://www.100mlives.org/approach-priorities/#healthequityandprosperity]
Working to streamline committees and determine roles for IPHI, members, and other partners.
Which of the following are most important to address in order to achieve the Collaborative's goal of health equity? (rank your top 5)

<table>
<thead>
<tr>
<th>Category</th>
<th>Ranking</th>
<th>Number of Respondents</th>
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</thead>
<tbody>
<tr>
<td>Community Safety</td>
<td>11-1</td>
<td>7-7-7-7-4-1</td>
</tr>
<tr>
<td>Screening &amp; Referrals</td>
<td>7-6-2-3-5</td>
<td></td>
</tr>
<tr>
<td>Structural Racism &amp; Discrimination</td>
<td>7-5-2-7-3</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>6-6-5-3-2</td>
<td></td>
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<tr>
<td>Workforce &amp; Economic Dev</td>
<td>3-5-5-5-9</td>
<td></td>
</tr>
<tr>
<td>Food Access/Security</td>
<td>1-6-9-4-6</td>
<td></td>
</tr>
<tr>
<td>Education &amp; Youth Development</td>
<td>4-3-6-6-3</td>
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</tr>
<tr>
<td>Built Environment</td>
<td>1-3-1-5-6</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>1-3-4-6</td>
<td></td>
</tr>
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</table>

Number of Respondents = 41
# SDOH Priorities Survey (July 2017)

How committed is your hospital or organization to working on the following issues in the next 12-24 months?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not At All</th>
<th>Unsure</th>
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</thead>
<tbody>
<tr>
<td>Community Safety</td>
<td>53%</td>
<td>35%</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>Screening &amp; Referrals</td>
<td>62%</td>
<td>18%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>Food Access/Security</td>
<td>51%</td>
<td>24%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Education &amp; Youth Development</td>
<td>53%</td>
<td>20%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Workforce &amp; Economic Dev</td>
<td>53%</td>
<td>20%</td>
<td>8%</td>
<td>20%</td>
</tr>
<tr>
<td>Trauma-Informed</td>
<td>53%</td>
<td>18%</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Transportation</td>
<td>33%</td>
<td>35%</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>Housing</td>
<td>46%</td>
<td>10%</td>
<td>15%</td>
<td>29%</td>
</tr>
<tr>
<td>Built Environment</td>
<td>32%</td>
<td>22%</td>
<td>7%</td>
<td>39%</td>
</tr>
</tbody>
</table>
Screening and referral as well as food access/security were the areas that respondents identified as having the most potential for short-term successes in the next 12 months.

<table>
<thead>
<tr>
<th>Area</th>
<th>Potential for Short-Term Success (%)</th>
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</thead>
<tbody>
<tr>
<td>Screening and Referrals for Social Determinants</td>
<td>71%</td>
</tr>
<tr>
<td>Food Access / Food Security</td>
<td>68%</td>
</tr>
<tr>
<td>Workforce and Economic Development</td>
<td>32%</td>
</tr>
<tr>
<td>Transportation</td>
<td>29%</td>
</tr>
<tr>
<td>Community Safety/Violence</td>
<td>27%</td>
</tr>
<tr>
<td>Education / Youth Development</td>
<td>24%</td>
</tr>
<tr>
<td>Housing</td>
<td>20%</td>
</tr>
<tr>
<td>Built Environment &amp; Community Design</td>
<td>10%</td>
</tr>
<tr>
<td>Structural Racism and Discrimination</td>
<td>0%</td>
</tr>
</tbody>
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Current Areas of Work

- Housing
- Food Security and Food Access
- Trauma-Informed
- Community Safety and Violence
- Workforce Development
- Access to Care/Transportation
- Mental Health and Substance Use Disorders
- Data
- Policy
Housing

Flexible housing spending pool

Selected organizational partners
Food Security and Food Access

Workforce Development

Chicagoland Healthcare Workforce Collaborative
Chicago Anchors for a Strong Economy (CASE)
Chicago Cook Workforce Partnership
Healthy Chicago 2.0
West Side Total Health Collaborative
Chicago AHEC

Selected organizational partners
Mental Health and Substance Use Disorders

Selected organizational partners
DISCUSSION

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