Improving the Health of our Community

Addressing Disparities/ Achieving Equity

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Case Western Reserve University EST. 1826

Cleveland Clinic

University Hospitals Cleveland Medical Center

MetroHealth

Louis Stokes Cleveland VA Medical Center

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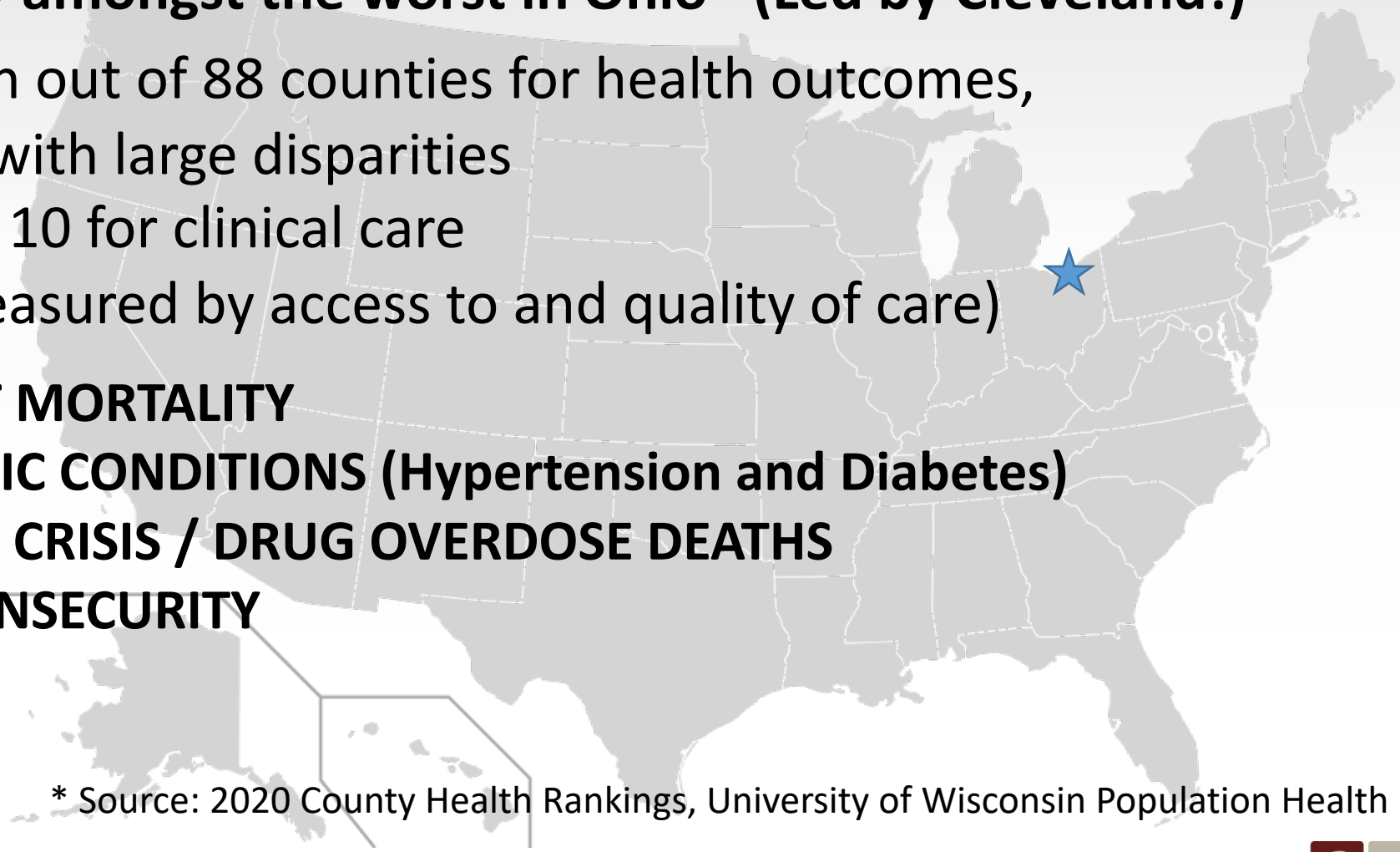
Ohio ranks poorly for health outcomes, and Cuyahoga County amongst the worst in Ohio* (Led by Cleveland!)

- 75th out of 88 counties for health outcomes, with large disparities
- Top 10 for clinical care (measured by access to and quality of care)



INFANT MORTALITY
CHRONIC CONDITIONS (Hypertension and Diabetes)
OPIOID CRISIS / DRUG OVERDOSE DEATHS
FOOD INSECURITY

* Source: 2020 County Health Rankings, University of Wisconsin Population Health Institute

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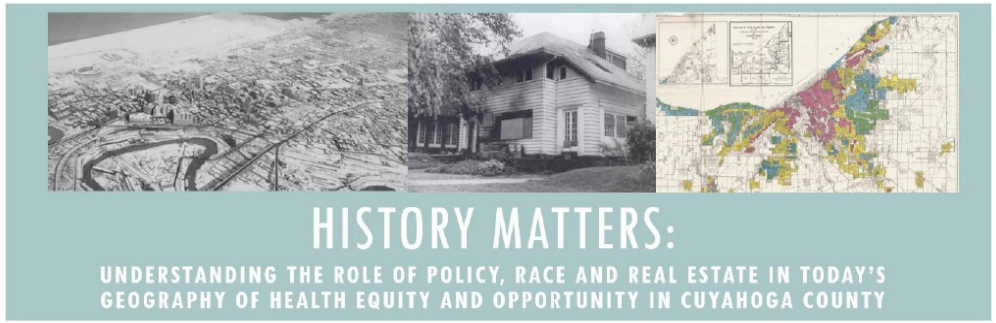
The Root of Health Inequities in Cuyahoga County: **Structural Racism**



A Policy Brief Prepared on behalf of the Cuyahoga County PlaceMatters Team

Prepared by the Kirwan Institute for the Study of Race & Ethnicity &

The City & Regional Planning Program at the Knowlton School of Architecture

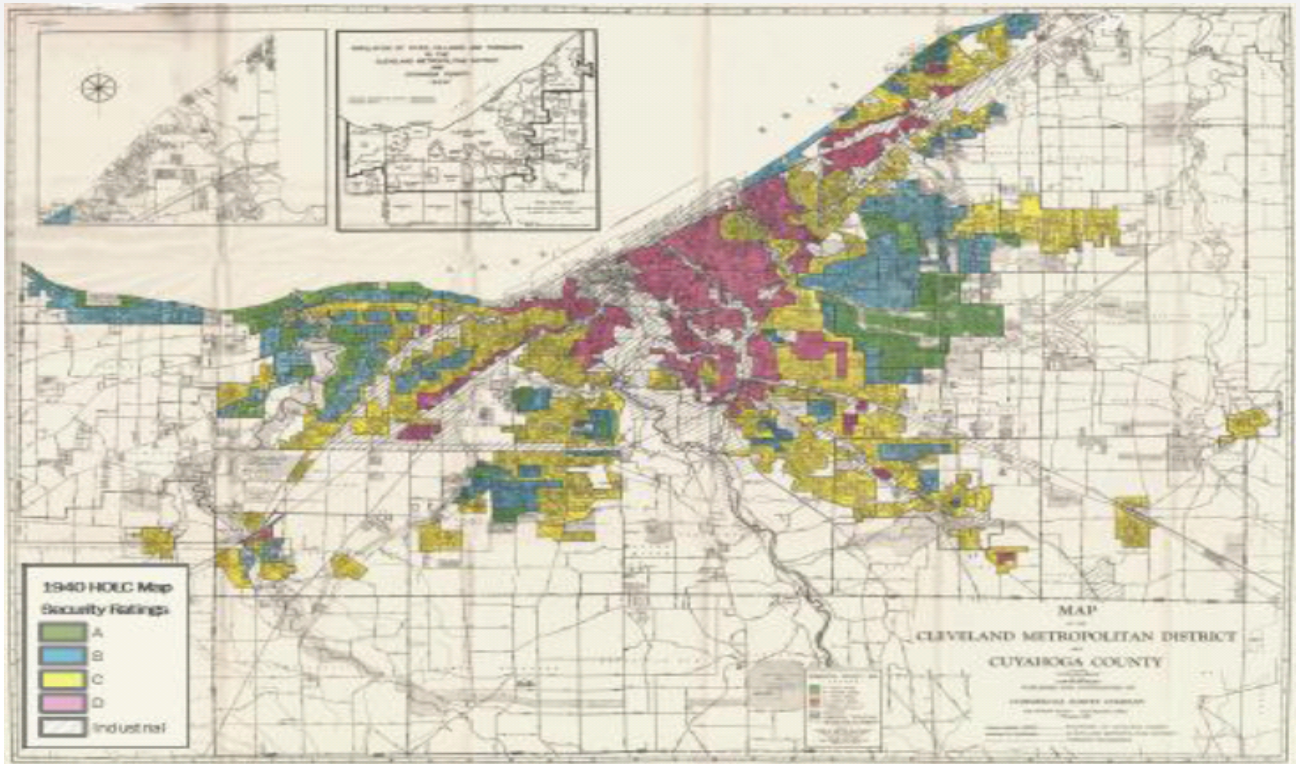
The Ohio State University

KIRWAN INSTITUTE for the Study of Race and Ethnicity

KSA

THE OHIO STATE UNIVERSITY

CUYAHOGA COUNTY PLACEMATTERS



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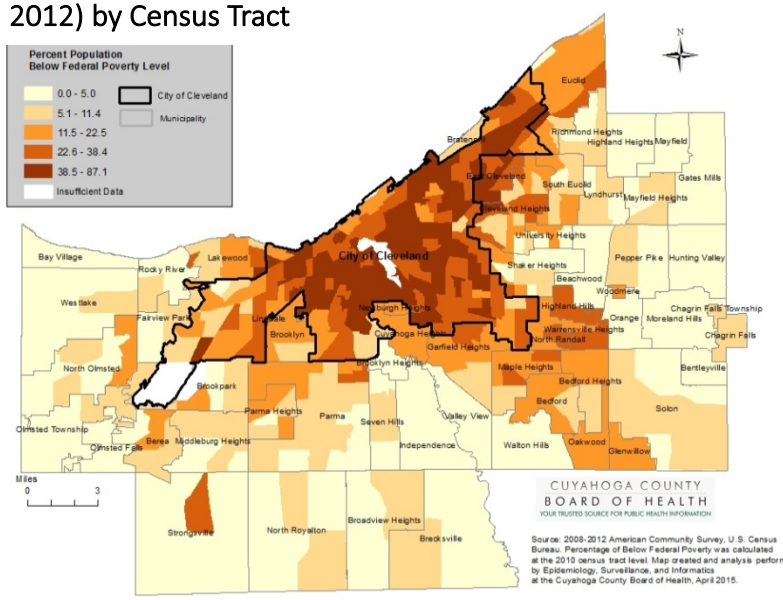
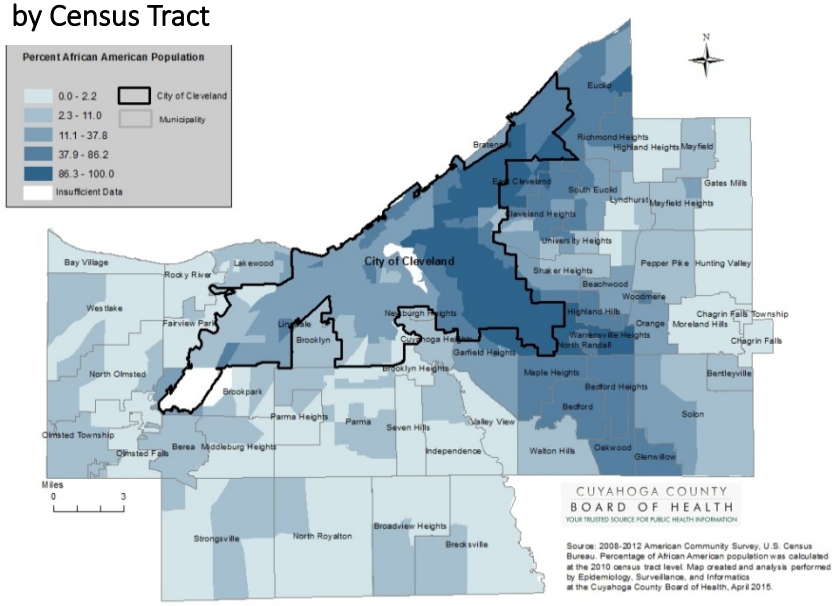
Comparisons between the poverty rate, the distribution of African Americans, life expectancy, and “Redlining”

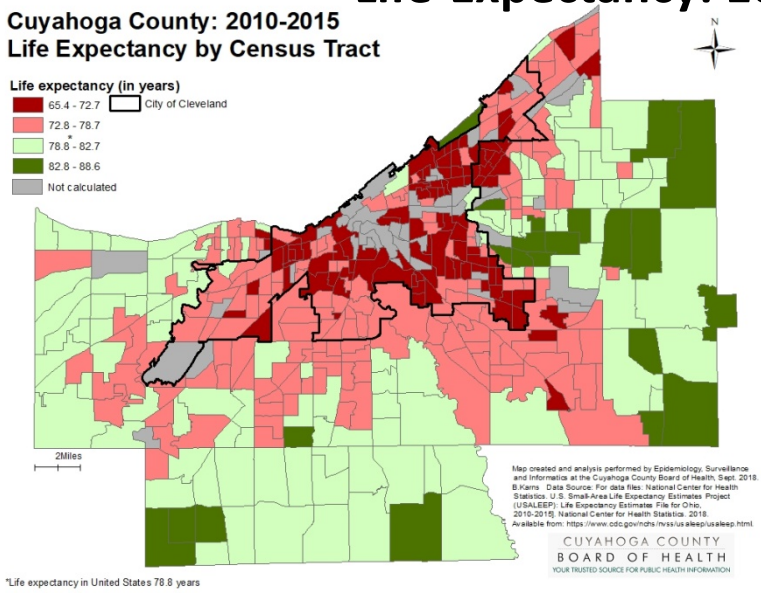
Cuyahoga County:
Population Below Poverty (2008-2012) by Census Tract

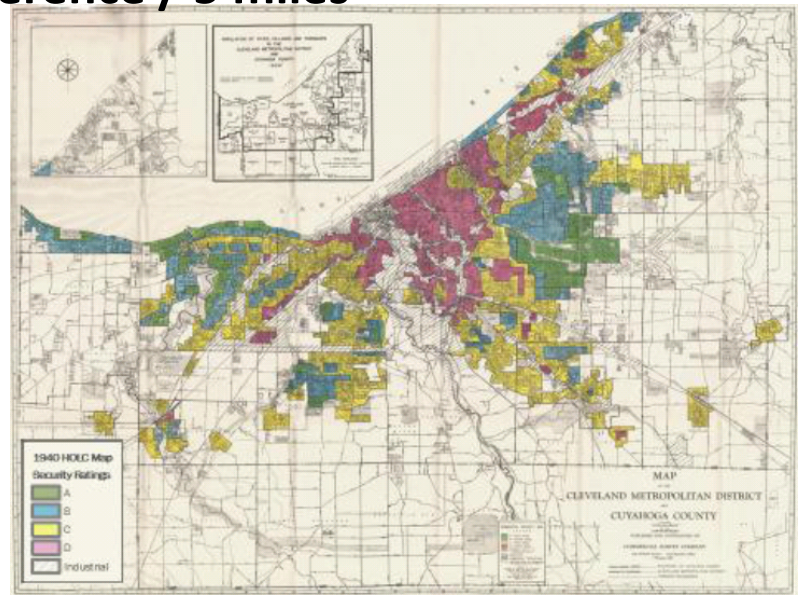


Cuyahoga County:
African American Population (2008-2012) by Census Tract



Life-Expectancy: 10 year difference / 5 miles

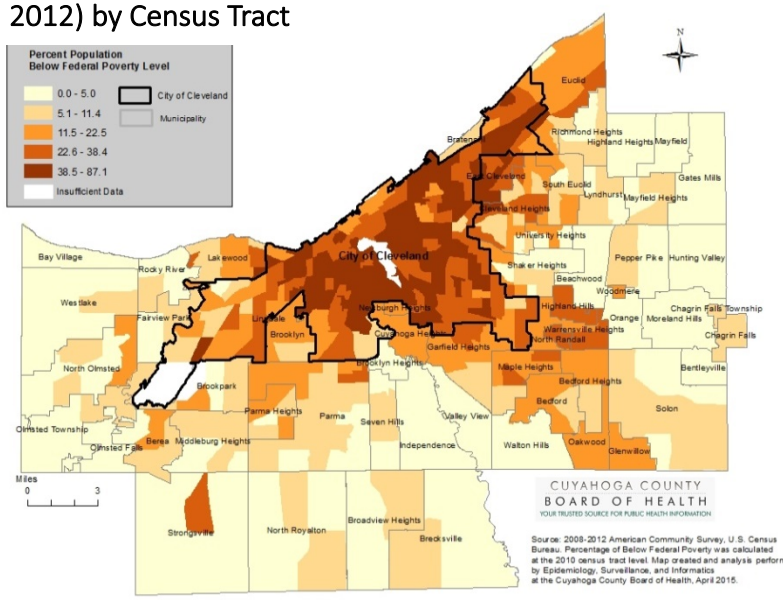




Cuyahoga County:
Redlining Map

Comparisons between the poverty rate, the distribution of African Americans, infant mortality, and “Redlining”

Cuyahoga County:
Population Below Poverty (2008-2012) by Census Tract



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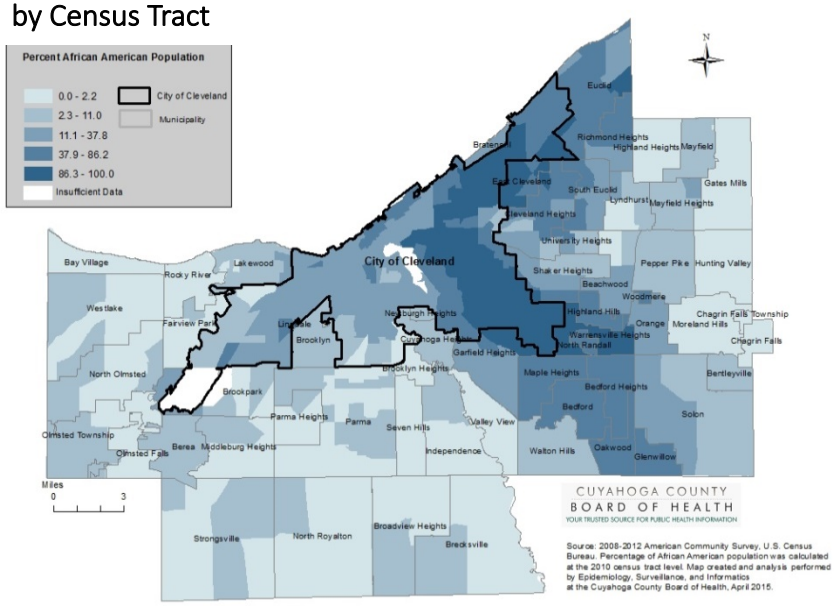
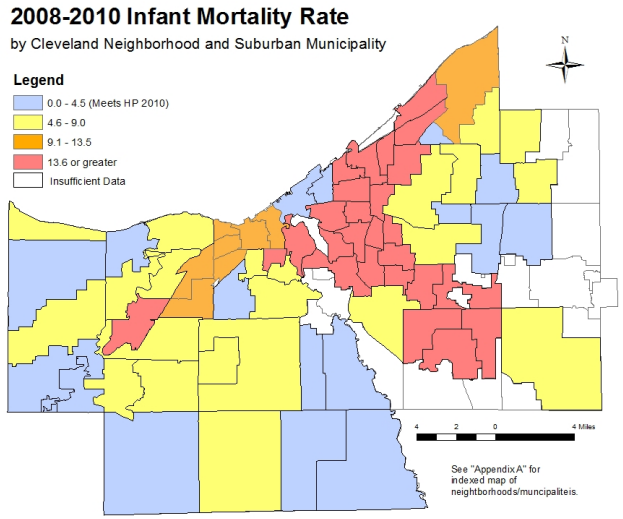
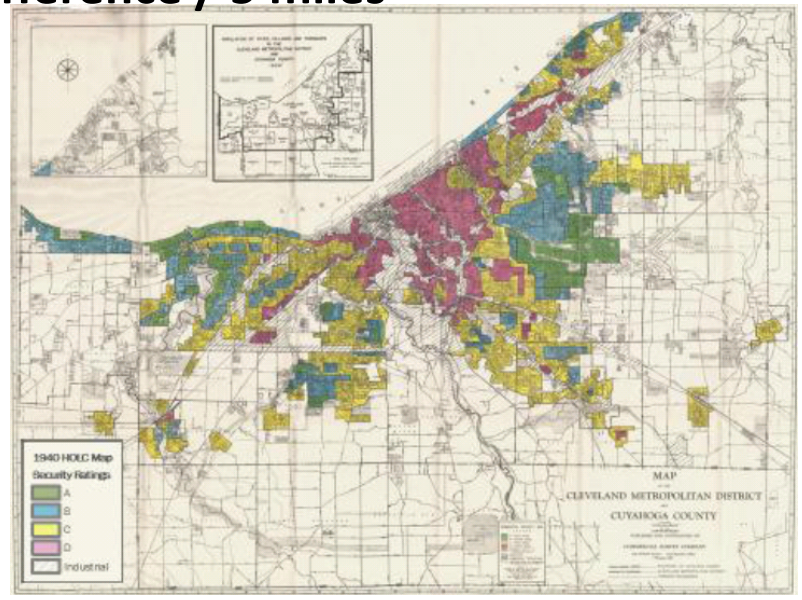


Infant Mortality: 15 fold difference / 5 miles



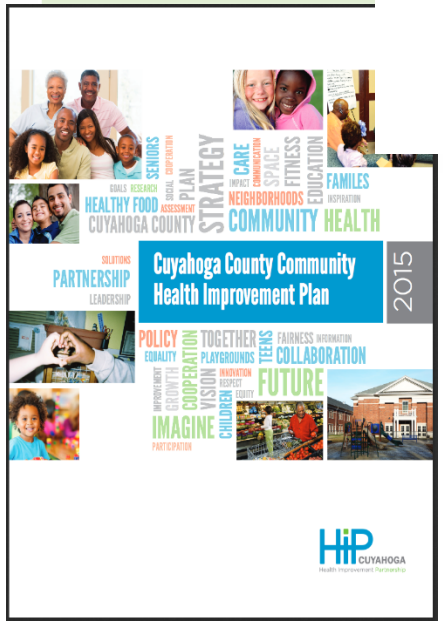


Cuyahoga County:
Redlining Map

Our Partnership

Where We've Been | 2010-2015

- 50 Active individ
- Over 200 in HIP-



Where We Are Now | 2016-2017

SCHOOL OF MEDICINE CASE WESTERN RESERVE UNIVERSITY

cdph Cleveland Department of Public Health

CUYAHOGA COUNTY BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

HiP CUYAHOGA Health Improvement Partnership

MetroHealth

ST. VINCENT CHARITY MEDICAL CENTER

Southwest General

The Center for Health Affairs

University Hospitals

POLICYBRIDGE

Better Health Partnership

United Way GREATER CLEVELAND

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Clinical & Translational Science Collaborative

2019 CUYAHOGA COUNTY

Community Health Needs Assessment

What is a Community Health Needs Assessment? A Community Health Needs Assessment is a process that identifies the most critical health needs in the community and enables collaborative action to improve Community Health.

Learn more at hipcuyahoga.org/2019cha

STEP 1 gather health information

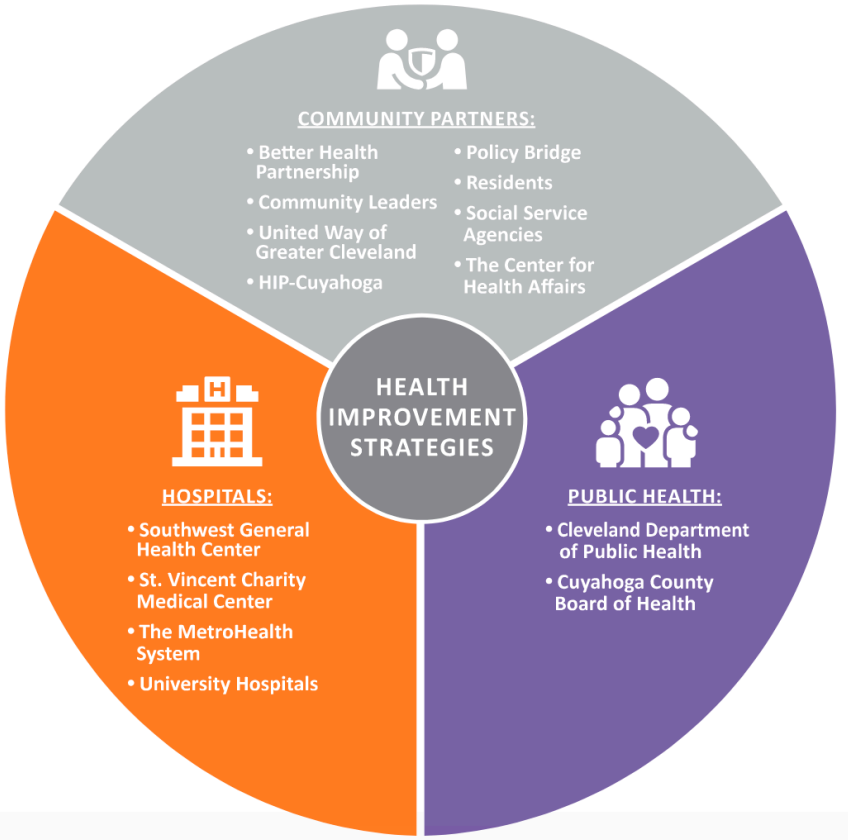
- Resident Surveys
- Public Health Data
- Hospital Discharge Data
- Community Health Workers
- Focus Groups and Interviews

STEP 2 analyze & prioritize together

SELECTED PRIORITIES:

- Structural Racism
- Trust
- Community Conditions
- Mental Health/ Addiction
- Chronic Disease

STEP 3 take action



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2019 Cuyahoga County Community Health Improvement Priorities

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Racism as Public Health Crisis Declarations

News

Cuyahoga County declares racism a public health crisis

Updated Jul 07, 2020; Posted Jul 07, 2020

Cleveland City Council declares racism a public health crisis, launching community-wide effort to tackle inequities

Posted Jun 03, 2020

Cleveland City Council voted Wednesday to declare racism as a public health

Ohio lawmakers introduce legislation to declare racism a public health crisis

Senate Concurrent Resolution 14 had its first hearing Tuesday. More hearings are planned next week.

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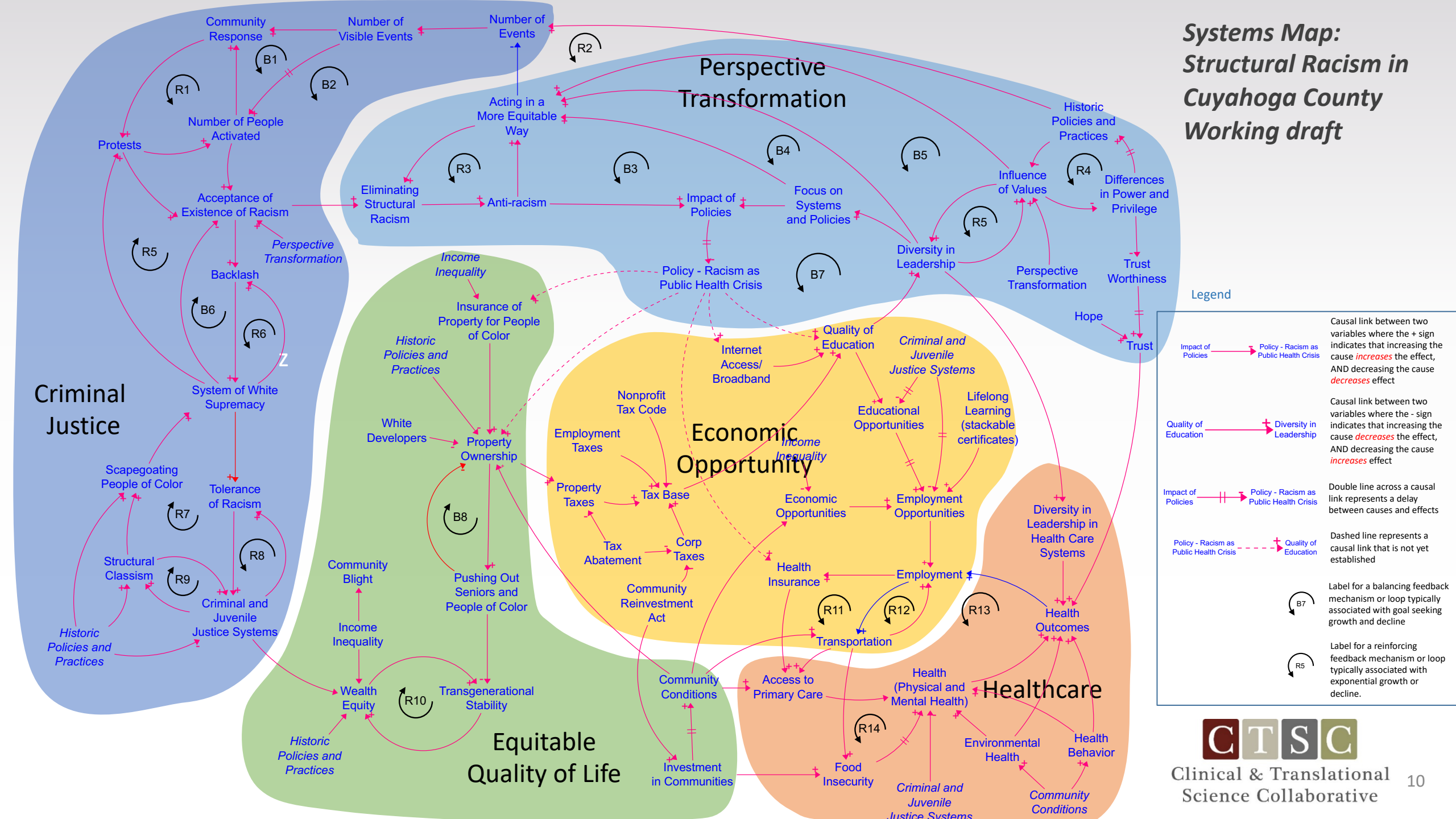

Clinical & Translational Science Collaborative

High infant mortality rates in Ohio, Cuyahoga County, and the City of Cleveland have persisted for 50+ years

NATIONAL

Black babies die at a rate **2x** that of white babies

OHIO

Black babies die at a rate **3x** that of white babies

CUYAHOGA COUNTY

Black babies die at a rate **4x** that of white babies

CITY OF CLEVELAND

Black babies die at a rate **7x** that of white babies

Reducing Infant Mortality in Cuyahoga County

About FYC

- Founded December 2015 by City/County/State partnership
- 300+ people and 100+ community organizations
- Private and public partners, including healthcare systems
- CWRU SOM serves as parent organization
- Organized and funded 11 Community Action Teams to address priority areas

Priority Areas

- Address extreme prematurity
- Eliminate sleep-related infant deaths
- Reduce racial disparities

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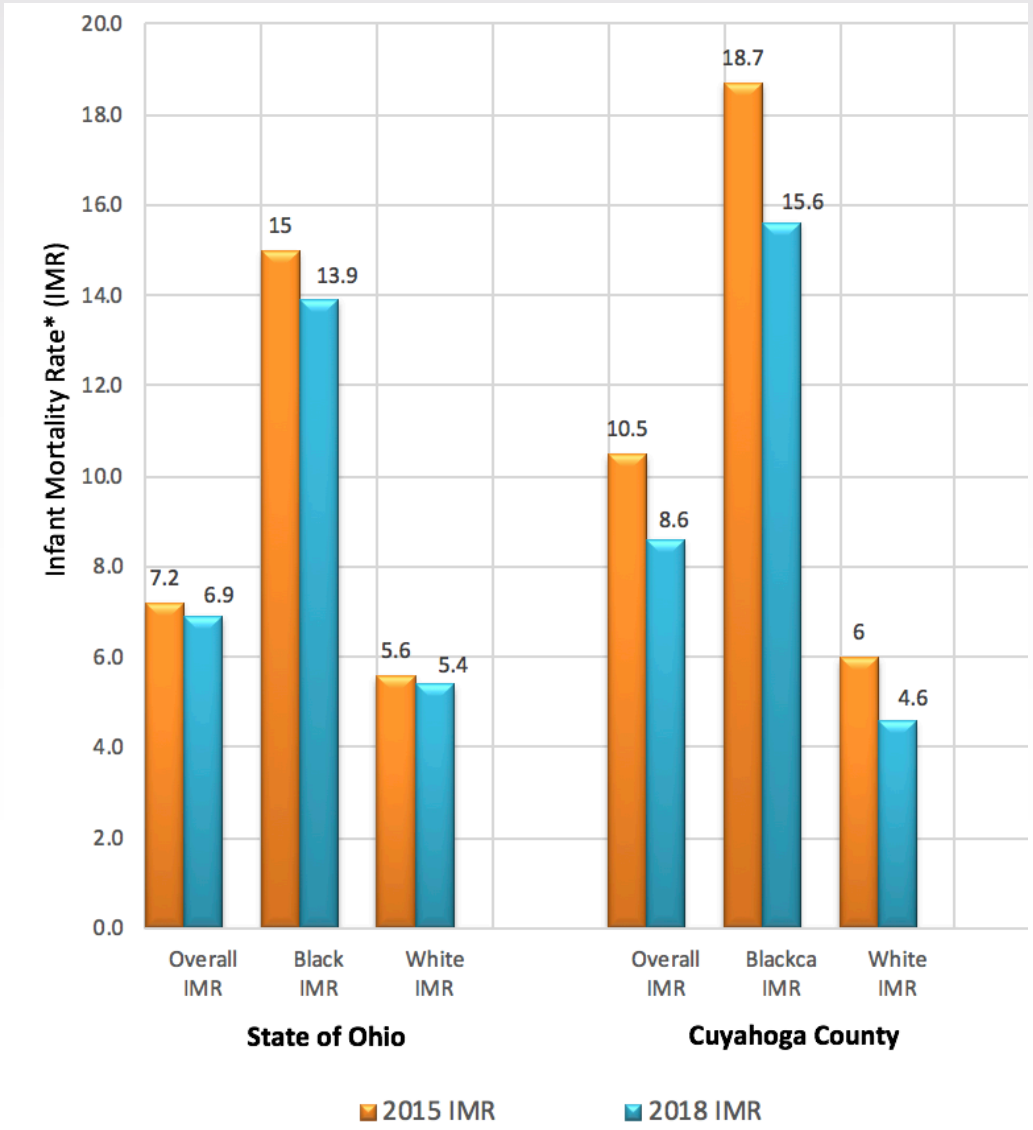
Using Collective Impact to Reduce Infant Mortality

Critical issues being addressed by First Year Cleveland show promising results

By aligning community resources and collectively targeting priority areas, our community has saved 77 babies in Cuyahoga county since 2016

Addressing Racial Inequities In Infant Mortality



*Deaths per 1,000 live births.

Souree: OEI 2019 Annual Report.

2015:

- Ohio ranked **45th** nationally for infant mortality
- Cuyahoga County **overall IMR 10.5**, compared to 7.2 for Ohio
  - **Black IMR 18.7 / White IMR 6.0**

2018:

- Ohio ranked **41st** nationally for infant mortality
- Cuyahoga County **overall IMR 8.6**, compared to 6.9 for Ohio
  - **Black IMR 15.6 / White IMR 4.6**

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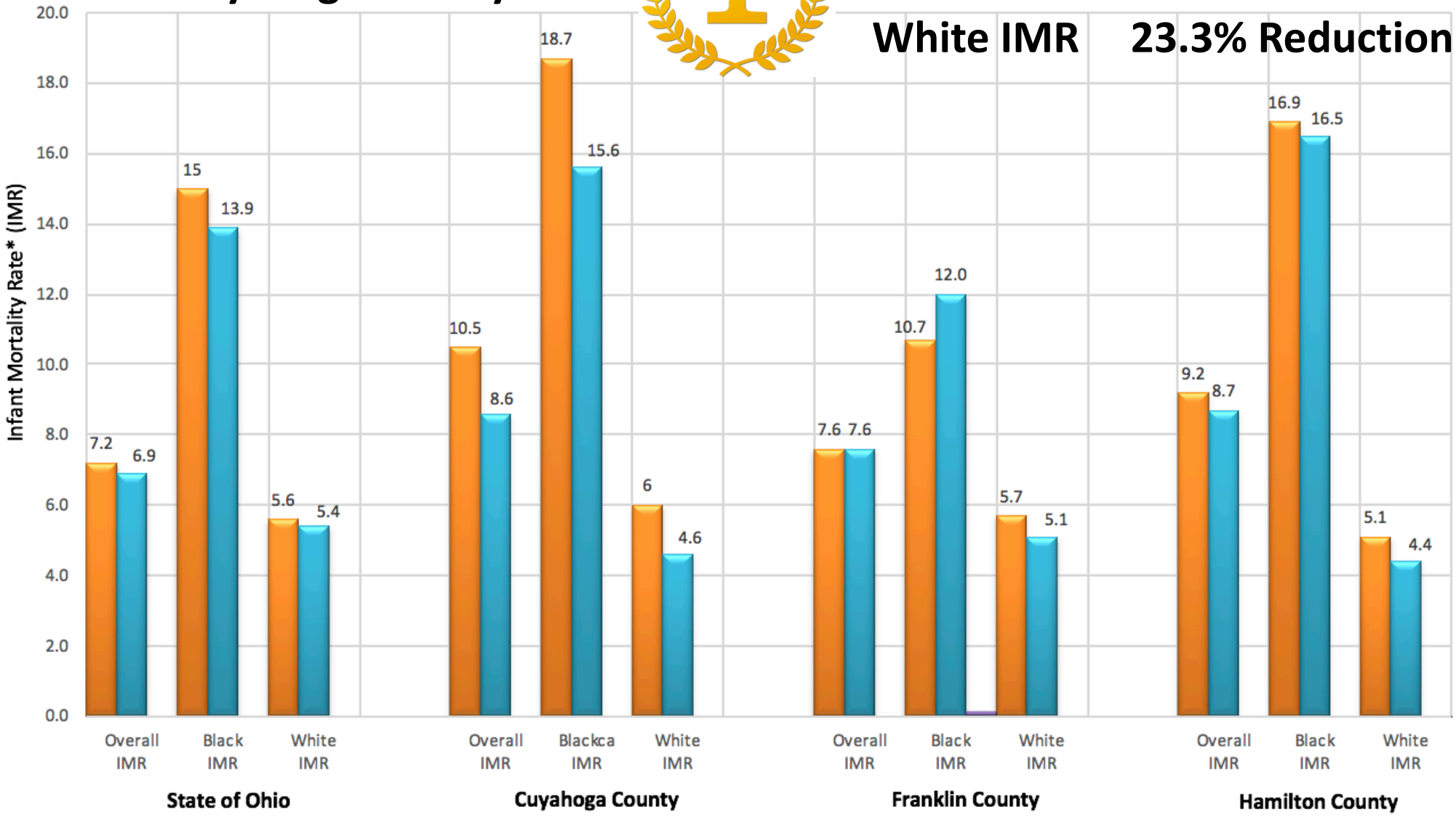
Best Performance 2015-2018
Cuyahoga County

Overall IMR	18.9% Reduction
Black IMR	16.6% Reduction
White IMR	23.3% Reduction



*Deaths per 1,000 live births.

Source: OEI 2019 Annual Report

CARDI·OH

Ohio Cardiovascular and Diabetes Health Collaborative

SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

In partnership with:

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

COLLEGE OF MEDICINE AND LIFE SCIENCES THE UNIVERSITY OF TOLEDO

OHIO UNIVERSITY Heritage College of Osteopathic Medicine

Northeast Ohio MEDICAL UNIVERSITY

University of CINCINNATI FAMILY AND COMMUNITY MEDICINE

Boonshoft School of Medicine WRIGHT STATE UNIVERSITY

MedTAPP

OHIO COLLEGES OF MEDICINE GOVERNMENT RESOURCE CENTER

Ohio Department of Medicaid

Ohio Cardiovascular and Diabetes Health Collaborative

Founded in 2017, the mission of Cardi-OH is to improve cardiovascular and diabetes health outcomes and eliminate disparities in Ohio's Medicaid population.

WHO WE ARE: An initiative of health care professionals across Ohio's seven medical schools.

WHAT WE DO: Identify, produce and disseminate evidence-based cardiovascular and diabetes best practices to primary care teams.

HOW WE DO IT: Utilize monthly newsletters and an online repository of resources at Cardi-OH.org, podcasts available on Cardi-OH Radio, the Project ECHO® virtual training model, and state-wide annual meetings and webinars.

Learn more at cardi-oh.org

Cardi-OH Learning Collaborative

CARDI•OH
Ohio Cardiovascular and Diabetes Health Collaborative

- Close to 200 attendees
- 100% of attendees would recommend conference to a colleague

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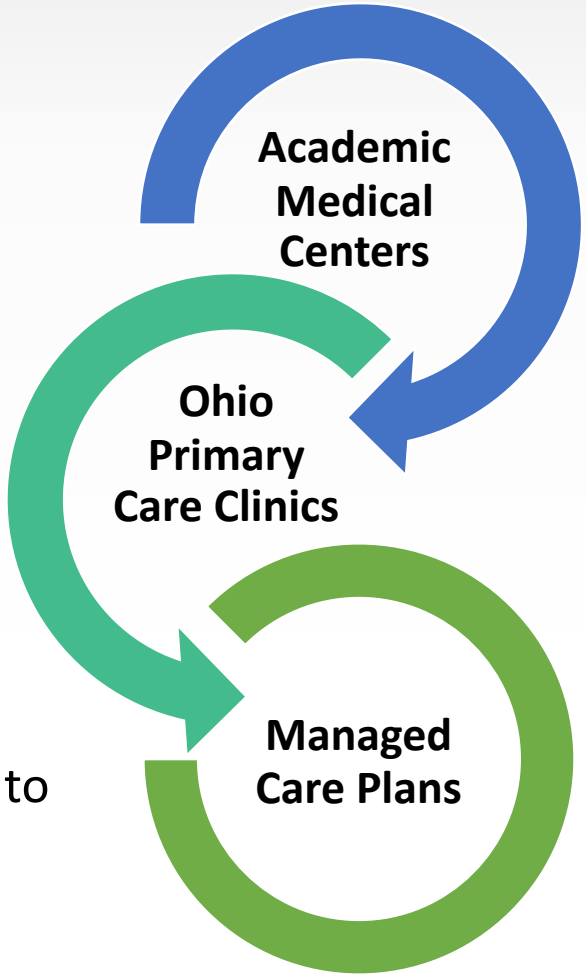
Hypertension Quality Improvement Project (QIP)

SMART Aims

- Increase HTN control 15%
- Increase HTN control among AA population 20%

Strategies

- IHI Model for Improvement
- Change Package
- Monthly Action Period Calls
- QI Coaching
- Leverage EHR data for improvement
- Partner with Medicaid Managed Care Plans to address barriers



Identification & Education of Best Practices and Processes

Testing, Modifying & Implementing Best Practices

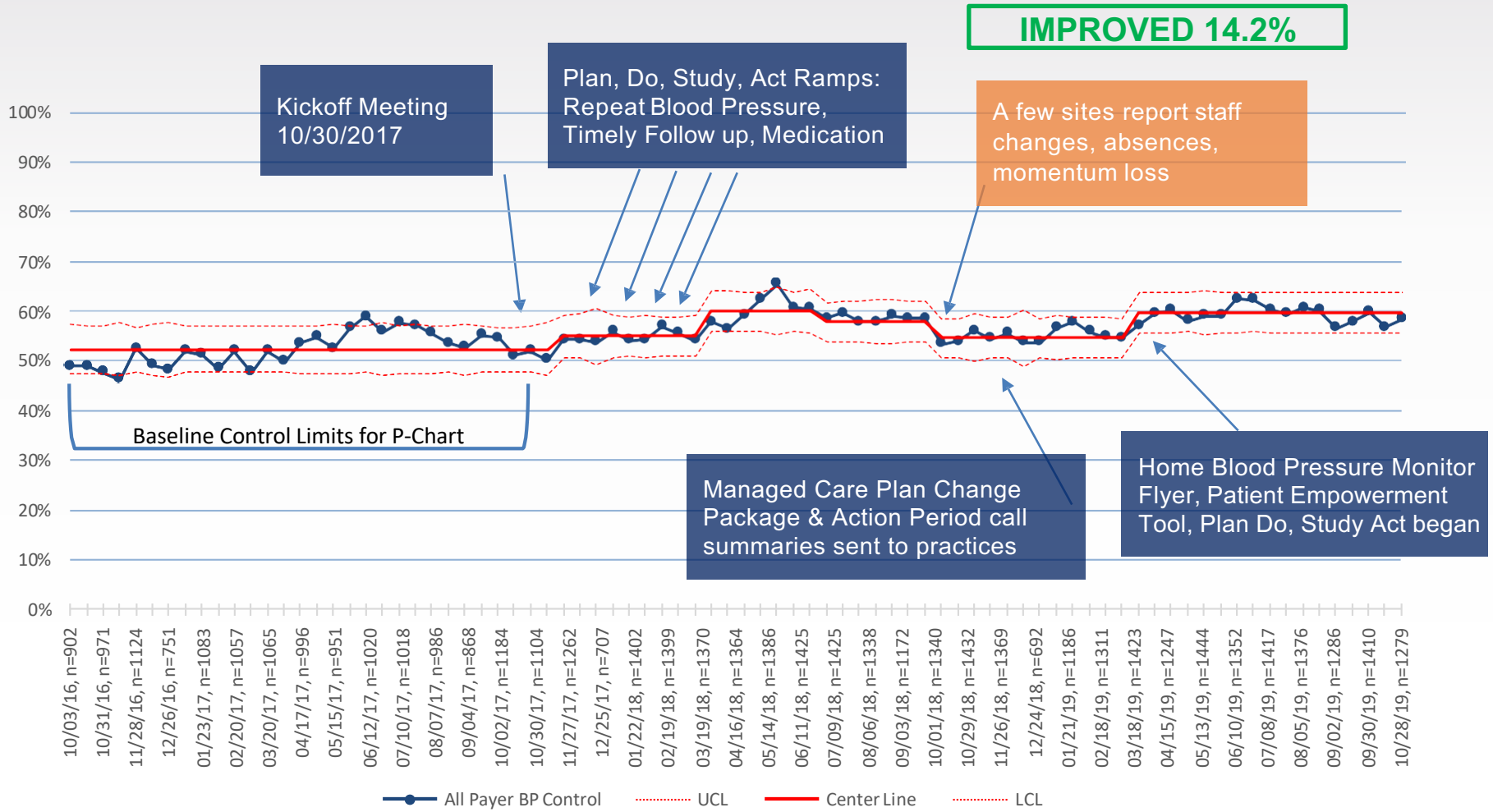
Facilitating access to best practice, addressing non-clinical barriers

Ohio Department of Medicaid

CTSC Clinical & Translational Science Collaborative

18

Percentage of Hypertensive Patients with Controlled Blood Pressure (<140/90)



UCL = Upper Control Level LCL = Lower Control Level Based on Biweekly Measurement Periods

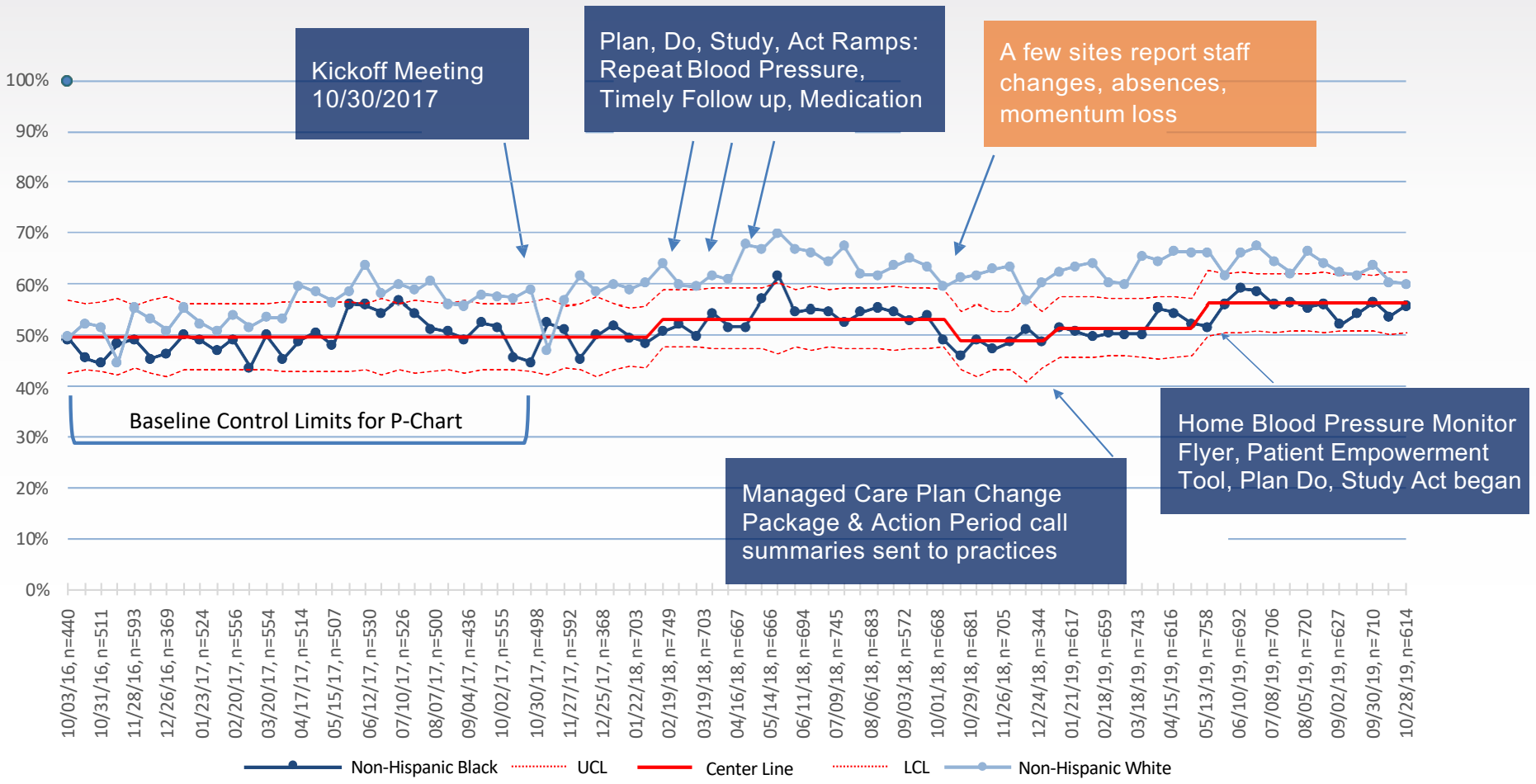
N and control limits represent total Medicaid patients in the data collection period

Ohio Department of Medicaid

CTSC Clinical & Translational Science Collaborative

Percentage of Hypertensive Patients with Controlled Blood Pressure Control (<140/90) by Race

Improved 13.5% in Non-Hispanic Black



UCL = Upper Control Level

LCL = Lower Control Level

Based on Biweekly Measurement Periods

N and control limits represent total Medicaid patients in the data collection period

Ohio Department of Medicaid

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Statewide Hypertension QIP Next Steps

- We are continuing to work with clinics statewide on hypertension and now diabetes control to have an even greater impact and reduce disparities
- Since we identified disparities in medication adherence in the HTN QIP, we have focused on the following specific areas to address this gap including:
  - Use of longer-acting blood pressure (BP) medications which are more forgiving of missed doses (i.e. chlorthalidone and amlodipine)
  - Coverage and use of 90-day prescriptions of BP medications (now used <5% of the time)
  - Practice facilitation around disparities within clinics where within clinic disparities exist
  - Reinforce successful strategies from clinical trials (SPRINT, AASK) and peer clinics
  - Identify and address social determinants of health within clinics

NIH HEAL INITIATIVE | HEALing Communities Study

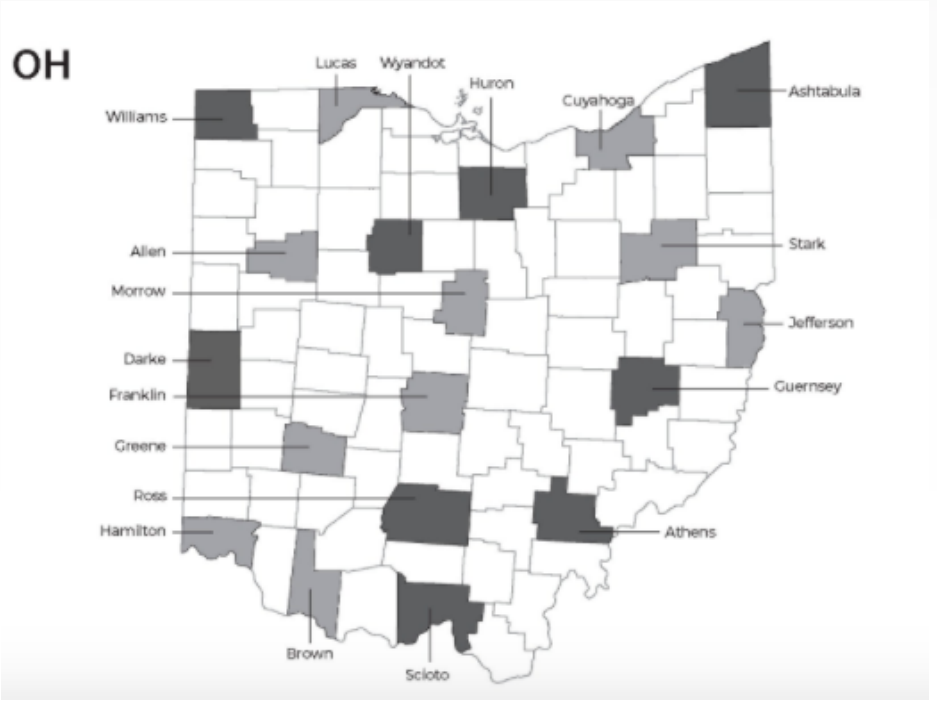
THE OHIO STATE UNIVERSITY

CASE WESTERN RESERVE UNIVERSITY EST. 1826

University of CINCINNATI

Goal

Reduce opioid overdose deaths in OH, KY, NY, and MA by 40% in three years.



Learn More: The HEALing (Helping to End Addiction Long-term SM) Communities Study: Protocol for a Cluster Randomized Trial at the Community Level to Reduce Opioid Overdose Deaths through Implementation of an Integrated Set of Evidence-based Practices. (October 2020). *Drug and Alcohol Dependence.*

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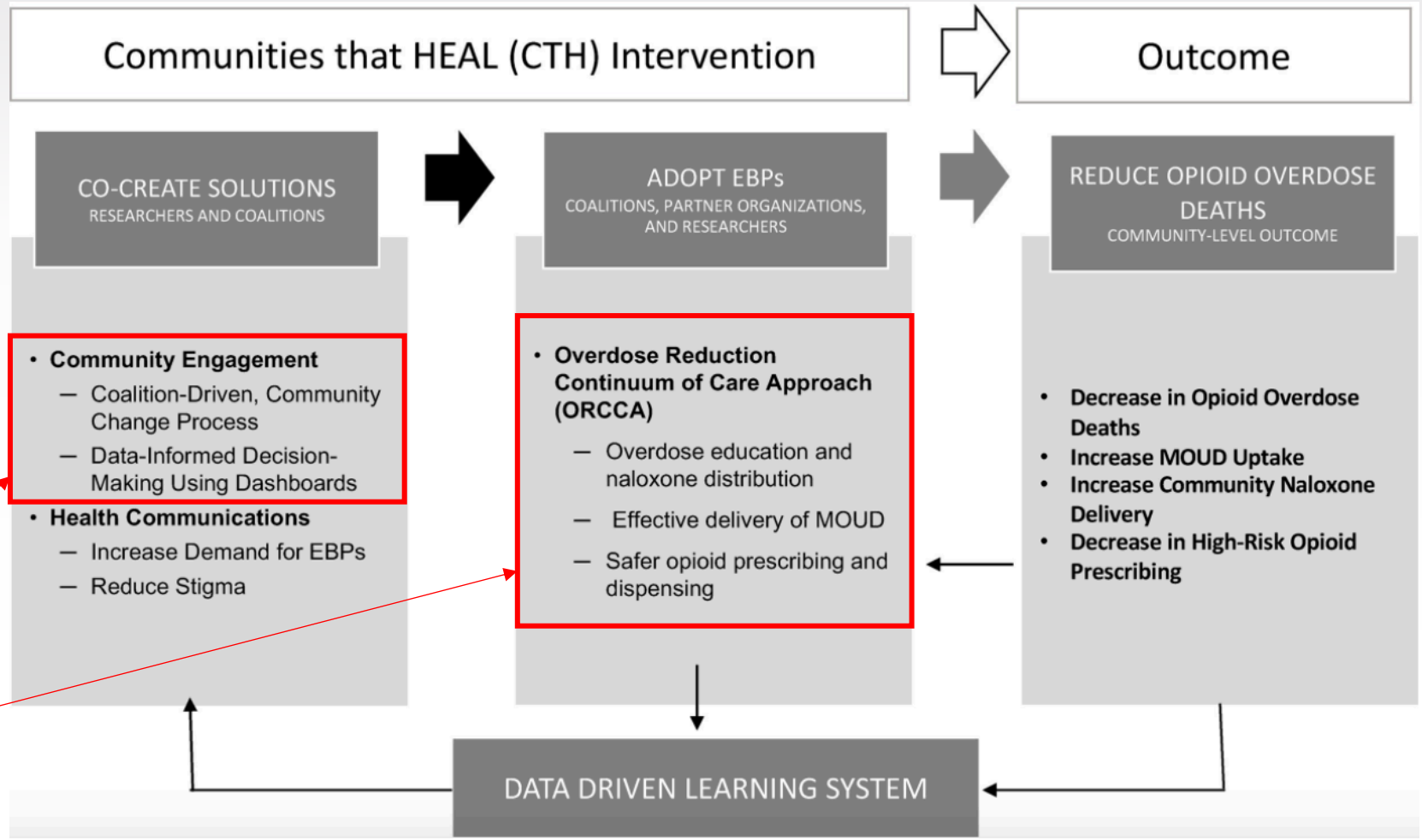
HEALing Communities Study Approach



CWRU Contributions

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CASE WESTERN RESERVE UNIVERSITY

From Research to Recovery 2020:
Racial Disparity, Social Justice and the Opioid Crisis
Sponsored by CTSC

Sampling of Webinars Covered Fall 2020

- Examining Disparity Requires Action: Structural Racism, Healthcare Disparity and the Opioid Crisis
- Trauma, Mental Health and Substance Use
- Achieving Health Equity for Black Mothers and Infants
- Substance Use, Stigma, and Incarceration
- Epidemics of Inequities: COVID-19 and the Opioid Crisis
- Addressing Social Determinants of Health and Health Care Disparity for the Black and Latinx Transgender Community
- Beyond Magic Bullets: White Race as a Social Determinant of the Opioid Crisis

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Questions/Discussion

- What additional infrastructure within the CTSC would promote this type of collaborative dissemination and implementation science to address health disparities?
- What are the novel opportunities to leverage our informatics component to advance community health research?
- How will we leverage the CTSC to train and support career development of the next generation of community health scientists that represent the communities most affected by inequities?
- What might need to be done now in preparation for integration into a subsequent application?