

Building Healthy Communities Conference

At the Intersection of Community Development & Health: Innovative Approaches

Robert Kahn, Associate Chair, Community Child Health, Cincinnati Children's

Martha Halko, Deputy Director, Cuyahoga County Board of Health

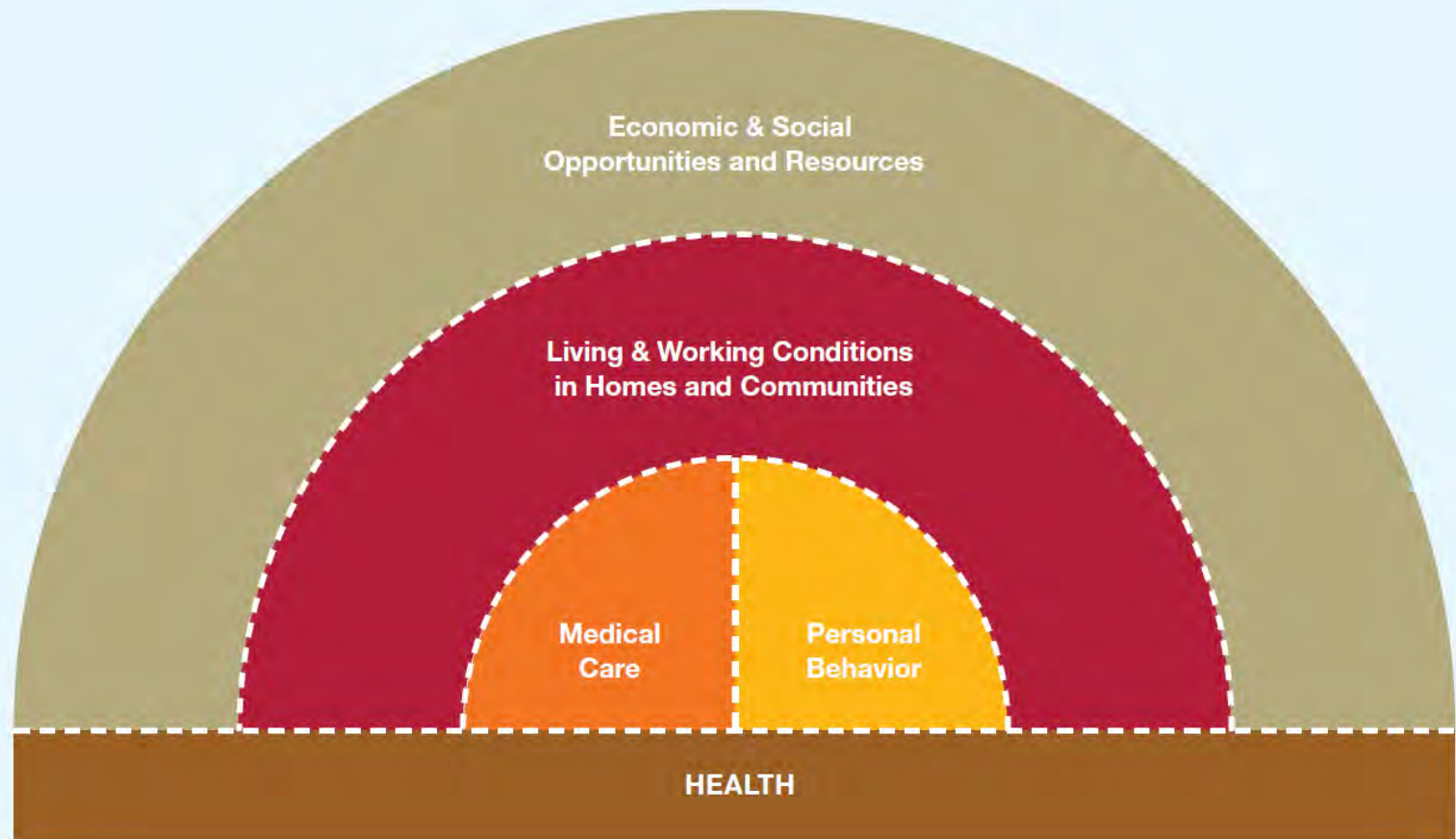
Angela Mingo, Community Relations Director, Nationwide Children's Hospital

October 23, 2014

Goal

- To highlight strategies, initiatives, and programs where there is collaboration between community and health organizations geared toward improving community health

Influences on Health: Broadening the Focus



Overcoming Obstacles to Health, Robert Wood Johnson Foundation, 2008

Attributes

Adequate funding

Shared vision, goals

Skilled leadership

Mutual respect

Established relationships,
communication

Innovation

Collaboration history

Existing models, best
practices

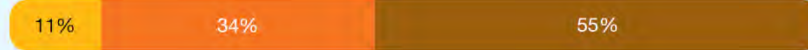
What's Preventing Collaboration Between the Health and Community Development Sectors?

figure 13 A 2013 survey found that while collaboration between the health, finance and community development sectors is occurring, barriers to collaboration remain and can be reduced.

Inadequate Funding and Resources



Lack of Shared Vision and Common Goal



Lack of Skilled Leadership



Lack of Mutual Understanding and Respect Among Partner Organizations



Lack of Well-established Relationships and Communication links with Potential Partner Organizations



Inability to be Innovative



No History of Collaboration in the Community



Lack of Existing Models or Best Practices to Follow



Another Factors



Collaboration to Build Healthier Communities: A Report for the Robert Wood Johnson Foundation Commission to Build a Healthier America. June 2013. http://rwjf.org/content/dam/rwjf/reports/surveys_and_polls/2013/rwjf406479. Accessed December 12, 2013.

Not a barrier A small barrier A huge barrier

Changing the Outcome, Closing the Gap

Population health work

- Asthma and housing
 - Community agency - health care collaborations
 - Beyond collaborations to networked production
- Moving beyond health care
 - hospital level
 - clinic level

Population Health Initiative

Hamilton County: 190,000 children age birth -17yrs

Goal and Initiatives

Purpose

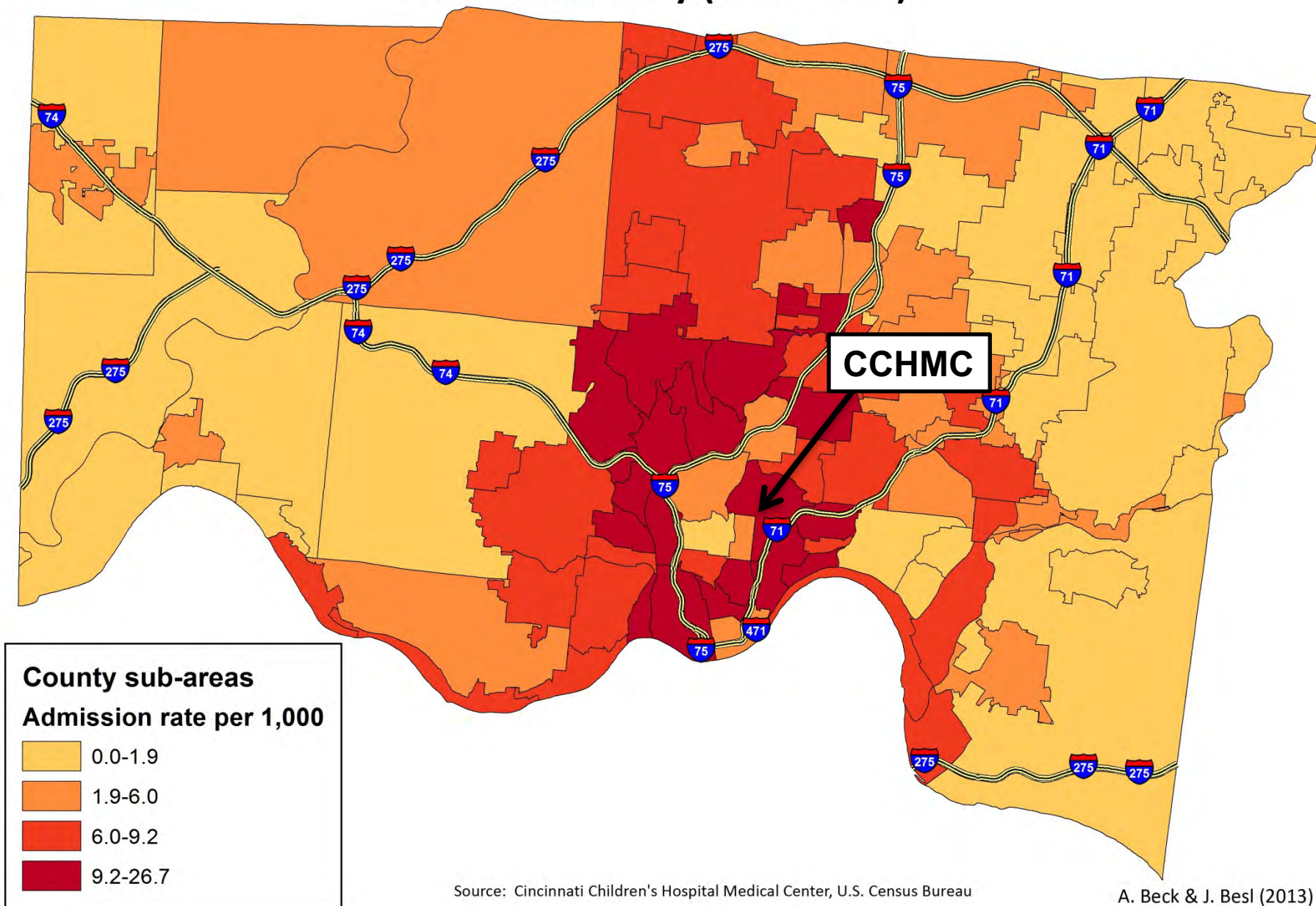
Lead, advocate and collaborate to measurably improve the health of local children and reduce disparities in targeted populations

High Level Measures

By June 30 2015,

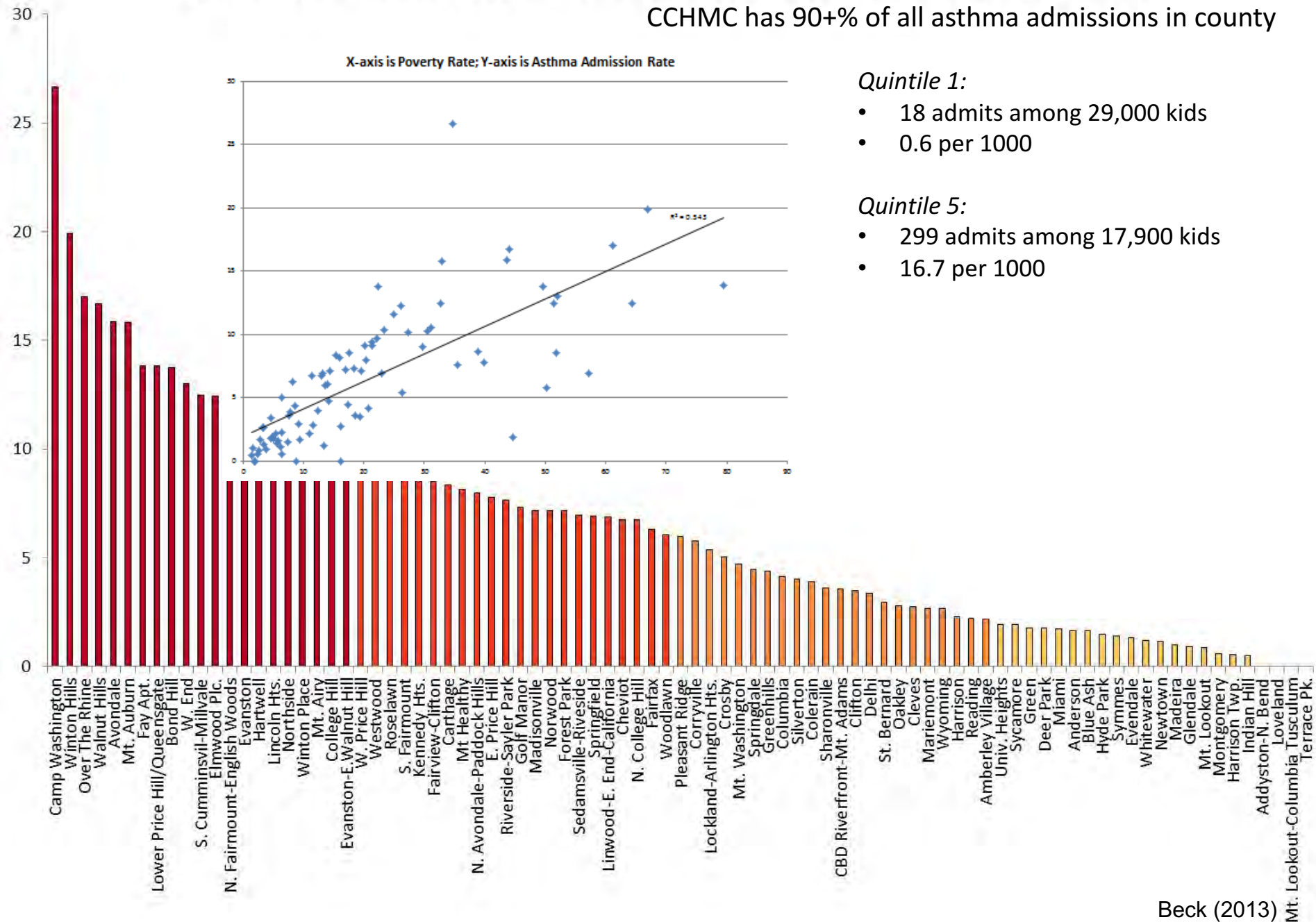
- Reduce the use of the ED and inpatient services by 20% in children with **asthma** covered by Medicaid

Asthma admissions to Cincinnati Children's Hospital, children ages 1-16, Hamilton County (2010-2012)



Asthma admission rate per 1000 children, 3 year average (2010-2012)

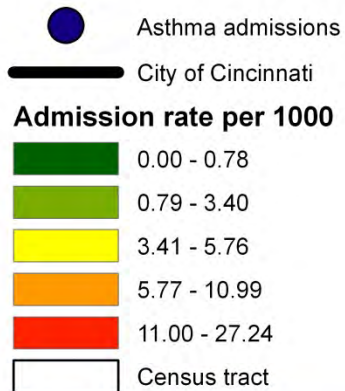
CCHMC has 90+% of all asthma admissions in county



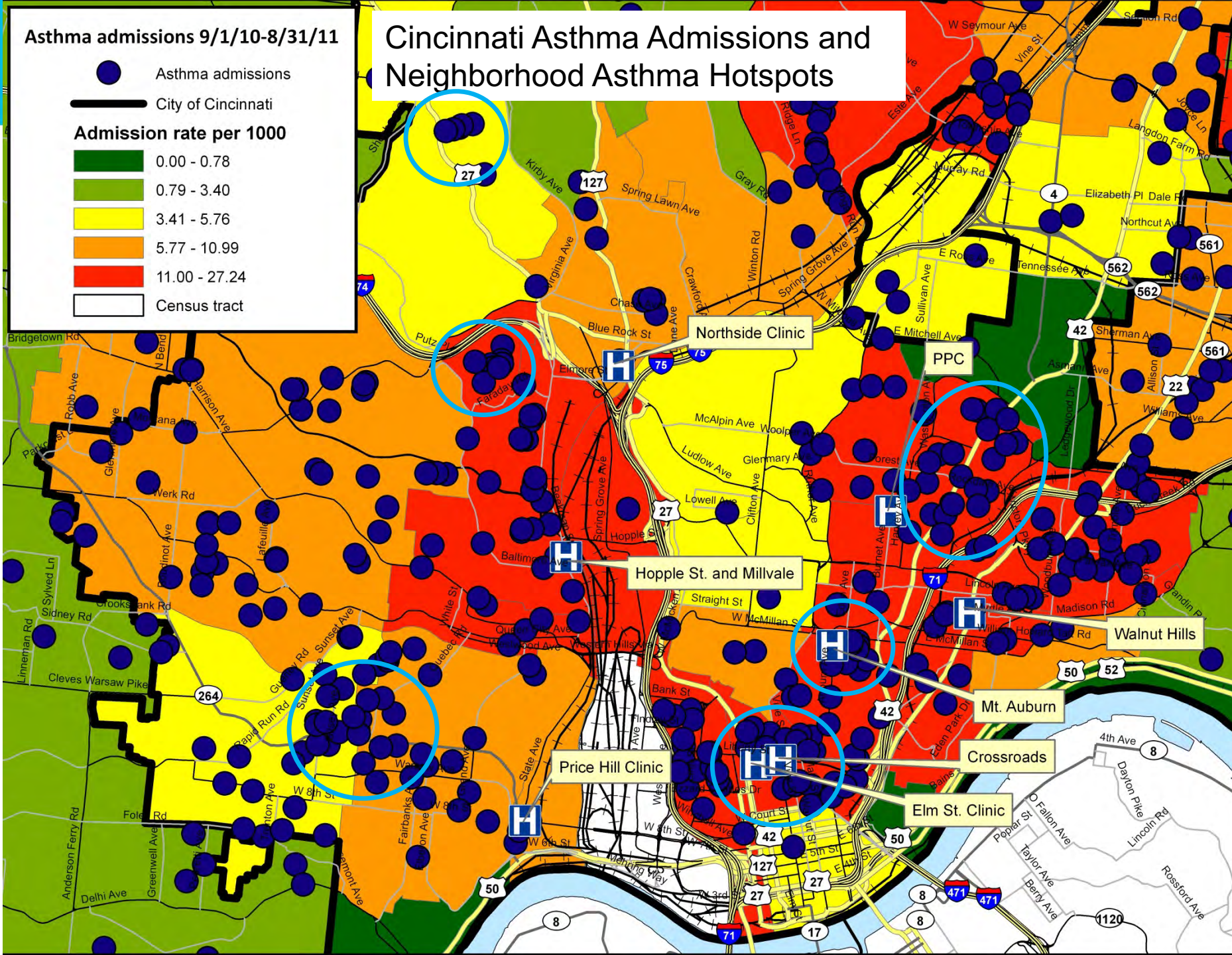
Who are the critical partners?

- Pharmacies
- Cincinnati Public Schools
- Cincinnati Health Department
- Community Development Corp
- Community health workers
- Legal Aid Society

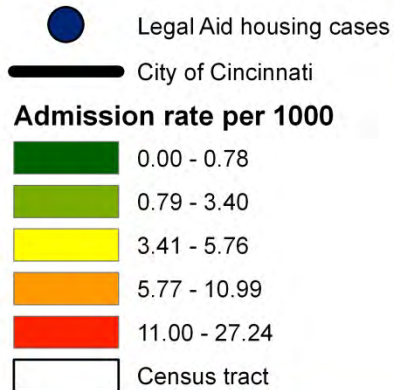
Asthma admissions 9/1/10-8/31/11



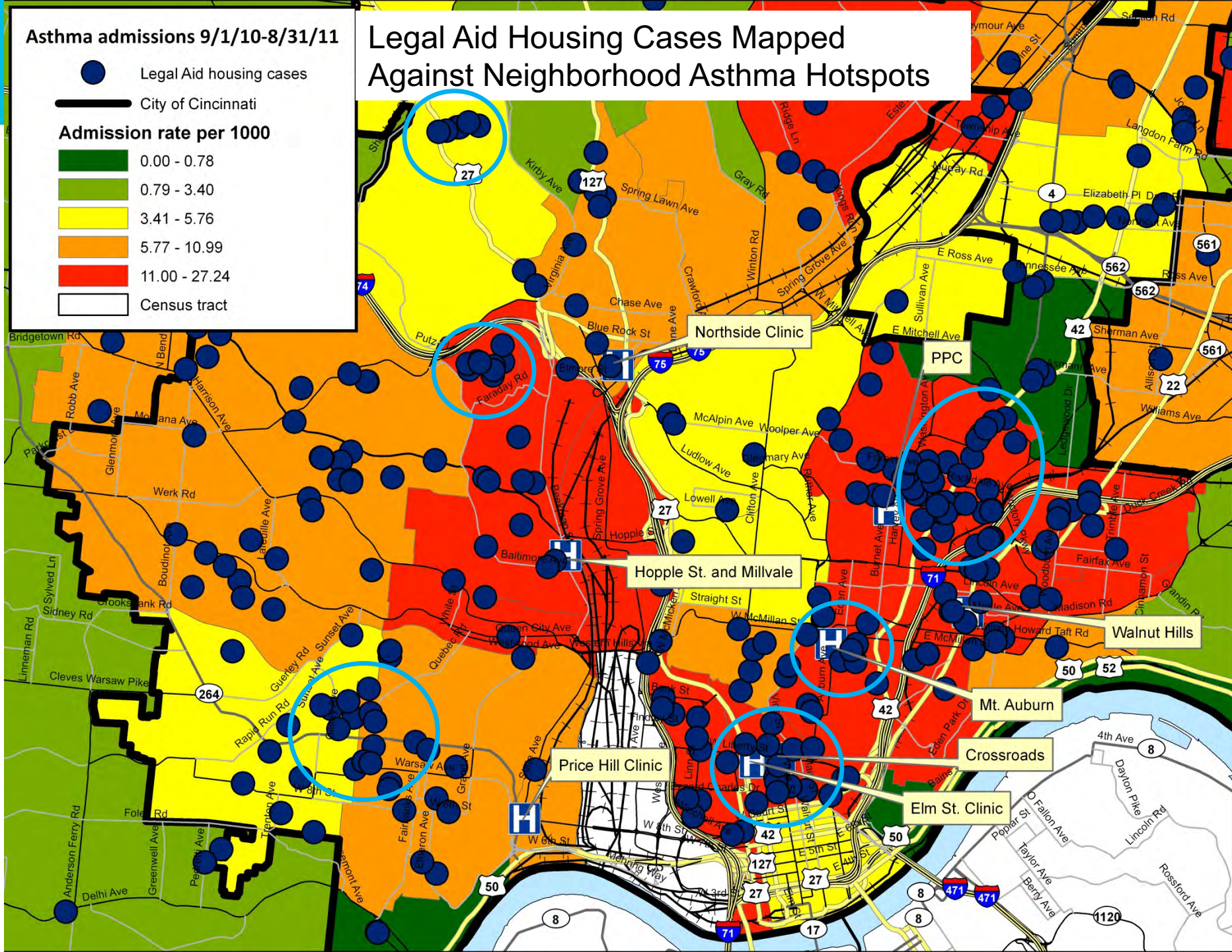
Cincinnati Asthma Admissions and Neighborhood Asthma Hotspots



Asthma admissions 9/1/10-8/31/11



Legal Aid Housing Cases Mapped Against Neighborhood Asthma Hotspots



Attacking social determinants directly

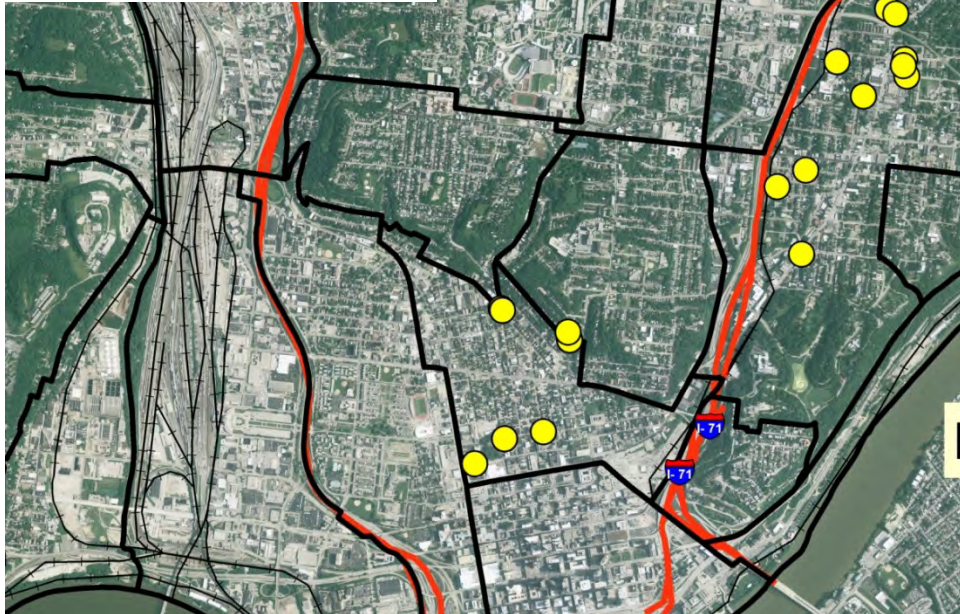
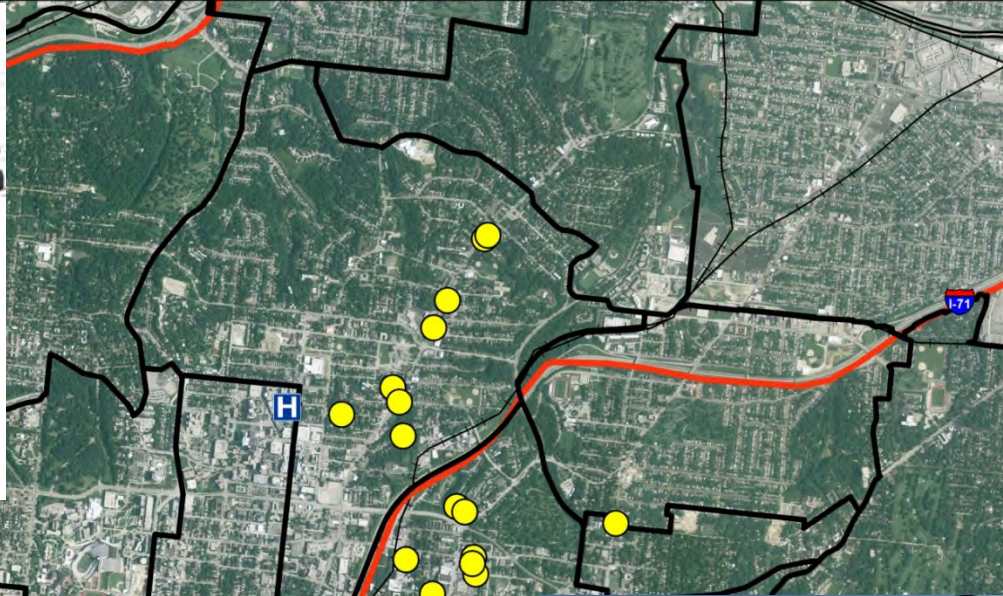
THE ENQUIRER
Cincinnati.Com

**Upkeep neglect
bedevils tenants**

Written by

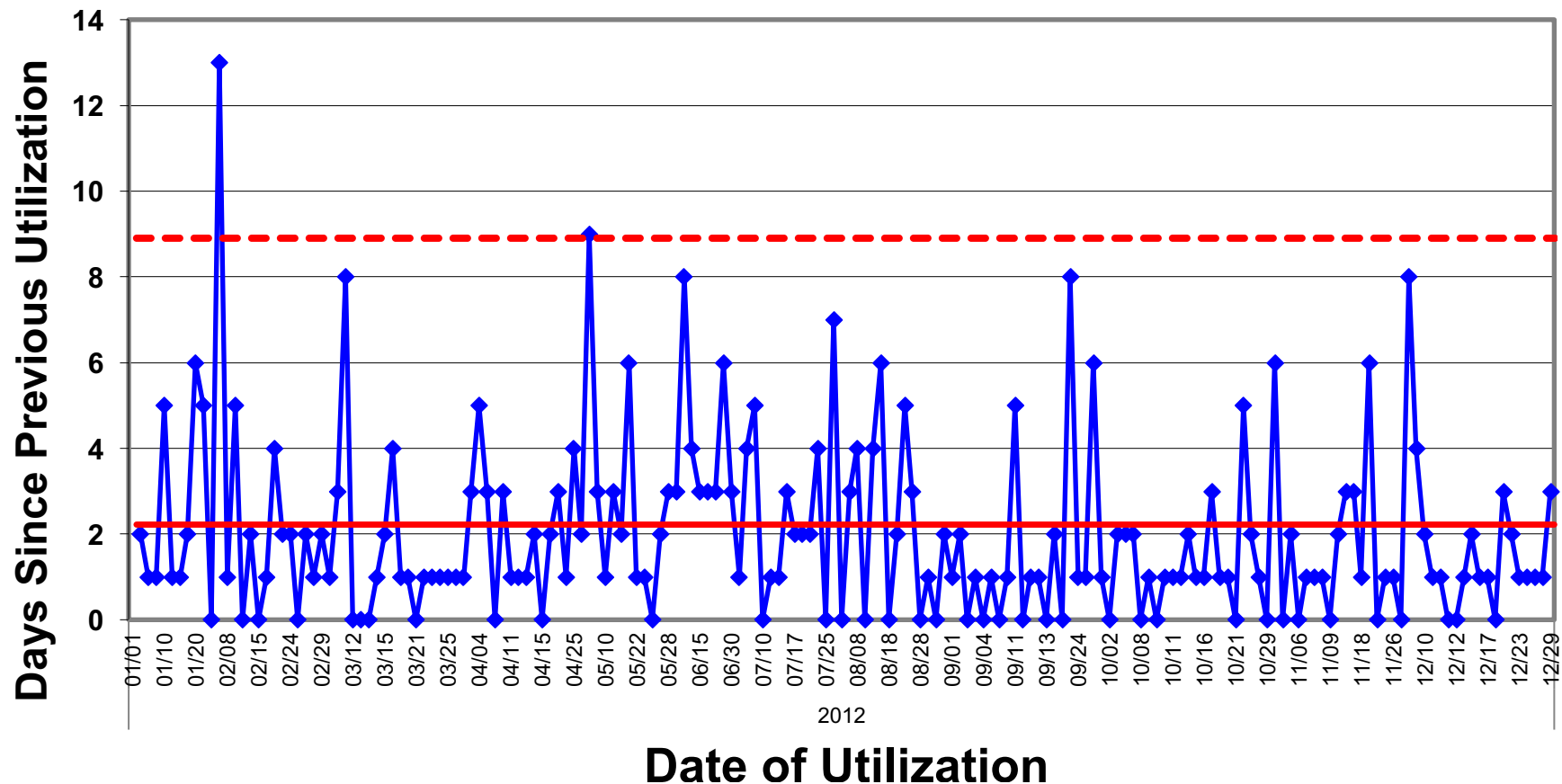
Lisa Bernard-Kuhn
lbernard@enquirer.com

10:01 PM, Mar. 12, 2011|



Avondale and Asthma – Neighborhood approach

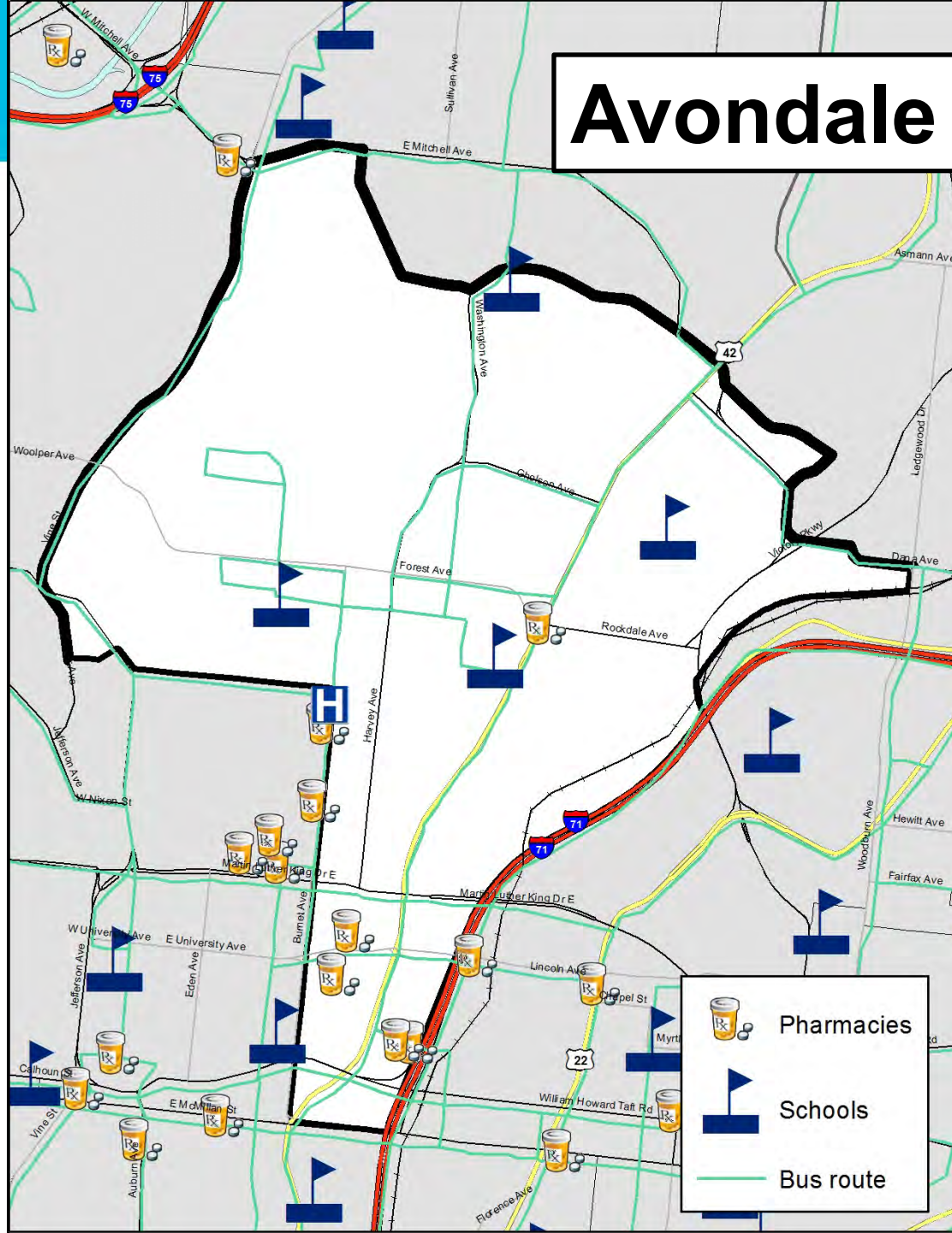
181 total utilizations – 130 ED visits, 51 admissions



◆ Days Since Previous Utilization — Average Days Between Utilizations - - - Control Limits

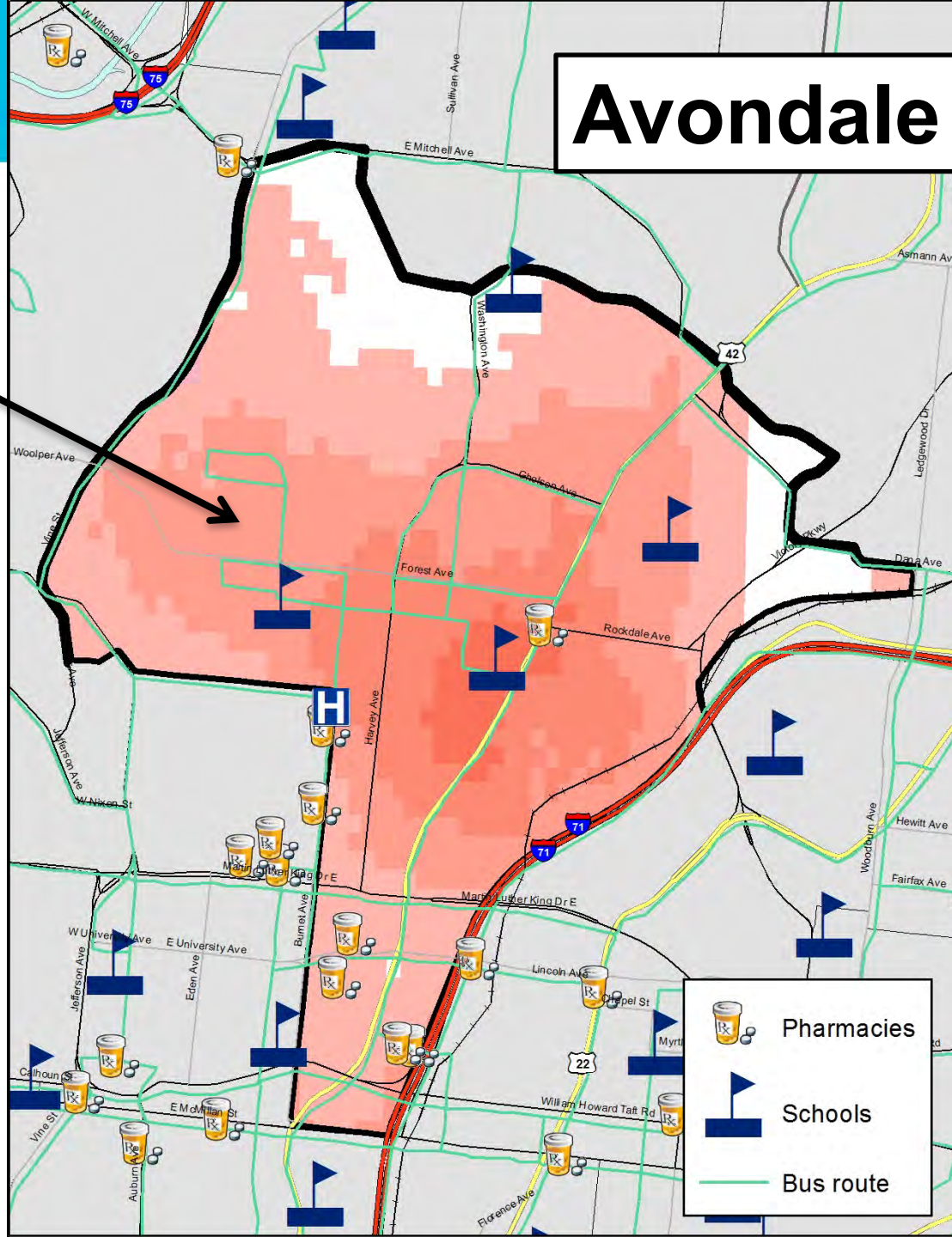


Avondale



Avondale

“Heat map”
of building
code
violations



Avondale

CHOICE Buildings
to be refurbished by
The Community
Builders



CHOICE Buildings



Pharmacies



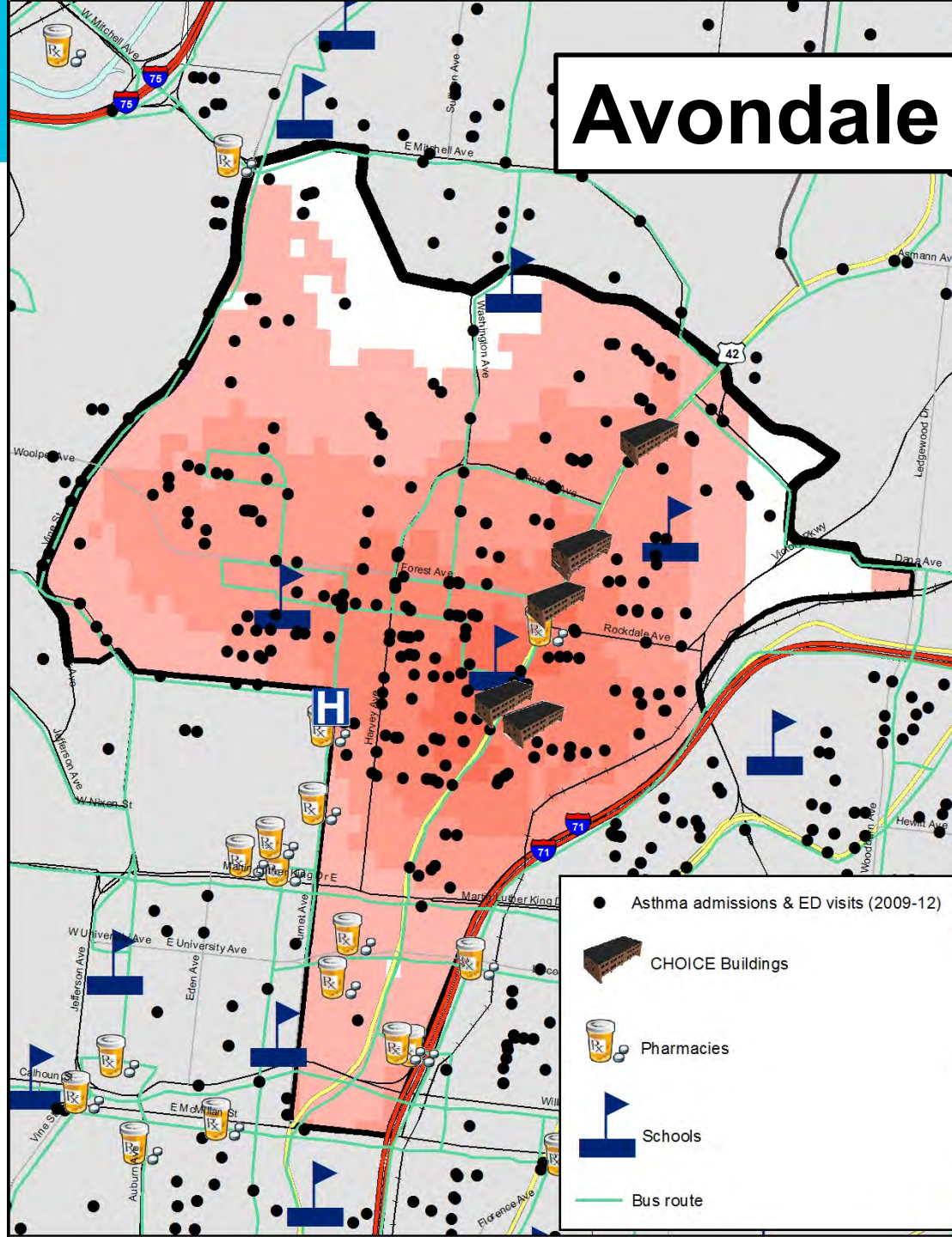
Schools



Bus route



Avondale



Network of care

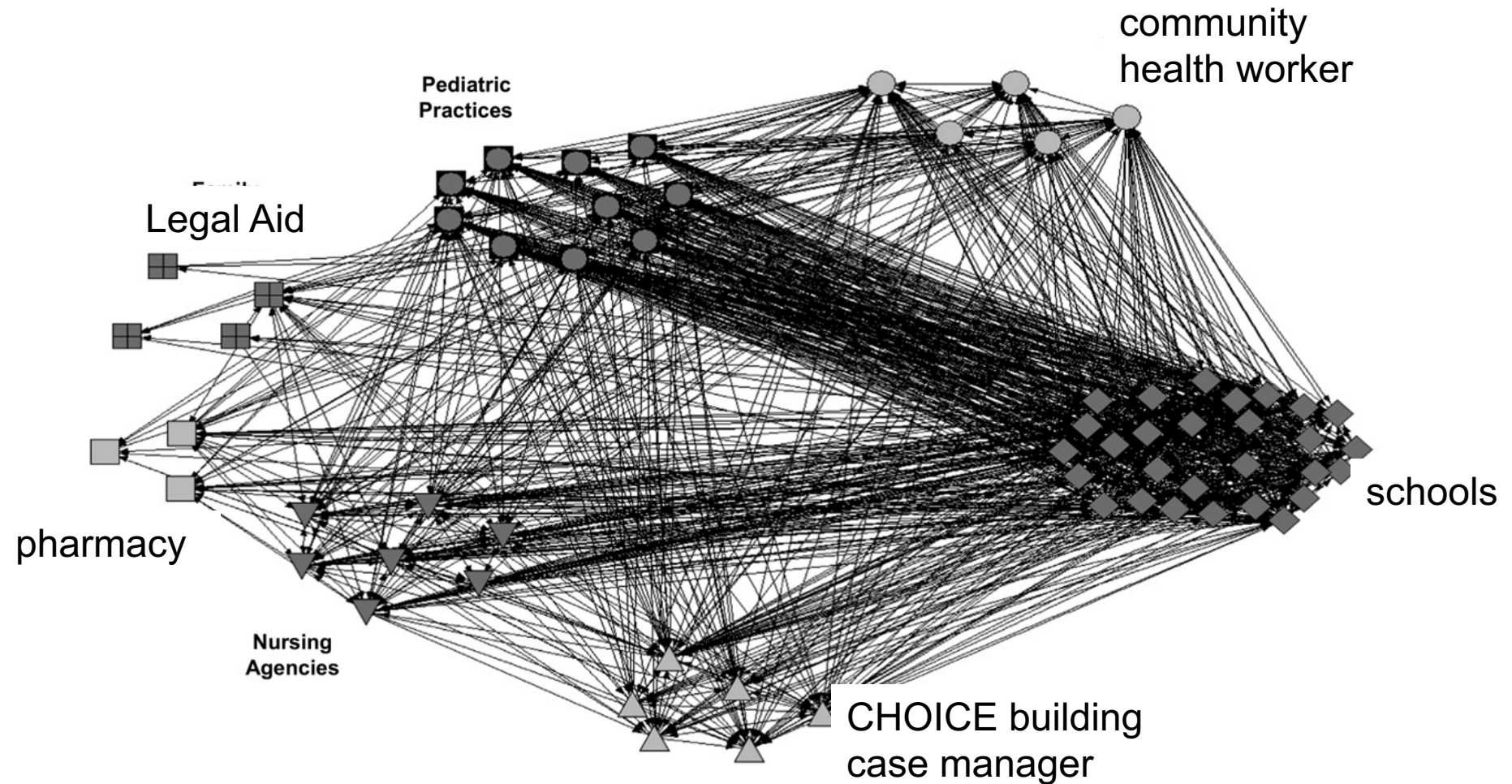


Figure. Collaborations between agencies serving children with complex chronic conditions. Acad Ped 2012

Population Health Initiative

Hamilton County: 190,000 children age birth -17yrs

Goal and Initiatives

Purpose

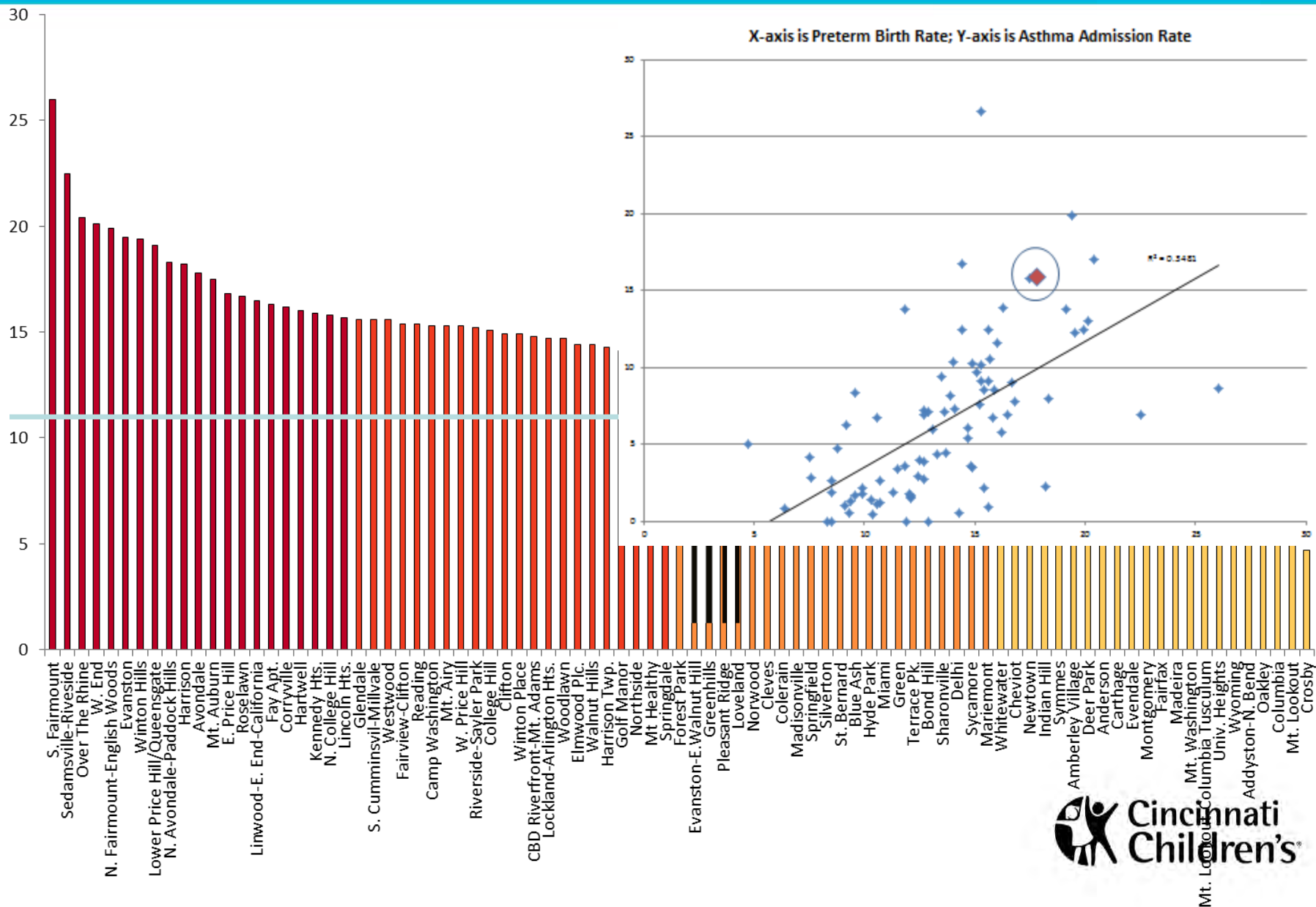
Lead, advocate and collaborate to measurably improve the health of local children and reduce disparities in targeted populations

By June 30 2015,

- Reduce the use of the ED and inpatient services by 20% in children with **asthma** covered by Medicaid
- Reduce **infant mortality** by 15%, 20 infant deaths per year
- Reduce the occurrence of **unintentional pediatric injuries** 30%
- Reverse the trend of increasing childhood **obesity** in grades K-3
- Early mental health promotion and intervention*
- School readiness and Grade 3 reading*

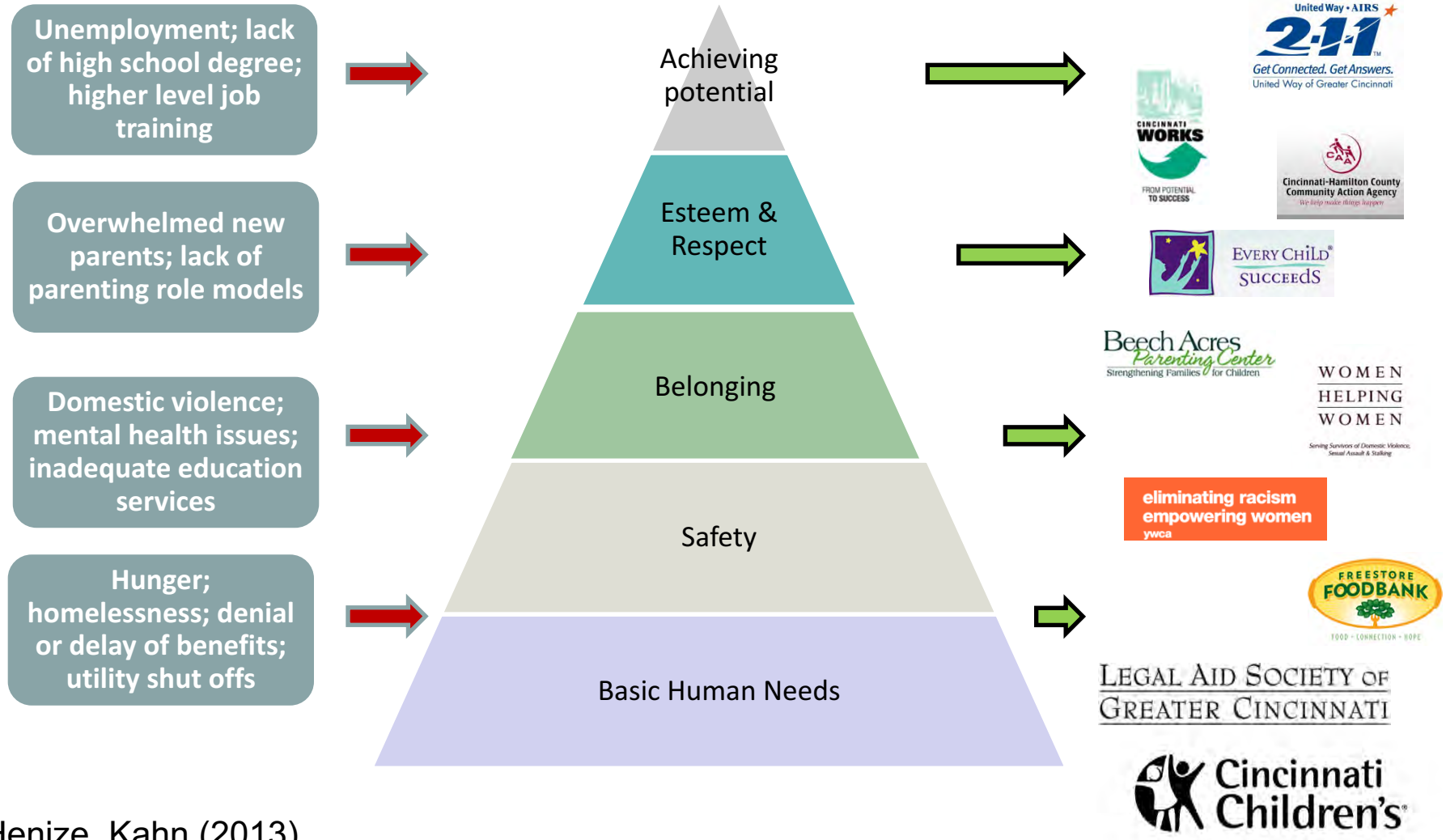
Preterm birth in Hamilton County

Preterm birth rate (per 100), 3 year average (2010-2012)



Moving beyond health care: Clinics

Exceptional health for every child, together



Lessons

- Shared vision – change outcomes, close the gap - and intentionality (thank you, Ozie)
- Population denominator approach
 - Otherwise great silos, lousy outcomes
 - Measurement and analytic capacity
- Building network of partnerships
 - Span missions, but also daily operations, data
- Building innovation and improvement capacity
 - community capacity for design thinking, QI, measurement
- Funding – hospital, foundation, ... ACO?

Injury rate per 1000 children aged 1-4 years, 3 year average (2010-2012)

