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ADVANCING INTEGRATED HEALTHCARE

# Clinical Strategy Meeting: Investing in Communities

May 19, 2023

Item	Time
Welcome <i>Pat Flanagan, Clinical Director and PCMH Kids Co-Chair, CTC-RI</i>	5 min
Pediatric Vital Signs <i>Christine Sander, Senior Director, Infant &amp; Child Wellness, Nationwide Children's Hospital</i> <i>Nick Jones, Director, Healthy Neighborhoods Healthy Families, Nationwide Children's Hospital</i>	45 min
<i>Reactants</i> <i>Zachary Nieder, Senior Strategic Initiative Officer, RI Foundation</i> <i>Larry Warner, DrPH, Chief Impact and Equity Officer, United Way</i> <i>Garry Bliss, Medicaid AE at Prospect Chartercare</i>	20 min
Discussion & Questions <i>All</i>	20 min

# CTC-RI Conflict of Interest Statement & CME Credits

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

**Claim CME Credits here:**

<https://www.surveymonkey.com/r/ZDZS5HG>



*The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).*

# Pediatric Vital Signs



# Learning Objectives

At the conclusion of this presentation, participants should be able to:

1. Describe Partners for Kids and Population Health activities at Nationwide Children's Hospital
2. Articulate the key elements and implementation strategy associated with Pediatric Vital Signs.
3. Recognize key strategies and interventions of the Healthy Neighborhoods Healthy Families initiative.

# Partners for Kids



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.*

# What is Partners for Kids (PFK)?

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PARTNERS  
FOR KIDS®

 NATIONWIDE  
CHILDREN'S™  
*When your child needs a hospital, everything matters.*

 dayton  
children's

# PFK Mission and Vision



## **Partners For Kids Mission**

Improving the health of children through high value, innovative care and community partnerships.



## **Partners For Kids Vision**

A system of care that promotes best outcomes in child health.



# PFK Member Criteria

- ✓ Under 19yr (CFC), or 21 (ABD & AFK)
- ✓ Enrolled in managed Medicaid in Ohio\*
- ✓ Live in one of PFK's counties

\* WCR and Allen, Hardin, and Richland counties are CareSource, AmeriHealth, and Humana only, excludes United AFK



# PFK Overview



- Largest Pediatric Medicaid ACO
- 25 years of full capitation
- 2 hospital, over 2,250 providers
- Contracts since 2007
- Care coordination leader
- Portfolio of practice supports
- Cost, Quality, and Service improvements

# The Virtuous Cycle



# Pediatric Vital Signs



# Pediatric Vital Signs Approach

Accountable Care Organization



Improved care, access and prevention



Programs and policies addressing social determinants of health and health equity



**HEALTHIER CHILDREN**

PARTNERS FOR KIDS™

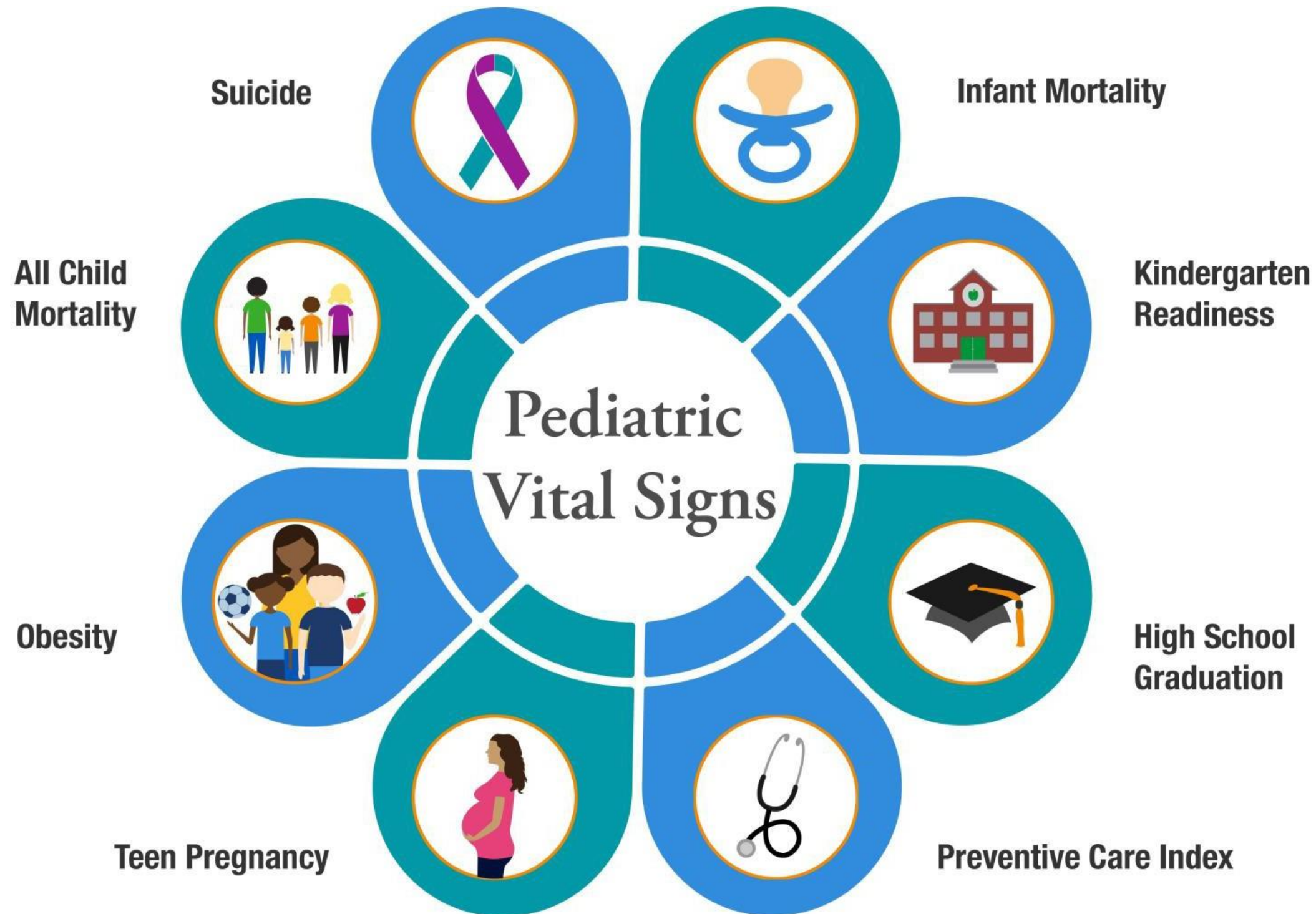


Pediatric Vital Signs



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# Pediatric Vital Signs



## Key Components:

- Measurement: aspirational with tests of change
- Population-level change (not just NCH patients)
- Community accountability & partnerships
- Address disparities

# Pediatric Vital Signs: 5-Year Goals



## **Pediatric Vital Signs (Franklin County)**

Implement activities for 8 Pediatric Vital Signs, with baseline data, metric tracking and improvement in Franklin County, OH.



## **Infant Mortality (Franklin County)**

Reduce Black infant mortality by 50% in Franklin County, OH.

PARTNERS  
FOR KIDS



## **Regional Population Health & Pediatric Vital Signs (Regional Expansion)**

Increase the % of PFK counties with Pediatric Vital Signs-related improvement initiatives from 2% to >50% (n=24 counties).



Infant Mortality: Decrease the Black Infant Mortality rate in Franklin County to 7.6 by 2025.

## 2022 Outcome Goals:

- Establish standardize screening elements and process for prenatal patients
- Increase number of women connected to home visiting and other perinatal supports
- $\geq 90\%$  of women's health service line employees within central Ohio's healthcare systems engage in annual ongoing continuing education

### **Strategy: Accelerate existing evidence-based priorities**

- Expand perinatal support program capacity
  - *Home visiting, Medical Legal Partnership, Baby & Me Tobacco Free*
- Continue to reduce unintended teen pregnancy prevention through evidence-based education and access to contraception

### **Strategy: Implement universal maternal risk screening**

- Screen for consistent health and social factors each trimester
- Use screening information to enable link to perinatal supports (home visiting, doula, CHWs)

### **Strategy: Leverage vital statistics with EMR data to drive QI**

- Provide Prematurity and Sleep Death reports to birthing hospitals
- Cause of Death data physician review

### **Strategy: Improve provider education on racial disparities**

- Implement ongoing provider education on racial bias, stigma, discrimination and history of structural racism



# Outcome & Process Measurement

## Example: Infant Mortality

Primary  
Aim



<b>Infant Mortality</b>	2019	2020	2021	3-Yr Average 2019 - 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD
IMR - # Deaths among Franklin County infants < 1 Year old per 1000 live births	6.9	6.7	7.8	7.1	6.8	9.1	7.7	7.9	7.9
Non-Hispanic Black infant mortality rate per 1000 live births	11.1	11.4	14.5	12.4	13.6	16.4	10.0	11.5	12.7
Non-Hispanic White infant mortality rate per 1000 live births	4.2	4.0	4.7	4.3	3.3	4.5	6.4	4.8	4.8
# Sleep Deaths	15	17	16	16	10	10	3	7	30
<b>Birth Outcomes</b>									
% Preterm birth <32 weeks GA, Fr Co.	2.3%	1.7%	1.5%	2.0%	1.8%	2.1%	1.6%	2.0%	1.9%
% Preterm birth <32 wks for Non-Hispanic Black, Fr Co.	3.8%	2.3%	3.3%	3.0%	2.3%	2.9%	2.3%	2.7%	2.6%
# Births per 1000 women age 15-19	17.0	15.9	15.0	16.0	14.6	13.8	15.3	13.1	14.2
<b>Prenatal Care</b>									
% Births in Franklin County with no prenatal care	2.5%	1.8%	1.3%	2.0%	2.0%	1.8%	1.9%	1.9%	1.9%
% Births with first trimester entry into prenatal care	73.5%	74.7%	75.5%	75.0%	73.7%	74.1%	73.3%	73.5%	73.6%
% Pregnant women in Franklin County who smoke during their 3rd trimester	6.2%	5.8%	5.3%	6.0%	4.4%	4.3%	3.7%	3.4%	3.9%
% Franklin County women on Medicaid with a high-risk pregnancy with a progesterone claim	23.3%	16.0%	15.8%	18.0%	15.7%	15.9%	16.9%	0.0%	16.0%
<b>Perinatal Support</b>									
# Eligible women served by evidenced-based Home Visiting in Franklin County	2110	1848	1860	1939	-	-	-	-	-

Indicator  
Measures



# Outcome & Process Measurement

## Example: Infant Mortality

“Tests of Change”  
Process Measures

Priority QI Projects	2019	2020	2021	3-Yr Average 2019 - 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD
% Women who receive a LARC immediately postpartum (at maternity stay)	6.4%	7.2%	6.1%	7.0%	6.7%	6.4%	6.2%	5.3%	6.2%
% Women who receive a LARC during the postpartum period	9.4%	6.4%	3.4%	6.0%	3.8%	4.5%	6.6%	6.0%	5.3%
% Teens age 15-19 who have a LARC	13.6%	11.5%	15.9%	14.0%	13.0%	13.0%	10.7%	11.1%	11.9%
% Women in OBBO clinics accepting progesterone	-	90.0%	61.0%	76.0%	70.0%	75.0%	71.0%	93.9%	75.9%
% Pregnant women screened for perinatal support (home visiting, MLP, B&MTF, Moms2B, etc.)	-	-	-	-	-	-	-	-	-
% Eligible women referred to evidenced-based home visiting	22.4%	20.7%	14.7%	19.0%	32.9%	33.9%	28.8%	29.5%	31.2%
% Women's Health Staff that have completed Addressing Racism Continuing Education	-	-	-	-	-	-	-	-	-
<b>Funded Programs</b>									
# Women served through B&MTF with negative tobacco test during 1st postpartum visit	43	105	60	69	15	8	8	13	44
# Women in Franklin County scheduled for prenatal care by StepOne	3783	3683	2825	3430	744	576	428	526	2274
# Women served by OBBO Medical Legal Partnership (closed cases)	288	220	410	306	61	135	58	108	362

**HEALTHY NEIGHBORHOODS  
HEALTHY FAMILIES**

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**A Partnership to Create  
a Healthy Community**



# HEALTHY NEIGHBORHOODS HEALTHY FAMILIES

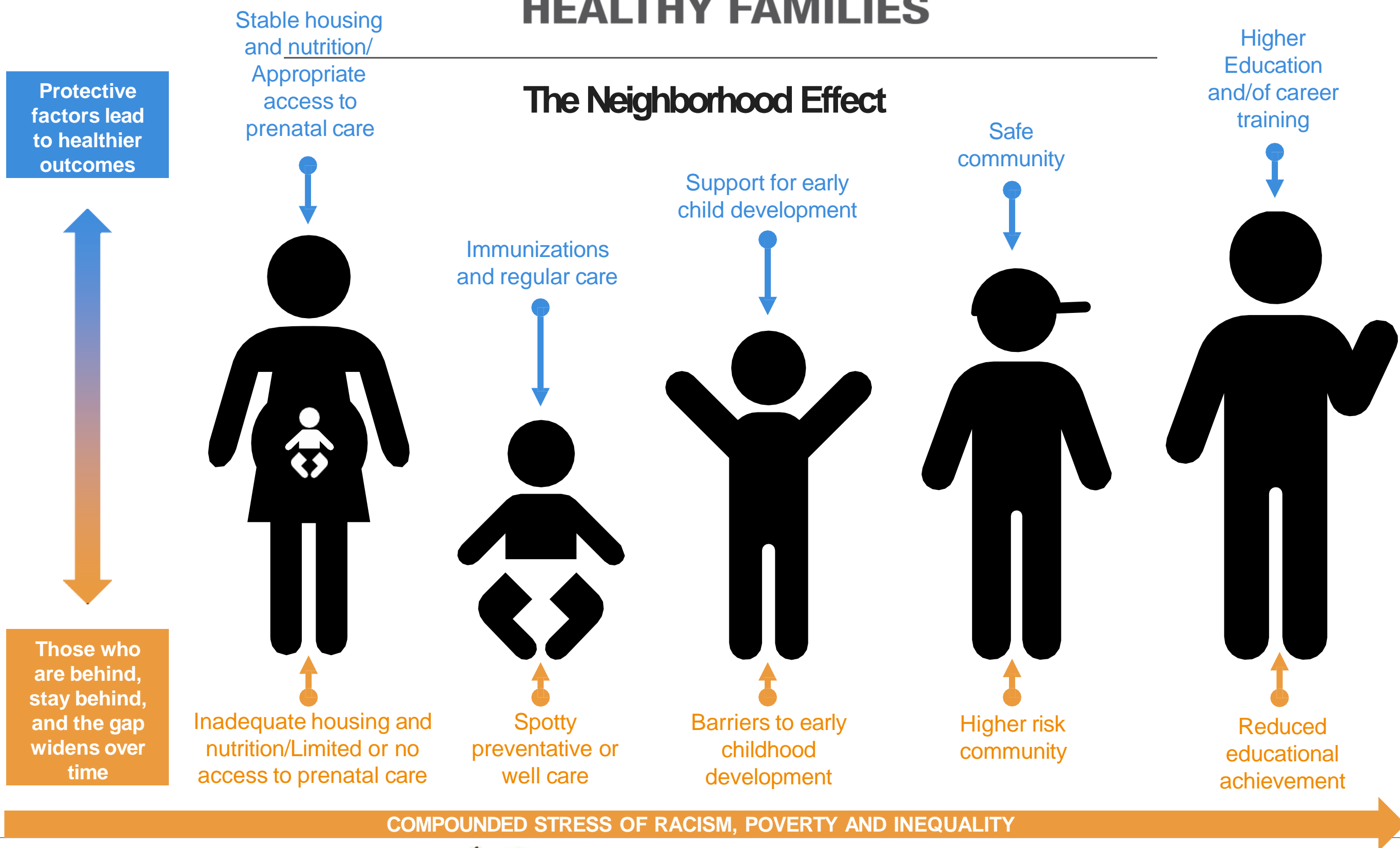
2021-2026

## LEADING THE JOURNEY TO **BEST OUTCOMES** FOR CHILDREN EVERYWHERE



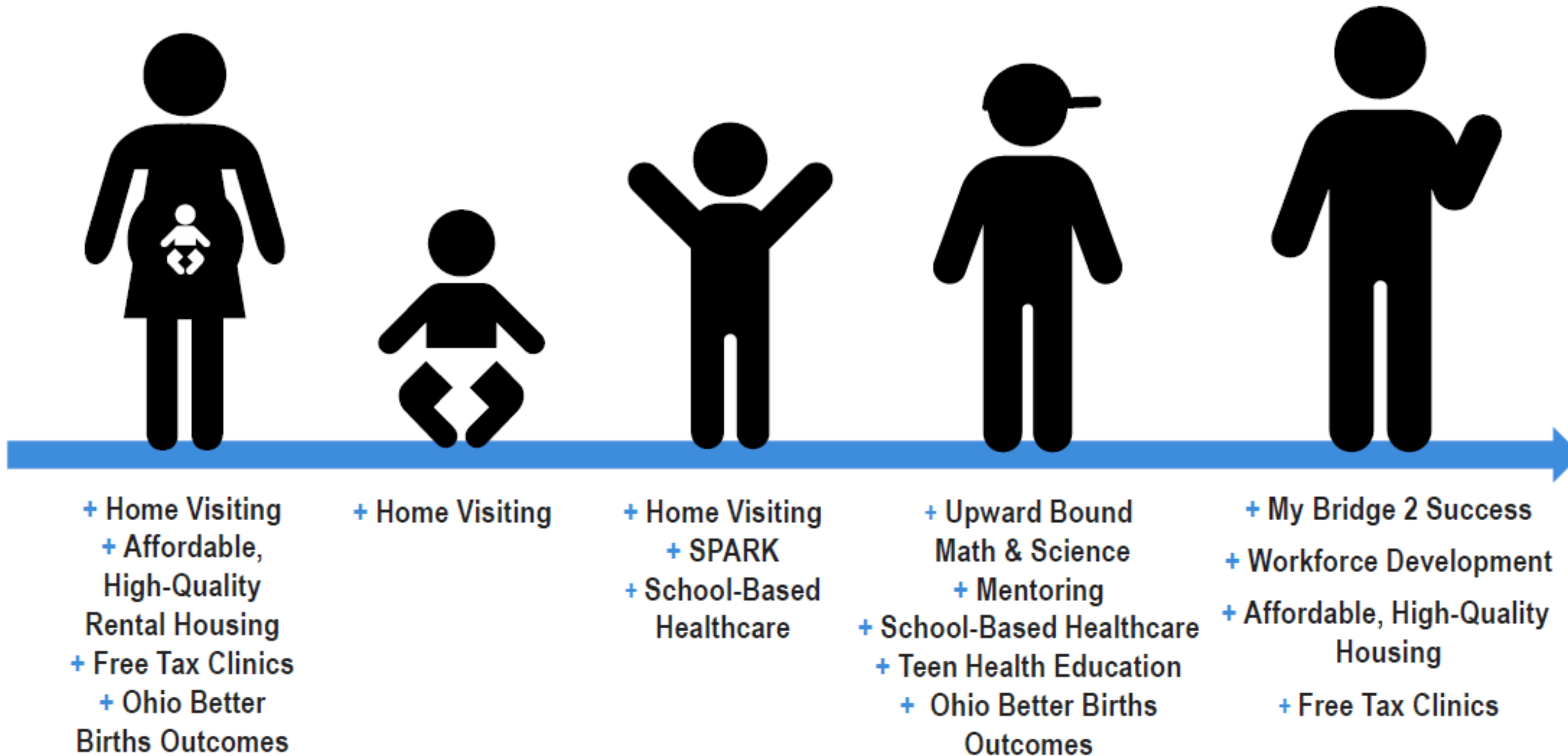
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# HEALTHY NEIGHBORHOODS HEALTHY FAMILIES



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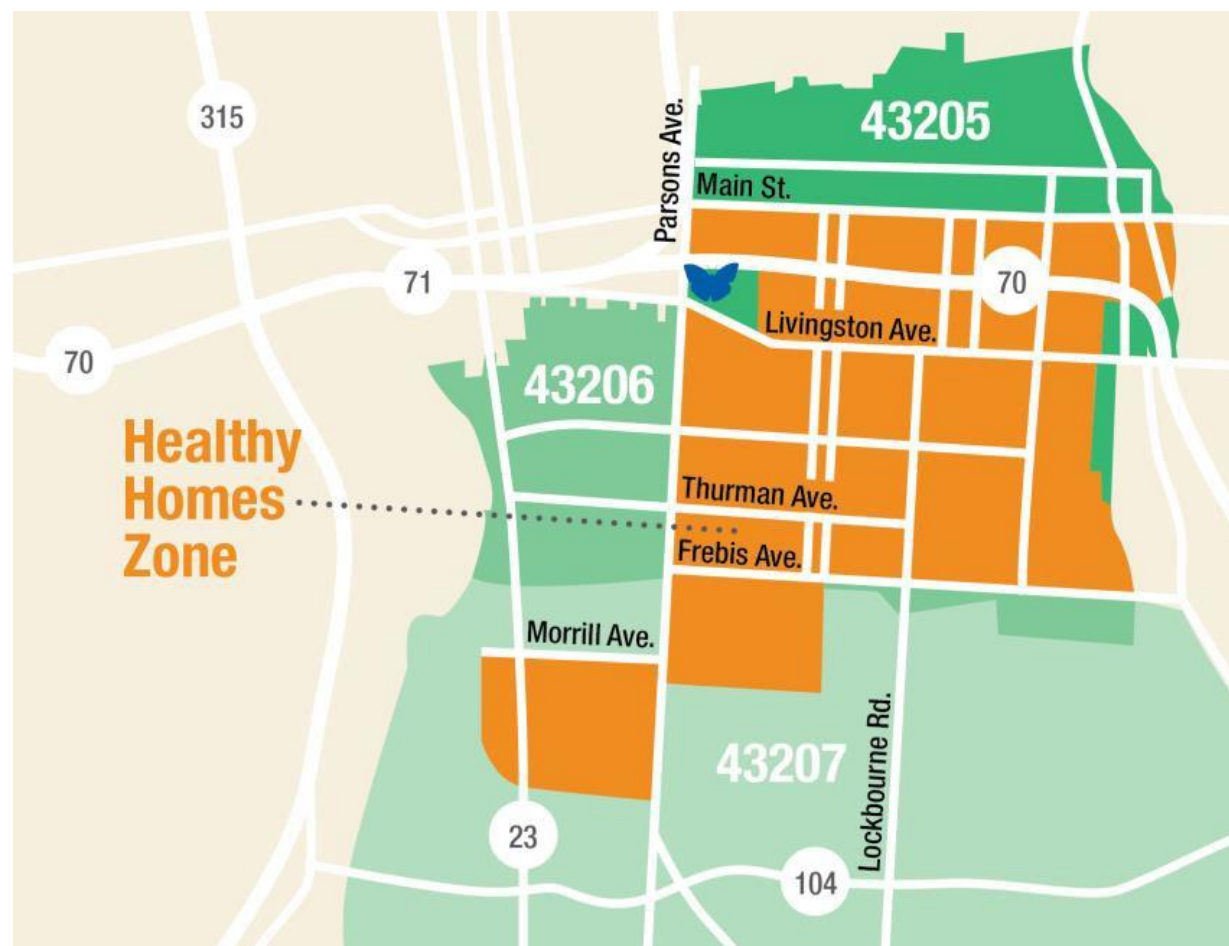
Creating Protective Factors Lead to Healthier Outcomes



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# HEALTHY NEIGHBORHOODS HEALTHY FAMILIES

## South Side



## Linden



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# HEALTHY NEIGHBORHOODS HEALTHY FAMILIES

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**HEALTHY NEIGHBORHOODS HEALTHY FAMILIES**  
**AFFORDABLE HOUSING**

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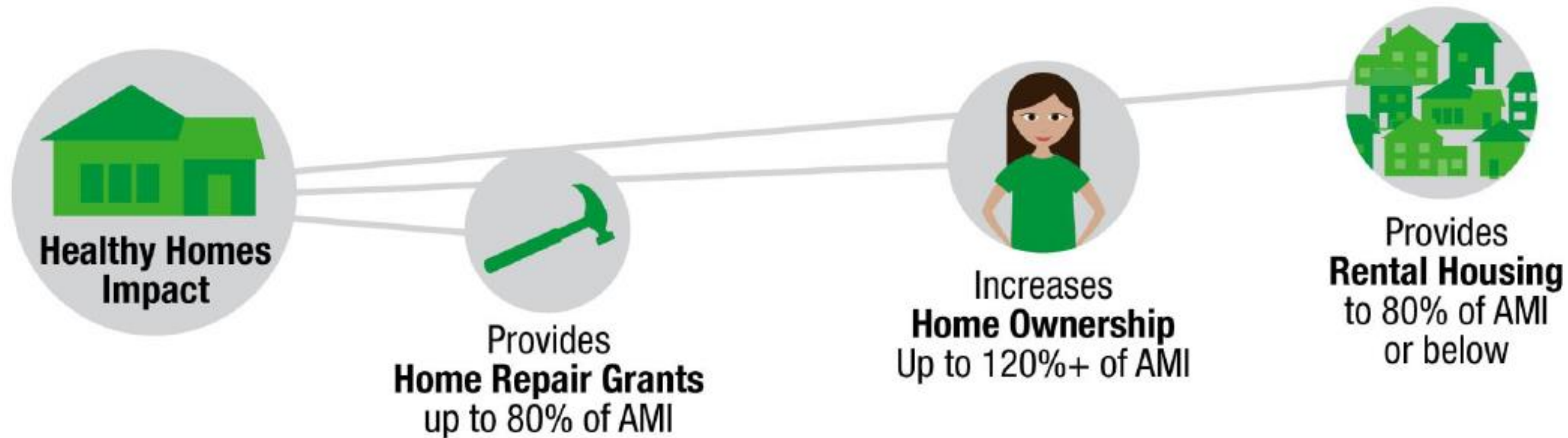


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**HEALTHY NEIGHBORHOODS HEALTHY FAMILIES**  
**AFFORDABLE HOUSING**

**Healthy Homes — Scope of Impact**



**Area Median Income Guidelines  
(for a Family of Four):**

60% - \$56,220

80% - \$74,950

120% - \$112,425



HEALTHY NEIGHBORHOODS HEALTHY FAMILIES  
AFFORDABLE HOUSING

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## Healthy Homes



Before

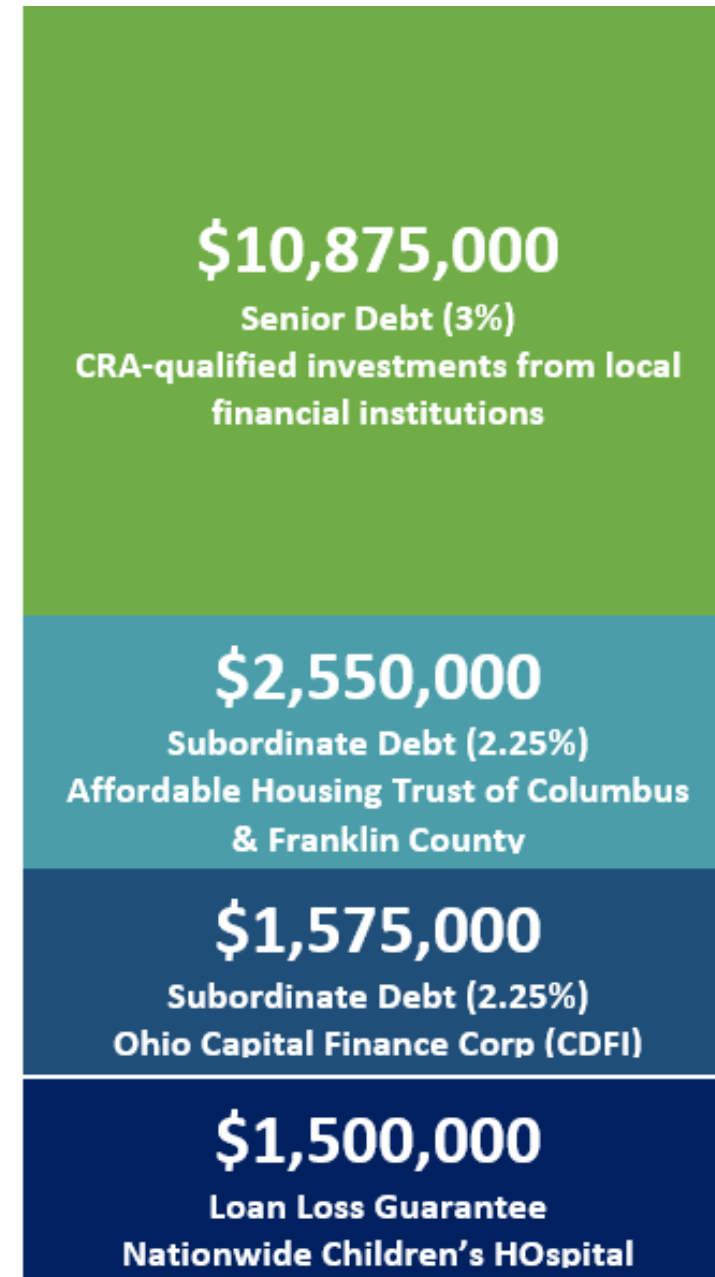


After

Impacted  
more than  
**730**  
residential  
properties



**HEALTHY NEIGHBORHOODS HEALTHY FAMILIES**  
**AFFORDABLE HOUSING**



- Investors are making a 10-year commitment; at the end of this period the loan will be refinanced in the traditional market
- Loan funds cover up to 75% of the development costs with the remaining 25% coming from grant sources
- 95% of rental payments go to pay interest and principal



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# HEALTHY NEIGHBORHOODS HEALTHY FAMILIES



HEALTHY NEIGHBORHOODS  
HEALTHY FAMILIES  
AFFORDABLE HOUSING

## SOUTH SIDE

CREATING AND SUSTAINING  
MIXED-INCOME COMMUNITIES

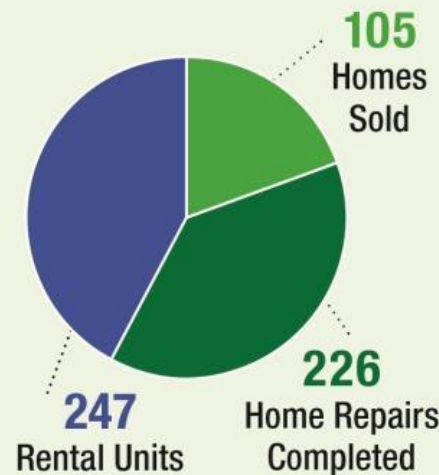
Before



After



TOTAL IMPACT:  
578 HOUSES



HOME REPAIRS:

Typical Homeowner:

68 years old

80% Black

\$12,000 average grant



HOME OWNERSHIP:

Houses sold at **40% less** than the average market rate listing

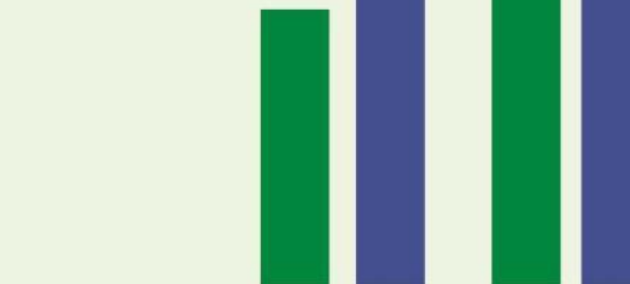


\$132,864  
HEALTHY HOMES

\$345,000  
MARKET RATE



HOME RENTALS:



Average household income

\$29,345

2-Bedroom Average Rent:

Ours: \$765  
Community: \$1,157

3-Bedroom Average Rent:

Ours: \$915  
Community: \$1,655



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Healthy Homes



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# HEALTHY NEIGHBORHOODS HEALTHY FAMILIES



HEALTHY NEIGHBORHOODS  
HEALTHY FAMILIES  
AFFORDABLE HOUSING

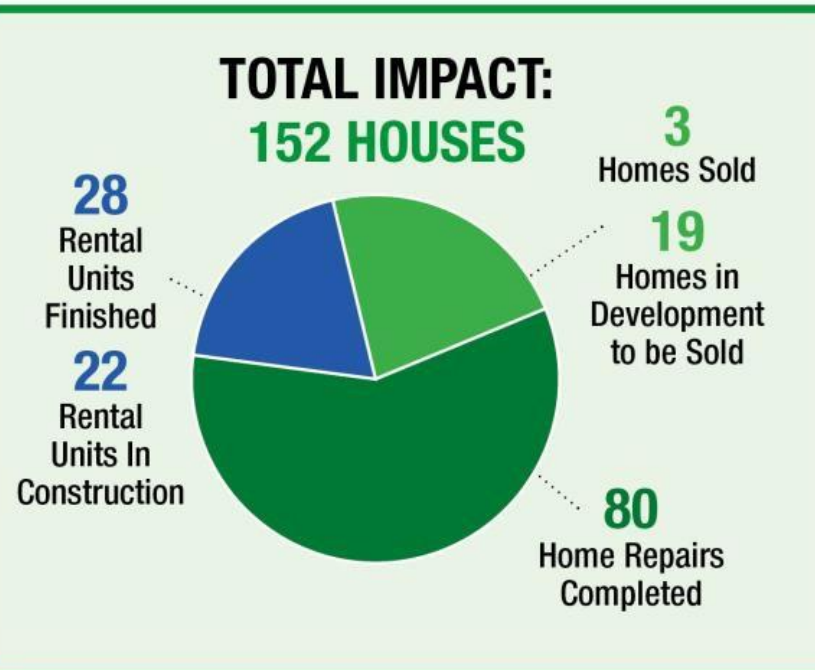
## LINDEN

CREATING AND SUSTAINING  
MIXED-INCOME COMMUNITIES

Before



After



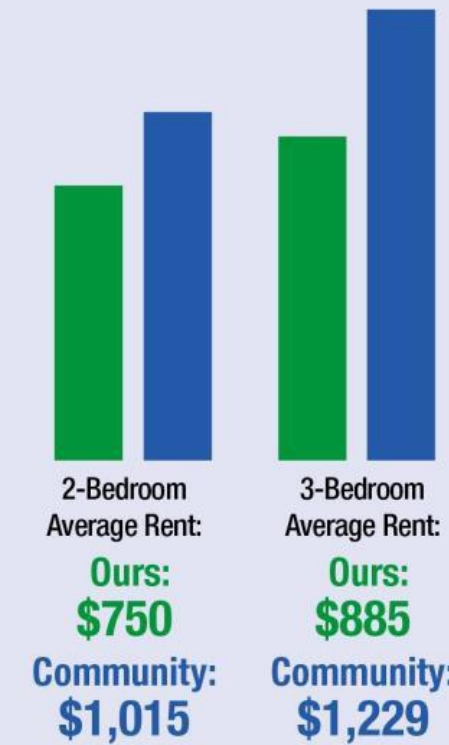
### HOME REPAIRS:

Typical Homeowner:  
**65 years old**  
**76% Black**  
**\$27,823**  
average grant

### HOME RENTALS:



Average rental household income  
**\$34,776**



**Healthy Homes**





**HEALTHY NEIGHBORHOODS HEALTHY FAMILIES**  
**ECONOMIC DEVELOPMENT**

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**EDUCATION**



**ECONOMIC DEVELOPMENT**

**HEALTHY NEIGHBORHOODS  
HEALTHY FAMILIES**



**COMMUNITY ENRICHMENT**



**AFFORDABLE HOUSING**



**HEALTH & WELLNESS**



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HEALTHY NEIGHBORHOODS HEALTHY FAMILIES  
ECONOMIC DEVELOPMENT

## Workforce Development

- **The Residences at Career Gateway** provides 58 units of affordable apartments and townhomes, along with on-site career development training.
- **High School Career Academy** six-month program introducing students to various health care professional tracks through paid shadowing experiences, with the opportunity to obtain industry-recognized credentials.
- **Job Fairs and Workshops** connects residents to employment opportunities. Workshops are also held on professional development topics such as communication, job interviewing and resume assistance.
- **Careers in Technology** partnership with Goodwill Columbus provides job shadowing and year-long internships with Nationwide Children's Information Services department.
- **On-The-Job Training** via Columbus Works in partnership with Nationwide Children's Nutrition Services department.
- **Customer Service Pathway** Partnership with Columbus State and Nationwide Children's Patient Access department.
- **English as a Second Language** partnership with Columbus City Schools Adult Education and Nationwide Children's Environmental Services department.



The Residences at Career Gateway





HEALTHY NEIGHBORHOODS HEALTHY FAMILIES  
ECONOMIC DEVELOPMENT

## Summer Youth Employment Program

Health care career exploration with hospital departments that places young adults, ages 16 to 24 with paid summer employment at Nationwide Children's that can transition to part-time and full-time employment.

2021:

- 56 young adults participated
- 41 departments hosted
- 9 participants received employment offers

2022:

- 73 young adults participated
- 66 departments hosted
- 12 participants received employment offers



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HEALTHY NEIGHBORHOODS HEALTHY FAMILIES  
ECONOMIC DEVELOPMENT

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## My Bridge 2 Success

- Mentoring program for adults designed to help promote economic stability and financial self-sufficiency
- Supports participants in creating and achieving personal and long-term goals that relate to their family life, finances, education and career
  - Buying a car or house
  - Tuition
  - Participant's goals are financially supported with a match savings program



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HEALTHY NEIGHBORHOODS HEALTHY FAMILIES  
ECONOMIC DEVELOPMENT

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## Volunteer Income Tax Assistance Program

Free income tax filing services for households with income of \$65,000 or less

## 6 Locations

**521**

Tax returns completed



**Over \$1.4 million**

in total refunds

**Over \$1 million**

in tax credits  
(Earned Income and Child Tax)  
accessed

**\$181,050**

received in COVID  
Relief Stimulus Payments



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**HEALTHY NEIGHBORHOODS  
HEALTHY FAMILIES**

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**Questions?**

# Evaluation & CME Credits

Please complete the evaluation in order to claim CME credits!

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# THANK YOU

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