



The Health Improvement Partnership-Cuyahoga

Project Overview:

Advancing a Culture of Health and Equity in Cuyahoga County

Cross-Sector Innovation Initiative (CSII) Project



SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

MEETING / PARTNERSHIP RULES

- Respectful listening
- Respectful talking
- “I” not “You” statements
- Principle of gratitude
- Be present
- Confidentiality
- Be honest
- Literacy moment
- Assume good intentions





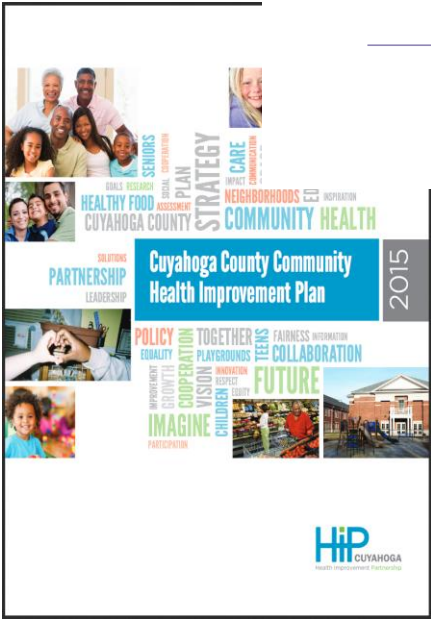
Our Partnership

Where We've Been | 2010-2015

Where We Are Now | 2016-2017

- 50 Ac
- Over

Logos of partner organizations from 2010-2015: SCHOOL OF MEDICINE CASE WESTERN RESERVE UNIVERSITY, cdph Cleveland Department of Public Health, CUYAHOGA COUNTY BOARD OF HEALTH, HiP CUYAHOGA Health Improvement Partnership, MetroHealth, ST. VINCENT CHARITY MEDICAL CENTER, Southwest General, The Center for Health Affairs, and University Hospitals.



Logos of partner organizations from 2016-2017: POLICYBRIDGE, Better Health Partnership, and United Way GREATER CLEVELAND.



2019 COLLABORATIVE COMMUNITY HEALTH ASSESSMENT PRIORITIES



Robert Wood Johnson-funded Cross-Sector Innovation Initiative

Public Health National Center for Innovations and Center for Sharing Public Health Services Announce \$1.5 Million in Grants to Improve Population Health and Equity

The 10 grant recipients and their project titles are:

- Employ Community-based System Dynamics and group-model building
- Develop an actionable systems model for structural racism in Cuyahoga County



- Better Health Together (WA): A Collaborative Approach to Community Equity in Spokane County, WA
- Cabarrus County Partnership for Children (NC): Substance Use Network: A Collaborative System of Care for Pregnant Mothers with Substance Use Disorder, Their Infants, and Families
- Case Western Reserve University (OH): The Health Improvement Partnership: Cuyahoga's Quest to Achieve Equity: Applying Community-Based System Dynamics to Tackle Structural Racisms in Greater Cleveland
- Chatham County Public Health Department (NC): Equity for Moms and Babies Realized Across Chatham (EMBRACe)
- Health Education Council, Serving Populations at Risk (CA): West Sacramento Accountable Community for Health: Working Together to Promote Healthy Lives & Happy Hearts: A Multi-Sector Alliance of Health, Local Government, and Community Partners Dedicated to Health Equity Focused on Access to Healthy Food, Improved Walkability, Community Connection, and Tobacco Prevention.
- Hennepin County Public Health Department (MN): Community Health Improvement Partnership in Hennepin County: Focus on Community Mental Well-Being and Housing Stability

Core Modeling Team Community Members

Greg Brown - PolicyBridge
Delores Collins - A Vision of Change
Karen Cook - MetroHealth
Wihletta Davis - Finding the Miracle Within
Bianca Edwards - Sacred Apothecary, LLC
Karen Florence - Certified CHW
Martha Halko - CCBH
Vanessa Hawkins - Certified CHW
Dwain Johnson - PolicyBridge
Maryam Kiefer - United Way
Rita Knight-Gray - University Circle Resident
Samia Marchmon - A Vision of Change
Chevon Matthews - P5 Ventures

Janterria Matthews - Northcoast Nurses
Coalition
Michael Matthews - P5 Ventures
Tracy McArthur - PQRST Ctr for EKG Training
Frances Mills - Cleveland Dept of Public Health
Alyssa Moore - PolicyBridge
Angela Newman - CCBH
Erica Penick - The Presidents' Council
Danielle Price - University Hospitals
Nichelle Shaw - CCBH
Deana Washington - Journey Center for Safety
and Healing

Core Modeling Team

Center for Community Health Integration Members

Heidi Gullett

Peter Hovmand

Kurt Stange

Robin Gotler

Robinson Salazar

Bethany Snyder

Brian Biroscak

Prior Team Members

Gina Cheverine

Kirstin Craciun

Andrea Lyons

Ben Miladin

Patricia Terstenyak

Developing theories that can heal and transform systems

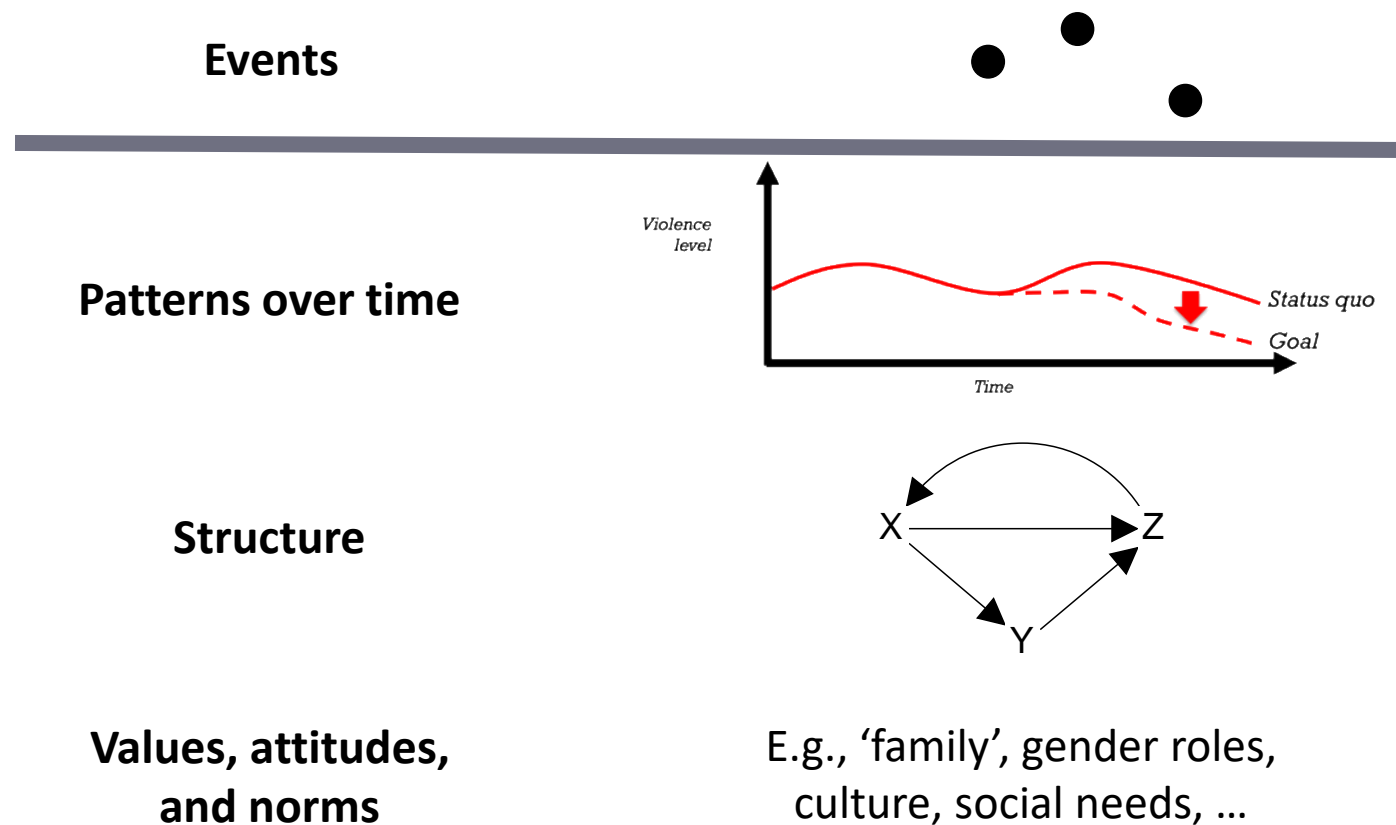
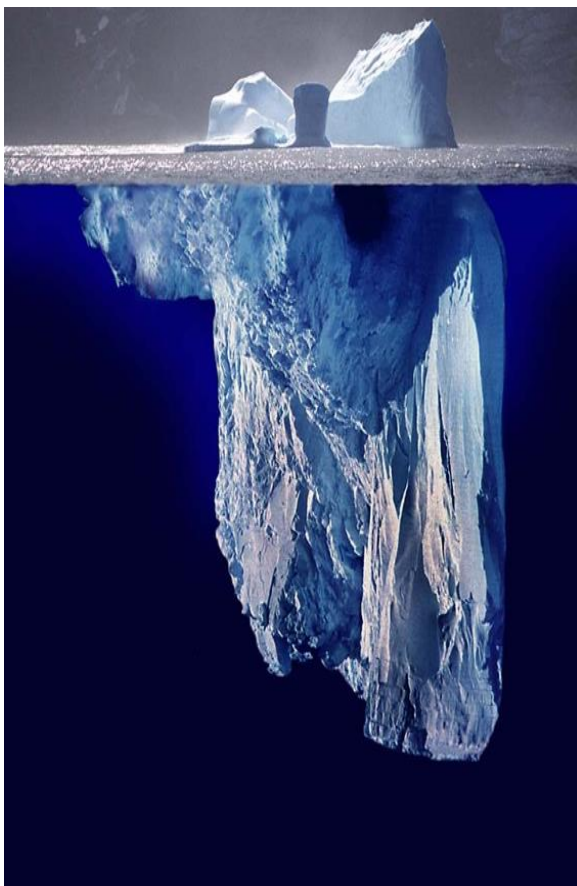
“Essentially, all models are wrong, but some are useful”

- George E. P. Box, *Empirical Model-Building and Response Surfaces*, 1987, p. 424.

“Theory is not inherently healing, liberatory, or revolutionary. It fulfills this function only we ask it do so and direct our theorizing towards this end”

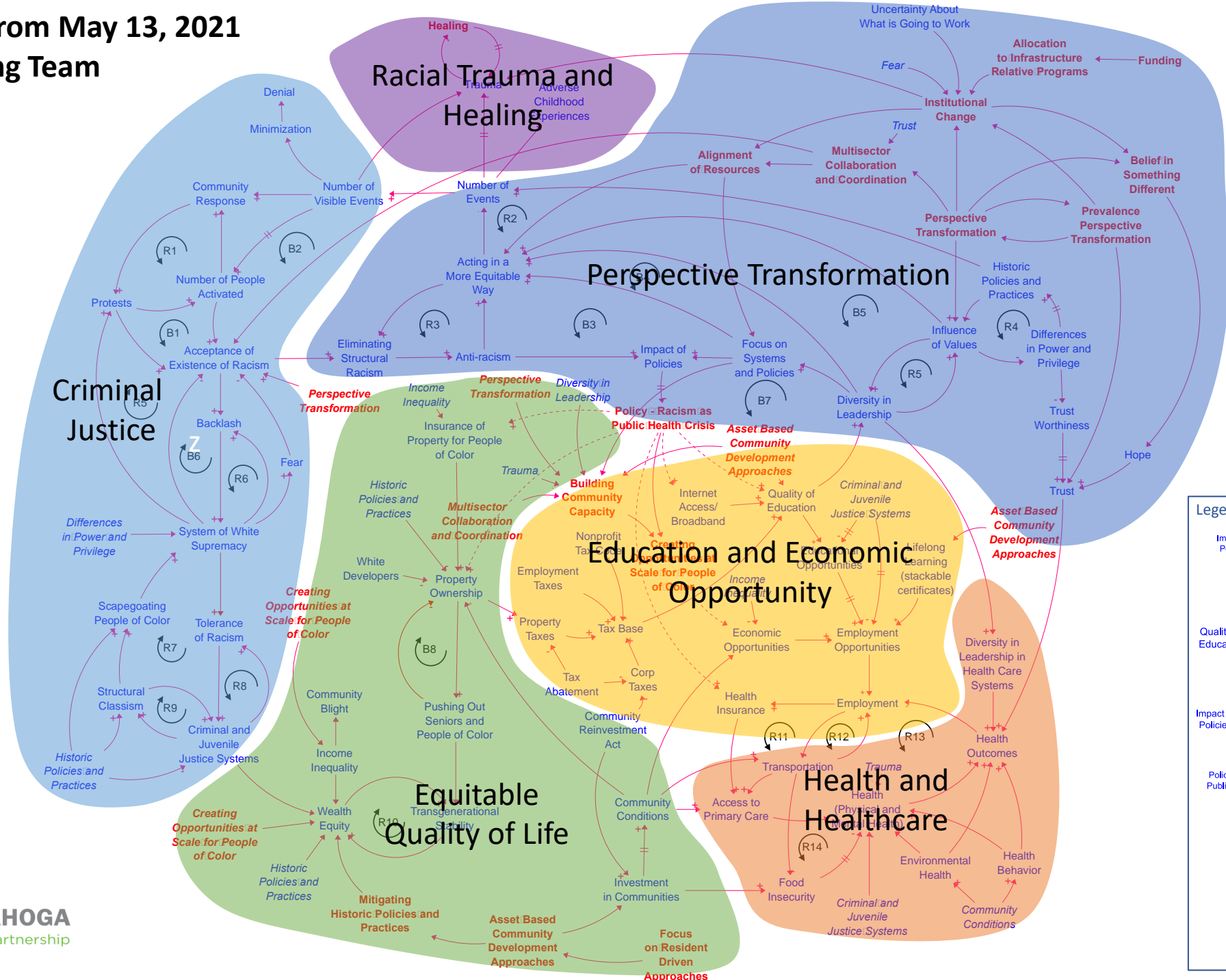
- bell hooks, *Teaching to Transgress*, 1994, p. 61.

Iceberg metaphor for structural violence



Casual map from May 13, 2021

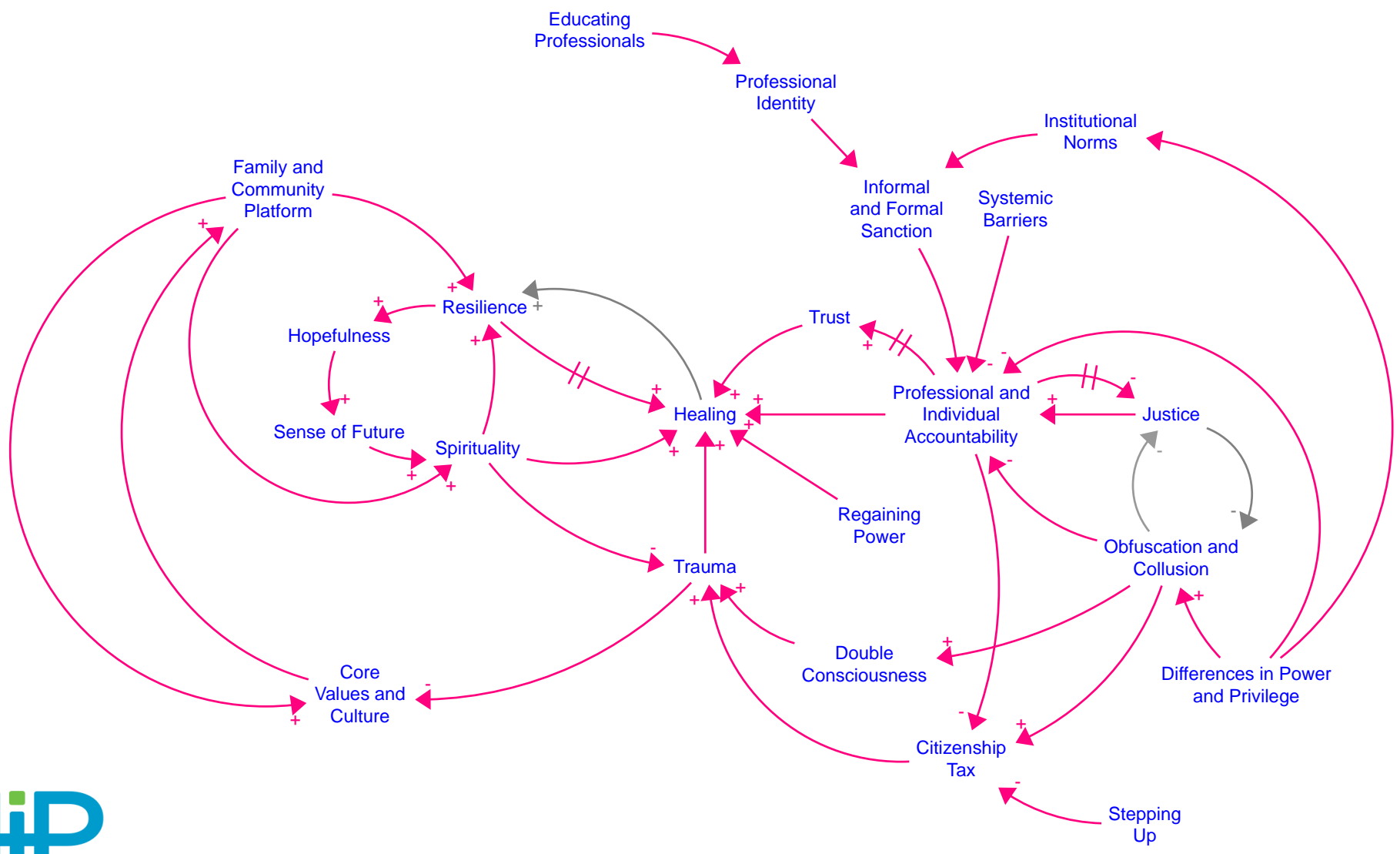
Core Modeling Team Meeting



Legend

- Impact of Policies → Policy - Racism as Public Health Crisis: Causal link between two variables where the + sign indicates that increasing the cause *increases* the effect, AND decreasing the cause *decreases* effect
- Quality of Education → Diversity in Leadership: Causal link between two variables where the - sign indicates that increasing the cause *decreases* the effect, AND decreasing the cause *increases* effect
- Impact of Policies ||| Policy - Racism as Public Health Crisis: Double line across a causal link represents a delay between causes and effects
- Policy - Racism as Public Health Crisis - - - Quality of Education: Dashed line represents a causal link that is not yet established
- B7: Label for a balancing feedback mechanism or loop typically associated with goal seeking growth and decline
- R5: Label for a reinforcing feedback mechanism or loop typically associated with exponential growth or decline.

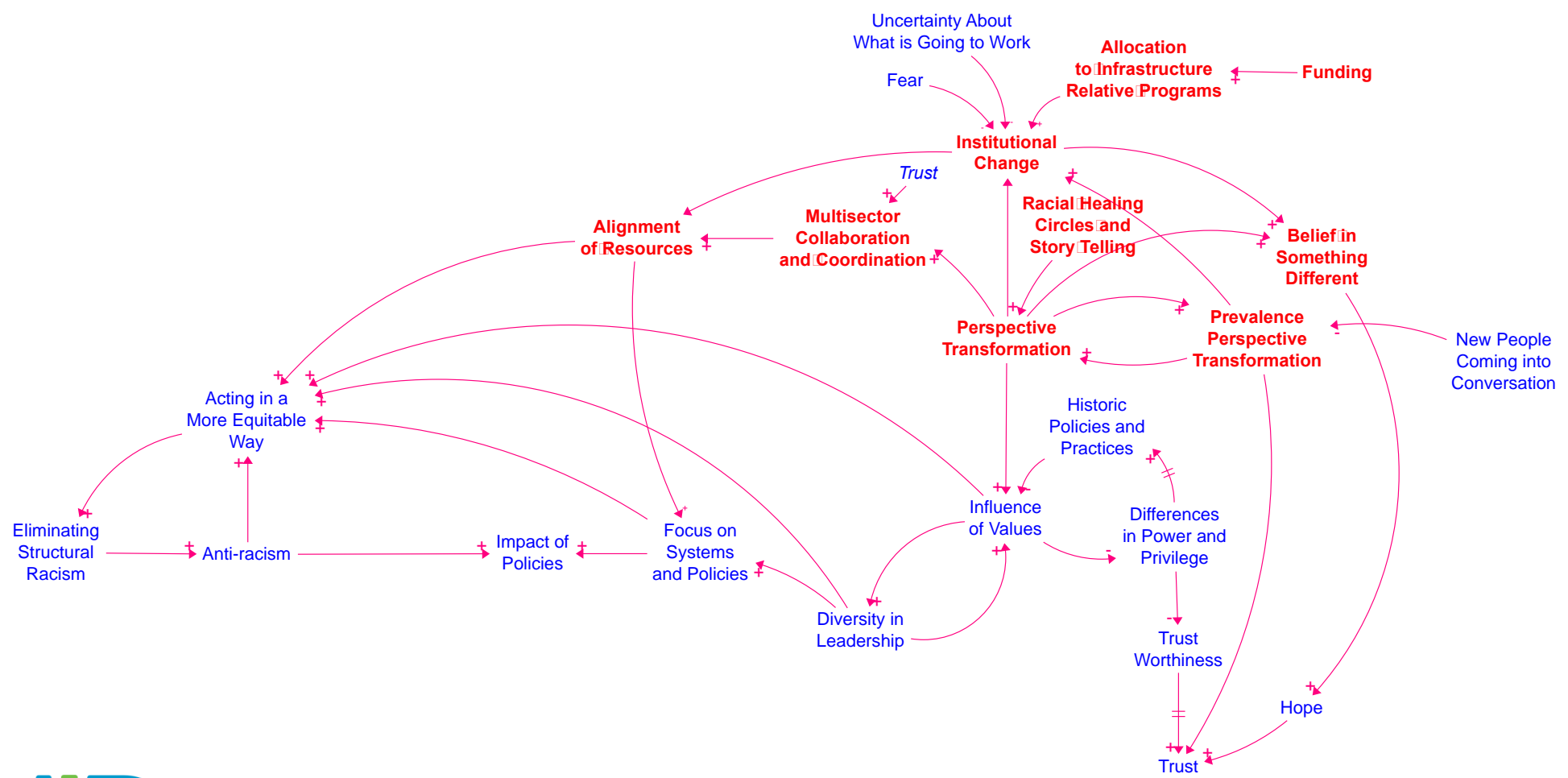
Racial Trauma and Healing Small Group



- Healing as resilience
- Gray causal links as connections to create or strengthen as examples of **changing the structure** of a system
- Family, community and spirituality central to resilience

Impact of Policies → Policy - Racism as Public Health Crisis	Causal link between two variables where the + sign indicates that increasing the cause increases the effect, AND decreasing the cause decreases effect
Quality of Education → Diversity in Leadership	Causal link between two variables where the - sign indicates that increasing the cause decreases the effect, AND decreasing the cause increases effect
Impact of Policies → Policy - Racism as Public Health Crisis	Double line across a causal link represents a delay between causes and effects
Policy - Racism as Public Health Crisis → Quality of Education	Dashed line represents a causal link that is not yet established
B7	Label for a balancing feedback mechanism or loop typically associated with goal seeking growth and decline
R5	Label for a reinforcing feedback mechanism or loop typically associated with exponential growth or decline.

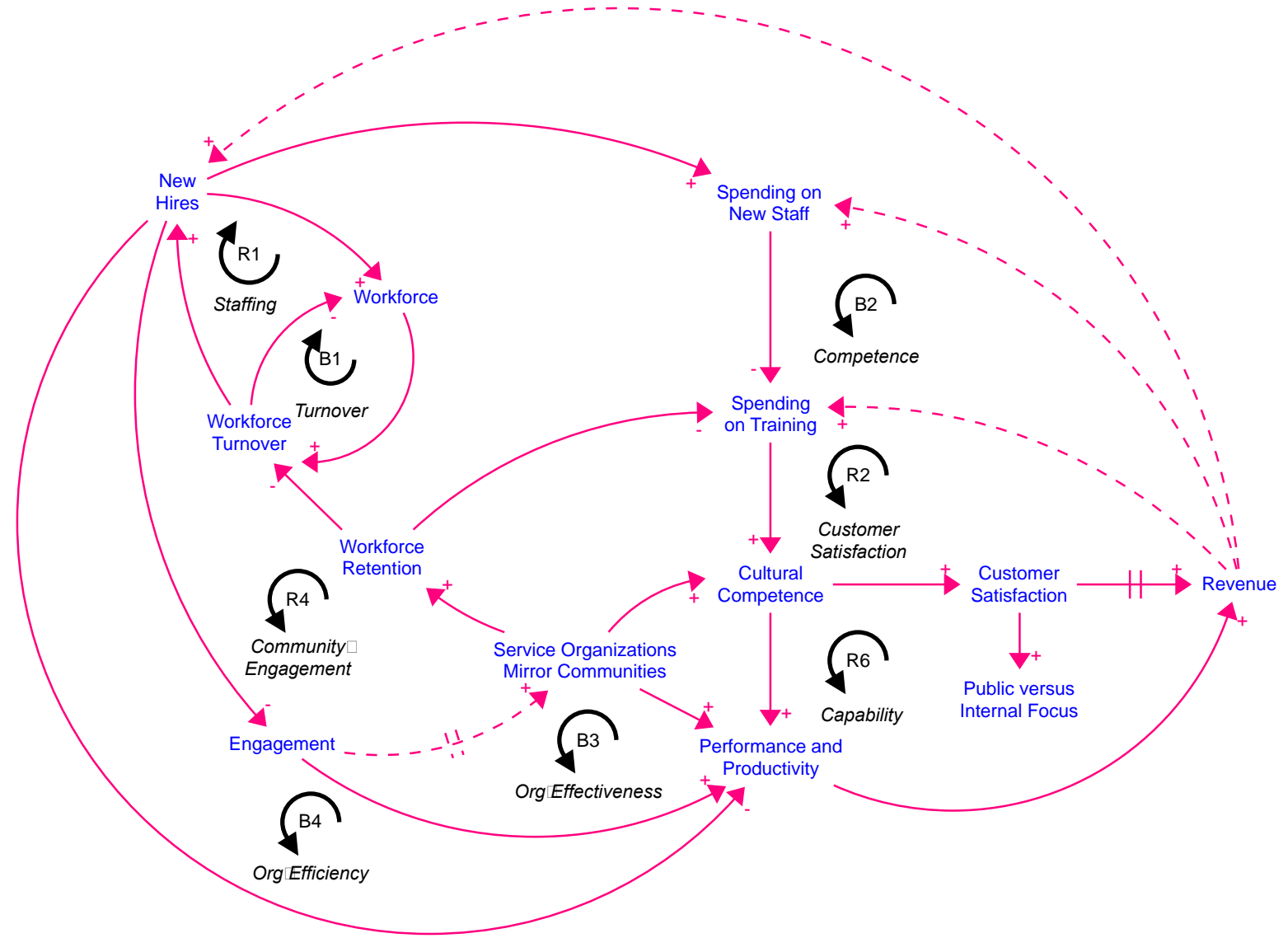
Perspective Transformation



- Few changes to the initial structure on perspective transformation from the CMT
- Racial healing circles and story telling added as an intervention
- Building support for the short and long-term

	Causal link between two variables where the + sign indicates that increasing the cause <i>increases</i> the effect, AND decreasing the cause <i>decreases</i> effect
	Causal link between two variables where the - sign indicates that increasing the cause <i>decreases</i> the effect, AND decreasing the cause <i>increases</i> effect
	Double line across a causal link represents a delay between causes and effects
	Dashed line represents a causal link that is not yet established
	Label for a balancing feedback mechanism or loop typically associated with goal seeking growth and decline
	Label for a reinforcing feedback mechanism or loop typically associated with exponential growth or decline.

- Example of workforce structure from Citizens' Advisory Council on Equity



Impact of Policies → **Policy - Racism as Public Health Crisis**
Causal link between two variables where the + sign indicates that increasing the cause *increases* the effect, AND decreasing the cause *decreases* effect

Quality of Education → **Diversity in Leadership**
Causal link between two variables where the - sign indicates that increasing the cause *decreases* the effect, AND decreasing the cause *increases* effect

Impact of Policies ||| **Policy - Racism as Public Health Crisis**
Double line across a causal link represents a delay between causes and effects

Policy - Racism as Public Health Crisis - - - **Quality of Education**
Dashed line represents a causal link that is not yet established

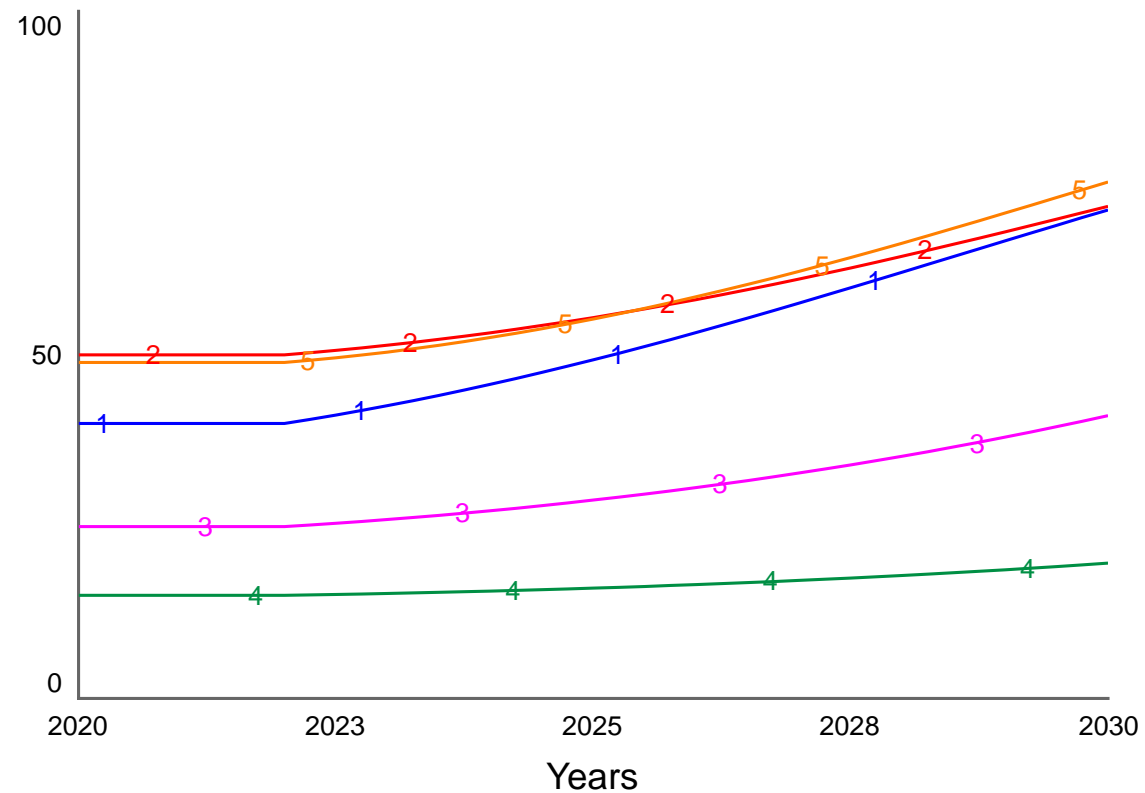
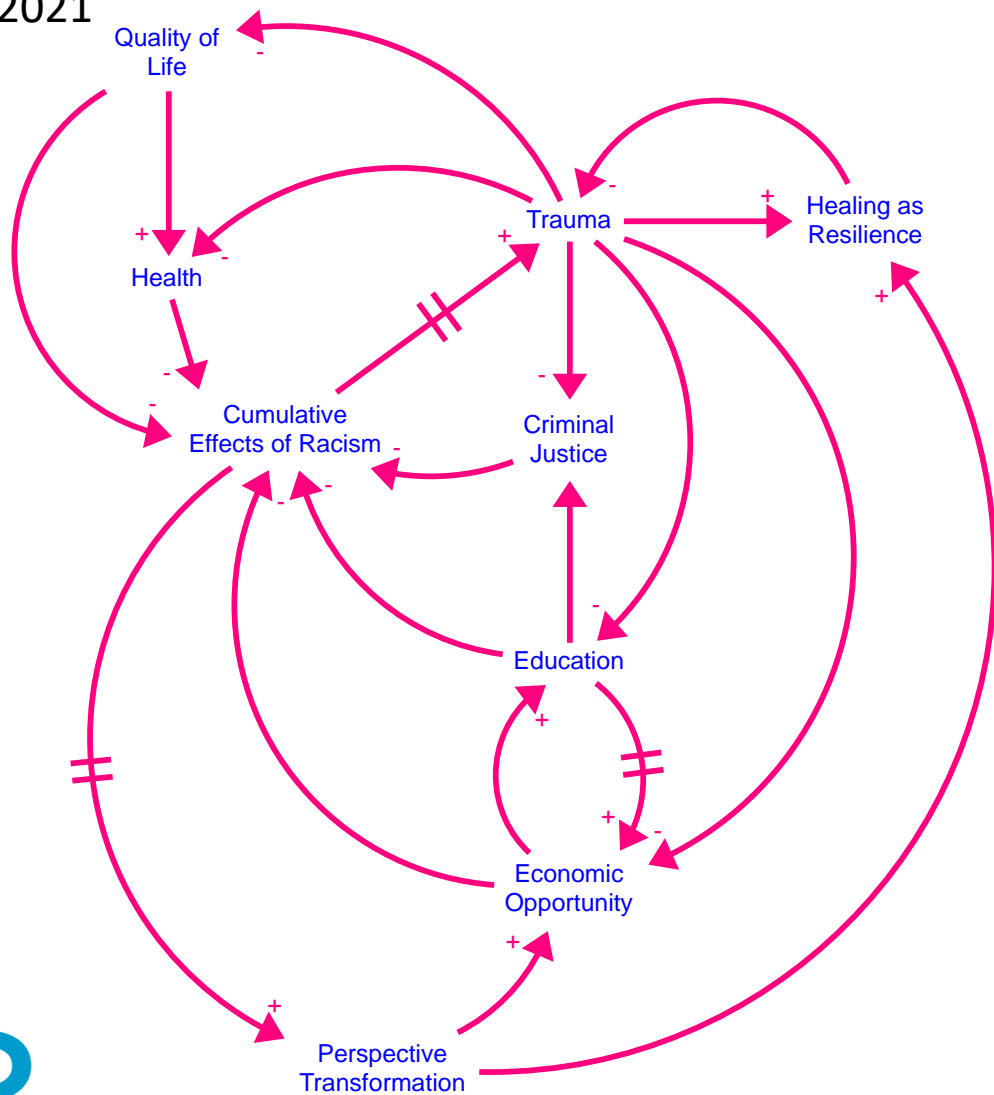
B7
Label for a balancing feedback mechanism or loop typically associated with goal seeking growth and decline

R5
Label for a reinforcing feedback mechanism or loop typically associated with exponential growth or decline.



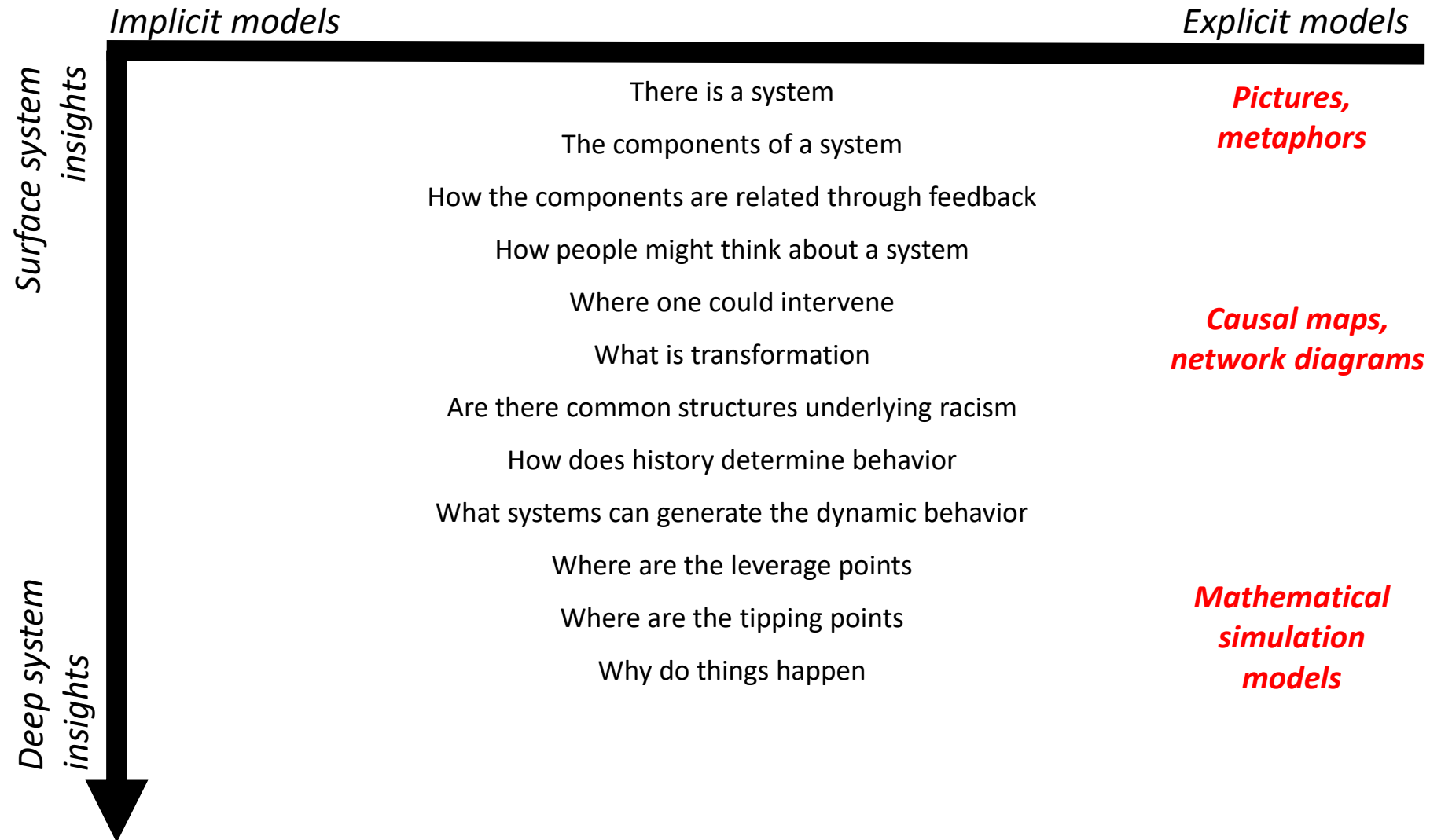
Systems Change for Racial Equity (SCORE) Model

August 9, 2021

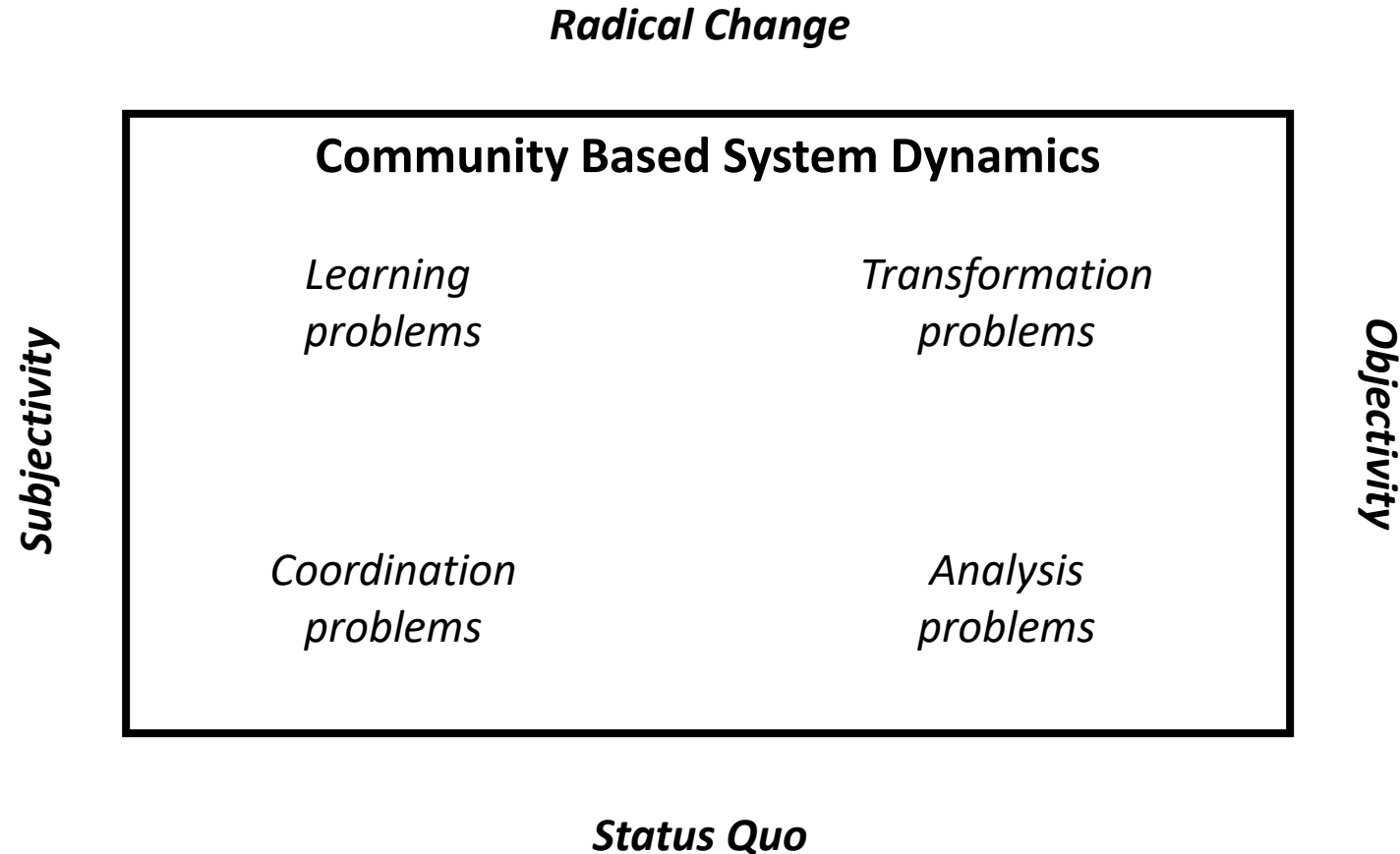


- 1— Quality of Life.Quality of Life
- 2— Health.Health
- 3— Criminal Justice.Criminal Justice
- 4— Education.Educational Attainment
- 5— Economic Opportunity.Economic Opportunity

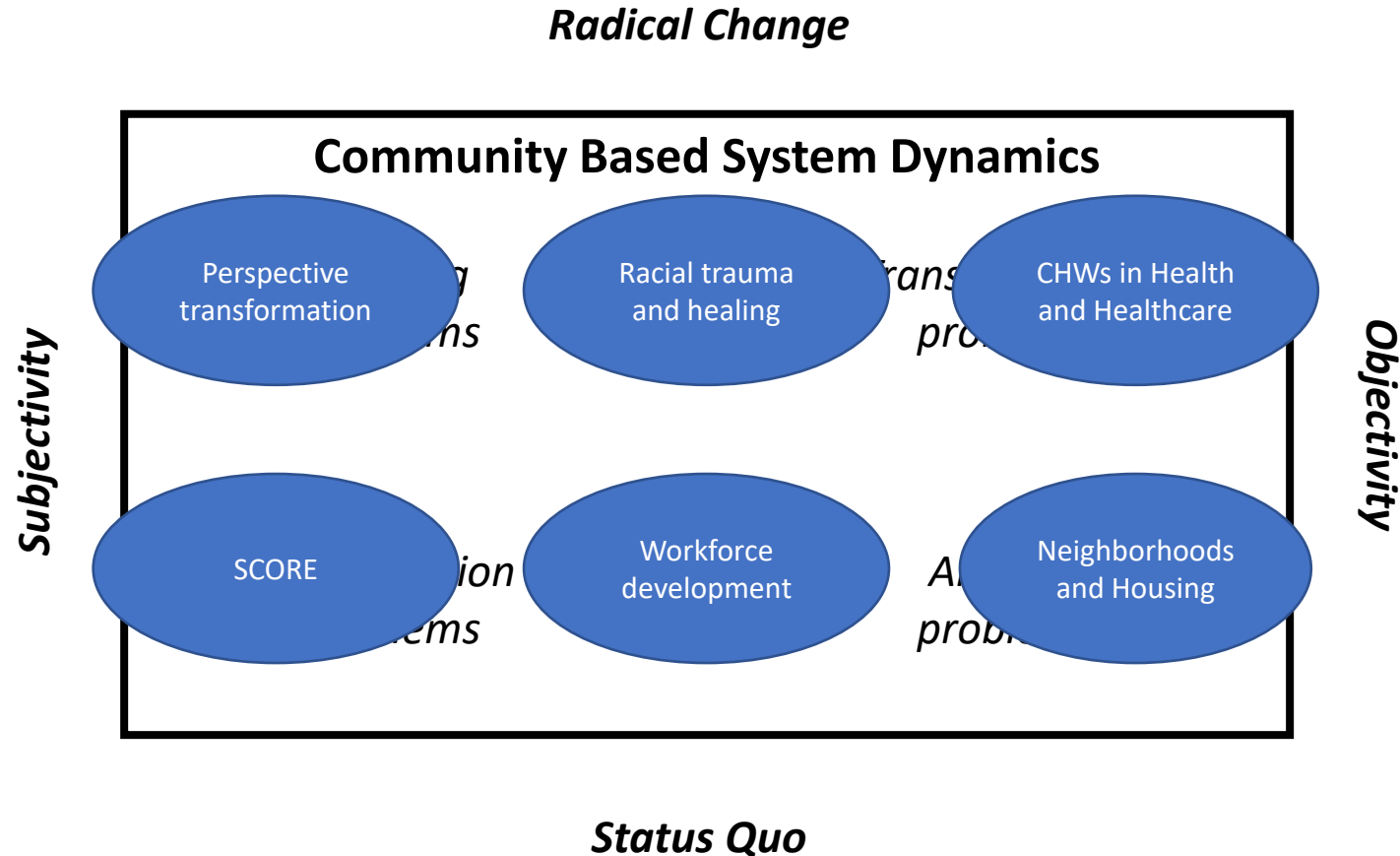
Levels of system insight—the type of model depends on on the type of system insight needed



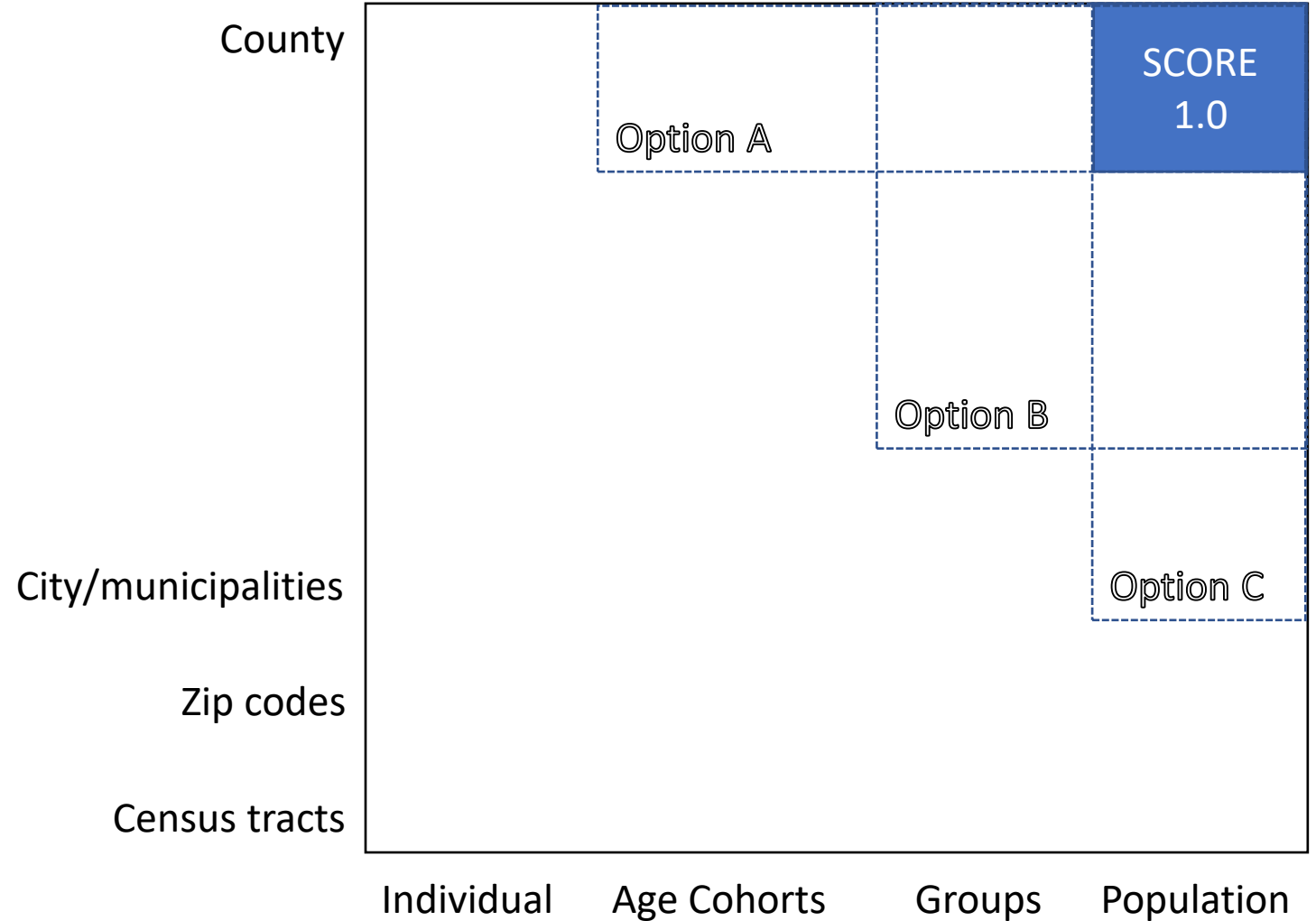
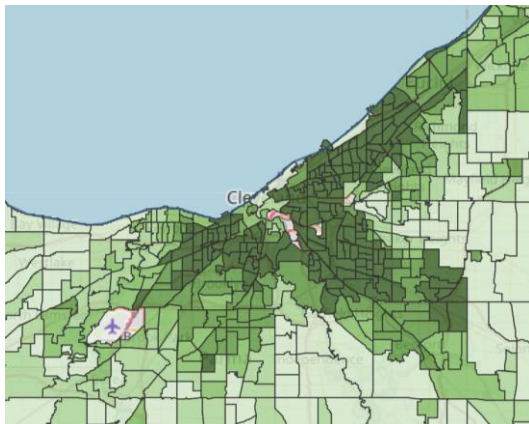
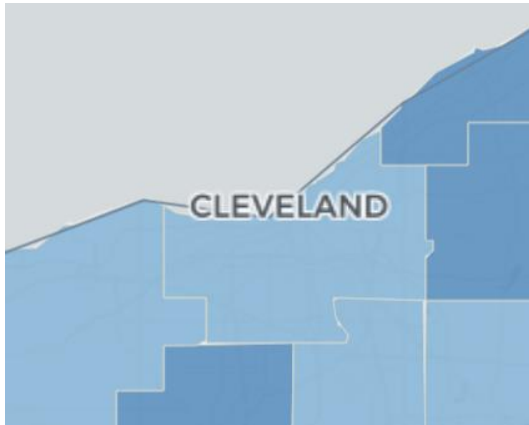
Problem structuring—the purpose of a model depends on the type of problem being addressed



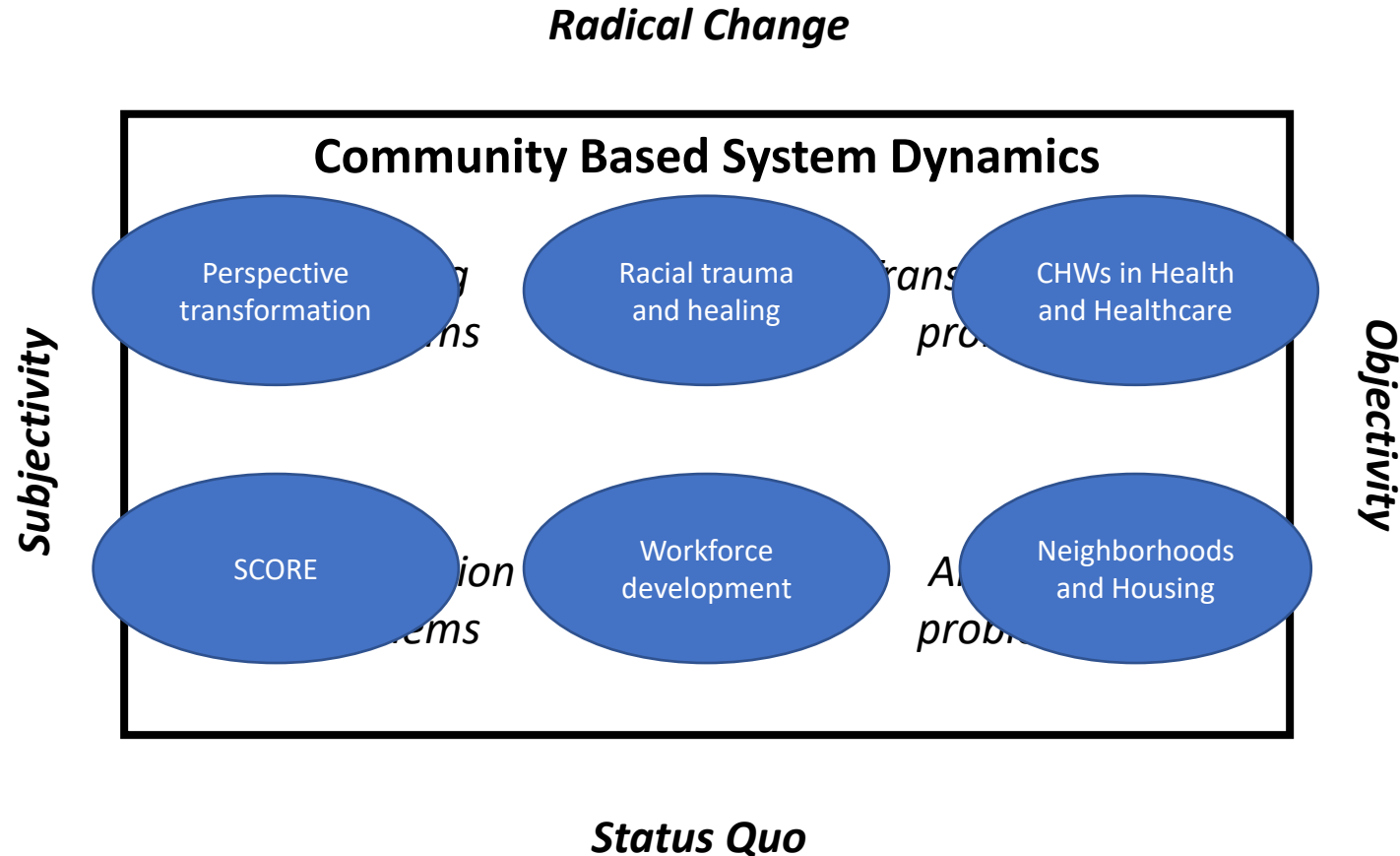
Problem structuring—the purpose of a model depends on the type of problem being addressed



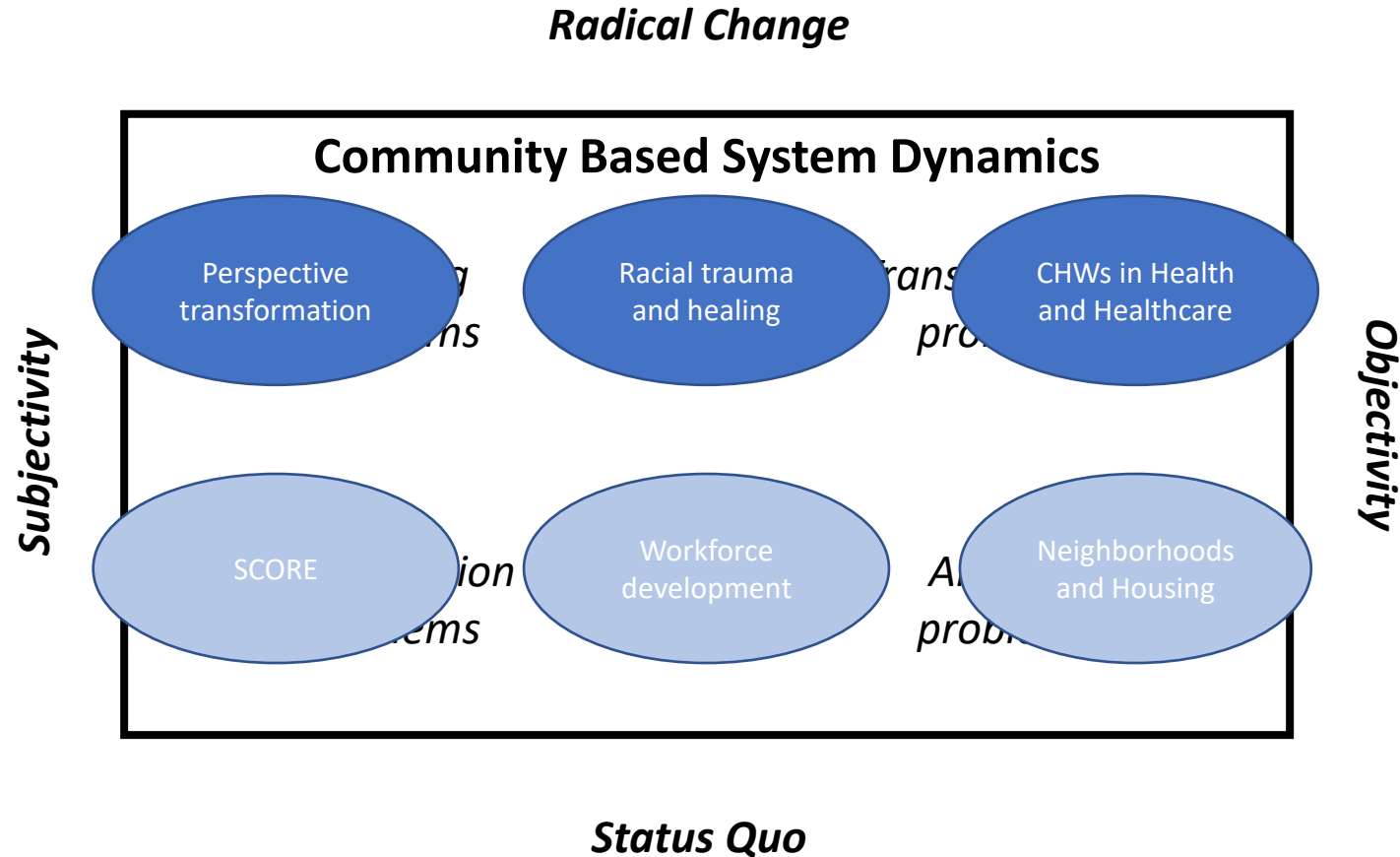
How do we think about levels of data?



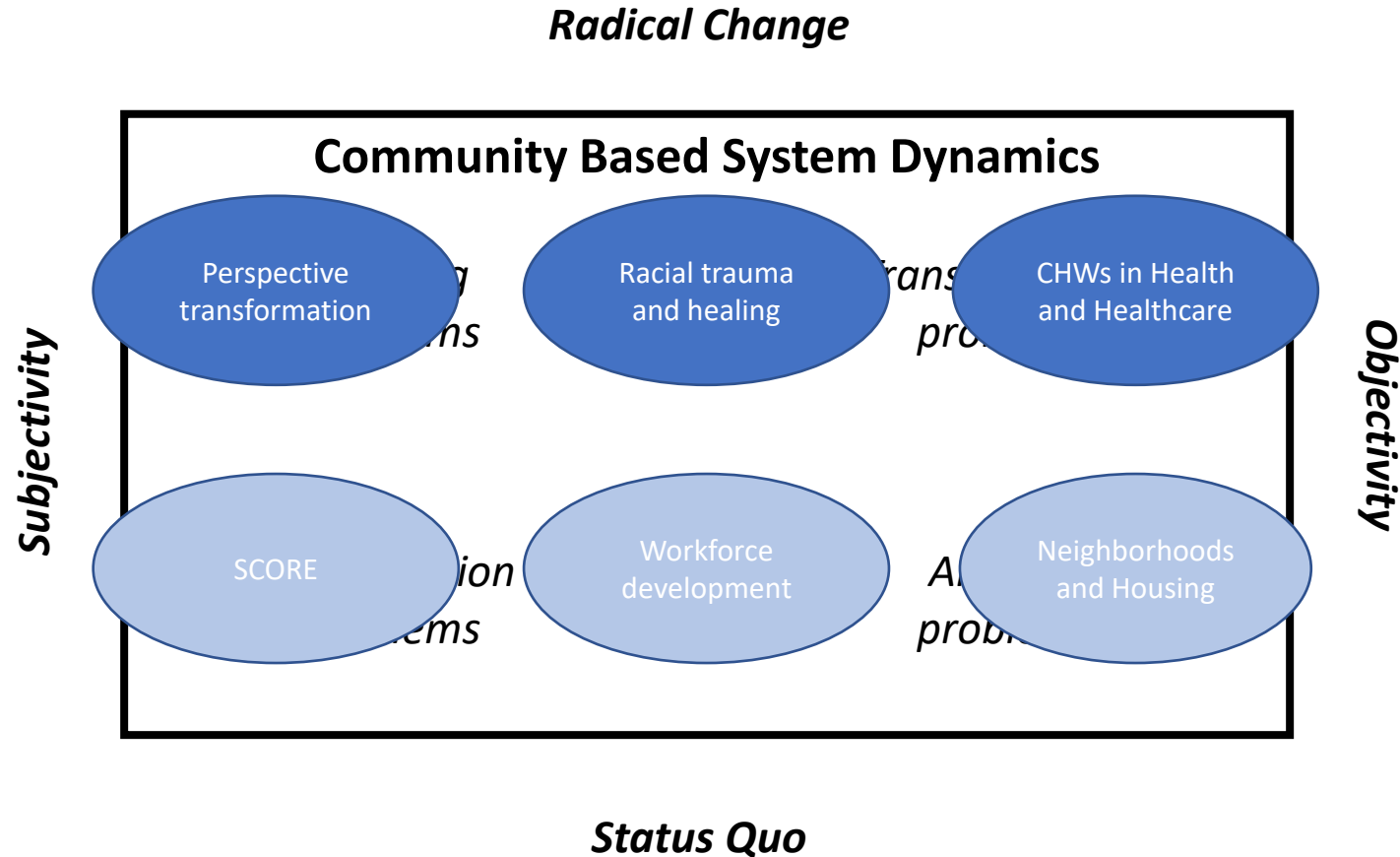
Problem structuring—the purpose of a model depends on the type of problem being addressed



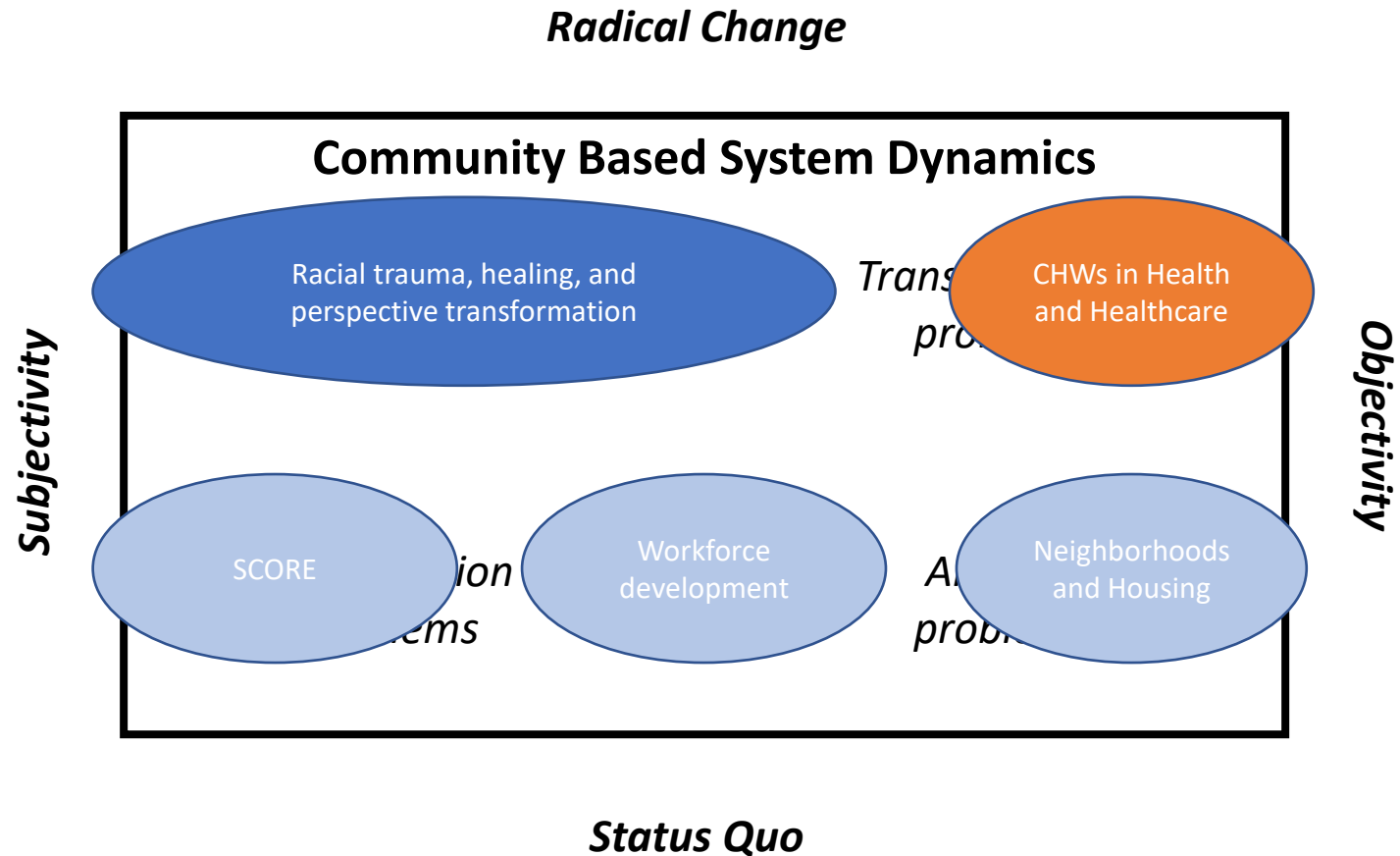
Problem structuring—the purpose of a model depends on the type of problem being addressed



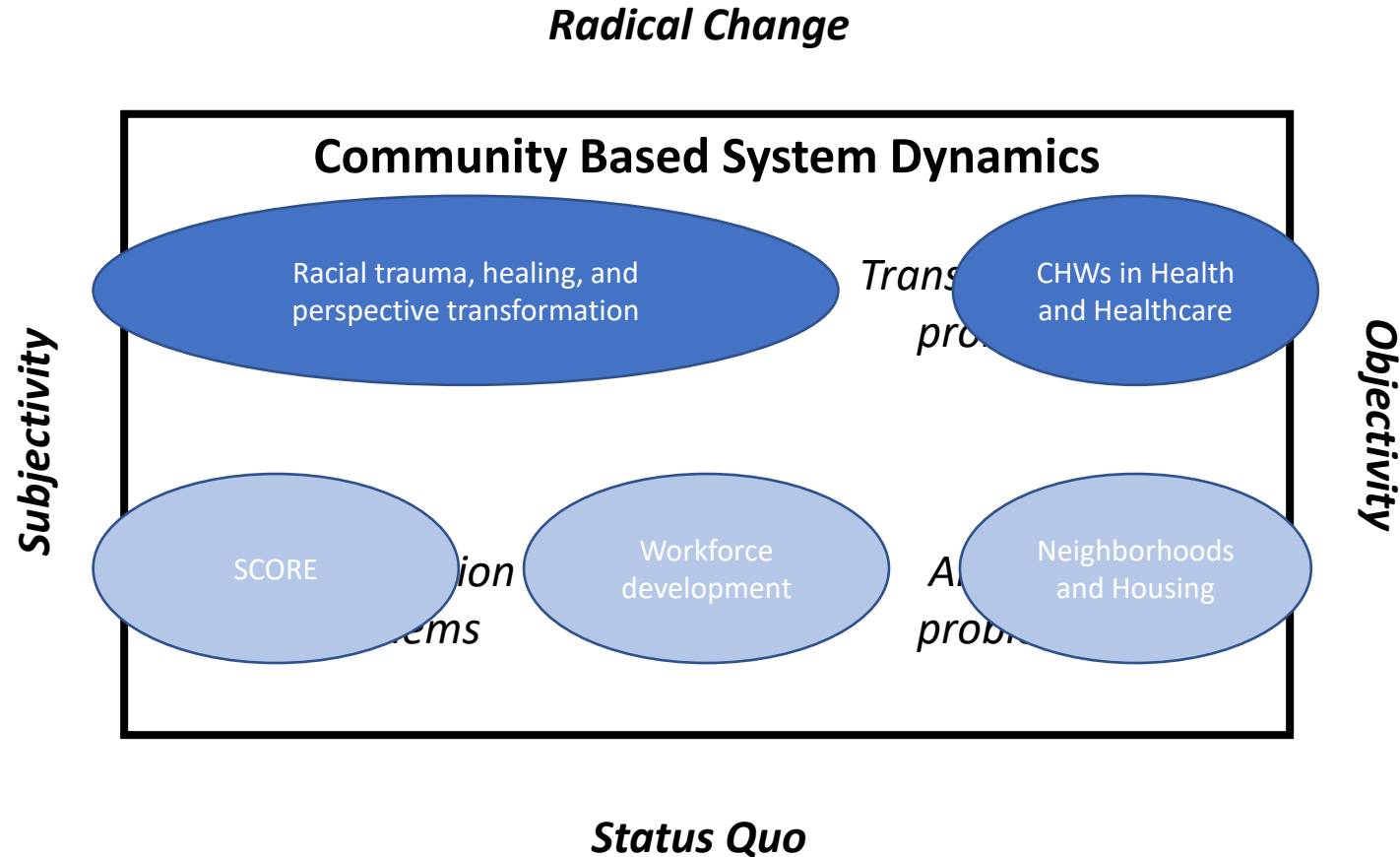
Problem structuring—the purpose of a model depends on the type of problem being addressed



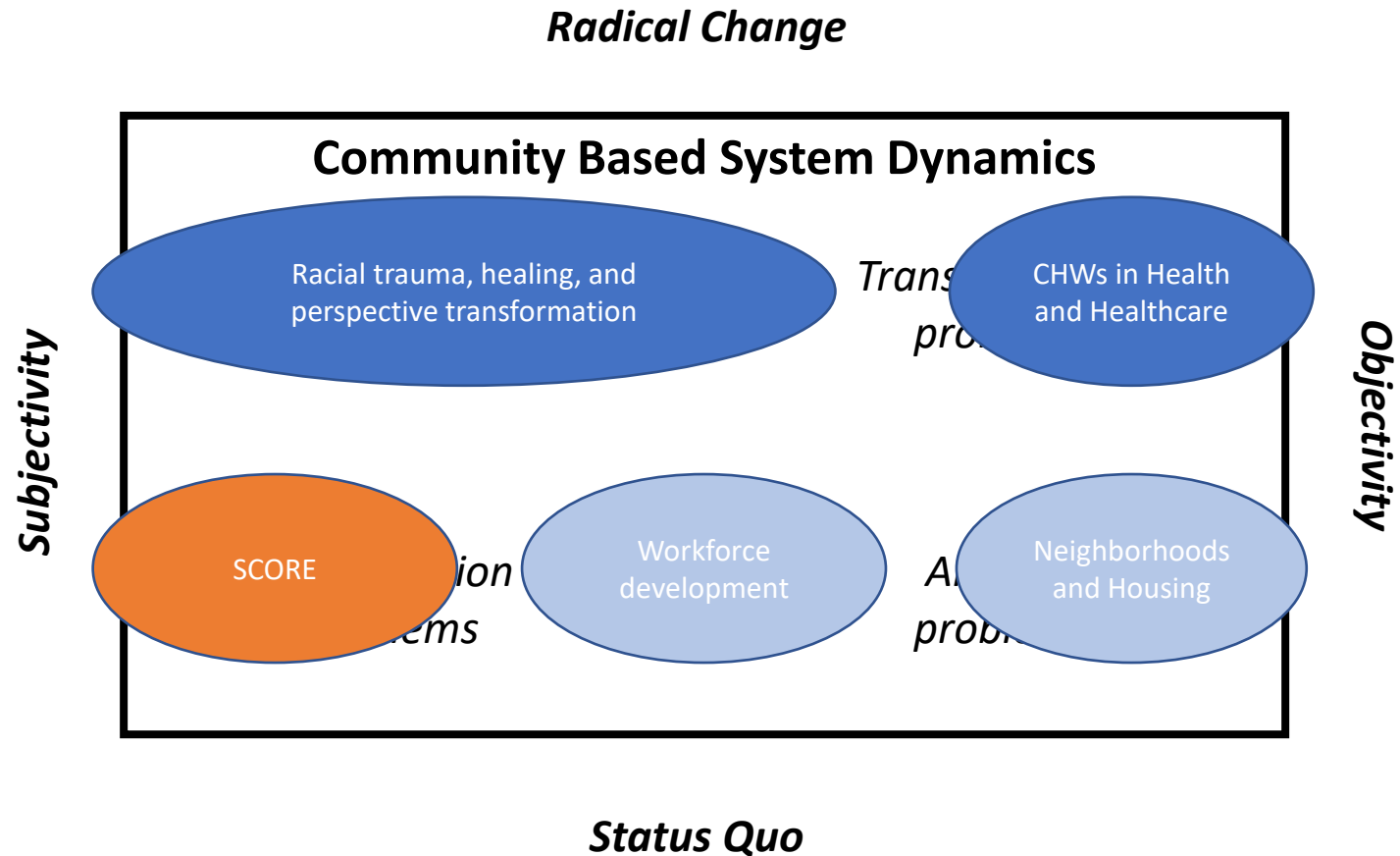
Overview of models developed in CSII



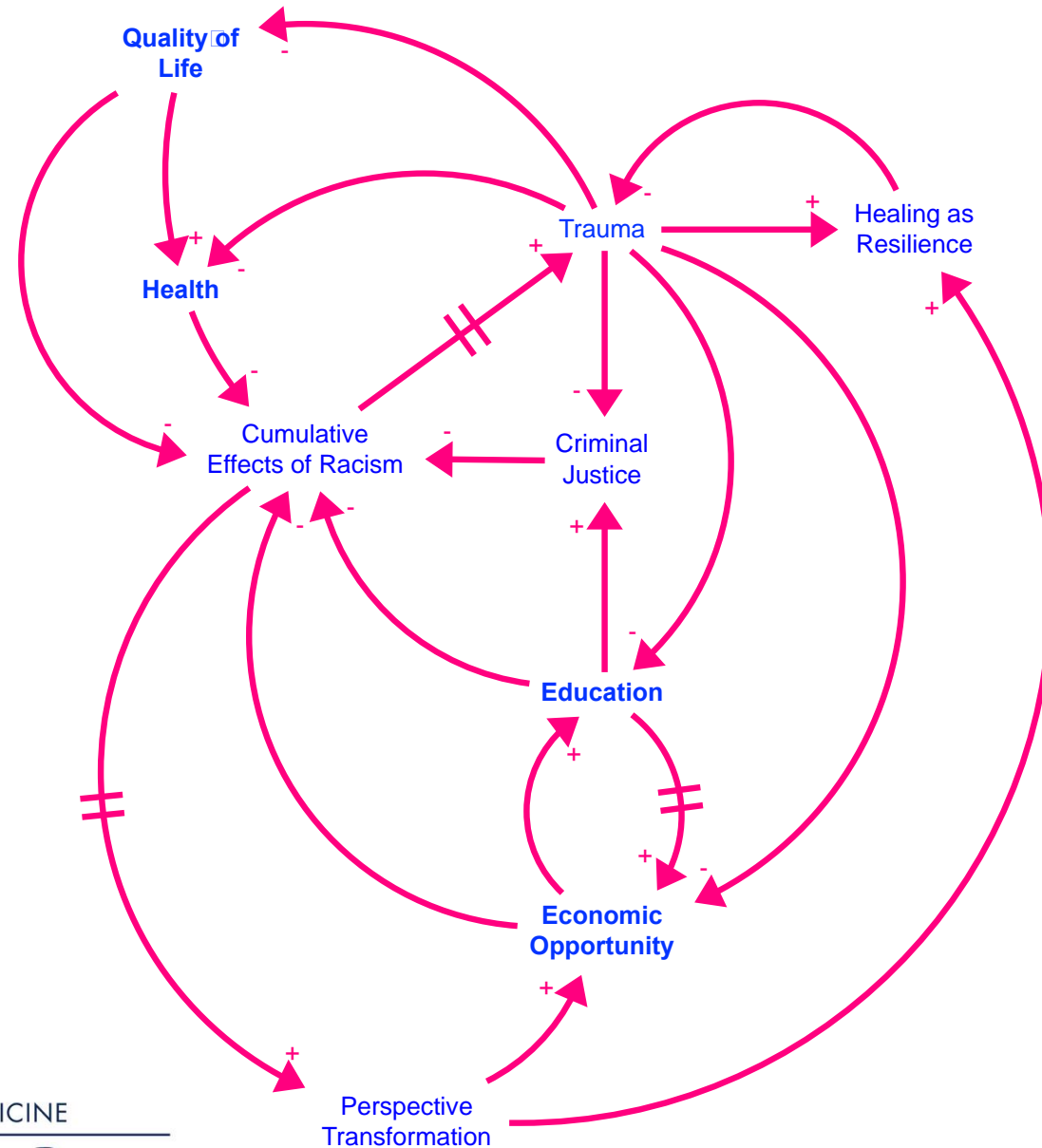
Merging perspective transformation, racial trauma, and healing (or “no perspective transformation without racial trauma and healing.”)



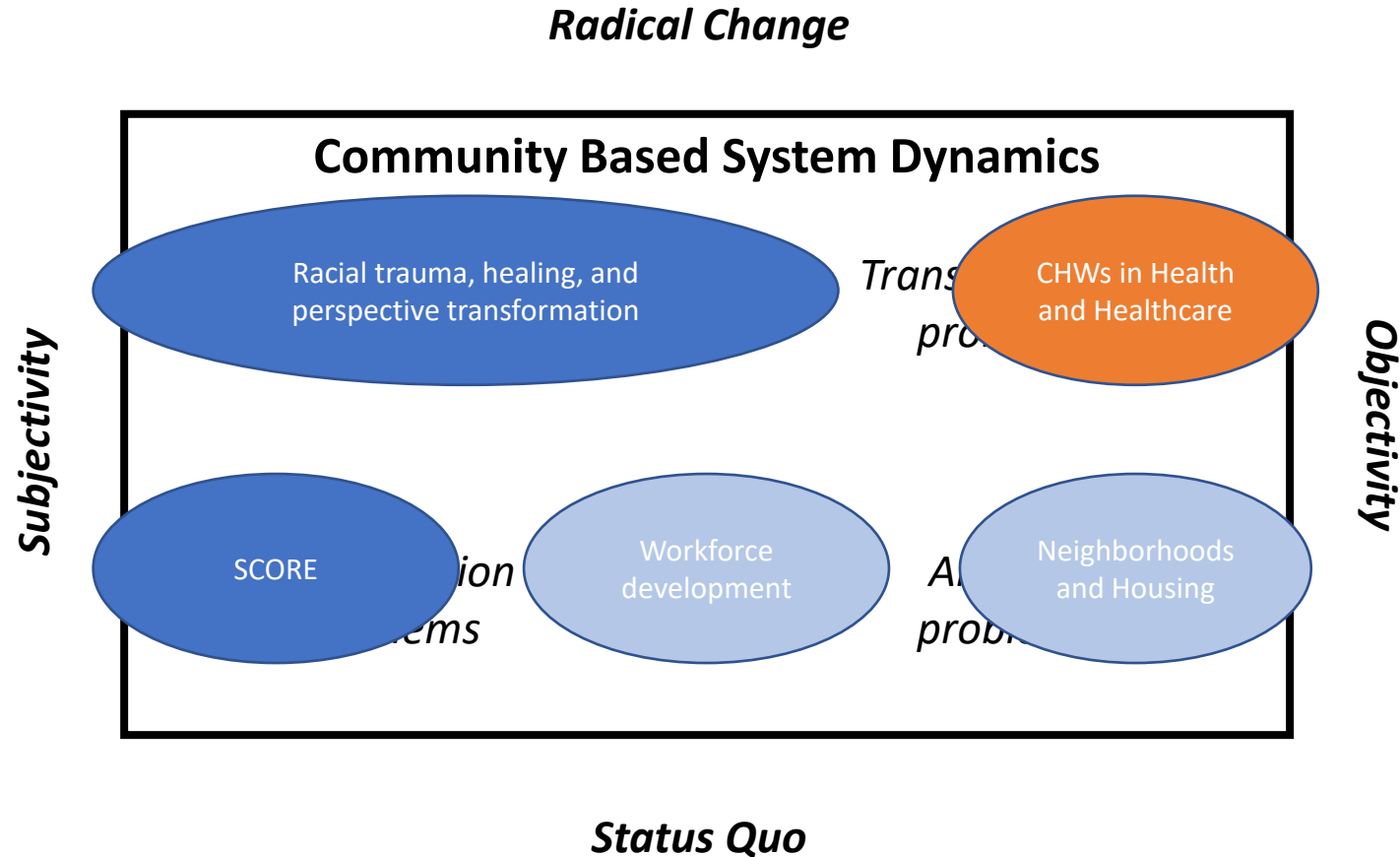
Overview of models developed in CSII



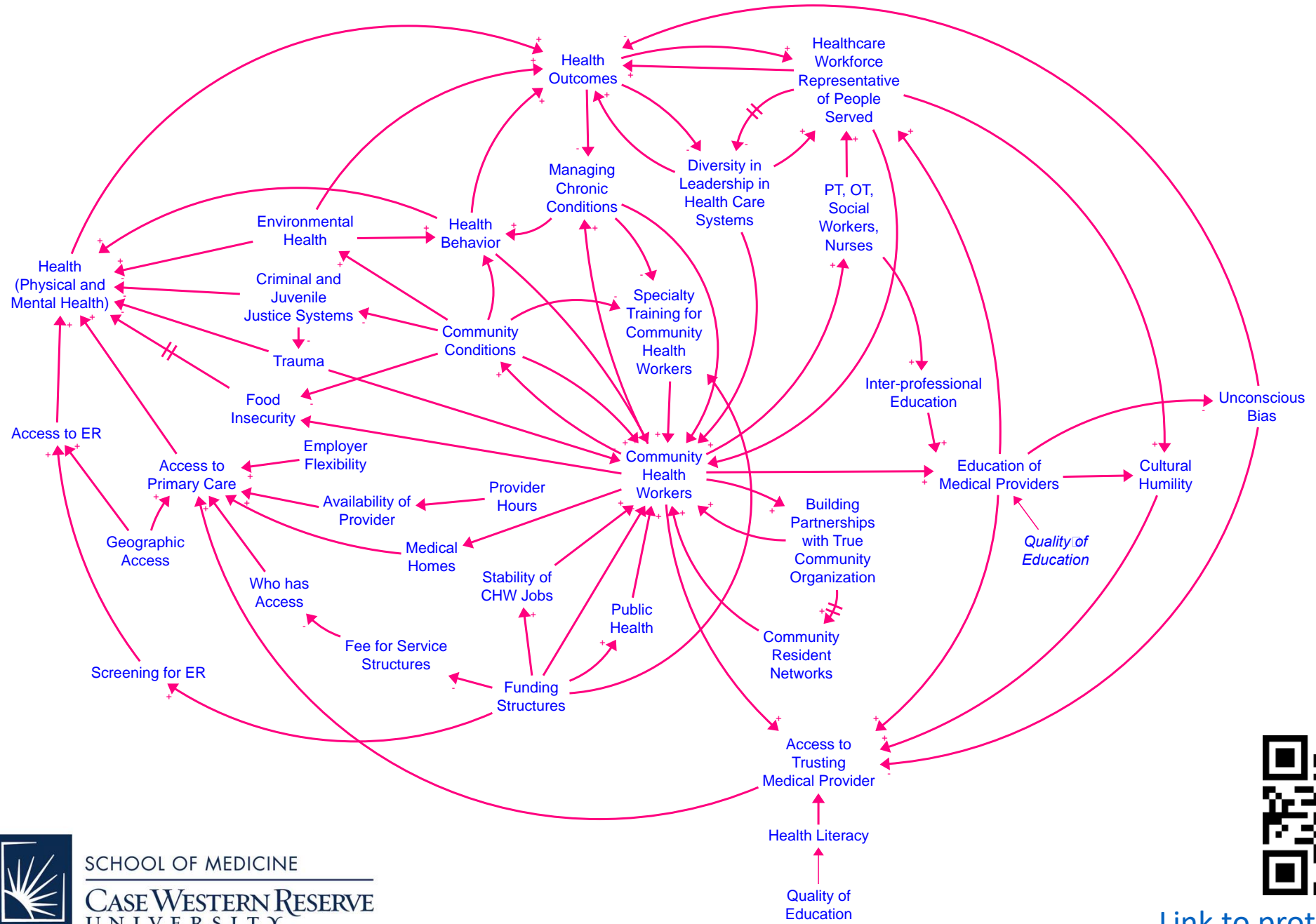
Systems Change for Racial Equity (SCORE) Model



Overview of models developed in CSII



Community Health Worker Model



[Link to prototype interface](#)

Draft CSII Community Health Worker (CHW) Program Logic Model*

Draft program logic model from community health worker causal map.

Logic model is developed by drawing on the inputs to community health workers and the activities/outputs of community health workers and then tracing the effects on short, intermediate and long-term outcomes

Note that outcomes appear in multiple columns because the effects of community health workers move through multiple pathways of various lengths

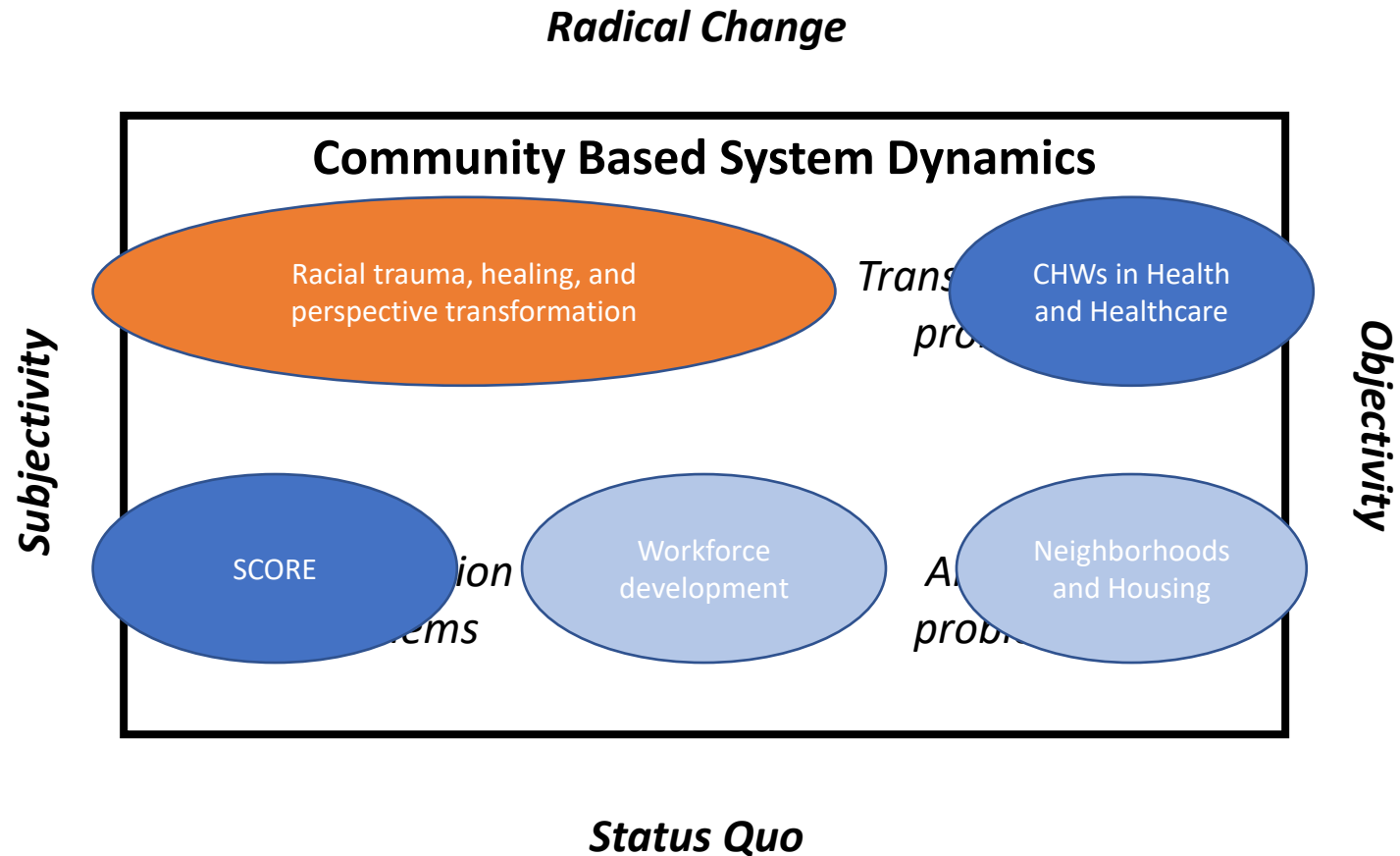
Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<ol style="list-style-type: none"> 1. Funding structures 2. Stability of CHW jobs 3. Public health dept. support 4. Community resident networks 5. Partnerships with true community organizations 6. Diversity in leadership in health care systems 7. Specialty training for CHWs 	<ol style="list-style-type: none"> 8. Building and strengthening partnerships with true community organizations 9. Educating medical providers 10. Increasing access to trusting medical providers 11. Developing stronger medical homes 12. Reducing food insecurity 13. Developing a healthcare workforce representative of people served 	<ol style="list-style-type: none"> 14. Partnerships with true community organizations 15. Educated medical providers 16. Access to trusted medical providers 17. Stronger medical homes 18. Food security 19. Healthcare workforce representative of people served 	<ol style="list-style-type: none"> 20. Increased partnerships with true community organizations 21. Increased medical providers aware of community health needs of patients 22. Increased access to trusted medical providers 23. Strengthened medical homes 24. Increased food security 25. Increased healthcare workforce representative of people served 	<ol style="list-style-type: none"> 26. Strong community resident networks 27. Access to trusting medical providers 28. Increased access to primary care 29. Improved physical and mental health 30. Improved health outcomes 31. Increased diversity in leadership in health care systems 32. Increased cultural humility 33. More community health workers 	<ol style="list-style-type: none"> 34. More community health workers 35. Better management of chronic disease conditions at population level 36. Increased population level access to primary care 37. Improved population level physical and mental health 38. Improved population level health outcomes

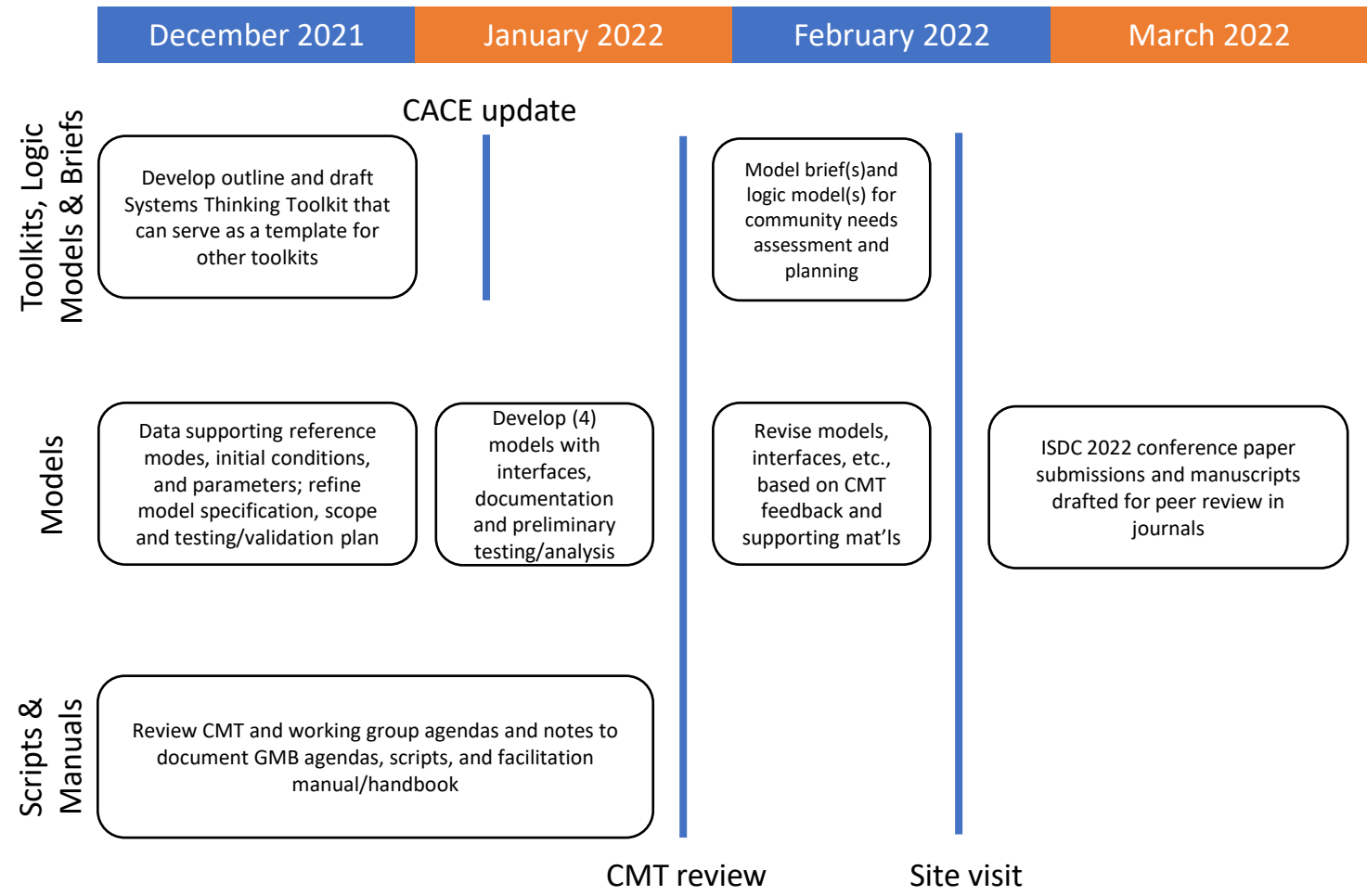
Assumptions: Access to primary care depends on finding and having access to a trusted medical provider; lack of cultural humility and implicit bias among medical providers limit access trusted medical providers; individual and community level trauma limit number and overall capacity of community health workers; availability of funding

Contextual factors: Environmental health, criminal and juvenile justice systems, food insecurity, access to primary care, access to emergency rooms, and trauma; prevalence of chronic conditions and their management; diversity in leadership in health care systems; diversity of healthcare workforce; quality of education; health literacy; geographic access to health care facilities; employer flexibility

* Based on format from CDC Division for Heart Disease and Stroke Prevention *Evaluation Guide: Developing and Using a Logic Model* (available at https://www.cdc.gov/dhdsp/docs/logic_model.pdf)

Overview of models developed in CSII





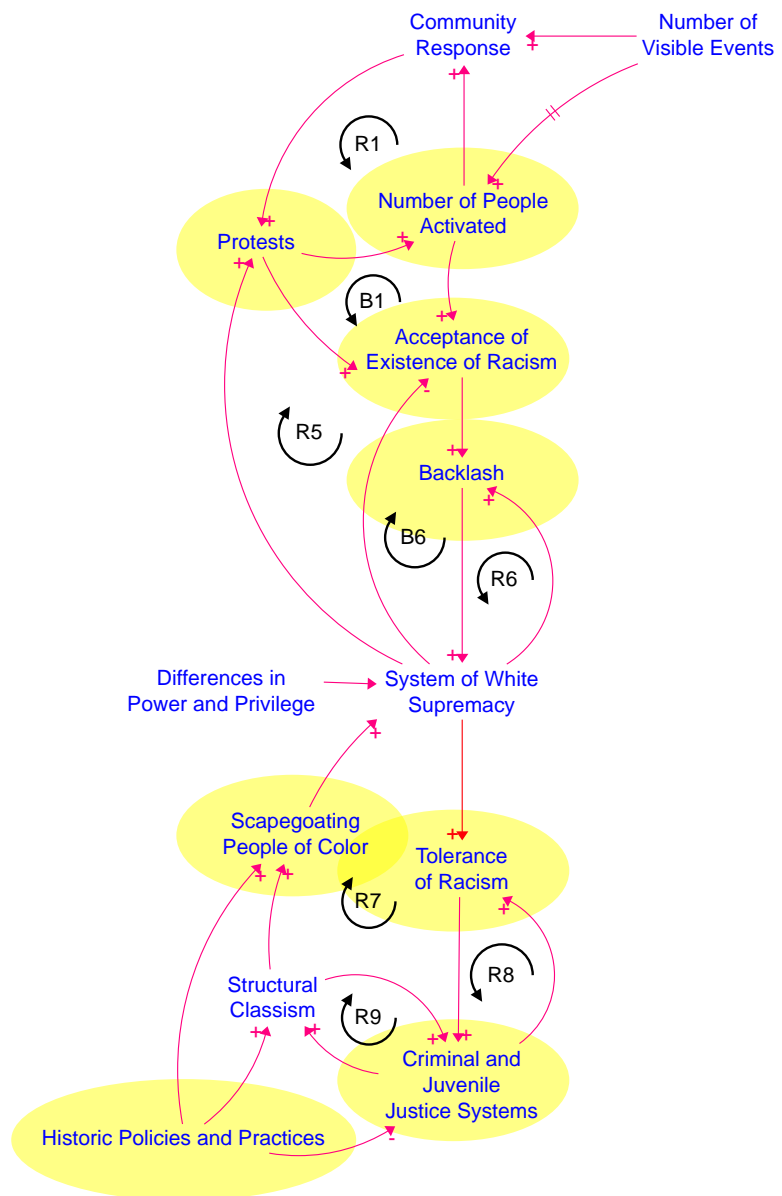
Options for Copyright Language

1. *"No Rights Reserved"* - The work will be **completely unrestricted**, for the public to use in any way.
2. *"This work is licensed under a Creative Commons Attribution 4.0 International License"*. (Or, *"This work is licensed under <https://creativecommons.org/licenses/by/4.0/>"*) – The work is **completely available to the public as long as it's attributed to us** as the authors.
3. *"This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License"*. (Or, *"This work is licensed under <https://creativecommons.org/licenses/by-nc/4.0/>"*) – The work is **completely available to the public as long we are attributed as the authors AND for non-commercial uses only**.

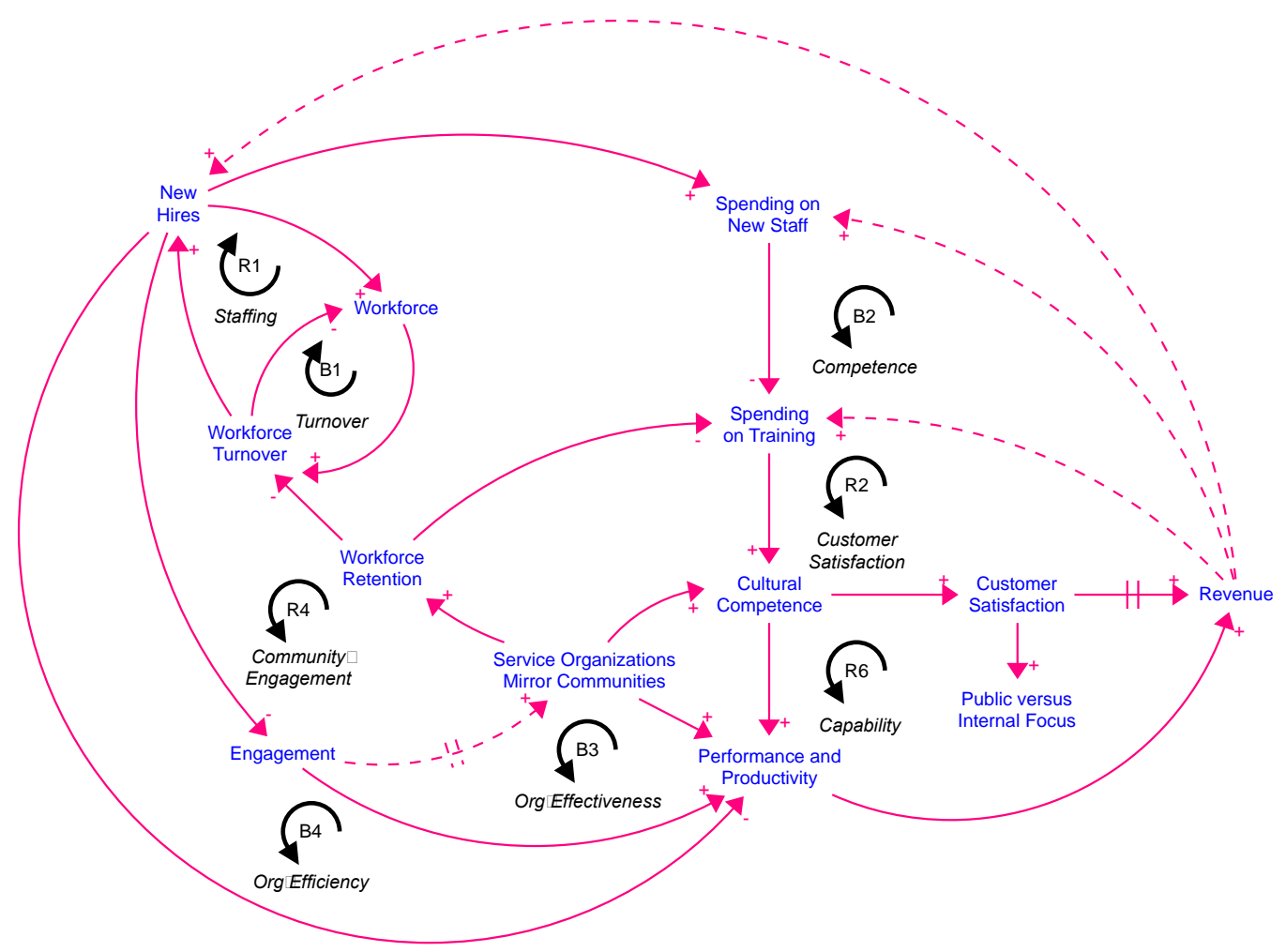
Sectors for future work

Sectors for future work

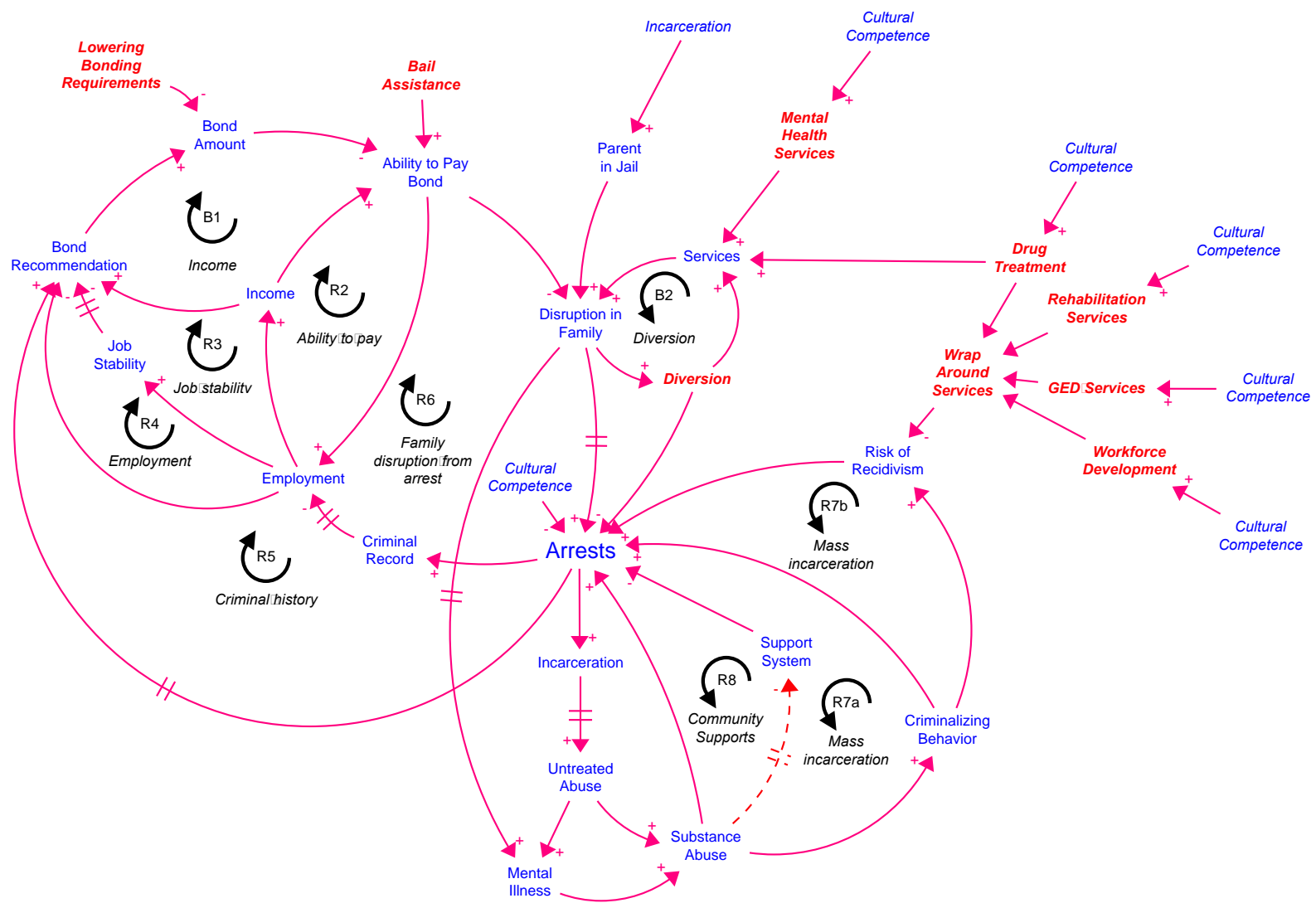
- Criminal justice and models of changing social norms
- Juvenile/criminal justice involvement, child welfare, and workforce development
- Affordable and stable housing
- Contracting and procurement



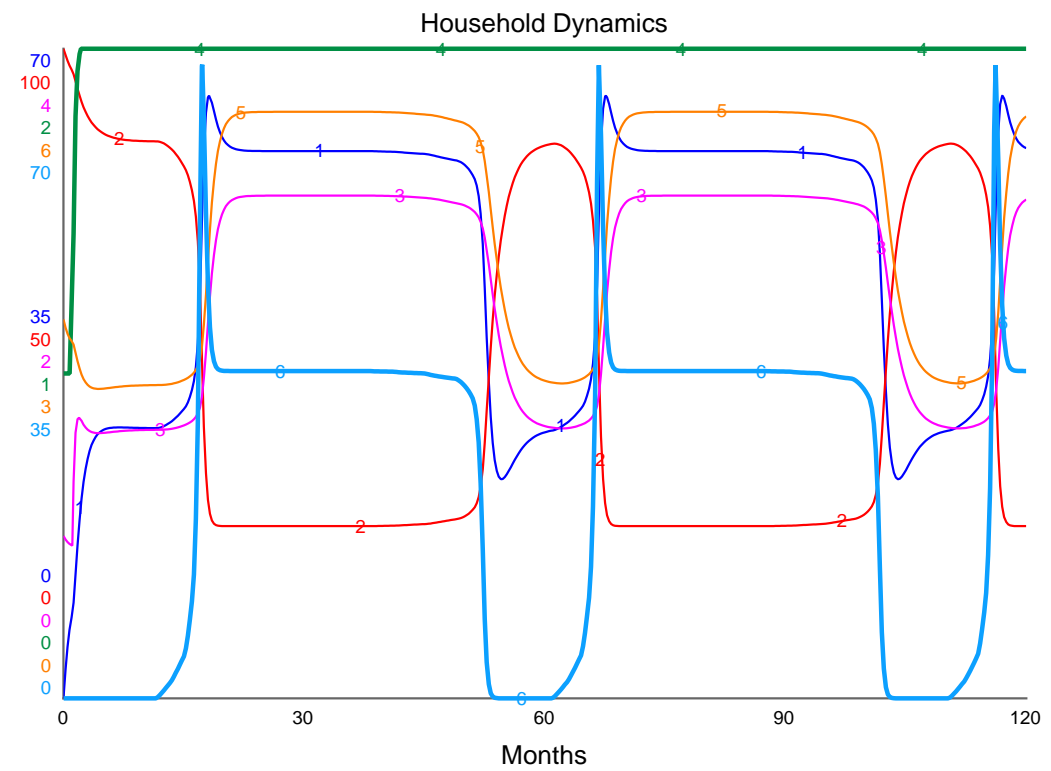
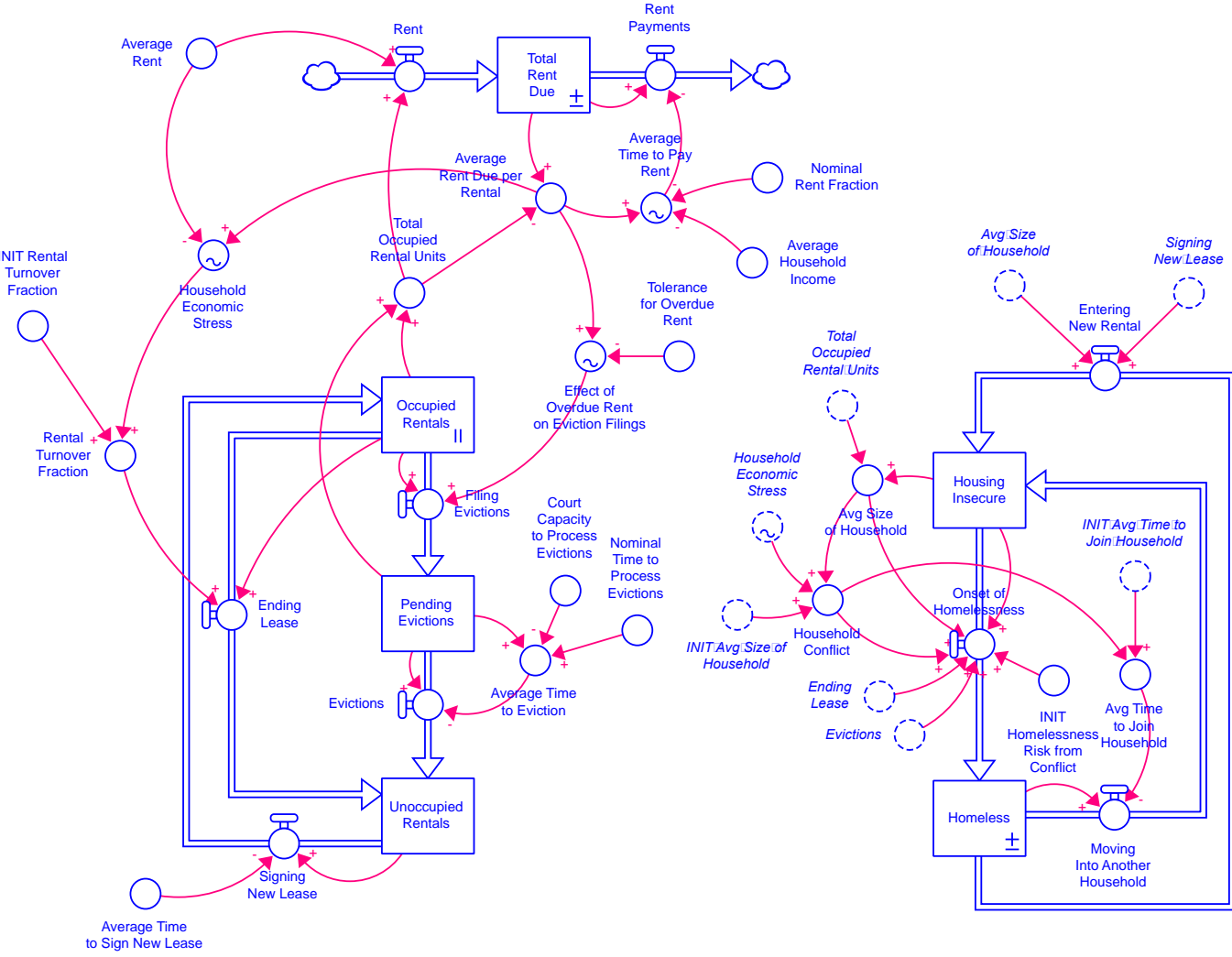
Workforce Development (based on CACE interviews, not simulating)



Criminal Justice (based on CACE interviews, not simulating)



Housing and Evictions (based on prior work on housing vouchers)



- 1— Homelessness Rate
- 2— Occupancy Rate
- 3— Household Conflict
- 4— Household Economic Stress
- 5— Avg Size of Household
- 6— Evictions

Contracting (based on CACE interviews, not simulating)

