The Hazards of a “Dam-Good” Intervention
Threats to Well-intentioned Upstream Population Health Solutions

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Objectives:

Introduction

The Healthy Neighborhood, Healthy Families (HNHF) experience

Overview the challenges and pitfalls of working “upstream”

Case study and lessons learned
Avondale, Cincinnati, Ohio

South Side, Columbus, Ohio
Redlining map of Franklin County (circa. 1936)

Modern interstate highways super-imposed

Franklin County: Child Opportunity Index Map

**Educational Opportunity**
- Student poverty rates in local schools
- Student math/reading proficiency
- Early childhood education index
- High school graduation rates
- Adult educational attainment

**Health and Environmental Opportunity**
- Proximity to health facilities
- Retail healthy food environment index
- Proximity to toxic waste sites
- Volume of nearby toxic release
- Housing vacancy rates

**Social and Economic Opportunity**
- Foreclosure rates
- Poverty rates
- Unemployment rates
- Public assistance rates
- Proximity to employment

Early 2000s: $80 million expansion
The single largest children’s hospital in America

Mid-2010s: $730 million expansion
Largest behavioral health hospital in America
One of the largest pediatric research centers in the world
If you live in a blighted neighborhood anchored by a prestigious children’s hospital, what’s not to love about that?
Please, DON’T you be my neighbor!

Infrastructure
Traffic/Parking
Gentrification
Lack of jobs for local residents
Lack of investment in local businesses
Approach to the Unhealthy Child:

Defining Patient Information
  Chief Complaint
  History of Present Illness
  Past Medical History
Physical Exam, Diagnostic Tests
Assessment and Plan
So if by learning to intervene early we can improve outcomes for our patients...
... what would happen if we treated our neighborhood – the people, not the property – as our most important patient?
The Healthy Neighborhood, Healthy Families Initiative

Kelly Kelleher, MD, MPH, Jason Reece, PhD, Megan Sandel, MD, MPH
Approach to the Unhealthy Neighborhood: *Neighborhood Effect Syndrome*

Concentrated Poverty  
Racial Segregation  
Trauma  
Violence  
Environmental Toxins  
Low Social Cohesion and Support  
Poorly Performing Schools

• Southern Orchards was hit hard by housing 2008 housing crisis:
  – 1 in 4 residents lived in poverty
  – 23% of the population were children
  – More than half of residents reported being “housing-cost burdened” (housing costs > 35% of income)
  – 1 in 5 homes foreclosed
  – 1 in 3 homes abandoned, derelict, or vacant (peak rate)

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Nationwide Children’s Hospital chose the Southern Orchards neighborhood as the target for a community intervention.
- Proximity & connectivity to the hospital
- Active neighborhood leadership
- Political will to address foreclosures.

HEALTHY NEIGHBORHOODS

HEALTHY FAMILIES

EDUCATION

WORKFORCE DEVELOPMENT

AFFORDABLE HOUSING

SAFE & ACCESSIBLE NEIGHBORHOODS

HEALTH & WELLNESS
• **Education:**
  – SPARK Kindergarten Readiness – monthly educational home visits for 80 children
  – NCH-partnered mentoring program
  – Upward Bound Math and Science summer camp

• **Safe and Accessible Neighborhoods:**
  – Neighborhood beautification and crime patrol
  – South Side Leadership Academy

• **Health and Wellness:**
  – Care Connection – school-based health services at over a dozen area schools
  – Early childhood classroom consultation and support

• **Affordable Housing:**
  – Healthy Homes – More than 350 homes impacted from full renovations to home repair grants
  – Residences at Career Gateway – 58-unit community with on-site career development facilities & training

• **Job Opportunities:**
  – Transitional job model and job fairs
  – Career Gateway Academy – FREE job training workshops in community for tenants and South Side residents in 43205, 43206, 43207
Challenges to engineering upstream solutions:

- Clinical
- Operational
- Financial
- Ethical
CLINICAL CHALLENGES:

• Building trust, overcoming history, and setting expectations:
  – The legacy of injustice and discrimination: what’s old is now new, again

• Accessibility:
  – Proximity ≠ access

• Duplication of services:
  – Other organizations are working in the same spaces, but are we coordinating our efforts?
    • E.g. school-based health services

• Value of services provided:
  – Value is deeply personal
  – Rural vs. urban value divide
OPERATIONAL CHALLENGES:

• Who are we serving exactly?
  – Developing a customer and community service approach

• Teaching the culture...

• How will we measure success?
  – What are we measuring?

• Are our metrics aligned well with the expectations of the community?
  – Anchor = “retained employee, 3+ years”
  – Client #1 = “a full-time job”
  – Client #2 = “$100 to survive this month”

• Creating a system that talks with itself
  – Full integration = community engagement team, hiring managers, and supervisors/program directors

Participants Served: 239
Enrolled in Training: 68
Completed Training: 35
Job Placed @ NCH: 4
Job Retained @ NCH: 3
FINANCIAL CHALLENGES:

• Fee-for-service model\(^1\):
  – Reverse-alignment of incentives for population health

• Capitation model\(^1\):
  – Medicaid offers new incentives for population health, but delayed return on investment

• Competition for resources:
  – Population-health initiatives often compete for scarce* resources

• Fair and equitable hiring practices:
  – Often institutional decisions are responsible for determining who takes advantage of economic opportunity

• Local financial impact (e.g. buying from local business):
  – The promised economic impact often doesn’t live up to the hype

*scarcity is in the eye of the beholder…

Nationwide Children’s Hospital began assuming the risk for children on Medicaid in 2002, and expanded the program in 2008 to include 300,000 children in the community.

 Partners For Kids Flow of Funds

Partners For Kids receives funds for each child in the program for the child’s medical care.

Ohio Department of Medicaid → Pediatric Medicaid Managed Care Plans → Partners for Kids → Medical Care Providers → Surpluses are reinvested into Child Health Programs

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ETHICAL CHALLENGES:

• Balancing institutional expertise with community expertise:
  – Solutions to adverse community health conditions must not be paternalistic
  – Coming alongside, leading from behind

• Improving community infrastructure while avoiding gentrification:
  – HNHF has a complex formula that includes 1) balance of properties for sale and rent, 2) and plans for sale of future housing stock

• The “community elder conundrum” – cultivating a steady supply of well-equipped community leaders:
  – “What do we do when Mr. Tony leaves?”
  – Neighborhood Leadership Academy
Case Study – A Tale of Two Cities: Yale New Haven Hospital
A tarnished hospital tries to win back trust

Yale New Haven Hospital, once reviled for hounding low-income patients for money, wants to be a model for community outreach.

By DAN DIAMOND | 12/31/2017 07:43 AM EST

- Hospital leaders struggled to rebuild trust with the community:
  - Yale New Haven Hospital dominates the economic landscape of an impoverished community
  - Several years of un-realized promises regarding economic investment and job opportunities within the community
  - Community elected leaders often hesitate to criticize such a powerful community entity
A tarnished hospital tries to win back trust

Yale New Haven Hospital, once reviled for hounding low-income patients for money, wants to be a model for community outreach.

By DAN DIAMOND | 12/31/2017 07:43 AM EST

• Yale New Haven Hospital worked hard to restore the trust:
  – Significant investments in Habitat for Humanity and other organizations
  – $2 million New Haven Promise – college scholarship for qualifying student-residents
  – Increased publicity of community benefit
  – $500,000 for in homelessness initiatives

• Community leaders touted efforts as big steps toward improving trust and community impact
2017 Foster G. McGaw Prize
American Hospital Association

“Yale New Haven Hospital is passionate about public health. Beyond providing excellent care to their diverse communities, they see and nurture the connection between health and a stable neighborhood, good jobs, and home ownership.”

• Nurturing Healthy Kids
• Educational Opportunities
• Revitalizing Neighborhoods
• Homelessness
• Working with local recruiters
Yale is receiving renewed criticism this year from residents regarding perceived broken promises to the community:

- 2015: Yale promised to hire 500 residents from “neighborhoods of need” over 3 years
- During a city council meeting in February, report of 2590 new community jobs dramatically fell to 273 when numbers were reassessed.
- Community members openly argued the numbers of new hires, challenged what jobs were being included in the final tally (e.g. full-time versus temporary)
“What Yale actually owes the city is the hundreds of millions in taxes they owe. As it’s structured now, New Haven is paying for Yale to be here, not the other way around.”

-- Lorna Chitty, Yale Student, Ward Co-chair
Lessons to learn and pitfalls to avoid:

**Anchor institutions can be motivated** to make population-level impact within communities.

Investing in neighborhoods produces **returns on investment beyond financial**, but it often takes time to see the return.

**Community engagement at every step** is vital to the success of upstream programs and initiatives.

Truly sustainable upstream population health work is **community-driven and community-led**.

**Measurable impact** is key to proving value to the community.

**Maintained presence** develops trust.
“Nothing about us, without us.”
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