A VIRTUAL SUMMIT

Equitable Primary Care in the Community

On-the-ground perspectives

HOSTS

Kim Erwin
Associate Research Professor
IIT Institute of Design

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Director of Design
Rush University
VIRTUAL SUMMIT AGENDA

1. Introductory remarks by State Senator Mattie Hunter

2. Panel presentations:
   a. *In-home perspective*
   b. *Provider perspective*
   c. *Community design perspective*
   d. *Program innovation perspective*

3. Panel discussion

4. Q&A
INTRODUCTORY REMARKS

State Senator Mattie Hunter (D)
Majority Caucus Chair
3rd Senate District
**PANELISTS**

Kim Jay  
Senior CHW consultant and trainer, Sinai Urban Health Institute

Angela Moss  
Assistant Dean of Faculty Practice, Rush College of Nursing and Director, nurse-run community clinics

Chris Rudd  
Clinical professor of community-driven design, IIT Institute of Design and Founder, ChiByDesign

Leana Lopez  
Director of Behavioral Health and Community Programs, Medical Home Network
DATA RESOURCES FOR CHICAGO

Rush Community Health Needs Assessment

State of Black Health in Chicago (Chicago Dept of Public Health)

Transformation data + community needs reports: West Side, South Side (State of IL)

The Challenging Future of the Chicago Safety Net (Health Care Council of Chicago)

Unequal Cities (Maureen Benjamin, Fernando De Maio)
Thank you for joining our virtual summit!

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Why the Resistance?

• Historical Mistrust
  – Tuskegee Experiment
    – Medical procedures without consent
    – Unnecessary deaths
    – Blatant disregard for human life
  – Henrietta Lacks
    – Cells used for medical advancement
    – No compensation for use
    – No recognition for medical contribution
The Patient Perspective

• I will be okay
  – I will pray about it
  – I will use home remedies
  – I’m scared

• Seek the doctor when I’m really sick
  – Doctors are untrustworthy
  – Hospitals only want money
  – Caregivers don’t care
The CHW Approach

• Employing Community Health Workers
  – Equity driven
  – Addresses what the patient deems important
  – Has the time
  – Linkage to care
  – Applies health literacy
  – Builds trust
The Stories

• Bridging the gap and building trust:
  – Many times there are competing priorities; life is happening
  – People don’t talk about their home in the healthcare setting
  – Believe if you share too much the same degree of taking may take place
Build Trust, They Will Come

• How do we build trust?
  – Change our approach
  – Normalize feedback
  – Connect with appropriate staff
  – Allow your patient to have a say

• Results of trusting relationships
  – Adherence to medical plan
  – Better quality of life
  – Regular utilization of primary care services
Summary

• Change is a collaborative effort
• CHWs are agents of change
• Patients are important in the process
Thank You!
Kim.jay@Sinai.org
Navigating the gap between patients and health systems: A provider perspective

September 2021

Angela Moss, PhD, ANP-BC, FAAN
Assistant Dean of Faculty Practice, Assistant Professor
Community Systems & Mental Health Nursing
Underlying Health Equity Concepts

Driving philosophies behind CON Faculty Practice community partnerships:

- Healthcare initiatives alone cannot improve health outcomes
- Leveraging built environments to help affect change in other areas
In Real Life

[Image of ST. LEONARD’S MINISTRIES]

[Image of a person sitting at a table]

[Image of medical professionals standing by a picnic table]

[Image of ST. LEONARD’S HOUSE]

[Image of a sign: "ST. LEONARD’S HOUSE"]
In Real Life

Challenges: Filling prescriptions from closest Walgreens

Community: Making cloth masks for healthcare workers
Vulnerable Populations Disproportionately Affected by Health Inequity

Core competencies providers need that are beyond those established by academic, evaluation and accrediting bodies include:

- Caring for patients with advanced and often neglected medical conditions
- Identifying and creatively utilizing scarce resources to optimize care
- Adapting evidence-based practice to reality
- Utilizing non-judgmental, patient-centered care strategies
- Understanding social determinants of health and impact on a patient’s care and treatment plan
Three Major Design Gap Areas

Patients & System
- Access
- Payment structures

Providers & System
- Time
- Reimbursement
- Training
- Performance rewards

Providers & Patients
- Time
- Trusting relationships
- Accountability structures
THANK YOU!

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Anti-Racist Design
Community-led Anti-Racist Infrastructuring
“ensure ... society has access to the maximum use of constructive abilities for its benefit”

- László Moholy-Nagy
51 Futures: Community Design Studio

8-week summer studio at Boxville market focused on supporting residents of the Bronzeville/Washington Park community in the creation of the future of their community.
Community residents engaged with design methods to intentionally involve as many residents and their perspectives as possible.
“You’re getting paid for this, right? I’m not.”
How might Design create anti-racist outcomes?
Anti-Racist Pop Ups

Photos: Daniel Chichester
Lessons

- You carry the reputation of your institution wherever you go
- Properly compensate people for their time & expertise
- Engage in service, not projects
- Leave the place better than when you got there
- Design is a powerful tool in the hands of residents to design anti-racist futures
Medical Home Network (MHN): Comer Family Foundation Investment to Transform the Safety Net

• The life expectancy difference within a 3 mile distance from the loop to the South / West side of Chicago is 16 years.

• Illinois is ranked the 45th state in health care quality.
• Asian Human Services Family Health Center
• Alivio Medical Center
• Aunt Martha’s
• Chicago Family Health Center
• Christian Community Health Center
• Erie Family Health Centers
• Esperanza Health Centers
• Friend Health

• Heartland Health Centers
• Near North Health
• La Rabida Children’s Hospital
• Lawndale Christian Health Center
• PCC Community Wellness Center
• PrimeCare Health
• Rush University Medical Center
• Sinai Chicago

*hospital system owners
Medical Home Network: Integrated Model Addresses Physical, Behavioral, and Social Risk

What are social determinants of health?
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Research shows that the impact of social factors such as income, educational attainment, access to food and housing, and employment status accounts for as much as 40% of patients’ health outcomes.

*Denver Health Health Affairs, 34, no.8 (2015):1312-1319*
Practice level care team engagement rate for HRAs

Compared to 61% MCO market

89%

Total HRAs completed by practice-level care team staff

300,000

37.4% reduction in total social risk factors impacting health
Initiative #1: MHN HOUSING PROGRAM

• Rapid connection to permanent supportive housing for patients identified to be high cost, high utilizers of the crisis system attributed to having housing instability.

• Coordination and connection between healthcare and housing. Housing case manager working in tandem with MHN care managers

• Patient received tenancy Support: Life skills, independent living skills, employment coaching and connection to employment opportunities, medical appt and medication adherence, assistance assessing or maintaining benefits, etc

“The connection between health and dwelling is one of the most important that exists.”

-Florence Nightingale
Collaborative Care Model for Depression and Anxiety at Primary Care

New Roles

Core Program

59% of engaged patients achieved a clinical response to treatment

37% of engaged patients achieved a full remission from depression

Initiative #2: BEHAVIORAL HEALTH SUPPORT
Legal Care: Provide free legal services to help clients reach their full potential for well-being.

- Medicaid issues
- Advocacy with state agencies to problem solve systemic issues
- Medicare/Marketplace enrollment and troubleshooting
- Social Security issues
- SNAP/TANF/WIC/Childcare issues
- Special Education
- Advanced Decision Making/Guardianship
- Public Benefits and Immigration