



BREAKTHROUGHS FOR LIFE.®



UNIVERSITY OF
Nebraska
Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 27



Project Funded by Nebraska DHHS through a CDC grant



Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat
- All the session presentation are available on our [website](#)
- Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.



Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
 - Erica Stohs, MD, MPH
 - Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
 - Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
 - Shirley Delair, MD
- Jasmine Marcelin, MD
 - Andrea Jones, MD
- Precious Davis, EdD
- Samantha Jones, Program Manager
 - Dan Cramer, NP



CE Disclosures



UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:

**HE: Leveraging Clinical/Public Health Data to Eliminate Health
Disparities (part 1/2)**

QI: How to be Successful at Change

Free Live ECHO Project

December 7, 2022

CID 57617

TARGET AUDIENCE

This accredited continuing education activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.

The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.



EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Formulate an intervention to mitigate or eliminate an identified health disparity.
- Identify strategies for structuring quality improvement projects to accelerate learning.
- Describe how to communicate short- and long-term impact.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
 - a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
 - b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu



ACCREDITED CONTINUING EDUCATION



In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hours. Nurses should only claim credit for the actual time spent participating in the activity.



ACCREDITED CONTINUING EDUCATION



As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 general continuing education credits. Social work level of content: **Advanced**



This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hours.

Activity code: I00052941

Approval Number: 220003788

To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.



DISCLOSURE DECLARATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.

This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.



Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

The below faculty have nothing to disclose:

- Benjamin Case, MPH
- Gale Etherton, MD, FACP
- Christine Muganda, PhD
- Mahliqha Qasimyar, MD
- Jessica Solcz, MPH
- Jeff Wetherhold, M. Ed*

*Faculty and Planning Committee member



Disclosures

PLANNING COMMITTEE

M. Salman Ashraf, MBBS

Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH

ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Bailey Wrenn, MA





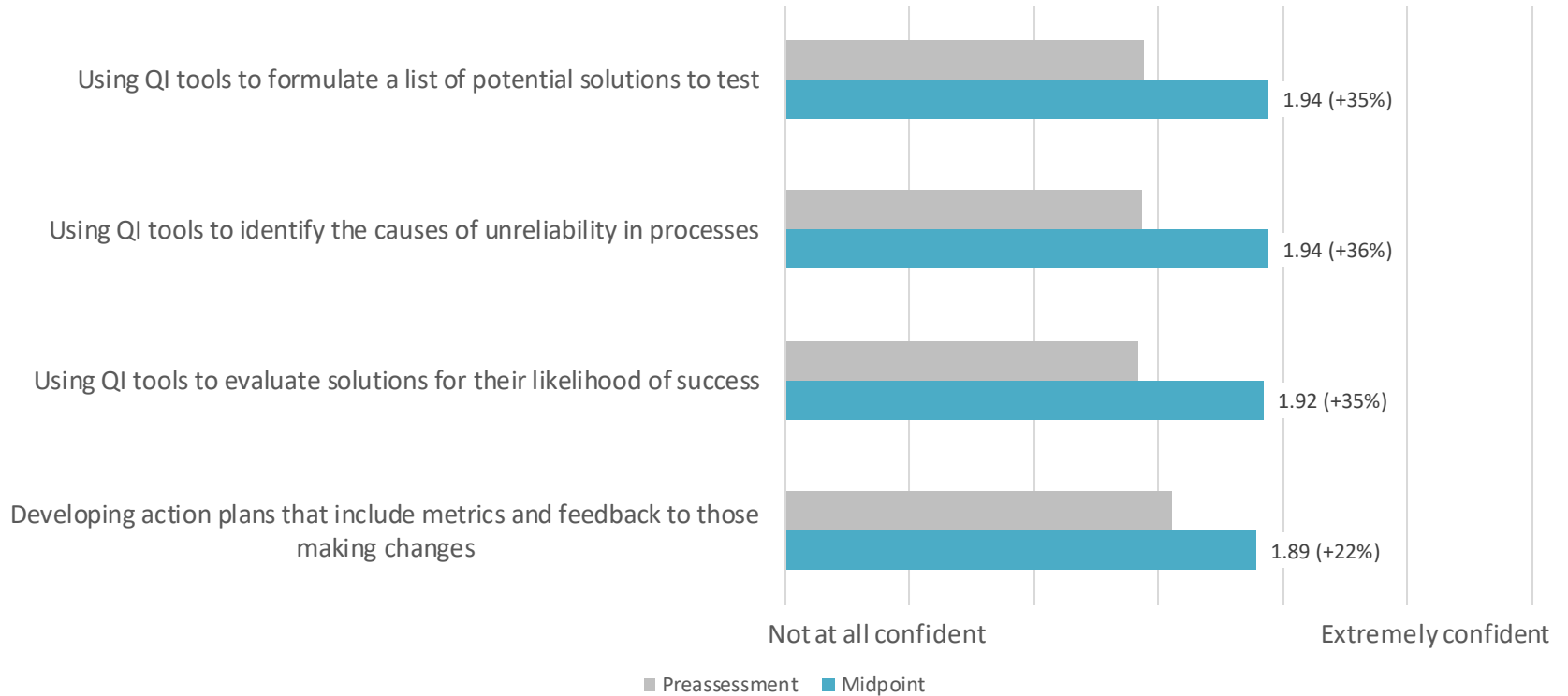
www.unmc.edu/cce

POLL



Midpoint Evaluation

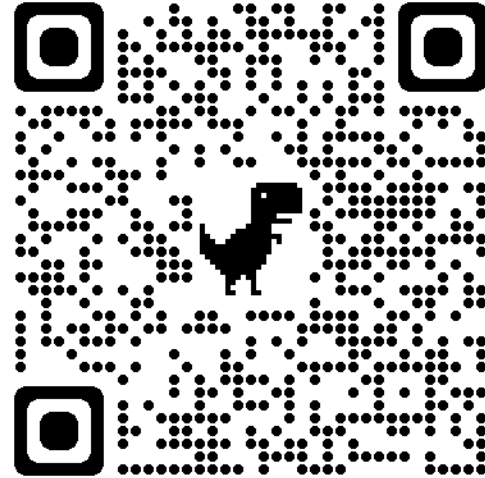
Quality Improvement Competencies



Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:



Poll Results



Quality Improvement: How to be Successful at Change

Presenters: Gale Etherton, MD; Mahliqha Qasimyar, MD; Jeff Wetherhold



Objectives

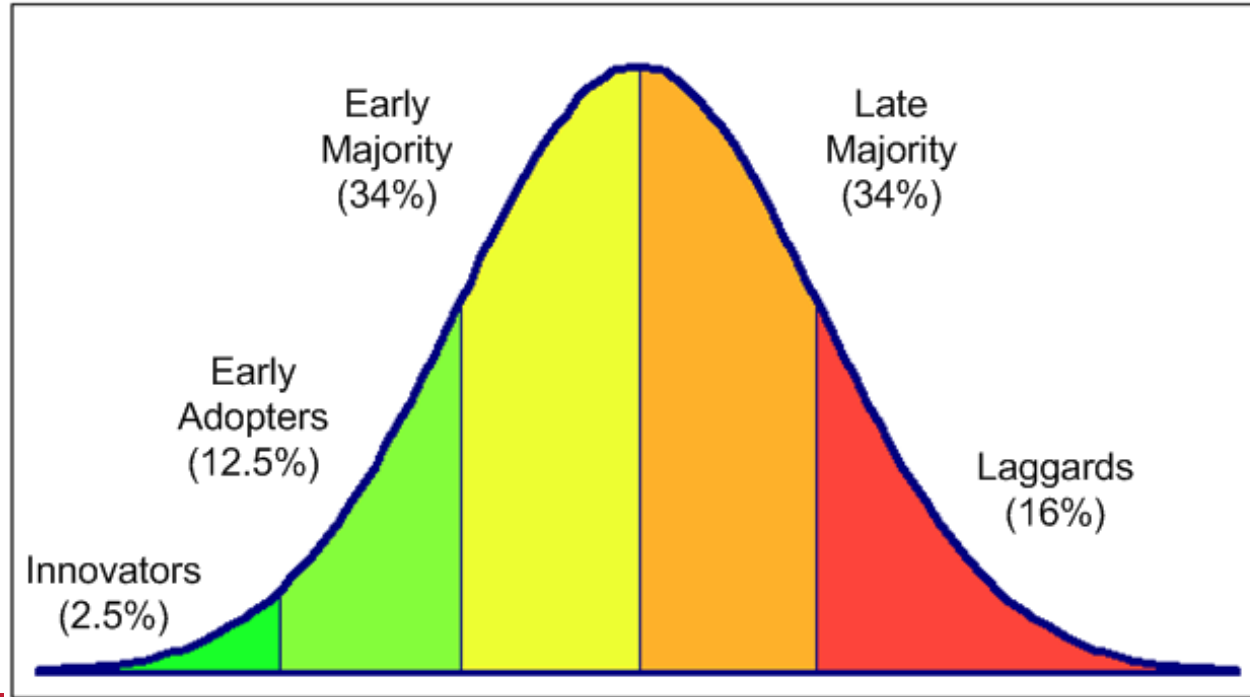
1. Identify strategies for structuring quality improvement projects to accelerate learning
2. Describe how to communicate short- and long-term impact



Previous Session

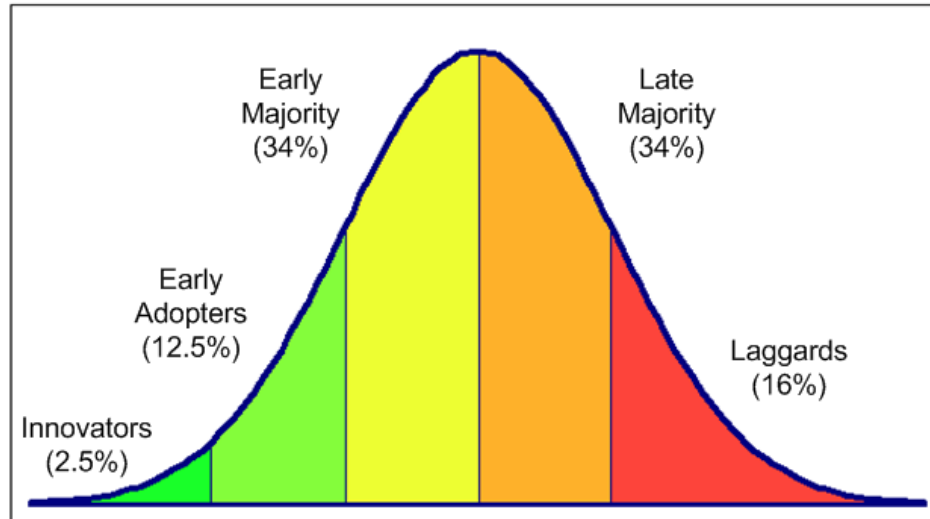
Stage	Tools
Getting to Improvement Ideas	<ul style="list-style-type: none">• Process Mapping• Change Concepts
Focusing Improvement Ideas	<ul style="list-style-type: none">• Affinity Diagrams• Fishbone Diagrams
Choosing Improvement Ideas	<ul style="list-style-type: none">• Hierarchy of Action• Impact/Effort Matrix

Rogers' Diffusion of Innovation



Poll

Where do you think you are on this curve with respect to changes in your workplace?



Example: COVID-19 Vaccines

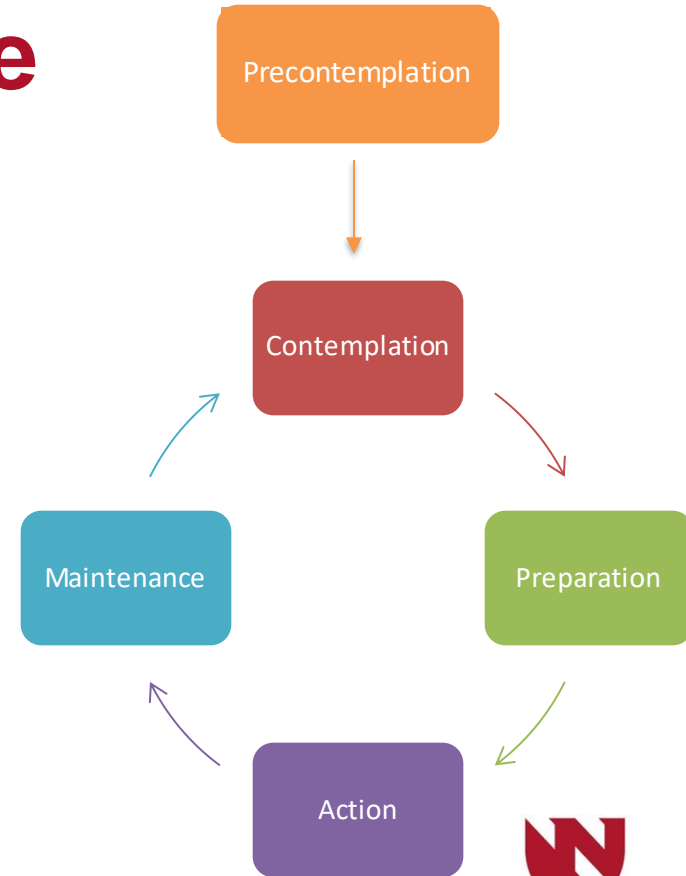
Adopter Group	Strategies for Engagement
Innovators	People who know they want the vaccine and are passionate about it. Identify them and ask them to be peer ambassadors – educating fellow team members about the vaccine and answering questions.
Early Adopters	You will find many opinion leaders in this group. Ask them to share (through huddles and other opportunities) why they have decided to receive a vaccine. Invite them to assist in developing marketing campaigns.

Example: COVID-19 Vaccines

Adopter Group	Strategies for Engagement
Early Majority	Individuals in this group will be influenced by the experiences of their peers. Use public marketing campaigns to let this group know about the vaccine, how many of their teammates have received their vaccines and what their experiences were.
Late Majority	In general, this group will consist of people who are skeptical regarding the vaccine. Provide them with regular updates regarding vaccine status in your facility, as well as emerging data and testimonials from across the country.
Laggards	People in this group won't likely receive a vaccine until there is no alternative. Appeal to these individuals through policies and protocols.

Five Stages of Change

1. **Precontemplation:** Not ready to acknowledge the problem
2. **Contemplation:** Aware of the need for change but unsure of how to proceed
3. **Preparation:** Getting ready to change
4. **Action:** Actively making changes
5. **Maintenance:** Working to sustain changes that have been made



Motivational Interviewing

- A person-centered conversation to address the common problem of ambivalence to change
- A collaborative, goal-oriented style of communication
- Attuned to the language of change
- Focused on strengthening personal motivation and commitment to goals
- Grounded in acceptance and compassion.

Adapted from: Miller W, Rollnick S. *Motivational Interviewing in Health Care: Helping Patients Change Behavior change*. 2nd ed. New York: Guilford Press; 2023.



Motivational Interviewing Normalizes Complexity

- We are all noncompliant. We do not follow through on things we know we should do.
- We are all ambivalent about change. Part of us wants change and part of us does not.
- The sooner we identify the both sides of that ambivalence, the better equipped we are to meet people where they are.



Discussion

How might accepting ambivalence change the way we talk to others about COVID-19 vaccine hesitation?

Steps for Change Leadership

- | | | |
|------------------------------------|---|-------------------------------|
| 1. Establish a sense of urgency | } | When Starting Out |
| 2. Form a guiding coalition | | |
| 3. Create a vision | | |
| 4. Communicate the vision | } | When Building Momentum |
| 5. Empower others to act | | |
| 6. Create short-term wins | | |
| 7. Consolidate; create more change | } | When Spreading Success |
| 8. Internalize new approaches | | |



*John Kotter's 8 Steps from "Why Transformation Efforts Fail,"
Harvard Business Review, 2006.*



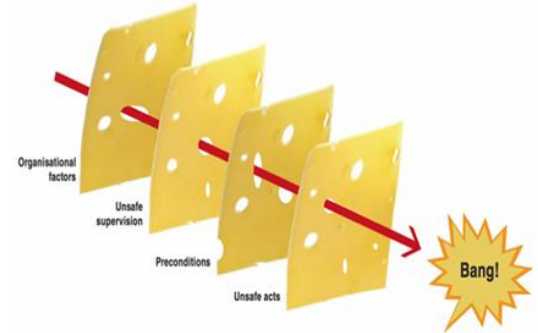
Kotter's Change Management

- “See-Feel-Change” Approach
 - When behavior is fueled by emotion, it is more likely to last longer than when fueled by analysis because it will be resistant to negative emotions
- Leaders need a burning platform to make real changes
- You need to provide that burning platform by telling them the story



Connecting the Dots

- The patient's story creates the burning platform
- Your job is to make the leaders
 - Understand how the holes in the Swiss cheese line up to create the risk
 - See how fixing the problem with process change aligns with the goals of the institution
 - Understand their contribution as leaders to the process
 - Understand what it is that you need them to do (the vision)



Systems Communication Plan

Plan your communications based on motivations

When addressing complex issues:

- Identify audiences and how the proposed solution will impact them
- Consider how audiences interact. Where do needs align or conflict?
- Balance the needs and interactions of your audiences to get to a systems-level view



Systems Communication Plan

Plan your communications based on their motivations

	Audience 1	Audience 2	Audience 3
Who do you need to communicate with?			
How will you reach them?			
What will they be most worried about?			
What do you need them to understand?			
What do you need them to do next?			
How can they communicate back with you?			



Support
provided by



Robert Wood Johnson
Foundation



University of Wisconsin
Population Health Institute
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Health Equity: Leveraging Clinical/Public Health Data to Eliminate Health Disparities (Part 1/2)

Presenters:

Christine Muganda, PhD *Data & Analytics*

Jessica Solcz, MPH *Evidence and Policy Analysis*

Ben Case, MPH *Evidence and Policy Analysis*



countyhealthrankings.org

Objective

Formulate or adapt an intervention to mitigate or eliminate an identified health disparity.



GOALS

- ▶ Overview of County Health Rankings
- ▶ Our work toward health and equity
- ▶ **Data Demo:** County Snapshots
- ▶ **Evidence Demo:** What Works for Health



County Health Rankings & Roadmaps is a program of the University of Wisconsin Population Health Institute.

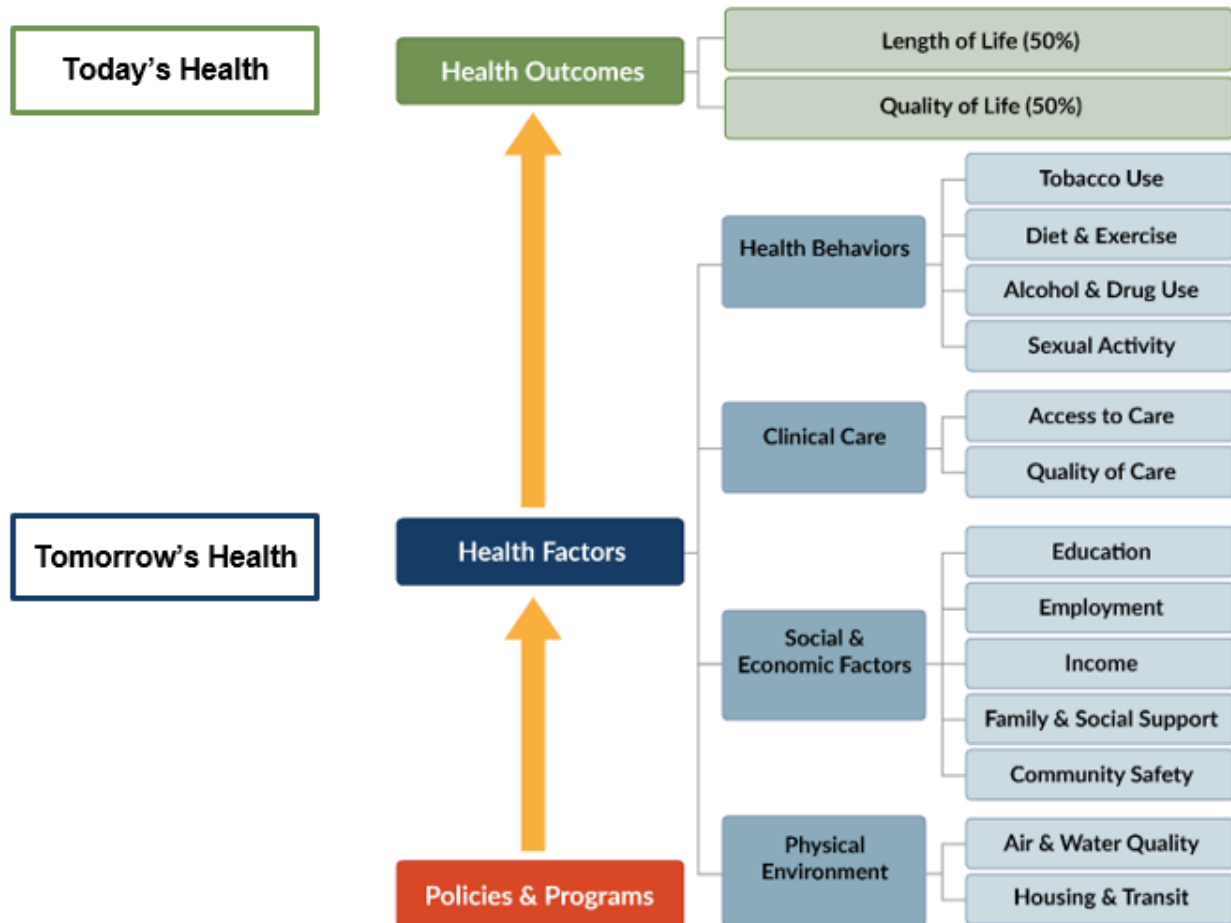


WHY WE DO WHAT WE DO

Improve Health Outcomes and Advance Equity

HOW WE SUPPORT COMMUNITIES







HEALTH EQUITY

Moving upstream to understand root causes

WHAT DO WE MEAN BY HEALTH EQUITY?

HEALTH EQUITY

Everyone has a fair and just
opportunity to be as healthy as
possible.

Braveman et al., 2017

WHAT DO WE MEAN BY DEEP HEALTH EQUITY?

HEALTH EQUITY

Everyone has a fair and just
opportunity to be as healthy as
possible.

Braveman et al., 2017

DEEP HEALTH EQUITY

**Attends to the historical hurt
and harms that created health
inequities by accurately
diagnosing core problems,
naming historical context, and
offering vast solutions.**


Adapted from Brown, 2020

“Shallow” Health Equity



“DEEP” Health Equity





“Shallow” Health Equity


History

No historical context or quick
pivot away from history



“DEEP” Health Equity

Deep dive in history;
views history as a powerful way to
contextualize data



“Shallow” Health Equity

History

No historical context or quick
pivot away from history

Solutions

Bare bones knowledge of
policies, practices, systems, and
budgets that cause(d) inequities

“DEEP” Health Equity

Deep dive in history;
views history as a powerful way to
contextualize data

Rich historical context, stories, and
data to highlight the policies, practices,
systems, and budgets that cause(d)
inequities.

IDENTIFY AND COMMUNICATE LIMITATIONS OF DATA

- ▶ Who is represented in the data?
- ▶ Who might be missing?
- ▶ Whose worldview is centered?
 - Who determined the methods?
 - Who summarized the data?

Let's take a tour!

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

[About Us](#) | [For the Media](#)

[Explore Health Rankings](#) ▾

[Take Action to Improve Health](#) ▾

[Online & On Air](#) ▾

[What Is Health?](#)

[Reports](#)



NEW: [2022 County Health Rankings Released](#)

A just recovery to **achieve economic security and health for all**

The COVID-19 pandemic both revealed and worsened barriers to health and well-being such as racism, discrimination and disinvestment. As we emerge from the pandemic, we can pursue a just recovery that addresses urgent needs and attends to long-standing harms. The 2022 County Health Rankings National Findings Report examines the issues and opportunities to ensure economic security and health for all through a living wage, fair pay for women, affordable and accessible childcare, and well-resourced, equitably funded schools.

[Read the report](#) →



WHAT WORKS FOR HEALTH

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

About Us | For the Media

Explore Health Rankings ▾Take Action to Improve Health ▾Online & On Air ▾What Is Health?Reports

Home > Take Action To Improve Health > What Works for Health

New curated strategy list: Racial Wealth Building

What Works for Health

Evidence matters. Our What Works for Health tool will help you find policies and programs that are a good fit for your community's priorities.

Find Strategies by Topic

Health Behaviors

- Alcohol and Drug Use
- Diet and Exercise
- Sexual Activity
- Tobacco Use

Clinical Care

- Access to Care
- Quality of Care

Social & Economic Factors

- Community Safety
- Education
- Employment
- Family and Social Support
- Income

Physical Environment

- Air and Water Quality
- Housing and Transit

Search all strategies by keyword

COUNTY

Douglas, NE

2022



Search by county, state or ZIP code

Go

Rank **#25** of 93 counties in [Nebraska](#)

[Download Nebraska data sets](#)

Health Outcomes

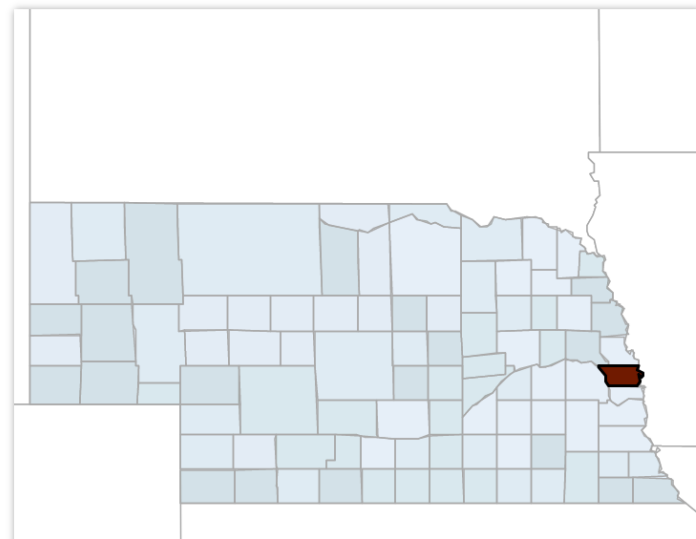
Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.



Douglas (DU) is ranked in the higher middle range of counties in Nebraska (Higher 50%-75%).



Health Factors

Health Factors represent those things we can modify to improve



Physical Environment		Douglas (DU) County	Nebraska	United States	—
Air pollution - particulate matter		8.5	6.6	7.5	✓
Drinking water violations		No			✓
Severe housing problems		15%	12%	17%	✓
Driving alone to work		80%	81%	75%	✓
Long commute - driving alone		18%	19%	37%	✓
Additional Physical Environment (not included in overall ranking)					+

Note: Blank values reflect unreliable or missing data.

Physical Environment

Douglas (DU)
County

Nebraska

United States

Air pollution - particulate matter



8.5

6.6

7.5

Drinking water violations

No

Severe housing problems

15%

12%

17%

Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

In Douglas County, Nebraska, 15% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities.

Error margin: 14-15%

Years of data used: 2014-2018

- Learn more about this measure's [methods and limitations](#).
- [Find strategies](#) to address Severe housing problems.
- [View map](#) of severe housing problems in Nebraska counties.



Driving alone to work

80%

81%

75%

Search Strategies

Go

Strategies

Policies and programs that work

Topic

☒ Housing and Transit (25)[Show more](#)

Goal

Housing and Transit

☒ Ensure access to housing (8)☒ Improve housing quality (7)☐ Support active travel (10)☒ Support affordable housing options (10)☐ Support shared transportation (4)

Decision Maker

☐ Business (6)☐ Community Development (20)☐ Community Members (5)☐ Educators (1)

25 Strategies

SORT BY

A-Z

VIEW

10

Support affordable housing options ✕

Improve housing quality ✕

Ensure access to housing ✕

Housing and Transit ✕

[Clear all](#)

Community Development Block Grants (CDBGs)



Housing and Transit

Provide funding for local community development activities such as affordable housing, anti-poverty programs, and infrastructure development

Evidence Rating: Some Evidence

Community land trusts



Housing and Transit

Purchase the land a home is on to lease to homeowners with low and middle incomes and require homeowners to sell the home back to the trust or to another resident with low income upon moving

Evidence Rating: Some Evidence

Debt advice for tenants with unpaid rent



Income

Search Strategies

Go

Topic

☒ Housing and Transit (25)[Show more](#)

Goal

Housing and Transit☒ Ensure access to housing (8)☒ Improve housing quality (7)☐ Support active travel (10)☒ Support affordable housing options (10)☐ Support shared transportation (4)

Decision Maker

☐ Business (6)☐ Community Development (20)☐ Community Members (5)☐ Educators (1)

Strategies

Policies and programs that work

25 Strategies

Support affordable housing options ✕

Improve housing quality ✕

Ensure access to housing ✕

Housing and Transit ✕

SORT BY

A-Z

VIEW

10

[Clear all](#)

Community Development Block Grants (CDBGs)



Housing and Transit

Provide funding for local community development activities such as affordable housing, anti-poverty programs, and infrastructure development

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Community land trusts



Housing and Transit

Purchase the land a home is on to lease to homeowners with low and middle incomes and require homeowners to sell the home back to the trust or to another resident with low income upon moving

Evidence Rating: Some Evidence



Debt advice for tenants with unpaid rent



Income

Evidence Rating ⓘ

Some Evidence



Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Health Factors ⓘ

[Housing and Transit](#)

Decision Makers

[Funders](#)[Community Development](#)[Nonprofits](#)

COMMUNITY IN ACTION



Springfield, MO creates
affordable homes via
community land trust

Fri, 12/27/2019 - 19:39

To help address a shortage
of affordable housing for
local families, the City of
Springfield, MO, a 'big, small
town' of 164,122 people in...

Community land trusts

[Print this strategy](#) [Save this strategy](#)

Community land trusts (CLTs) are private, non-profit organizations that purchase land to lease to residents with low and middle incomes for housing use. CLTs separate ownership of the home and the land it occupies, which reduces the size of a mortgage and lowers monthly mortgage payments¹. The land the home is on is leased to homeowners as part of a long-term ground lease, typically for 99 years²⁻³. CLT agreements require homes be owner occupied and stipulate that the home may not be rented out or "flipped" by renovating it for quick resale⁴. As part of their shared-equity agreement, homeowners on CLT-owned land are required to sell the home back to the CLT or to another resident with low income at an affordable price when they decide to move^{4,5,6}. CLTs may also purchase and hold land to support community development, open space efforts, community gardens, and similar initiatives^{7,8}. CLTs often include stewardship activities such as teaching expectant and new homeowners about finances, alerting them to high risk loans, and assisting potentially delinquent homeowners⁹.

Expected Beneficial Outcomes (Rated)

- Increased housing stability

Other Potential Beneficial Outcomes

- Increased access to affordable housing
- Improved neighborhood quality

Evidence of Effectiveness

There is some evidence that community land trusts (CLTs) increase housing stability and decrease rates of foreclosure and payment delinquency for CLT homeowners^{9,10,11,12}. CLTs are a suggested strategy to minimize the displacement of



 [Print this strategy](#) [Save this strategy](#)

THE UNIVERSITY OF CHICAGO

Category	Percentage (%)
Total	85
Men	95
Women	75

[illegible]

[illegible]

← Summary

WWFH EVIDENCE RATINGS



Scientifically Supported



Some Evidence



Expert Opinion



Insufficient Evidence



Mixed Evidence



Evidence of Ineffectiveness

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Implementation
Examples →

Implementation
Resources →

Footnotes →

Related
Strategies →

Evidence of Effectiveness



Impact on Disparities



Implementation Examples



Implementation Resources



Footnotes



Date Last Updated



Related What Works for Health Strategies



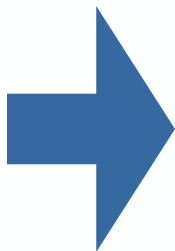
EXCITING UPDATES TO OUR DISPARITY RATINGS

Previous Disparity impact: Direction

Likely to DECREASE disparities

Likely to INCREASE disparities

No impact on disparities likely



Revised Disparity impact: Direction

Potential to DECREASE disparities

Potential to INCREASE disparities

Potential for MIXED IMPACT on disparities

INCONCLUSIVE impact on disparities

New feature: Strength of Evidence

Supported by strong
evidence

Supported by some
evidence

Suggested by expert
opinion

Suggested by
intervention design

Equity Analysis

1. Disparity Rating. A revised disparity rating.
2. Rating Description. A paragraph that describes the rationale behind the rating.
3. Historical Context. A paragraph that describes the historical context and root causes of the issue a strategy is trying to address.
4. Equity Considerations. Three to four questions to help WWFH users consider equity before implementing a strategy.

Evidence of Effectiveness



Equity Analysis



DISPARITY RATING



HISTORICAL CONTEXT



EQUITY CONSIDERATIONS

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Implementation Examples



What Works for Health Curated Strategy Lists

What Works for Health Curated Strategy Lists are helpful resources to support community change efforts around specific topics and themes. Selected by our expert


Explore Curated Strategy Lists



NEW! Racial Wealth Building

Evidence-informed strategies to close the racial wealth divide. These solutions account for historical practices that established and maintain the wealth divide- and reduce wealth inequities by increasing income and assets, expanding employment opportunities, removing barriers to quality education, and increasing access to homeownership.

[See the list >](#)



COVID-19 Recovery

Evidence-informed strategies that help communities respond to and recover from COVID-19. These solutions address underlying issues like income, education and housing that resulted in COVID-19's inequitable impact.

[See the list >](#)



Climate Change

Evidence-informed strategies that help communities reduce greenhouse gas emissions and mitigate the effects of climate change, including options for individuals to reduce their carbon footprint. These solutions address issues like transportation, energy efficiency, sustainable food options, stewardship and waste reduction.

[See the list >](#)



Violence Prevention and Community Safety

Evidence-informed strategies to prevent neighborhood crime and violence as well as intimate partner violence. These solutions address collaborative efforts between law enforcement and community residents, and connect families and youth at risk with social services and supports.

[See the list >](#)

SEVERE HOUSING PROBLEMS AND HEALTH CARE: CASE STUDIES

▶ **Healthy Neighborhoods Healthy Families: Nationwide Children's Hospital, Columbus, OH**

- Founded in partnership with a local organization in 2008
- Goals: Revitalize surrounding neighborhood and improve residents' health and well-being
- Impact areas:
 - ▶ Affordable housing
 - ▶ Education
 - ▶ Health and wellness
 - ▶ Safe and accessible neighborhoods
 - ▶ Workforce development

▶ **Centura Health's Mercury Regional Medical Center, Southwestern, Colorado**

- Partnership with a local housing agency
- Goal: Cost savings for both the hospital and Medicaid
- Intervention: Prioritize housing vouchers for frequent users of the ER
- Results:
 - ▶ Improved patient care and follow-up
 - ▶ Halved ER visits
 - ▶ Saved Medicaid \$495,000

SEVERE HOUSING PROBLEMS AND HEALTH CARE: WHAT WORKS

▶ Medical-legal partnerships

- Improve access to legal services
- Improve health outcomes
- Improve well-being
- Reduce stress

▶ Social service integration

- Improved access to social services
- Increased social service efficiency
- Improved health outcomes

▶ Service-enriched housing and Housing First

- Reduce homelessness
- Increasing housing stability
- Reduce hospital utilization

▶ Medical homes

- Improved quality of care
- Increased access to care
- Increased preventative care
- Reduced ER visits
- Reduced hospital utilization

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HANDOUTS

- ▶ County Health Rankings & Roadmaps (CHR&R) Overview
- ▶ What Works for Health (WWFH) Overview
- ▶ WWFH Equity Analysis: Identifying evidence-informed strategies to advance equity

OFFICE HOUR

- ▶ Informal conversation welcoming your questions and specific use cases for County Health Rankings data and evidence
- ▶ Wednesday, **December 14th** from **12:00 pm – 01:00 pm CST**
- ▶ Zoom Link:

<https://unmc.zoom.us/j/96928681206?pwd=bE9DQ2t6Mlk1Ym45c1ZKWDdtUFR5Zz09>
- ▶ Please invite your teams, and share your questions and cases with us before the office hour: unmcidecho@unmc.edu

Case Discussion



Case Discussion

You just got the data from your health department that tells you that COVID-19 booster acceptance among the Somali population in your region is 20% lower than initial vaccine acceptance.

What historical drivers of inequity in your community might be relevant to this?



Case Discussion

You just got the data from your health department that tells you that COVID-19 booster acceptance among the Somali population in your region is 20% lower than initial vaccine acceptance.

How might those historical drivers motivate members of your team to change?



Current State of COVID-19 in Nebraska



Nebraska COVID-19 Statistics

Community risk level metrics

WEEKLY NEW REPORTED CASES

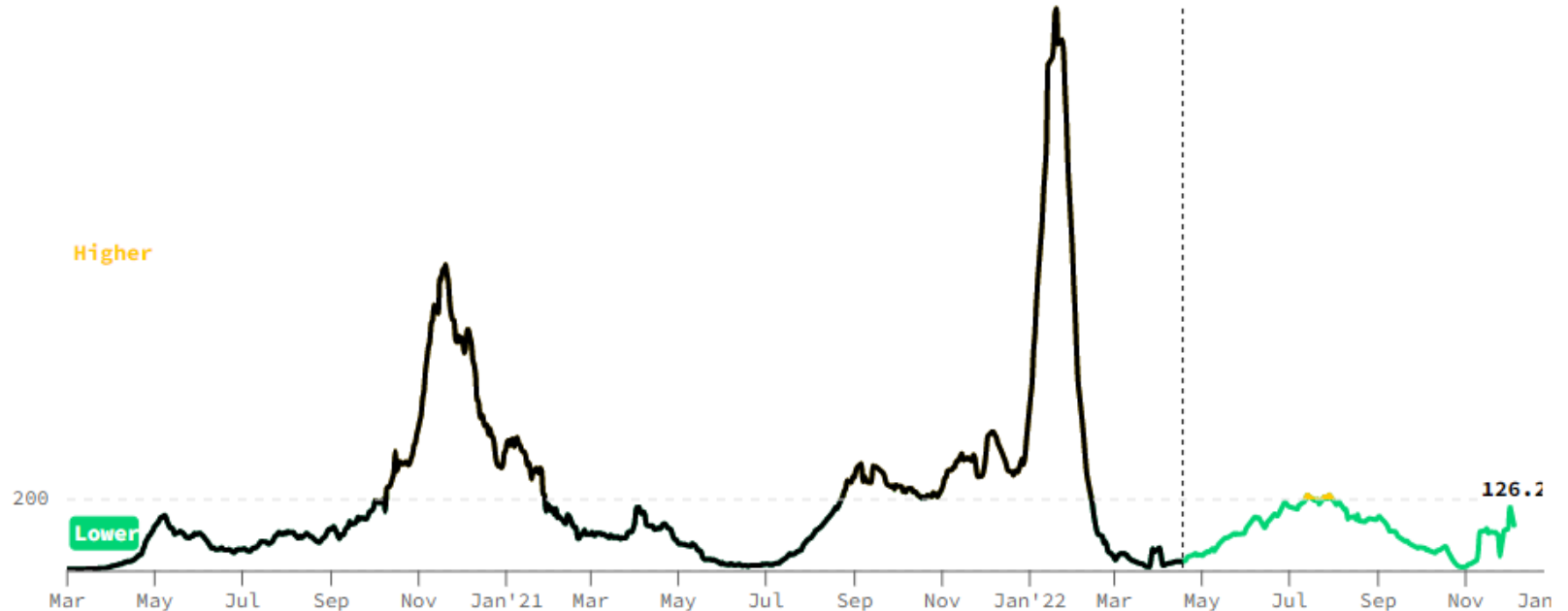
● **126.2** PER 100K

WEEKLY COVID ADMISSIONS

● **15.0** PER 100K

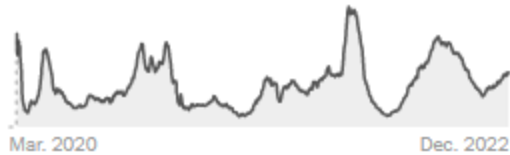
PATIENTS W/ COVID

● **6.4%** OF ALL BEDS

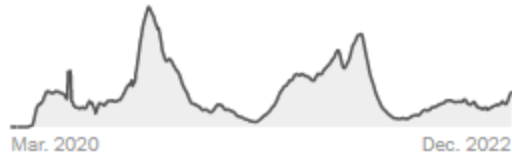


Nebraska COVID-19 Statistics

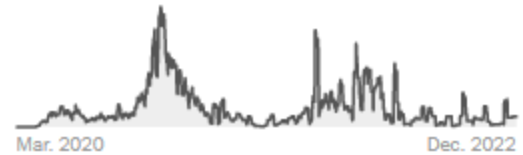
Test positivity rate



Hospitalized



Deaths



DAILY AVG. ON DEC. 5

PER 100,000

14-DAY CHANGE

Cases	349	18	+19%
Test positivity	17%	—	+16%
Hospitalized	290	15	+50%
In I.C.U.s	28	1	+45%
Deaths	3	<1	+9%



Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%
10/19/22	54.3	4.4	160	3.1%
11/2/22	61.6	6.0	177	3.9%
11/16/22	100.3	8.2	203	4.9%
12/7/22	126.2	15	290	6.4%

*Per 100,000. ¹Percent of entire state population vaccinated. ²Source prior to June 2022 was NE DHHS, % based on age 5y+. June/July. ³Source for June 2022 -present: COVID ActNow & NYTimes based on entire state population.



<https://covidactnow.org/us/nebraska-ne/?s=24951410>

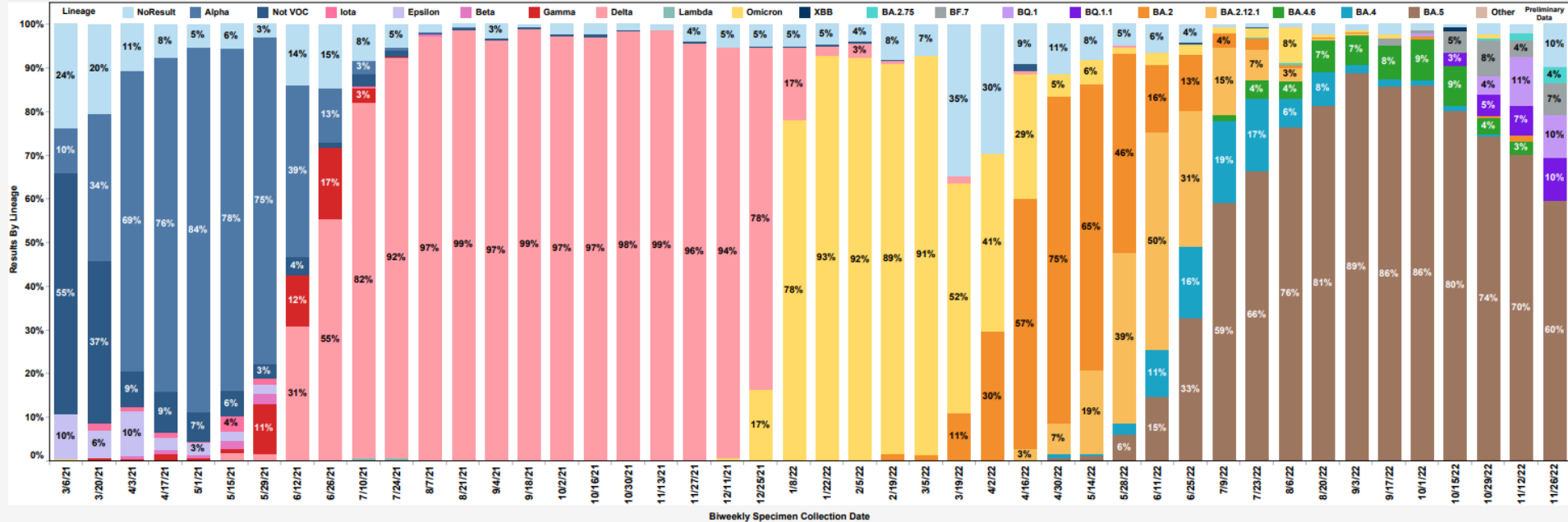
<https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>



Nebraska COVID-19 Statistics

Nebraska SARS-CoV-2 Genomic Surveillance Report

Proportion of Sequencing Results by Lineage Among Residents in Nebraska (N=23,865) | By Specimen Collection Date, Since February-2021



- Bebtelovimab is no longer available. FDA revoked EUA due to high resistance, particularly BQ1.
- Evusheld resistance is increasing (BQ1/BA4.6/BF.7/BA2.75.2/BA.5.2.6) = 31%



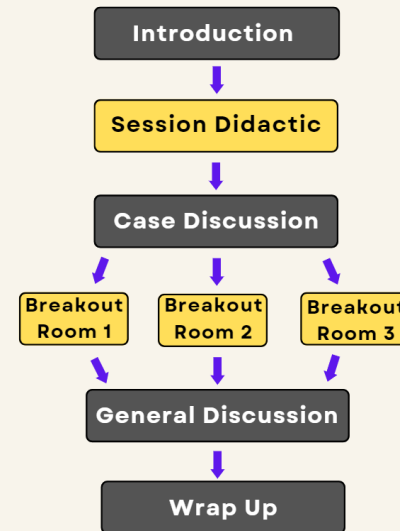
POLL



Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email
2. Next session will be on **December 21st** on:
 - Health Equity: ***Leveraging Clinical/Public Health Data to Eliminate Health Disparities (Part 2/2)***
 - Quality Improvement: ***QI Recap: Q&A from Participants***
 - 3. ***Office hour on Wednesday, December 14th at noon CST***

UNMC ID ECHO 2023 Session Flow



Poll Results



Thank You!

