



The Ohio State University Wexner Medical Center
University Hospital
HealthMap2022
Implementation Strategy 2022-2024



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



HealthMap2022 Implementation Strategy 2022-2024

As indicated in The Ohio State University Wexner Medical Center's Community Health Needs Assessment, the four health systems in Franklin County, Columbus Public Health and Franklin County Public Health and several community partners jointly completed the Franklin County *HealthMap2022*. The Franklin County *HealthMap2022* identifies four health priorities and corresponding indicators. This implementation strategy explains how the Ohio State Wexner Medical Center will address and try to impact the priorities identified in its Community Health Needs Assessment. Due to its importance for the health of our community, we have added "Access to Care" as an additional indicator for the first health priority, "Basic Needs."

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COVID-19

It would be difficult to create an implementation strategy without discussing the challenges that the pandemic presented. One year into HealthMap2019, COVID-19 struck, and that changed the way that hospitals around the country provided care to their patients. Access to care looked different during the COVID-19 pandemic.

- Telehealth became an essential way for patients to connect with providers during the early days of the pandemic, so that they would not be at risk for becoming infected.
- Moms2B, an innovative, community-based pregnancy program for low-income women, moved its educational sessions to virtual.
- Visitors were limited, with only a few exceptions. One such exception was for doulas who work to assist expecting mothers as they progress through the process of delivering. The Ohio State University Wexner Medical Center found doulas to be a crucial part of the birthing experience for mothers who chose to use them, especially those at greater risk for disparities in birth outcomes due to race.
- In addition, a plan to distribute naloxone in the hospital through our Project DAWN allocation would not have succeeded if not for the creation of a partnership of a mixed-disciplinary team, a local church, the Columbus Division of Fire and others to get Narcan out into the community.

We are proud of how our staff adjusted to all the changes due to COVID-19. Among many innovations in care, for example:

- Harding Hospital clinical staff opened a special COVID-19-positive unit that treated 40 patients for psychiatric and addiction issues during the omicron surge.
- Our Emergency Department and Ambulatory teams worked to create efficient and accessible COVID-19 testing in our community in partnership with Columbus Public Health.
- Ambulatory also ran a state-of-the-art vaccine program out of the Schottenstein Center, and it worked with our Community Engagement team to provide vaccines out of East Hospital to some of our most vulnerable central Ohio residents.

Priority Health Needs 2022-2024

Basic Needs

Specific and interrelated indicators include:

- Housing security (decreased homelessness, increased affordability)
- Financial stability
- Neighborhood safety (reduced crime)
- Food security
- Increased access to nutritious foods
- Access to care

Healthy Community Center

On the Near East Side, a unique Healthy Community Center is set to open in spring 2023, partially designed by neighborhood residents themselves. Taking over the previous site of the Columbus Metropolitan Library's Martin Luther King Jr. branch near East Hospital, this multipurpose facility provides no direct clinical services, but it fills a major gap in the community and demonstrates Ohio State's commitment to its neighbors' well-being.

The Ohio State University Healthy Community Center will feature:

- a teaching kitchen with demonstrations for families and individuals of all ages
- a meeting center and café space
- soundproofed multipurpose classrooms and meeting rooms that can be sectioned off as needed

Food Access

The science is clear that access to food, especially fruits and vegetables, is critical for improved health outcomes, prevention of disease progression and lower overall costs of medical care.

Mid-Ohio Farmacy

In September 2019, the Wexner Medical Center partnered with the nation's seventh-largest food bank, the Mid-Ohio Food Collective, to better connect Ohio State patients with documented food insecurity with enhanced access to fresh produce and other nutrient-rich foods. What resulted was the Mid-Ohio Farmacy, a partnership that allows Ohio State staff and providers to screen and refer patients to receive a fresh-food "prescription" card, with a unique Rx ID. This Rx ID permits patients weekly access to fresh produce at any of the Mid-Ohio Food Collective's 12 participating pantries in central Ohio.

Currently providers at these locations are prescribing the Mid-Ohio Pharmacy card:

- Primary Care Thomas Rardin
- Primary Care - Family Medicine Outpatient Care East
- Total Health and Wellness East Hospital
- Maternal-Fetal Medicine at McCampbell Outpatient Care and East Hospital
- Diabetes-specific endocrinology clinics
- Primary Care - General Internal Medicine Outpatient Care East
- Primary Care Morehouse Outpatient Care

As of March 22, 2022, 1,321 patients have benefited from the program, leading to 5,224 food pantry visits. The increased access to fruits and vegetables at food pantries improves health outcomes through nutrition, and patients don't have to spend as much of their limited budgets on food.

Additional Mid-Ohio Food Collective Partnerships

Other longstanding partnerships between Ohio State and Mid-Ohio Food Collective include:

- The Wexner Medical Center's donation of 40,000 pounds of food each year to the food bank's Second Servings program. Surplus food items are prepared into packaged meals by our hospital kitchens. These meals head directly to Second Servings' soup kitchens and emergency shelters. Uncooked produce, bread and other foods also are donated to the food bank.
- Use of The James Mobile Education Kitchen. Medical center chefs and clinicians distribute food samples and hold cooking and nutrition demonstrations at food pantries and other community locations, such as the Reeb Avenue Center.

Access to Care

The Ohio State Wexner Medical Center identifies timely, culturally appropriate and easy to get to health care as an additional basic need and strategy for addressing racism, improving health equity and enhancing health outcomes. This need gained further attention because of the COVID-19 pandemic and the move to telehealth appointments.

Telehealth has proven to be useful in reducing missed appointments among our Medicaid population and in getting more people to participate in mental health and in addiction care, especially for initial appointments. Our challenge is to make this technology available to all our patients.

To improve access to care, the Wexner Medical Center has pursued multiple initiatives, including:

Digital Divide

We are making telehealth services work for all patients by addressing issues related to the digital divide. For example, during the COVID-19 pandemic, Moms2B participants were each provided a tablet and internet coverage so they could participate in virtual visits.

Additionally, we are participating in the Franklin County Digital Equity Coalition, a community-wide effort to holistically address the digital divide in central Ohio. In partnership with Smart Columbus, Partners Achieving Community Transformation (PACT) is playing a lead role by helping recruit households in the King-Lincoln Bronzeville neighborhood to bring affordable and reliable WiFi into their homes. Program participants receive in-home WiFi service at no cost for 12 months. After the 12-month period, participants can continue using the WiFi for no more than \$20/month.

Ohio State Mobile Units

The Ohio State University deploys mobile health care units throughout central Ohio to improve access to care in underserved areas. In March 2020, the Wexner Medical Center added the Community Care Coach to its mobile fleet. The 38-foot coach is the first mobile primary care and Ob/Gyn unit at Ohio State. The wheelchair-accessible coach includes two exam rooms, a waiting room and a point-of-care testing lab. It provides primary care, such as vaccines, physical exams, blood tests and prenatal and postpartum care for mothers. The care coach partners with Moms2B, making prenatal care available at a number of its in-person educational sessions.

The Community Care Coach joins three other Ohio State mobile units. These include:

- The James Mobile Education Kitchen, whose purpose is to educate the public about healthy, cancer-preventive foods and how to prepare these foods at home
- The James Mobile Mammography Unit meets women where they live to provide an effective, affordable and convenient way to detect breast cancer
- The College of Dentistry's Dental Health Outreach Mobile Experience Coach, an outreach program that strives to meet the oral health needs of Ohioans in key underserved areas while training sensitive and culturally competent health professionals.

These units are attempting to address health disparities by providing convenient care close to home and eliminating barriers such as insurance, transportation and child care.

Expanding Ambulatory Services

The Ohio State University Wexner Medical Center continues to expand its care with a new, large ambulatory facility named Outpatient Care New Albany. The site joins outpatient care expansion plans in Dublin and Powell. The comprehensive facilities are part of a new suburban outpatient care program that supports growth in the region and excellence in academic health care. At approximately 251,000 square feet, the facility includes ambulatory surgery, endoscopy, primary care, specialty medical and surgical clinics and related support space. Outpatient Care Dublin is expected to open in summer 2022. Work will then shift to Outpatient Care Powell.

Additionally, we are constructing a new outpatient cancer center that will focus on cancers that affect bone and soft tissue, blood, kidney, bladder and prostate – cancers for which treatment options have advanced to the point that outpatient care is now an option. The Ohio State University Wexner Medical Center Outpatient Care West Campus will include outpatient operating rooms, interventional radiology rooms, an extended recovery unit, a pre-anesthesia center, a diagnostic imaging center, retail pharmacy, a hematology clinic, a genitourinary clinic, infusion and medical office and support spaces. The approximately 385,000-square-foot cancer-focused facility will include central Ohio's first proton therapy treatment facility in partnership with Nationwide Children's Hospital. The building joins the Interdisciplinary Research Facility and an Energy Advancement and Innovation Center as the first three major projects envisioned for Ohio State's new Innovation District.

Transportation Assistance

The Wexner Medical Center continues to work to provide better transportation assistance for our low-income patients to make it easier for them to attend appointments, especially services on our University Hospital campus. This assistance includes enhanced parking subsidies and working with more flexible ride programs, such as Lyft.

Healthy State Alliance

The Healthy State Alliance, a strategic partnership between the Ohio State Wexner Medical Center and Catholic health ministry Bon Secours Mercy Health, is investing resources and providing tangible solutions to tackle Ohio's most critical health needs. The alliance is committed to transforming the health of the communities we serve, while making health care more affordable and accessible for all.

We are pursuing enhancing food access through the Healthy State Alliance. Through our partnership, we will explore providing our patients with access to Produce Perks Midwest, an Ohio nonprofit that increases affordable access to healthy food, supports local farmers and strengthens local economies. Produce Perks doubles the purchasing power for families and individuals who receive SNAP when they purchase healthy foods, such as fruits and vegetables.

One of our initial joint alliance priorities was increasing access to telehealth services. Our institutions have a long history of using telehealth, which prepared us well to respond to patients' needs during the COVID-19 pandemic. Telehealth has become a normal way of providing care to our patients, across types of providers and conditions – from primary care to specialty care and disease management. Telehealth increases access to care, particularly for individuals with barriers to care such as transportation. It can save patients money as compared to coming to an in-person visit, in the cost of gas, parking, lost wages and/or child care, which for some patients is not insignificant. Since we have expanded telehealth visits, our no-show and late cancellation rates have dropped among our entire patient populations, but particularly for Medicaid participants.

However, the benefits of this new technology are limited in areas without access to reliable, affordable broadband service. The Healthy State Alliance successfully advocated to ensure state funding was allocated for the Residential Broadband Expansion Grant Program to help meet the digital needs of Ohioans.

Creating Financial Stability for Our Own

The Ohio State University Wexner Medical Center is committed to addressing the social and behavioral factors that influence health in central Ohio. But that commitment does not just extend to members of the community. We want to provide the same support to Wexner Medical Center faculty and staff who are facing challenges in their personal lives.

In 2020, the minimum wage for Ohio State Wexner Medical Center employees was raised to \$15 per hour. About 3,800 employees benefited from the pay raise. An additional 1,000 employees already earning \$15 per hour moved to a rate of \$16 per hour.

Additionally, the Employee Resource Center (ERC) was founded in January 2021. It has helped 227 medical center employees who were experiencing a life change or crisis by connecting them to confidential resources at Ohio State and in the community that focus on social determinants of health, including food insecurity, housing, transportation, education and financial counseling. The ERC is also working to address additional needs, including launching a “scrub drive” in May to collect new and gently used scrubs for employees who need them.

Finally, the Wexner Medical Center is partnering with the Columbus Urban League to conduct monthly virtual job fairs to recruit and provide support for new employees who better reflect our patients.

Healthcare Anchor Network

In August 2021, the Wexner Medical Center became the 70th member of the Healthcare Anchor Network (HAN). HAN members seek to intentionally apply their institution’s long-term, place-based economic power and human capital in partnership with their community to mutually benefit the long-term well-being of both. Areas of emphasis include local and diverse hiring and workforce development, local and diverse sourcing and place-based investing. The Wexner Medical Center is developing strategies for all three of these areas in the coming year. The purpose of these efforts is to address upstream causes of social determinants of health affecting the health of our community’s residents and the patients we serve.

Housing

The Wexner Medical Center Housing Program was created for patients and their support members who need temporary housing assistance while receiving care at the Wexner Medical Center. We offer accommodations through a hotel partnership designed to relieve the burden of lodging expenses that would be a barrier to successful completion of their care plan. This has been especially critical to support patients and their caregivers in our cancer and transplant service lines who are experiencing either housing insecurity or who live a significant distance from Columbus and do not have the financial resources to afford local hotel accommodations.

Additionally, the Wexner Medical Center is partnering with Move to Prosper to explore ways to connect to our Moms2B participants. Move to Prosper provides families with three years of rental support, rental home or apartment; a life coach; and integration assistance into one's new life.

PACT (Partners Achieving Community Transformation)

In 2010, PACT began with a \$10 million investment from the Wexner Medical Center. PACT is a partnership between the city of Columbus, the Columbus Metropolitan Housing Authority and community neighbors that has worked to develop a revitalization plan called the Blueprint for Community Investment. The plan, designed to empower Black residents through engagement, decision making and self-determination, seeks to make the Near East Side neighborhood a healthy, sustainable community offering residents access to safe, affordable homes; quality health care and education; and local employment opportunities.

The original \$30 million investment by the three original partners was leveraged into an additional \$30 million federal Housing and Urban Development grant in 2014. Then, based on this sound foundation of commitment to the Near East Side, Fifth Third Bank announced a \$20 million investment in the Near East Side in fall 2021 as part of the financial institution's \$180 million national Neighborhood Investment Program in collaboration with Enterprise Community Partners. The program supports revitalization in majority-Black communities throughout the country that have experienced a sustained period of disinvestment. Columbus is one of nine cities to receive the award.

Fifth Third will distribute the \$20 million over three years in the form of small business and neighborhood revitalization loans, residential mortgages and philanthropic donations. PACT's Blueprint for Community Investment will continue to serve as the framework for guiding these opportunities.

PACT and its partners will leverage the neighborhood's rich cultural legacy to create an economic impact corridor. They aim to carry out that work in a way that honors the Near East Side's history, while building Black futures in the neighborhood.

The organization and its partners will leverage this new infusion of funds from Fifth Third Bank to:

- Develop a Black-owned bank and grocery store
- Support public art creation across the neighborhood
- Provide down payment support for middle-income and ladder-up housing opportunities that build generational wealth
- Expand health, dental and optometry services
- Create financial education, literacy and savings programs for area youth

What We Will Do

- Open the Healthy Community Center in the spring 2023.
- Expand access to the Mid-Ohio Pharmacy program.
- Continue to work through the Healthy State Alliance to make health care more affordable and accessible for all.
- Administer the Fifth Third Bank's Neighborhood Investment Program in the PACT neighborhood to improve financial security and housing security.
- Continue to address access to care through work around the digital divide.
- Bring care to our patients and provide them with transit assistance.
- Explore how we can support housing security in the community through the Healthcare Anchor Network.

Racial Equity

- Specific indicators include:
- (Effects on) Economic and housing stability
- (Effects on) Quality health care, mental health and feelings of safety
- (Effects on) Maternal and infant health outcomes

Racism as a Social Determinant of Health

The term “social determinants of health” refers to the environmental conditions in which people are born, live, learn, work, play, worship and age that affect health. Racism is a prominent social determinant of health. It is a driving force behind inequities in housing, income, education and other social determinants that lead to poor health outcomes among Black and brown communities. It can manifest itself in policies, practices, resource allocation, education and training and patient care without deliberate, focused efforts to remove structural racism and implicit or explicit bias from the health care system.

Academic health centers have the power and influence to help change this. Therefore, we must do all that we can to eliminate the negative impact of racism on the health and well-being of our patients and their families through the work of our students, faculty and workforce here at the Ohio State Wexner Medical Center. Ohio State’s excellence in education, research, clinical care and community engagement stands at the center of our mission, vision and values at the Wexner Medical Center, The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Ohio State’s health sciences colleges.

Anti-Racism Action Plan

As health care leaders, we have a responsibility to end racism. Racism has so many negative impacts on individuals in our society, but, specifically as a determinant of health, it contributes to the premature illness, injury, disability and death of Black, indigenous and people of color in our community.

In 2020, the Wexner Medical Center established its Anti-Racism Action Plan with a goal to continue building on our decades-long commitment to serving vulnerable populations in our community to positively influence overall health and well-being. Through our focused anti-racism initiatives, we are taking steps to engage individuals and organizations across our community to learn and participate in community anti-racism efforts.

We have also worked to equip our leaders, managers and team members with tools and resources to help us address systemic racism and unconscious bias within our organization, including the popular Implicit Bias Mitigation Workshop that fulfills the medical center's diversity training requirement.

In July 2021, the medical center released our inaugural Health Equity and Anti-Racism (HEAR) report, which provided a snapshot of what we achieved together through the first year of these concerted efforts.

Heading into the second year of the Anti-Racism Action Plan, we will go deeper into topics and tools for change. *Two opportunities that will give faculty and staff ways to advance their learning and ability to support health equity for our patients are:*

- ***Anti-Racism, Inclusion, Support, Education (ARISE):*** A new initiative under the Ohio State Wexner Medical Center Anti-Racism Action Plan Faculty and Staff Training and Development workgroup, ARISE offers a virtual museum experience that invites faculty and staff to explore topics related to racial justice and inclusion. Visitors can click on exhibits and engage with videos, art, current events, articles, resources and reflection opportunities.
- ***Series II of Roundtable on Actions Against Racism (ROAAR):*** The first program in Series II offers perspectives on how public health and health care systems moved from statements against racism to actions in addressing health disparities in vulnerable communities.

OSUCCC – James Diversity, Equity and Inclusion

At The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, our commitment to diversity, equity and inclusion has never been stronger. The OSUCCC – James has as an unwavering commitment to equality and justice for all, and zero tolerance for racism, bigotry and hate of any kind.

We recognize and appreciate the importance of creating an environment in which all employees feel valued, included and empowered to do their best work and bring great ideas to the table. We recognize that each employee's unique experiences, perspectives and viewpoints add value to our ability to create and deliver the best possible cancer care to our patients.

At the OSUCCC – James, we are committed to fighting systemic racism, creating better employment and advancement opportunities for people of color and becoming a more inclusive and diverse institution. We believe this is fundamental to driving innovation and to achieving our mission of eradicating cancer from individuals' lives by creating knowledge and integrating groundbreaking research with excellence in education and patient-centered care.

Through our Diversity, Equity, and Inclusion Task Force, we will identify immediate and long-term strategies to accelerate change and become a more inclusive and diverse institution – because it is essential to maintaining our reputation for world-class cancer care, research and education.

Center for Cancer Health Equity

Research suggests that up to half of all patients report transportation as a barrier to obtaining health care. Furthermore, some patients have nowhere to go: in Ohio, six rural counties have no hospital, and several have few or no mammography facilities. The Center for Cancer Health Equity is among Ohio State's efforts to close that access gap by taking care directly to patients – whether they live in underserved Columbus neighborhoods or in surrounding rural cities and counties with limited health care facilities. Among these initiatives are mobile units, outreach programs and innovative, expanded methods of health care.

While geography is a key part to closing the access gap, most of Ohio State's efforts go beyond just meeting people where they live. Understanding how culture plays into someone's health care is also key, as is speaking their language.

The Center for Cancer Health Equity seeks employees from the communities it serves; its 17 outreach and engagement staff include three employees who focus on rural and Appalachian efforts, three who focus on African American outreach, six who work with Hispanic and new American communities, one who focuses on LGBTQ+ initiatives and four patient navigators. The staff also include bilingual employees who speak Spanish, Somali, Mandarin and Nepali.

One example of a community outreach program organized by the Center for Cancer Health Equity seeks to increase preventive screening and cancer education in underserved communities, including those with Hispanic, Somali, Bhutanese-Nepali and other immigrant groups. The team holds regular events at local community centers to educate area residents about early cancer detection and treatment.

Over the years, the Center for Cancer Health Equity has held or participated in over 625 events with 27,000 people reached, provided navigation for 7,000 patients, increased enrollment into Breast and Cervical Cancer Early Detection Programs and built relationships with over 250 community partners in the state.

Colorectal Cancer in the Black community

In 2022, a team of colorectal cancer experts from The James launched a new initiative aimed at improving early detection and prevention of colorectal cancer in the Black community, which has historically been placed at increased risk for colorectal cancer due to a lack of timely colorectal cancer screening and barriers to receiving health care services. Through the new initiative being conducted in partnership between the Department of Family and Community Medicine at the Ohio State Wexner Medical Center and the Center for Cancer Health Equity at the OSUCCC – James, at-home colorectal cancer screening kits were mailed to 400 patients who qualify for – but have not yet received – a colorectal cancer screening exam.

These patients can perform this simple test in their homes with the aid of pictures and easy-to-follow, step-by-step instructions that include details for packaging the samples and sending them back to us for analysis. After the at-home test is returned for analysis, our Population Health clinical team will monitor results and contact patients and their primary care physician about any abnormal results.

Community Valued Partners

Beginning even before the COVID-19 vaccine was available to the general public, the Wexner Medical Center Community and Civic Engagement team began working in the community to counteract disinformation and rumors about side effects, risks and the impact of the vaccine on specific patient populations. The Community Valued Partners program collaborated with community stakeholders, including churches and community-based organizations, to address resident concerns and questions about the vaccine – even going door-to-door to spread credible information about the vaccine. Through conversation, they determined people’s needs and addressed barriers to getting the vaccine, including daycare, food, transportation and adding a modesty room out of respect for certain religions.

A few weeks after opening our mass vaccination site at the Schottenstein Center, we worked with the Analytics Center of Excellence team to evaluate who we were reaching at that facility. The data showed that people coming to the campus location were predominantly white, and fewer people of color were being vaccinated than expected. In response, we quickly mobilized multiple strategies to increase our engagement with people living in underserved and immigrant communities around Columbus. We launched a public vaccination center at East Hospital, which, along with our other locations, helped serve more than 13,000 individuals from 11 identified underserved ZIP codes downtown and on the Near East and South sides of Columbus, not including medical center faculty and staff. This work represented some of the nation’s best for addressing the health care disparities, systemic racism and other social determinants of health that drive COVID-19’s more negative impact on communities of color across the country.

In addition to this work, we teamed up to help with these important COVID-19 vaccination efforts:

- Several physicians from East Hospital had a monthly dinner with pastors at a church within walking distance of the hospital to champion the benefits of the vaccine and build relationships and trust.
- The External Vaccine Education Workgroup provided patient navigation to help individuals overcome obstacles such as transportation and language differences that might prevent them from receiving the vaccine.
- The Center for Cancer Health Equity offered its team, including patient navigators, to follow up with the people who registered through the Community Valued Partners Program to be sure they had what they needed to get there.
- The Community Engagement Task Force worked closely with the COVID-19 Vaccine Call Center to find alternative ways to register people for vaccinations when they could not access digital technology.

These community partnerships have formed strong bonds. Today, the newly named Community Valued Partners comprises 39 partners. They continue to collaborate with the medical center, and together we are addressing ways to improve health care and health equity for our communities.

Navigating Implicit Bias

Influencing change and reducing health and health care disparities across the country starts with individual understanding and behavior. That is why The Ohio State University Wexner Medical Center has developed robust, diverse and thoughtful training that gives staff and faculty support as well as tools to tackle their own biases.

As part of required annual training, faculty and staff can choose from nearly 20 training topics, including transgender health, disabilities etiquette, poverty and a hugely popular implicit bias training developed in collaboration with Ohio State's Kirwan Institute for the Study of Race and Ethnicity.

The variety and diversity of training opportunities is intentional, developed with current events and diverse patient populations in mind, as well as with feedback from engagement surveys and employee resource groups — voluntary, employee-led groups that focuses on meeting the needs of LGBTQ+ employees, veterans, young professionals, Black faculty and staff and more. In 2020, two cultural competency training curriculum tracks were formed: one devoted to cultural awareness, equity and inclusion, and the other dedicated to anti-racism awareness, sparked by the outrage over Black and brown lives lost because of institutional racism.

Among the new 2020 training offerings were the 21-Day Diversity, Equity and Inclusion Challenge, which the Ohio State Wexner Medical Center modeled after a plan developed by educator Eddie Moore Jr., PhD, director of The Privilege Institute. The idea behind the challenge is to complete one action each day for 21 days to further an individual's, group's or department's understanding of power, privilege, supremacy, systemic racism, oppression and equity. Suggestions include readings, podcasts and videos, as well as actions to interrupt racist behavior. The challenge is followed by monthly facilitated group sessions called "Conversations that Matter," in which participants share their experiences and are encouraged to reflect on their emotions and perspectives openly and honestly.

The medical center's offerings now include the new Certificate of Inclusive Excellence Program, in which employees can complete training to earn different levels of certification: Partner, Champion or Ambassador. At each level, the employee signs a formal pledge signaling their commitment to fostering inclusive excellence.

Implicit bias training is also expanding. In January 2021, Implicit Bias Mitigation (IBM) workshops launched for the Wexner Medical Center and the health science colleges. These virtual workshops, with updated curriculum, continue the legacy of the implicit bias workshops. A key learning objective of the workshop is to mitigate implicit bias by identifying our preferred groups to better practice intentional inclusion of the other. In April 2021, a special IBM program customized for search committees was created and launched.

Ohio State's efforts to empower future health professionals begin early, through recruiting and admitting a diverse student body and preparing those students for success. And each year, the colleges strengthen and advance their initiatives to equip students with the proper training, support, mentorship and education to properly address social determinants of health.

Additionally, the Patient Experience and Clinical Services workgroup has created the Process and Strategies for Responding to Workplace Bias poster to help our medical center continue to make strides toward reaching the goals set through the Anti-Racism Action Plan. The poster provides resources and information to help faculty and staff assess and resolve implicit bias.

Capacity Building

Starting in the summer of 2021, several Wexner Medical Center staff participated in programs to help develop capacities and strategies to advance health equity. These learning efforts included Vizient's five-part Health Equity Leadership Series, the Center for Community Investment's Accelerating Investments for Healthy Communities program (the Wexner Medical Center was one of six participating health systems) and national conference and the Healthcare Anchor Network's Fall Conference. These engagements also provide the Wexner Medical Center with an ability to benchmark our performance against other participating health care systems. We will be incorporating these learnings in our health equity and HAN activities over the next three years.

Racism and Racial Bias Education in Women's Health Clinics

The American College of Obstetricians and Gynecologists recognizes racial bias as an issue that affects patients, either directly by subjecting them or their families to inequitable treatment, or indirectly by creating a stressful and unhealthy environment. Ohio Better Birth Outcomes (OBBO), which is a Central Ohio Hospital Council-supported collaborative of hospital- and Federally Qualified Health Center-based prenatal clinics, is working to address racism and racial bias by providing continuing education for all stakeholders across the care continuum on racial bias, stigma, discrimination and the history and effects of structural racism in reproductive health. The goal of this work is to decrease racial disparities in maternal and infant mortality and early prematurity and to improve patient experience.

In 2022, OBBO will convene a conference, with a mixture of virtual, in-person and recorded offerings in coordination with a Black-led, community-based organization. Core sessions and breakout sessions will be offered to all hospital staff directly connected with women's health.

In addition, a program led by Ohio State maternal-fetal medicine specialists aims to analyze the health care experiences of minority women — particularly African American women — and turn the information into guidance to help health care providers give more patient-centered, culturally sensitive care. The Disparities in Maternal Health program, funded through an Ohio Department of Health grant, began surveying women in mid-March 2021.

Participating patients are surveyed early in pregnancy through the postpartum phase, examining their history and exposure with perceived medical biases in prenatal, labor/delivery and postpartum care. The goal of this program is to understand links between patients' experiences with bias, medical mistrust and other health care barriers, and how these experiences affect prenatal care.

Supplier Diversity

For several years, the four Franklin County hospital systems have collaborated to strengthen their support of and participation with diverse business entities. The systems have employed a variety of initiatives, including meet-and-greet events to assist local minority- and women-owned businesses in understanding the needs of each hospital system and navigating the hospital contracting process. In addition, the hospitals have developed a guide to assist business owners in navigating the hospital contracting process.

In 2022, the systems will hold three virtual sessions, each focused on a minority-owned business working in the information technology space. The goal of these events is to assist local W/MBE IT companies that currently work with one or more of the hospital systems in growing their business by contracting with additional hospital systems.

Health Information Translations

Dating back to 2005, the Franklin County hospital systems have worked together to address health education needs for low-literacy and limited-English-speaking patients by launching HealthInfoTranslations.org. The website offers more than 3,000 free resources, translated into 21 languages, including Arabic, Simplified Chinese, Traditional Chinese, French, Hindi, Japanese, Korean, Nepali, Russian, Somali, Spanish, Ukrainian and Vietnamese. The site receives, on average, more than 8,000 visits a month. Most users come from Ohio, but the site has served users from all states in the country and from nearly 100 foreign countries.

What We Will Do

- Finalize and approve the OSUCCC – James’ Diversity, Equity and Inclusion plans and metrics of accountability for cancer program.
- Release year two of the Health Equity and Anti-Racism (HEAR) report.
- Send screening tests that can be administered at home to patients at high-risk for colorectal cancer.
- Hold virtual sessions with the other hospital systems to assist local Women/ Minority Business Enterprise IT companies that currently work with one or more of the hospital systems in growing their business by contracting with additional hospital systems.
- Examine quality metrics through a race equity lens.

Behavioral Health

Specific indicators include:

- Access to mental health care resources
- Screening for mental health issues
- Decreased unintentional drug and alcohol deaths
- Youth mental health supports (clinical, social)

Ohio's battle to reduce some of the nation's highest rates of mental illness and addiction began long before we heard of COVID-19. The pandemic made things worse. The Ohio State University Wexner Medical Center's Behavioral Health and Addiction teams met the challenges of these compounding public health crises even as the pandemic forced them to create physical distance with the people who needed their personalized care.

No one was immune from the pandemic's strain. Reports of depression, anxiety, addiction and post-traumatic stress disorder doubled and, in some cases, tripled over the past two years. Overdoses in Franklin County were the highest on record in 2020 and 2021. Suicide rates climbed in Ohio's communities of color and rural communities, and Ohio adults reported the highest increase in suicidal thoughts in the nation in 2021.

MENTAL HEALTH

Behavioral Health Immediate Care Program seeks to fill gaps in access to care

To close gaps in the continuum of care for people requiring behavioral health services, the Ohio State Wexner Medical Center has initiated a Behavioral Health Immediate Care Program. The program seeks to assist two groups of patients in particular need of continuous access to care.

The first group is people discharged from an inpatient hospitalization waiting to see a provider. This group may have to wait months before seeing a clinician at a time when they are most likely to decompensate or be at risk for suicide. Their diagnoses cover a whole range of severe mental illnesses.

Staff members schedule to see the patient within seven days of discharge from an acute inpatient hospital and then initiate routine appointments or phone calls to check in with patients. They are available to monitor symptoms, including medication side effects, ensure compliance with safety planning and provide counseling as needed. They also provide case management services, such as coordination of non-psychiatric medical issues and facilitation of community outpatient follow-up.

Important goals are to make sure an individual takes prescribed medicine as directed and shows up for the first outpatient visit. Services are provided for up to eight weeks after hospital discharge.

The second group of people is those under outpatient care who are in crisis. With outpatient behavioral health treatment, patients often go three or six months between visits with their provider. People in crisis who do not meet the criteria for hospitalization benefit from a bridging service to provide care when they need it. The Immediate Care Program provides that bridge to the next appointment with counseling, video visits and medication adjustments or refills.

Same-day appointments are available, and patients can seek care once or several times until they are able to be seen by their provider or be linked in the community. While virtual visits began during the start of the pandemic, walk-in appointments began in September 2021.

The Immediate Care Program team includes psychiatrists, nurse practitioners, social workers, case managers and a nurse. They staff phone lines five days a week. Nearly 1,406 unique patients have been served since the program began in spring 2020. The staff is tracking data to confirm that services provided are meaningful to patients and are achieving desired outcomes.

TALK Campaign for Mental Health

Every day, 130 people in the U.S. die from suicide. That is more than 47,000 every year. During the pandemic, the number of people struggling with mental health more than doubled.

The Ohio State Department of Psychiatry and Behavioral Health is working to provide safer suicide prevention care across the health system through its Change Zero Suicide, a framework for health care systems that includes assessment, safety planning and aftercare components, and its TALK program to end suicide. *TALK stands for:*

- Tell them you care
- Act immediately
- Listen without judgment
- Know that treatment works

TALK was launched at the Ohio State-Purdue football game on Nov. 13, 2021, with the use of posters, billboards and audio and video announcements throughout the stadium to communicate the importance of breaking the silence around mental illness that can lead to suicide.

The Early Psychosis Intervention Center (EPICENTER)

Although many people suffering with confusing and distressing mental health concerns feel alone, psychosis – which is most likely to occur in young adults – is quite common. In fact, nearly three of every 100 young people will experience a psychotic episode. Psychotic symptoms occur in people from every different social, cultural, economic, ethnic and racial background.

The key to recovery is early intervention. As with physical illness, treatment early in the course of a mental illness can lead to better outcomes. The longer the illness is left untreated, the greater the potential disruption to the person's ability to transition into adulthood, fulfill the demands of school or work, meet new people or become fully independent.

The Early Psychosis Intervention Center (EPICENTER) at Ohio State was established to deliver comprehensive behavioral health services to youth and young adults who are showing the early warning signs of a burgeoning psychotic disorder or who have experienced a first onset of psychotic symptoms within the last five years. This includes treatment for illnesses such as:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (with psychotic features)
- Unspecified psychosis
- Major depressive disorder (with psychotic features)

It is encouraging to know that for many people, recovery is possible. Ongoing support can help individuals enjoy significant improvement and more effective illness management so that they may lead more productive, fulfilling lives.

At EPICENTER, people have the opportunity to discuss their concerns, get practical support and participate in research studies. Based on each individual's needs, a team of experts from different fields, such as psychology, psychiatry, nursing and social work, will create a specialized, phase-specific treatment plan to help minimize symptoms, reduce stress and improve function and independence.

The goal is to help each person return to daily life feeling more secure and positive about the future, knowing their illness does not need to define their future or their goals.

Stress, Trauma And Resilience (STAR)

The Stress, Trauma And Resilience (STAR) Program at The Ohio State University Department of Psychiatry and Behavioral Health focuses on three areas: support for health care professionals and first responders, support for trauma survivors and leading-edge research on the impact of stress and trauma.

The STAR Trauma Recovery Center (STAR TRC) — one of the first of its kind in the Midwest — provides comprehensive psychiatric care that is specially equipped to assist with particularly traumatic incidents.

The Ohio State University Wexner Medical Center Emergency Department and other medical center physicians refer patients directly to the STAR TRC. In addition, other hospitals — and even other trauma centers in Columbus or the nearby region — frequently refer individuals because of STAR TRC's extensive programming and level of psychiatric care. Patients receive standardized assessments based on research, and our evidence-based treatment is given with compassion and respect for each person.

TRC services are available free of charge, and survivors of traumatic events receive not only counseling, but also case management and medication management. In addition to community outreach to build awareness in underserved populations who are frequently unable to access care, TRC team members are also committed to victim advocacy.

Because each trauma experience is unique, treatment is tailored to the individual. Care teams may include physicians, licensed social workers, clinical counselors, case managers, psychiatrists, nurses and other professionals who coordinate internal and community resources to navigate each recovery process.

In support of health care professionals and hospital systems, the STAR Program has developed the Brief Emotional Support Team (BEST) program, which introduces evidence-based techniques that equip professionals to respond effectively in a crisis while also engaging in skills that build resilience to cope with chronic exposure to stress.

This peer-support model creates a culture of compassion and helps colleagues learn how to care for each other in the demanding, difficult, harrowing and crucial work that they do each day.

The STAR Program also has developed the F.I.R.S.T. (First Incident Response Support Technology) Support app for first responders. Backed by research completed at The Ohio State University, the F.I.R.S.T. Support app uses proven methods to help reduce stress and increase resilience.

At its core, the strength of fire and police departments is based on the strength of working relationships. The F.I.R.S.T. program provides a common language for first responders to process difficult runs and challenges faced in the intensity of their work environment. Department trainings are available that take what first responders do and see each day and provide a method to process these events. The F.I.R.S.T. program has demonstrated statistically significant decreases in issues related to depersonalization, burnout and avoidance. There are times when more than an interactive application is needed, so individual and group support sessions are available through the STAR Program.

Franklin County Bedboard

Through the Central Ohio Hospital Council (COHC), central Ohio psychiatric providers are working together to ensure timely access for patients in need of inpatient psychiatric services. Franklin County's three adult hospital systems are partnering with other inpatient psychiatric providers to communicate psychiatric bed availability and match open beds with patients in need of inpatient placement. The Bedboard Group has developed a web-based, secure Bedboard listing all psychiatric patients needing admission in the county as well as all open beds. This collaborative effort has reduced the wait time for patients in local emergency departments by 70% since 2018, and it has led to a better working relationship with psychiatric care providers in the community.

Mental Health and Addiction Crisis Center

Born from discussions within the Bedboard Group came a broader community discussion on ways to improve the crisis system, specifically on ways to decrease the number of patients presenting in emergency departments in psychiatric crisis. In partnership with the Alcohol Drug and Mental Health (ADAMH) Board of Franklin County, the three adult hospital systems worked with several community stakeholders to develop a plan for the construction of a new Crisis Center for Franklin County residents. A steering committee, co-chaired by ADAMH and COHC, oversaw the development of the plan, with strategic work groups building out specific portions of the plan.

Including support from the three adult hospital systems, nearly \$45 million has been raised for the construction of the Crisis Center. The center is expected to open in early 2024.

Care for Our Own

We have several programs that provide health and well-being resources for our own faculty and staff. These teams supported health care professionals as they met the relentless demands of the pandemic.

- Our team of specialized providers in the STAR Program has provided support for all medical center employees during the pandemic through a wide range of respite and self-care programs developed to address pandemic-related stress, as well as private counseling sessions and around-the-clock mental health crisis intervention.
- Psychiatry residents set up an informal peer support program through which they offered their behavioral health expertise to residents in other specialties.
- The Behavioral Emergency Response Team, trained to de-escalate situations involving upset patients or family members, shielded our frontline workers from an increasing number of intense and potentially volatile situations exacerbated by the pandemic.

ADDICTION

The opioid crisis has hit Ohio particularly hard, and the COVID-19 pandemic has made it even more difficult to make treatment and recovery services accessible to those who need them. According to a report from Ohio Attorney General Dave Yost's Scientific Committee on Opioid Prevention and Education, more Ohioans died of an opioid overdose during a three-month period in 2020 than at any time since the opioid crisis began.

That is why The Ohio State University Wexner Medical Center has committed resources to fighting opioid use disorder at every angle, launching multidisciplinary research on the crisis and swiftly adapting services for an evolving foe.

Naloxone Training and Distribution

Among the most immediate and accessible services the Ohio State Wexner Medical Center provides in this effort is free naloxone and training for using it. The nasal-spray drug can temporarily reverse the effects of an opioid overdose, blocking opioids' effects on the brain and restoring breathing. When given in time, naloxone can save a life.

Since 2015, Wexner Medical Center emergency departments have distributed naloxone to those at risk of overdose and their family and friends. Beginning in 2018, the Ohio State College of Public Health collaborated with the Wexner Medical Center, Equitas Health and other university groups to hold free training sessions that distributed naloxone kits to the public. In July 2019, the Ohio Department of Health's

Project DAWN (Deaths Avoided With Naloxone) granted funds to the Wexner Medical Center, giving us the ability to significantly widen our naloxone distribution beyond the emergency department setting to include all inpatient beds, Talbot Hall and all outpatient pharmacies. The Ohio State Wexner Medical Center was the first hospital system in Ohio to offer naloxone across the entire hospital setting.

Today, free naloxone kits are available at each of the Ohio State Wexner Medical Center's emergency departments, seven hospitals, including through Talbot Hall Addiction Medicine, and select high-risk outpatient clinics. Kits are also available to anyone — no prescription necessary — at Ohio State Wexner Medical Center outpatient pharmacies at Doan Hall, East Hospital and the OSUCCC – James, and the university's Wilce Student Health Services Pharmacy. Pharmacy, medical and nursing staff provide instructions for using it.

In addition, at the onset of the pandemic, the Ohio State Wexner Medical Center and Project DAWN pivoted to distribute naloxone directly to community members in their neighborhoods. Partnerships with the local health departments and Columbus Division of Fire's RREACT (Rapid Response Emergency Addiction and Crisis Team) program prompted growth in outreach and collaboration that now occurs several times per month across the central Ohio area, as well as outreach events on campus to reach college students. Distribution has expanded to include fentanyl test strips, drug disposal bags and information on treatment resources and other harm reduction practices.

Expanding Access to Care for Addiction

A systemwide project to better coordinate initiation of medication for opioid use disorder (OUD) allows the Ohio State Wexner Medical Center to open new entry points for addiction treatment and hire more dedicated care coordinators and peer supporters. By tying together all the services that treat opioid use disorder, treatment becomes more accessible to everyone who needs it. This allows for high-quality, evidence-based OUD care no matter where someone enters our health care system — not just if they show up at Ohio State Talbot Addiction Medicine for specific addiction services, but also if they arrive at a primary care office or the emergency room and are admitted with an infection that is a consequence of their addiction.

Medication Treatment for Opioid Use Disorder in the ED

In 2017, the Wexner Medical Center received a grant from the Ohio Department of Health in partnership with Franklin County Public Health to begin what was then called medication-assisted treatment in the emergency department (ED). Through the grant, we hired ED-based peer supporters who connected patients to treatment as well as to ADAMH Franklin County's established Southeast RREACT (Rapid Response Emergency Addiction and Crisis Team) program to transfer patients presenting in the emergency department to treatment facilities including Maryhaven Addiction

Stabilization Center, Talbot and other local treatment agencies for coordinated care of OUD. We have continued to supplement treatment of OUD with balanced harm-reduction practices, including naloxone distribution, sexually transmitted infections screening and treatment, hepatitis A and COVID-19 vaccination, and fentanyl test strip distribution given the unfortunate occurrence of contaminated drug supply and increasing unintentional overdose deaths.

This program has been a model of care across Franklin County and Ohio through the National Institutes of Health's HEALing Initiatives Study, which is based at Ohio State. Finally, given the success of this program, our EDs are expanding to address all substances with a comprehensive coordination of care that involves the ED, a critical entry point for those who lack routine care or are under/uninsured. An ED-based addiction consult service will be developed this year to further enhance our ability to provide evidence-based care on site in our EDs.

Medication Treatment for Opioid Use Disorder in the Inpatient Setting

The Ohio State Wexner Medical Center's hospitalists have been prescribing medications for opioid use disorder (MOUD) for patients hospitalized with acute illnesses often related to intravenous drug use since 2018. Availability has expanded throughout the main campus, and most recently to East Hospital with the development of the addiction medicine fellowship program. Together since the beginning of 2020, the inpatient MOUD and Addiction Medicine consult services have completed 4,000 consults, initiating patients on MOUD and linking them to a MOUD provider and recovery services at discharge. This team also works closely with area skilled nursing facilities to ensure those complex patients continue to receive their addiction care after leaving the hospital.

Primary Care Addiction Medicine

The Ohio State Wexner Medical Center also has recently opened a new Primary Care Addiction Medicine clinic within Ohio State Outpatient Care East. Primary Care Addiction Medicine treats patients with known substance use disorders or who have a concern of developing a substance use disorder. A multidisciplinary team works with patients until they are stabilized and have a clear treatment plan. At that point, the clinic transitions patients back to their regular primary care provider or assists them with finding a primary care provider who is comfortable providing substance use disorder treatment.

Reducing Opioids for Surgery

An Enhanced Recovery After Surgery (ERAS) protocol that began at Wexner Medical Center in 2016 has helped patients manage postsurgical pain without relying on narcotics. Beginning with microvascular breast reconstruction surgeries, ERAS swaps opioids for non-narcotic pain medicine before surgery and avoids long-acting narcotics in the operating room. After surgery, patients take acetaminophen or ibuprofen, with the option of a low-dose opioid for pain spikes.

Buoyed by high patient satisfaction rates, the practice has steadily expanded to other inpatient surgery areas, such as colorectal, bariatric and abdominal wall reconstruction. In 2020, the Division of General and Gastrointestinal Surgery shifted focus to outpatient surgeries, embarking on a three-year study to observe participating patients who undergo select outpatient procedures in general and gastrointestinal surgery, surgical oncology, trauma and vascular surgery.

Researchers aim to determine whether a new postoperative pain management idea — one that does not send patients home with opioid prescriptions — could adequately help patients control their pain, reducing the risk of opioid abuse. The Toward Opioid-Free Ambulatory Surgery (TOFAS) study has found that in patients undergoing hernia surgery and discharged the day of the procedure, more than half of opioid prescriptions are not used. Reducing the use of opioids postsurgery eliminates the availability of unnecessary opiates and reduces the potential for opioid addiction, whether within a patient's household or the community.

Palliative Harm-Reduction Clinic

This clinic, in operation since September 2020, is the first of its kind in the nation. It combines principles of addiction management, harm reduction and palliative medicine to provide symptom management to patients with both severe cancer pain and substance use disorders. This population needs specialized care, and many have previously been disqualified from cancer pain management services because of their substance use. It currently operates one day a week under palliative specialist Sachin Kale, MD, who says there are active plans to expand the clinic given the high need for its services.

Residential Treatment Program Expansion

Ohio State's Talbot Hall will be expanding to offer a residential treatment program. Whereas Talbot Addiction Medicine currently offers short, inpatient stays for just three to five days followed by outpatient care programs, this new program will offer a stay of up to 30 days in a residential-level care model with medication, behavioral therapy and social support. This allows Talbot to give patients the full spectrum of care in an evidence-based environment that also allows patients to continue their medication for opioid use disorder.

Addiction Medicine Collaborates with Infectious Diseases

The Division of Infectious Diseases and the Addiction Medicine program have begun enhancing their collaboration with more coordinated care, as infections are a common, severe co-occurring disease for many patients with addiction. The STEPP clinic and Talbot Hall, for example, now offer hepatitis C care and are exploring the use of HIV preventive medication.

Addiction Medicine Education

The Ohio State Addiction Medicine teams provide educational experiences for a variety of trainees, including students from the College of Medicine, College of Nursing and College of Social Work; residents from internal medicine, family medicine, emergency medicine, psychiatry and podiatry; and fellows from palliative medicine and pain medicine. In 2017, the Ohio State Wexner Medical Center addiction medicine fellowship was founded and became one of the first fellowships in the country to be approved by the Accreditation Council of Graduate Medical Education in 2018. In 2020, the Wexner Medical Center was awarded a Health Resources & Services Administration grant, which allowed the addiction medicine fellowship to expand to four spots per year. Additionally, in 2019, the Wexner Medical Center was awarded the PCSS-Universities Opioid Education Grant, which facilitated DATA-2000 X-waiver training for all graduating medical students as well as residents from primary care disciplines.

Mindfulness Pain Management

A home visiting program for patients with sickle cell disease has expanded to include a three-year, community-based participatory research project that will test how well a mobile app can train these adult patients to use mindfulness-based pain management effectively.

Substance Abuse Treatment, Education and Prevention Program

For expectant parents, substance abuse disorders can further complicate pregnancies that may already be at risk based on other social determinants. To have pregnancies that produce healthy, full-term babies, these patients need specialized care to overcome addiction. Through an innovative clinic called Substance Abuse Treatment, Education and Prevention Program (STEPP), Ohio State maternal-fetal medicine specialists are increasing the odds for those babies to live beyond their first birthday.

The clinic's expert team includes a dedicated nurse, a social worker and a team of physicians. They hold more than a decade of experience leading weekly sessions that provide personalized, high-risk obstetric care, treatment and counseling. STEPP's first graduate from its one-year postpartum program is a mother who began with the clinic at 39 weeks pregnant, while actively using illicit substances and having recently been incarcerated. She delivered two days later, continued with STEPP's postpartum group, and now has custody of her child. She has since completed peer support training and is enrolled at Columbus State Community College, working toward becoming a substance abuse counselor and expunging her felony.

In 2021, the STEPP clinic expanded to be able to care for patients up to one year postpartum with an aim to integrate support persons and families in the MOUD treatment and prenatal care already provided for pregnant and postpartum patients with OUD.

Data suggests that within the first year, postpartum maternal substance use contributes to an increased rate of pregnancy-associated maternal deaths and infant mortality. Among the major causes of infant mortality in drug-exposed infants is low birth weight, prematurity, birth defects, sudden infant death syndrome, sleep-related deaths and child abuse.

Death from opioid overdose represents 11% to 20% of maternal mortality. The most critical time for pregnancy-associated opioid overdose is the postpartum period, specifically 6-12 months after delivery. By expanding the review of pregnancy-associated deaths in Illinois to include violent deaths, homicide and suicide, substance-use related deaths were found to comprise more than 25% of maternal deaths within the first year postpartum. These combined causes were responsible for more deaths than any single obstetric cause, and the majority of deaths occurred in the late postpartum period.

The postpartum period is a particularly vulnerable time for women with OUD and their children due to the increased stress, which leads to recidivism and increased risk for maternal death due to overdose. Increased stress from maintaining treatment for OUD compounded by the physical and behavioral response of the drug-exposed infant can have a destabilizing effect on mother-infant bonding and the family unit.

In expanding the program, STEPP provides an additional evening session to allow for increased participation from patients' partners and families. A boxed meal and valet parking eliminate additional barriers to participation. This session provides education and support for the entire family unit.

Columbus and Franklin County Addiction Plan

The Franklin County hospital systems are working together to implement a set of strategies assigned to them under the Columbus and Franklin County Addiction Plan. This plan was developed by ADAMH Franklin County and is supported by the Columbus mayor, City Council and County Commissioners as the community plan to address and combat the opioid crisis. The Central Ohio Hospital Council is working to implement the activities assigned to the hospital systems under the Action Plan. Representatives from all four hospital systems also present opioid overdose education and prevention information at events held throughout the community.

What We Will Do

- Expand use of patient-reported outcomes in clinical decision-making throughout a variety of programs and across the continuum of behavioral health care.
- Expand access to care by utilizing telehealth and growing outpatient options.
- Open a residential addiction treatment program at Talbot Hall, offering a 30-day stay to help patients achieve stabilization before transitioning to outpatient services.
- Expand the number of peer supporters employed by the Ohio State Wexner Medical Center.

Maternal and Infant Wellness

- Specific indicators include:
- Infant mortality
- Maternal pre-pregnancy health

Progress has been made to reduce infant mortality in Franklin County. The work of CelebrateOne, Ohio Better Birth Outcomes (OBBO) and a host of community partners has resulted in Franklin County achieving its lowest infant mortality rate (IMR) in recent history (6.7 per 1,000 live births in 2020). But even at this level, the IMR is too high. Nationally, Columbus ranks 43rd of the 50 largest U.S. cities on infant mortality. Ohio ranks 40 out of the 50 states.

In 2020, CelebrateOne and Columbus Public Health reported 17,495 babies born in Franklin County in 2020; 117 died before reaching their first birthday, representing 41 fewer deaths than in 2014.

Local and national reductions in white infant mortality have far outpaced the reduction of Black infant mortality. The Franklin County 2020 Black IMR of 11.6 is nearly three times higher than the 2020 white IMR of 4.1. Since the start of this initiative, the white IMR decreased by 28% compared to the Black IMR, which has seen a 22% reduction since 2014.

The Ohio State Wexner Medical Center is tackling this problem from multiple angles, using research, treatment programs and community outreach to create a better future for all pregnancies and babies, but especially to reduce those disparities.

Moms2B Remains National Model for Improving Prenatal Care

It began in a church basement in 2010, with two pregnant moms looking for guidance, and two women who dreamed of a way to keep babies alive in Columbus neighborhoods where so many were dying before their first birthdays. Moms2B has since helped more than 3,400 parents, about half of whom learned of the weekly program through previous participants. Moms2B is a one-of-a-kind Ohio State Wexner Medical Center program to reduce infant mortality rates, eliminate disparities in maternal and infant health and address the social determinants of health that affect pregnancy and babyhood.

In Ohio, Moms2B's success has made it the blueprint for reaching those goals. In 2020, the program celebrated its 10th anniversary by publishing new research that shows quantitatively how Moms2B leads to a reduction in adverse pregnancy outcomes in communities disproportionately affected by public health issues.

In church halls, at Ohio State East Hospital and at Mount Carmel's Center for Healthy Living, parents in eight high-risk neighborhoods see a multidisciplinary team of health professionals each week. The health care workers follow mothers from pregnancy through their babies' first year. Moms2B provides them with access to portable play yards, healthy meals and other necessities, as well as consistent education about prenatal care, safe sleep, nutrition, smoking cessation, breastfeeding and reproductive health. Postpartum moms receive a home visit from a Mount Carmel Welcome Home nurse and are connected with patient-centered care teams and parenting groups.

During the COVID-19 pandemic, Moms2B went virtual with its educational sessions offered through Zoom while continuing check-ins with mothers and connecting them with necessary resources. The program also expanded virtually during the pandemic and began serving mothers living in Dayton/Montgomery County, at the request of Governor Mike DeWine.

Maternal Fetal Medicine Outpatient Care East Expansion

The Division of Maternal Fetal Medicine at The Ohio State University Wexner Medical Center has exceptional clinicians, researchers and educators. Services include providing care for people with complicated or high-risk pregnancies, with outpatient and inpatient management as well as consultation for patients referred by other obstetrical providers for ongoing prenatal care or pre-conception counseling, and prenatal imaging and diagnostic testing.

Recently, Maternal Fetal Medicine expanded to Outpatient Care East. The goal in this expansion is to reduce preterm birth before 37 weeks' gestation and infant mortality in the first year of life for the Near East Side of Columbus by increasing access to general obstetrical and subspecialty maternal fetal medicine care at the Outpatient Care East ambulatory location.

In 2014, the Kirwan Institute identified hot spots within the county that had the highest infant mortality rates per square mile. The Near East Side, which surrounds East Hospital, had the second highest infant mortality rate within the county — 18.4 deaths per 1,000 live births. This rate is three times higher than the national average. In addition, over 18% of pregnant women delivered preterm, which is more than 50% higher than the national average. Among the women living on the Near East Side who delivered during the time of the study, 53.4% lived in poverty, 66.9% received Medicaid and 47.3% reported that no one within the household had a vehicle. As maternal stress and poverty are important factors that increase the risk of preterm delivery, efforts to reduce preterm birth rates in areas such as the Near East Side must also address these concerns.

Access to high-quality obstetric care is an important first step in improving maternal and neonatal outcomes. Early care in the first trimester allows the identification and management of pre-existing maternal medical problems and pregnancy specific complications to reduce the risk of adverse pregnancy outcomes including preterm birth.

This project involved the development of a comprehensive clinical infrastructure that can address all the prenatal and wraparound services needs of the Near East Side community. As volume continues to increase, the goal is to operate an obstetric clinic five days a week with adequate support staff to address social service needs.

Services offered include:

- General obstetric clinic staffed by advanced practice nurses from The Ohio State University College of Nursing
- Obstetric clinic for high-risk patients staffed by maternal fetal medicine physicians and advanced practice nurses
- Same-day appointments for patients with urgent gynecologic or early pregnancy concerns
- Prenatal diagnostic imaging services
- Gynecologic care
- Gender-affirming care

Multimodal Maternal Infant Perinatal Outpatient Delivery System (MOMI PODS)

MOMI PODS integrates a multimodal health engagement system (incorporating home visits, mobile health and telehealth) into traditional outpatient care models to provide high-quality primary and postpartum care to both the mother and child in the critical first 1,000 days after delivery, specifically to those with high-risk conditions or those who have not attended scheduled appointments. It builds upon the mom-baby dyad pilot program that focused on moms with gestational diabetes.

Quality health care in the first 1,000 days dramatically improves lifelong health and social outcomes. Medicaid, covering pregnancies and babies, provides critical access to postpartum and early childhood health care. Yet, many high-risk, low-income families face major barriers that impede access. MOMI PODS creatively tailors care to overcome barriers, increase access and improve long-term outcomes.

Primary care supported by MOMI PODS can help increase access to those who most need preventive care, yet are least likely to engage it. The MOMI PODS focused care for vulnerable patients in the first 1,000 days improves outcomes like postpartum visit completion, immunization, developmental screening, obesity prevention and other preventive or chronic disease management.

McC Campbell Outpatient Care Ob/Gyn Clinic

The Ohio State Wexner Medical Center's McC Campbell Outpatient Care clinic offers care to some of our highest risk populations, including those who attend STEPP and participate in our McC Campbell Fourth Trimester Group. The teaching clinic averages 2,000 patients per month.

The Wexner Medical Center's home visiting program, in collaboration with Nationwide Children's Hospital, also operates out of McC Campbell. Nurses and social workers discuss the option of home visits during new obstetric visits and at the 24-week visit. Our home visitors include two nurses who have been trained by Nurse Family Partnership. Beginning in summer 2022, the Wexner Medical Center plans to double the number of home visiting nurses, which will allow for more patients to be able to participate in the program.

Clinic initiatives include:

- Increasing community referrals to
 - o Home Visiting
 - o Moms2B
 - o Baby and Me Tobacco Free at Columbus Public Health
- Improve breastfeeding rates (McC Campbell Fourth Trimester Group)
- Improve blood pressure monitoring through blood pressure cuff dispensing, which launched in September 2021
- Increase maternal understanding of marijuana
- Complete Pregnancy Risk Assessment Forms and initiate progesterone treatment in patients at risk for spontaneous preterm birth

The Fourth Trimester Group Clinic

The Fourth Trimester Group Clinic at McC Campbell Outpatient Care is a family-centered approach to increasing breastfeeding rates among high-risk mothers in our Medicaid population, investing in the short- and long-term health of this vulnerable population during a critical window of time.

The benefits of breastfeeding and risks of not breastfeeding for both women and their infants are well established. Fourth Trimester Group Clinic (FTGC) at McCampbell is an effort to improve breastfeeding rates and reduce racial disparity in vulnerable high-risk mothers and their infants in our community, with an overarching goal to improve their short- and long-term health.

Staff are engaging in an education campaign that will increase the knowledge and skills for inpatient and outpatient nursing and physician staff, with a specific focus on the benefits of breastfeeding for both mothers and infants as well as practical advice and tips for breastfeeding success. We are partnering with The Milk Mission, a Columbus-based initiative to train Black women to become certified lactation instructors. The Milk Mission is unique in addressing social determinates of health in addition to the biology and physiology of lactation. Moreover, we follow the Institute for the Advancement of Breastfeeding and Lactation Education's outpatient Breastfeeding Champion course.

The FTGC visit addresses several key needs of the recently discharged high-risk mother and child. First, a pediatrician provides a welcome and informational message, and then each mother and her infant are seen individually for private visits. Infants are examined and weighed. Testing for jaundice is available on site and provided as needed. This infant component of the FTGC visit serves in lieu of the first pediatrician visit, and the results from the visit are sent to the selected pediatrician for appropriate infant follow-up. For the maternal component of the FTGC visit, mothers are screened for postpartum depression and have wound incision checks as indicated. Physicians are available to perform breast exams as needed. Social work support is available as needed to ensure the mom-baby dyad is returning to a safe environment with basic housing and food needs met. Finally, lactation support is offered within a group setting and with individual instruction as needed. Mothers and infants who require ongoing International Board of Lactation Consultant Examiners (IBLC) evaluation and support are referred to our specialists at the Upper Arlington location.

Substance Abuse Treatment, Education and Prevention Program

For expectant parents, substance abuse disorders can further complicate pregnancies that may already be at risk based on other social determinants. To have pregnancies that produce healthy, full-term babies, these patients need specialized care to overcome addiction. Through an innovative clinic called Substance Abuse Treatment, Education and Prevention Program (STEPP), the Ohio State Wexner Medical Center maternal fetal medicine specialists are increasing the odds for those babies to live beyond their first birthday. This past year has seen an expansion of services for women and their infants through the first year postpartum. [See page X \[in Behavioral Health section\] for more information.](#)

Women's Behavioral Health Partners With Ob/Gyn Providers

Women's Behavioral Health (WBH) at The Ohio State University Wexner Medical Center is a multidisciplinary academic center of excellence providing care to women experiencing stress or stress-related illness during life events that are unique to women. We provide women with state-of-the-art care for mood and anxiety disorders, sexual health, substance use disorders and stress, with a special emphasis on pregnancy, the postpartum period, gynecologic and breast cancers, menopause and the menstrual cycle.

WBH has established a partnership with the STEPP clinic to increase patients' access to psychiatric and behavioral health care services. This colocated provision of treatment includes individual and group psychotherapy as well as access to psychiatric assessments and medication management for pregnant and postpartum women receiving treatment for substance use disorder.

WBH also has partnered with Moms2B with support from Aetna Medicaid to deliver mental and behavioral health care services to Moms2B mothers. The enhanced model of care includes three components:

- Implementation of a postpartum depression and anxiety prevention program
- Postpartum triage of mothers with mild-to-moderate mood and anxiety disorders to virtual psychotherapy with a dedicated provider
- Triage and referral for mothers with serious psychiatric comorbidities for individual treatment within WBH or the community

Combining clinical care with clinical and basic science research provides WBH patients with access to the latest information about the safest and most effective treatments available during these periods of greatest vulnerability.

ACHIEVE: Successfully Achieving Glycemic Control During Pregnancy

Type 2 diabetes in pregnancy increases the risk of adverse outcomes for both mother and infant. Over one in three infants born to individuals with type 2 diabetes will experience an adverse outcome, including large for gestational age at birth, preterm birth, birth trauma, neonatal hypoglycemia and stillbirth. Strict maternal glycemic control throughout pregnancy is key to optimizing perinatal outcomes. Glycemic control can be difficult to achieve, and requires a multimodal approach, including insulin, vigilant glucose monitoring, lifestyle modifications (diet and exercise) and team-based prenatal care.

Medicaid-enrolled pregnant individuals with type 2 diabetes are a high-risk vulnerable population who experience nonmedical social needs that limit their ability to achieve glycemic control. These barriers include lack of reliable transportation to attend prenatal visits, access to resources to engage in diet and exercise changes and convenient methods to log self-monitored glucose values and adjust insulin dosing. A multifaceted provider-patient-based approach with proven strategies to improve glycemic control is needed.

ACHIEVE is a multicomponent theory- and evidence-based intervention that includes a mobile health app, provider dashboard, continuous glucose monitoring and care team coaching for medical and social needs. ACHIEVE empowers Medicaid-enrolled pregnant individuals with type 2 diabetes and their providers to achieve and maintain glycemic control and access to timely diabetes care, patient education and support. This project will begin in summer 2022.

Training for Providers

Virtual Telehealth Delivery Training for Women's Health Providers seeks to help women's health providers give better care to patients who cannot easily access early prenatal and specialty care. The project, which began sessions in September 2020, takes women's health providers through simulations to learn efficient workflow management, co-management, virtual patient assessment and other fundamentals of telehealth. The scenarios use standardized patients, or actors, which include a patient with limited English proficiency working through an interpreter, and a patient who is in the country illegally. Prior to the COVID-19 pandemic, 92% of obstetric providers in Ohio had not used telehealth, but now, at least 77% of them use it regularly.

A second Ohio Department of Health-funded program, Obstetric Emergency Simulation Training for Emergency Medicine Providers, is designed for emergency medicine physicians, physician assistants, nurse practitioners, nurses and EMT/EMS. The program, which began its first trainings in August 2020, puts participants through virtual simulations to improve recognition, treatment and management of obstetric emergencies including hypertensive emergencies, postpartum hemorrhage and cardiomyopathy. One training involves practicing simulations themselves, but the second training utilizes a train-the-trainer model to offer emergency medicine physicians and nurse educators the tools to facilitate their own low-cost obstetric emergency simulations and teach others at their home hospitals.

In Ohio, about one-third of maternal deaths occur in the postpartum period and 23% of maternal deaths occur in emergency departments. Emergency departments also see a significant number of pregnant and postpartum patients for complaints both related to the pregnancy and not related to the pregnancy. While 98% of Ohio hospitals have reported conducting simulation drills for obstetric emergencies, 100% of those drills involved labor and delivery or postpartum staff — but only 30% involved emergency department staff.

Community Partnerships

In 2014, the Greater Columbus Infant Mortality (GCIM) Task Force, comprising community and business leaders, released a set of strategies to reduce Franklin County's high infant mortality rate. The strategies were assigned to lead entities, which were charged with successfully implementing the strategies and ensuring progress is made. Strategies to be implemented by the hospital systems were assigned to the Central Ohio Hospital Council (COHC) including:

Safe Sleep Education

Since September 2016, all Franklin County birthing hospitals are showing a video to women and families before discharge highlighting the importance of safe sleep practices (ABC: Alone, on the Back, in a Crib). The video also educates parents on breastfeeding, tobacco use in the home and on things parents can do to calm crying babies to reduce shaken baby syndrome. Franklin County hospitals conduct quarterly internal audits to monitor the number of families who see the video before discharge. In addition, the Ohio State Wexner Medical Center distributes sleep sacks to infants before discharge. Sleep-related deaths tend to increase during the cold months due to blankets and other warm items being placed in cribs.

Medical Legal Partnership

Since 2017, pregnant women who receive care in hospital prenatal clinics are screened to assess if they have a legal issue that needs to be addressed. If a legal need is identified, the woman is referred to the Columbus Legal Aid Society, which helps to resolve the legal issues. The goal of the initiative, which is overseen by the Ohio Better Birth Outcomes collaborative, is to improve the health of pregnant women by addressing social conditions, such as housing, benefits and job-related issues, that could result in a negative pregnancy outcome.

Tobacco Cessation

Franklin County birthing hospitals and prenatal clinics are identifying women who currently smoke tobacco and referring them to Columbus Public Health for cessation counseling. Under the program, staff ask patients about their smoking status, advise them on the impact of tobacco on the mother and infant and assess the patient's willingness to make a quit attempt. Women and in-home partners who are likely to make a quit attempt are referred to Columbus Public Health for assistance.

Very Low Birth Weight Infants

Since 2017, the three adult hospital systems have implemented policies to ensure that mothers at risk of delivering a very low birth weight (VLBW) infant deliver at a facility with higher volumes of VLBW deliveries. Ohio State's University Hospital is such a facility. This work comes from a recommendation of the GCIM Task Force, which considered national studies showing that infants delivered at less than 1,500 grams

are more likely to survive if they are born in hospitals with higher volumes of VLBW infants.

Maternal Levels of Care

In 2019, Ohio instituted a system of assigning maternal levels of care to complement the neonatal levels of care already in operation. Maternal licensure at the Ohio Department of Health has awarded Ohio State's University Hospital a maternal level IV and neonatal level III. These are the highest levels possible outside of a dedicated children's hospital for the neonatal level.

What We Will Do

- Expand the number of patients able to participate in the Ohio State Wexner Medical Center's home visiting program by doubling our home visiting nurses.
- Increase referrals to the Mid-Ohio Farmacy for our eligible pregnant moms.
- Partner with Ohio Better Birth Outcomes and CelebrateOne to embed community health workers into the McCampbell Outpatient Care clinic.
- Using data and the help of CelebrateOne, assess the current locations of Moms2B with the goal to provide this valuable resource to the areas that need it most.
- Continue to provide trainings to reduce implicit bias in obstetric care, and partner with Ohio Better Birth Outcomes and CelebrateOne to decrease racial disparities in infant mortality.