Announcer: Throughout our nation's history, APHA has been there. We've been on the ground fighting for the public's health since 1872, taking on diseases, poverty, and sanitation at the turn of the century. We were there when Rosa Parks and Martin Luther King Jr. called for equal rights and continue today fighting to end racism and counter all of its devastating health effects. We were there encouraging auto safety standards and calling for seatbelt laws. Since then, we continue to support work to make our cars and roads safer and reduce injuries. APHA was there when women made their voices heard and supports their ongoing fight for equality and control over their own health. We fought for access to care as AIDS spread across the country and continue working to ensure easy and equal access for all to vaccines for COVID-19, the flu, and other infectious disease. We've been sounding the alarm about climate change's impact on human health by raising awareness, and the world is listening.

Change is happening, but these next years are so important. We need your help to shift the tide. By advocating for safe work, home, and school environments, access to care, nutritious food, and reducing gun violence, we've strengthened our nation's public health and APHA continues to develop and advocate for policies and programs that support the public's health and the public health workforce. We were there and we're here today and together we are moving forward. Join us as we celebrate APHA's 150th anniversary and look to an even brighter future. Together, we will continue to improve health and achieve health equity for all.

Shannon Welch: Hello, everyone. Welcome to Equity and Accessibility in Community: Lessons from the Pandemic and Beyond. My name is Shannon Welch and I'm a senior project director with the Institute for Healthcare Improvement and I'm so excited to be moderating this dynamic discussion today. My background is in public health, so this is very near and dear to my heart. Today's panel discussion is part of National Public Health Week and aligns with our daily theme, accessibility, closing the health equity gap. Today, APHA and the Institute for Healthcare Improvement have partnered to bring you stories of success from community leaders in healthcare, public health, and community organizations. They'll be discussing how they're addressing health in their Cincinnati neighborhoods, and we're thrilled to have them. Let's meet them.

First, I would like to introduce you to Lauren Bartoszek, assistant director of population health at The Health Collaborative. And Lauren helps lead multi-sector, multi-stakeholder strategic partnerships that center equity and focus on addressing the social determinants of health in the greater Cincinnati region. Lauren graduated from the University of Cincinnati with a PhD in health education and is a master certified health education specialist. She is a member of the Norwood Substance Abuse Coalition and of the steering committee for Xavier University Center for Population Health. In her free time, Lauren teaches fitness at BARRE3 and enjoys visiting new restaurants with her husband, TC, and hanging out with daughter, Beatrice.

Next up, I'd like to introduce you all to Jennifer Foster who is a community council board member, children hospital parent partner member, and fun fact, used to play football for the National Women Football Association, and is also the mother of a retired football player. Jennifer also used to do construction and has a passion for food deserts.

Next, I'd like to introduce you to Greg Kesterman who is health commissioner for Hamilton County Public Health, an agency with an operating budget of $20 million serving more than 495,000 citizens in 45 political jurisdictions in Southwestern Ohio. The agency responsibilities include epidemiology, immunizations, tuberculosis, and sexually transmitted infection control, food service inspection and licensing, plumbing inspection and permitting, waste management, water quality, emergency preparedness and response, and health promotion and education. He has been with Hamilton County Public Health since 2006.

And last but certainly not least, I would love to introduce you all to Carly Riley who is an associate professor in pediatrics at University of Cincinnati College of Medicine and an attending physician in critical care and faculty co-lead of population and community health at Cincinnati Children's Hospital. Her mission is to cultivate the conditions and systems for improving wellbeing and reducing related inequities for individuals and communities through research, policy, and activism. She has expertise in wellbeing, person-centered outcomes measurement, co-production, community organizing, cross-sector collaboration, and community-based improvement science. Dr. Riley is actively involved in multiple national and local endeavors, including the Wellbeing in the Nation Research and Learning Network, the Yale Wellbeing Research team, and the All Children Thrive Learning Network Cincinnati.

Dr. Riley received the bachelor of arts in English literature and a medical doctorate from Northwestern University, a master of public policy from UCLA, and a master of health science from Yale University. She completed her general pediatric residency and chief residency at Children's Hospital, Los Angeles, and pediatric critical care fellowship at Cincinnati Children's Hospital. Dr. Riley was a Robert Wood Johnson Foundation clinical scholar at Yale University, and is currently a fellow with the Institute for Integrative Health. So I am so excited with this dynamic group of panelists we have today. And as we dive in, let's go right into the stories from Cincinnati. So Greg, I would love to turn to you first to share about your work and how it connects to our topic for today.

Greg Kesterman: Well, thank you very much. I'd like to kind of get started by just mentioning that I'm fairly new as a health commissioner. And to put this into perspective, the World Health Organization formally identified the new, back then, the 2019 CoV-2 virus on January 7th, 2020, and they declared a world health emergency on January 30th, 2020. Two days later, I became the interim health commissioner for Hamilton County Public Health. And so really, my last two years have certainly been a journey. And I can definitely say the best part of public health is the passion in our team. Every day throughout the last two years, I've had the opportunity to come to work and be around people who are passionate and really care about our community and want to make a difference here in Hamilton county where we live and work.

In our community, we're really fortunate to have a whole bunch of different partners coming from a whole bunch of different backgrounds. As mentioned in my introduction, I serve a community... I actually serve 45 different townships, villages, and cities in Hamilton county. And each one of those communities is very much unique. And so we realized early on in the pandemic the need to work with all of our partners. And Hamilton county has a very deep and rich

robust set of partners here. At a high level, we created a multi-agency group. We worked with an organization called The Health Collaborative and made sure that leaders were coming together from hospitals, nursing homes, other experts, public health. And we worked with data experts at Cincinnati Children's Hospital to really understand the data for our community, dive into smaller geographic subsets, and make sure that we were able to understand what was happening and how to make a difference.

By doing this, we were really able to take some of our testing efforts, some of our vaccine efforts right to the people that needed these services the most. Many of our suburbs had access to cars and transportation, but many individuals in lower income neighborhoods or areas with high social vulnerability indexes didn't have this access. And so using data and the partnerships, we were really able to target our communities and make a big impact in these neighborhoods. It really makes me proud of the effort of our community, that we all came together. We are continuing to make adjustments as we move forward and continuing to have an impact here in Hamilton county. So I look forward to being part of the discussion today and really appreciate the opportunity.

Shannon Welch: Wonderful. Thank you so much. It's so exciting to hear about how you are bringing together all those leaders from various sectors to really make impact. So now Lauren, I'd like to turn to you and just open the floor for you to share about the work that you have been doing.

Lauren Bartoszek: Hi, good afternoon, everyone. I first just want to share with Commissioner Kesterman sentiment. I'm really grateful to be here and have this opportunity to talk about the work. I work at The Health Collaborative, which Commissioner Kesterman just mentioned, the multi-agency coalition being convened. And The Health Collaborative is what is known as our health information exchange for this region. And that is a critical piece of information, I think, as we talk about cross-sector collaboration because we have a relationship with our hospitals and health systems here in the region to help them with quality improvement through their clinical data exchange. And specifically, The Health Collaborative is a merged organization from 2014 of our health information exchange platform with a health improvement collaborative organization. And so I really sit on the population health and community health side of our team, and then work very closely with the data informatics side of the team, which did a lot of this COVID work that Commissioner Kesterman has mentioned.

Specifically, I think one of the biggest successes of the last two years was this response to COVID and all of the ripple effects of collaboration and convening that have happened, I think, in large part as a result of some of the relationships that were built over those two years. The Health Collaborative was convening a variety of different organizations across multiple different work groups, much like has been mentioned through the mark, but other organizations that were brought to the table were through public health steering committees. And so all of the health departments in this particular service area, different community organizations that represented our most vulnerable populations in the counties that really were brought together under the umbrella of our team through an equitable strategies group. We convened organizations that related to

behavioral health both with inpatient hospital units, as well as outpatient treatment centers and community mental health centers.

And then we also worked really closely to merge those learnings from each of those groups across each group to ensure that we had a community wide response to this effort. And so as my larger team did this work over the last two years, there was a smaller subset of us who while not quite involved in the day-to-day operations worked really hard to stay connected to the community in all the other ways that we were seeing being elevated as a result of the pandemic. And so my work has closely aligned and been in collaboration with Miss Jennifer and Dr. Riley over the last few years with the ability to address food insecurity in our region, which we know is exacerbated by the pandemic.

And so one specific project that we've worked on is our Healthiest Cities and Counties Challenge, which we're really thankful for. And really even more specifically, what we were able to see in this cross work and in the intersection of all of our teams in this community is that as things were changing with the pandemic, people weren't seeking care at clinical sites and were experiencing food insecurity and housing instability at high rates. We operate a variety of other project management initiatives at the collaborative under my team that also really started to see those huge gaps in resources for community members. We work on our community health needs assessment, which is a collaboration between hospitals and health departments in this large region that we convene to really report and assess on the region's top health needs and create investment strategies and implementation plans to come together as a community to move the needle for our region. And in those efforts, we noticed that yet again, food and housing kept rising to the top as a top need for all of our community members.

So we had this momentum through convening in the pandemic, as well as convening with our community health needs assessment to really make the case that we are all in this together and we have to come and share some data, share some visioning, and share some progress on the work to advance our initiatives. And so it's been a really great opportunity to find the unique position that different organizations hold in the region to make sure that we can all seek out the shared vision. One of the other things I think is important to mention, and when we think about equity and accessibility, a large portion of the last couple of years in pandemic response as well as this investment in community wide approach to addressing health equity has been really identifying where our most vulnerable populations are, where our communities and highest needs are, and try to lift them that need them the most. Through our testing strategies at The Health Collaborative and in partnership with all the public health departments and community organizations and hospitals, we were able to stand up testing locations in particular parts of town that we maybe knew weren't quite as accessible if those testings were happening in other places.

And then similarly as the vaccination efforts have progressed over the last few years, it's been an equal attempt to try and ensure that people have access to vaccines that are most at risk that need them and that maybe have the hardest time finding them. And so we've kept moving on some of these working groups to really center the different types of groups and populations around our region that need to be elevated the most and that need to be centered and how their

voice and their commitment to their health needs to be centered in our work to ensure that we can really address the major health inequities in our region.

Shannon Welch: Thank you so much, Lauren. That is fantastic. I love so much in what you just shared and particularly around how you work to stay close to community and also how you were centering their needs and their experiences. So this is just a perfect segue. Jennifer, I'm going to come your way now to hear what your experience has been as being a part of this collaborative in this work.

Jennifer Foster: Hello, everyone. Mine's been just wonderful. I think the key component is with me is giving a voice when a voice is not heard. I mean, the key to me is making sure that we are at the table along with everybody else. I have worked truly with Dr. Carley for many years and Lauren for many years. And we always talked about different situations. And one key thing about is Dr. Carley always taught me how to put my ideas down on paper. And the way to do that is a PDSA. I am a graduate of CCTST through children hospital. And I learned how to put my ideas with quantitative data, how to incorporate them two together and make a better outcome. It's like in order to get 11 players on the field, you have to learn what position to put them in. And that's where I come in.

I look at everything as a football team. I put every player in a position and then putting every player in that position, we could all work together to make the great changes. Because if you put all of us in the same room, you have voice, you have power, you have encouragement, you have the duties, you have all those things together, and we can make things change. I think the key component is making sure we're at the table. I think Dr. Carley and Lauren instilled in me. I would say something and there they go, they said, "Jennifer, go to the meeting." And it instilled resilience in me. I used to be scared. I used to have this thing. Well, look, they make so much more money than me. How can I be at that table? Or how can I be sitting there next to them?

And eventually, it came to me and God said to me, "In order to make changes, you have to have encouragement. You have to be brave. You have to be bold." And that's something that I had to do. So I had to buckle up with my God armor and just go in with full faith and just tell them some of the needs that we had in our food deserts because that's been the problem so much, is we never really came together. And I want to thank one good thing about COVID. We look at COVID as a bad thing, but I look at it as a unique thing. We're all coming together to make changes. Something too much we never really did together, but we all know is four, five sectors that we all have to work together. That's food, housing, trauma, emotional, and self-sufficiency. We all have these things that we want to accomplish.

And to think about equality that I love is no matter what it takes to reach that point, we all need help to get there. Some need a little bit more help than others, and some just need to be empowered and encouraged like me. I've been at Avondale for 15 years in a food desert. When I first moved here, I looked around, I said, "Wait a minute, we don't have a grocery store. What can I do?" And I start working with the Health Gap and making those changes. And I say, "Okay, we got corner stores. Having these corner stores, let me talk to more people about healthy eating," because if we could change the mindset of the things they eat and the things that they're putting in their body because I know

now, the more we eat, the better we eat, the more we grow. We are what we eat. Point blank, period.

So if we can't read it, you can't eat it. If you can't spell it, you can't eat it. That's been my philosophy for a long time and we got to get more back to our grassroots. Growing, eating, harvesting, making things better for ourselves and coming together because it takes a village to raise a village. And as we collaborate more together in that village and make things change for the better not just one, but all, make it better for everyone, no matter how hard it takes for them, no matter... you have to understand and be an empathetic listener. Being empathetic listener is closing your eye and putting yourself in their situation. That's the best key in life because seeing it from someone else's lens on how they're living, how they adjust, how they eat, how they prepare meals, and being a single mom or a single parent, period, it gets pretty rough at times. But if you have a great support system to make things change, that's the key to it. And I think that's the key component to everything that we do. We're working together because we all have the great ideas of what is really going on and we have to work together to make it better. Thank you.

Shannon Welch: Thank you so much, Jennifer. There's so many nuggets of wisdom you just threw out for all of us to catch in that. Particularly for me, I've jotted down notes for myself around the power in our collective voice in coming together and that support and encouragement and how the silver lining of COVID that it brought us all together. And that loops back to something that Greg said earlier around how they were able to bring together all the healthcare partners and public health. And empathy and the role that that plays in this work. Thank you so much. Well, now, Dr. Riley, I would like to come to you to round us out and just share about your experience and the work that you all have done.

Carley Riley: Thank you so very much. There's so much to share. And in fact, when I sit here, I sit here not only as myself, but if you could just imagine the so many people that would sit around and behind me that have been a part of this collective effort on so many different fronts. And as Greg and Lauren spoke to, here in Cincinnati, the large hospitals and health systems from adult to pediatric did join together in unprecedented ways with public health departments and community based organizations. And this was really uniquely fueled by shared data and a collective theory of action, all of us pursuing a response that would address the pandemic and the inequities that it both laid bare and amplified.

And as one illustration, one manifestation of that, I'm going to speak to some of the work that we did early on in the pandemic. We had been working, our team, as a part of a community based learning network, had been building relationships with so many others, community organizations, informal community leaders, family partners, since 2014. And so we had a long history of working together and kind of building muscle together all in pursuit of really addressing social determinants of health. And we had built by the time it came to 2019 going into 2020 a book of business that we had established together. And then the pandemic came in and the stay at home orders came in and we turned to each other. We here at Cincinnati Children's turned to our community partners and to our family partners like Jennifer and others and asked questions. We said, "What are you most worried about? What are you most worried about now? What are you most worried about in the near future? What

hopes do you have? What hopes do you have for yourself now, for your children, for your community?"

And we listened really deeply. And we heard back that concerns at that time were social connection as the first priority. Secondly, food and food security. And then following that were access to basic goods, access to trusted medical information and healthcare. Those were different priorities than we had been kind of aiming towards prior to the pandemic. And so we were faced with a choice. We're hearing from family and community partners that these were their urgent needs. And so what we did was we essentially pivoted our entire book of business and we moved into work within food security for the very first time. We changed our efforts with regards to social connection and supporting nurturing homes and nurturing community and sense of belonging in different ways.

In the food security work, what we found was that people that hadn't traditionally been working together were coming together and were responding to shared goals. Early on, we said, "Let's make sure that the food distribution system that is going up within Cincinnati really on the backbone of the Cincinnati public school system, let's make sure that those emergency food services are coming within one mile of every child in need here in Cincinnati." We worked with partners like 84.51° that drives the data for Kroger and Cincinnati Children's and are on the ground team. And we built out maps and we mapped where we thought there was need against where were the distribution system getting stood up? And we noted that there were key equity gaps in that distribution system. And we brought those maps to a collective that was being convened by a city council member of hundreds of stakeholders. And we put those maps in front of them and they changed the way they behaved in response to those maps and immediately pivoted to move resources into the areas in which there were not sufficient resources being provided. And they sustained that supply to this day.

And as a result, we found that here in Cincinnati, we can come together around shared data in service to shared goals, informed by family and community partners, and achieve really audacious things together. In addition to having food be distributed through that distribution system, we early on recognized that people, families, that they want their needs to be met holistically in single places. They don't want to have to run all over the city to get each of their individual needs met. And so we started to build on the backs of that food distribution system, that those would be the places too where they would seek trusted medical information, access to basic goods, access to public benefits. And as a result, we began to kind of work holistically and responsively with community. What is now possible as a result of that is further systems transformation for a better future.

Shannon Welch: Wow. That is amazing. And just hearing in your story and experience the power of the data to help us to be able to be responsive and to make the right decisions to be able to close equity gaps in our community and as it relates to accessibility. Thank you so much for sharing that. Well, now, I would love to invite all of the participants to please chat in your questions for our panelists. And I have a first question for you. And so I think perhaps this question, Jennifer, I'm going to ask you first and then would love for any of our other

panelists to chime in. So one question is once additional healthy food sources are brought into food deserts, what do you recommend to help encourage community members to eat those once unavailable foods?

Jennifer Foster: First, there's an educational piece. A, I had to educate myself. So I attended Health Gap Nutrition Train the Trainer because in order for me to teach someone else, I have to get the right teaching and learn a way of expressing in their language that things are not healthy. So after that, I collaborated with a school in south Avondale and I told the Health Gap, I wanted to do a kid's healthy eating class. And they said, "Sure." And in that class, I learned that a lot of kids, certain things, they just don't eat. Not because they never ate it, well, their parents never ate it. So they refused to give it to the child. And once I taught them fun ways to eat these healthy snacks and healthy foods, and I put a key component, it was like when the flame of hots and I took the bag of flame of hots out and turned it around and I read the instruction to them and I said, "Can you guys read the instructions?"

They said, "No." I said, "That's a key point. If you cannot spell and cannot read, it's bad for you. They put so many dangerous words in food and you really don't know what they mean, but you know you like them. But if I could show you a substitute way to eat something healthy, and then you'll like it, then you can share this back with your family." And that's what happened. I start teaching the children. The children start taking the educational information to their families. And one of the kids had never ate guacamole, never ate sour cream. They had never ate sour cream because their mom never ate sour cream. They never ate yogurt because their mom or their dad didn't eat yogurt, but tasting it for the first time, she's still eating yogurt to this day. She love it. And just showing them how to balance out between food, TV time, exercise, moderation is the key, and taking the word diet away, stop saying that you need to be on a diet, they're too young to understand. Even as adults, we put restrictions on ourself and we really shouldn't. The key is moderation.

Shannon Welch: Thanks so much, Jennifer. Well, I want to open it up to see if any of our other panelists would also like to chime in on that question.

Lauren Bartoszek: Yeah. Hey, everybody. This is Lauren. One thing that I think is really critical is directly what Jennifer was saying about education and specifically the way in which our systems work together around that. And so Carly had mentioned creating new and engaged food distribution spots within our community. And one thing that we had learned from our community advisory board in our Healthiest Cities and Counties Challenge and much to the point Carly made about a holistic experience is when folks are heading to somewhere to pick up food or heading to a distribution site, it's critical that the nutrition education or culinary education is happening at the same location. And when we pulled back and we started talking with organizations that were offering nutrition education and then organizations that were offering food distribution, there was some overlap, but a lot of those things happen in different spaces. And it's really critical from a systems level that those organizations are aware of when the other one is doing something and trying to show up at the same time in the same place.

And so one of our goals as we head into the next year is to really start to evaluate, where are the primary food distribution spots in our region and who are the best and most efficient at offering culinary and nutrition education? And how do we ensure that those two things are happening at the same time, at the same place in the neighborhood so that folks don't have to go to different places to try to know what to do with their new found food that they have if it is something new that they don't know how to cook or what's the nutrition of that? And so that's a systems level change that... a systems level transformation that really needs to take shape and be convened and sort of governed by an entity that is a little bit above the community level that has the ability to pull together organizations, but 100% that feedback came from community. And so taking that voice and knowing that those two things have to coexist at the same place is a critical next step for making it easier at the point of getting that food that community members are getting at these distribution sites.

Shannon Welch: Thank you, Lauren. That's such a great point, to make it accessible and simple for community. Okay. I want to continue to invite all of the participants to keep chatting in those questions or working through them one by one. And now I have a question actually for everyone. I'm going to ask all the panelists to take turns answering this question. During the National Public Health Week kickoff forum panel, keynote speaker, Bernie Lynn, spoke on accessibility saying when you're in right relationship with people, they tell you what's going on. What does being in right relationship with people look like in your work and community? And whomever would love to chime in first.

Jennifer Foster: I think I'll chime in first for that. The right people look like everyone. It's like making a red velvet cake. I can't make a cake without having all the ingredients at the table. And that's why I try to look at things as a football perspective. You have to put everybody on the field in order for them to play their position. And they have to be open-minded and very empathetic of... excuse me, very empathetic of their listening skills. I think that's a key component, is listening to us because we know what our needs are. And I always said everybody is not born with a silver spoon. You may eat off a silver spoon. I remember telling someone, I don't know who it was, but I'm always getting in good trouble. I said, "You may eat off a silver spoon, but I eat off a plastic spoon."

That's a big difference. You might have a plate, a glass plate, I eat off of paper plates, but I want the same thing you eat. If you eat filet mignon, I want filet mignon no matter what it takes to serve that meal to a person or to make sure they eat the most sustainable thing for their health because one of the things I know is a key component to the health problems that we have is from bad eating habits. We are what we eat. And if we don't provide the right nutrition for people, then we're going to have high blood pressure. We're going to have not just diabetes, junior diabetes. We're going to have aneurysms. We're going to have a number of other chronic illnesses that leads up to that because we don't sustain the right nourishments in our body. And I think once you get the right nourishments in your body and learn how to take care of, because everybody's not born on the same side of the tracks. Just keep that key in your mind that we all have a key place to be at the table. And we must be at the table in order to make changes.

Lauren said a key point, a CEO can make a decision on where food goes because he's not in the community. I could see if it was in the suburbs where he lived at, but it's not in the suburbs, it's in our community and it's totally different. So being an empathetic listener and then understanding to all our needs especially how a mom operate, how a single parent operate, I know one of the key things that me and Lauren and Dr. Carley talked about is when mom pick up their kids from a daycare, I said, "Well, let's have the food ready for them," because one thing about it, they have to take the food home. Once they get off of work, they have to prepare. Let's eliminate the preparing because I was a single mother too. And that preparing time leaves more time with the children, more time to prepare for the next day, and then they can set up a better routine.

Shannon Welch: Thank you. Thank you so much, Jennifer. I'm curious. I want to turn to Greg here for a minute and just see for your experience in your role as commissioner of health, what does being in right relationship look like in your work?

Greg Kesterman: Well, one thing that Ms. Foster just mentioned really strikes home with something that we believe here at Hamilton County Public Health, she mentioned about the CEO not knowing what's best for any specific community or for some small group. And as mentioned, we have 45 communities here in Hamilton county. One of our initiatives, the We Thrive Initiative, actually brings our team out to the community and listens to the community and really lets them build from the ground up ways to make change within their own neighborhoods. Our We Thrive team works with village councils and community groups and churches within each of our jurisdictions to help make sure that we are listening and implementing programming that is really focused on the individual level. Our agency, our motto is educate, serve, and protect for a healthier community. And the only way you can do that is from the grassroots perspective. And so we really are working hard to make sure that we're connecting with the right folks to make change in Hamilton county.

Shannon Welch: Excellent. Excellent. So really going straight to community level and listening to their experience and expertise. That's excellent. All right. Lauren, I'd love for you to take a stab too at this question. What does being in right relationship look like in your work?

Lauren Bartoszek: Yeah. So one thing, I think, that's an important level set for us and our community, I know that everyone on this call has really taken seriously is that trust is built in small increments over a long period of time. And so I think when I look at the work that has been accomplished and knowing when the right relationship is there, it's really starting with, how do we build trust? Because the right relationship is largely... There might be a relationship that's missing. We'll just say that. And so trying to ask us really clearly what perspective is missing in this conversation, that's a key question that we asked ourselves a lot through our Healthiest Cities and Counties Challenge. And I know we asked a lot throughout the COVID pandemic response and in all of these circles is, what perspective is missing? And so the other critical components I think of being in the right relationship are being really honest and transparent and a willingness to share.

Willingness to share information. Dr. Riley had said shared data, which is a really hairy spot for a lot of communities because data is private and it's very

proprietary and confidential. But with that slow incremental building of trust and a little bit of sharing back and forth over time, it offers up the opportunity to put the right people at the right table to build the relationship if it hasn't been there, which I think in our community, many relationships have been new or at least they were in a relationship, but it wasn't the right one at first across organizations. And then finally, I think another a thing about being in the right relationship is being willing to step up when it's the right time and step back when it's not your time.

And so for much of the work that we did as it relates to the pandemic response, but then particularly with food insecurity in our region, was stepping back and taking an opportunity to listen and be responsive and then be a reliable steward of that information. And so if we were hearing from community that a new food distribution spot or a new vaccine standup needed to happen at a particular spot, it wasn't about questioning whether that was right or wrong, but saying, how do we make this happen? And so being in the right relationships or being in relationships where organizations and people are willing to take that, be reliable stewards of that information, share information openly and willingly, and then be reliable to it right back to the community members that we serve.

Shannon Welch: Such great points. Such great points. Willingness to share, especially around data, it's certainly tough, but it does help to help build trust. So now Carly, I would love for you to answer this question as well. What does being in right relationship look like for you?

Carley Riley: Sure. Well, first, I just affirm everything that I've heard from Jennifer and Greg and Lauren. I've got two other analogies that are kind of running through my head right now. So I'll just add to the analogy salad that we're making here and thinking of a puzzle and that each of us has a puzzle piece and that all puzzle pieces must be contributed, placed, connected to each other and really honored in order to be able to create the whole. As a physician, as a community based researcher, as an activist, I must contribute my piece and Greg contributes his, Lauren, hers, Jennifer, hers. And what I think is really important about the puzzle analogy and why it's so helpful is that it's not a competition. There isn't a right puzzle piece. In fact, one piece does not take the place of another, does not make another piece less important. In fact, we must strive to bring all of the essential puzzle pieces together in order to build that whole outcome.

And I think sometimes that's where healthcare struggles a little bit in that we want to be right. We want to have the answers. It ends up feeling like a competition. Whereas instead, it's really about us together co-creating by sharing our own wisdom, but then accepting and honoring the wisdom of others then to collectively figure out solutions. And that brings me to the table analogy that I've heard kind of crop up over the course of this last half hour. And as I think about that table analogy, I think it's a really important one, and I think it's also really important that we realize in healthcare, we've built a particular table and that we've set it with a certain number of seats and we've developed standard ways of filling those seats.

But that table that we have right now doesn't encourage or even allow every puzzle piece to be contributed on top of that table. So the seats get filled by certain people with certain expertise, with certain resources and schedules and

ways of working. And oftentimes though, to greater diversity, we think we can just simply add a few seats at the table. Kind of tuck them in and then tuck some people that look different than the other people sitting at the table. And instead, we need to rebuild that table. And I think that's what we've been trying to work on over the last few years together, is like break down the table that exists and rebuild a new table and change the way we fill the seats. We have to look at the processes by which people get access to those seats and then the way they get listened to and heard and contribute at that seat. And I think we've been striving over the last couple of years to really recreate what that looks like. We're definitely not there yet, but the intention is there and the efforts are underway. So to me, being in right relationship is being in that shared space with that welcoming table where everybody has the opportunity to have their puzzle piece valued.

Shannon Welch: I love that. I love that both all of the analogies that you all have shared, this is so wonderful. And so actually, Carly, I'm going to stay with you because a question came in and based off the work you shared that you all have been doing around food scarcity and the maps, and then adjusting the distribution, what are the components of developing a sustainable program or system change as you shared with the work on food scarcity?

Carley Riley: Yeah. So there are a few components that we have found really kind of essential. And the first is that we're not really thinking about this as creating a new program or a new initiative or a new project or a new standalone anything. Rather, we are really trying to, through relationship and shared will, shared aims, shared theory of action, trying to create a different way of working altogether. And so that is ultimately how we're going to get to something that is meaningfully sustainable, is when we are all working differently together over time towards... with a shared purpose in response to shared data, honoring family and community leadership in that. And so I would say early on, a couple of the ingredients that we saw that flagged for us this could be an opportunity for real change was that people were willing to come together and collaborate in ways that they never had before because they saw that there was a wicked problem in front of us that required all of us to contribute to its solution and people were willing to do that. We had a shared aim.

Initially, that shared aim was get food resources within one mile of every child in need in Cincinnati, and we worked really hard to do that together, and we knew it was going to take all of us to accomplish that. That has now morphed now into what has now become more of an emergent learning network where we've now defined the next shared aim together. And we're currently working together in new ways and finding new ways of working together to improve food security by 10% within three pilot neighborhoods over the course of one year. And we've recognized that to do that, we're going to have to build a publicly available data dashboard on food equity that is democratized with data for action. That we are creating mechanisms by which decisions are made through shared governance with neighborhood and the people that have the solutions and the resources together.

And so we've created different mechanisms for that to happen in which the people with the solutions are coming to neighborhoods and having real conversations about, "We've got this idea. Would it work here?" And that the

people within the neighborhoods are able to say, "Yeah, actually, that would work awesome here," or, "No, we don't want that here." Or, "We'd like it, but it really needs to look like this. Can we co-create that together?" And then what we're doing is working on a mechanism to then... pushing out funding to support those co-created solutions and then evaluate them over time. And ultimately, being accountable to outcomes. We have to agree that we have to see the change in the world that we expect to see. So we need to see that 10% improvement in food security within one year, identify what got us there, and then be willing to scale and amplify those solutions. So those are some of the ingredients I hope has answered the question that some lovely participant asked.

Shannon Welch: Thank you. Thank you, very helpful. And here's a bit of a follow-up question to that one. So as you all have worked to bring these new initiatives to life and to partner in new ways, did you encounter problems along the way with archaic systems which pose more barriers than... Lauren, I'm going to come to you first. That pose more barriers than benefits to individuals and families in needs. For example, long phone waits, high barrier of entry. And if so, how are you leveraging the multi-sectoral participation in the health collaborative to change those systems? So Lauren, I'll have you first.

Lauren Bartoszek: Yeah. Thank you. I think you saw all of us sort of lean back and giggle a little bit when you mentioned archaic systems. And so Greg, you might have some thoughts on this too, but I will first say that I think the pandemic, we all sort of knew that some systems were more advanced than others, but the collaboration and intersection of those systems wasn't ever a top of mind thing for most people. It was for some people, but then when COVID hit, it became clear that hospitals needed information from health departments and health departments needed information from hospitals and the path for which that information was shared wasn't quite there. And it really, really became a quite literally do or die situation where hospitals were seeing real time what was happening with folks showing up really, really sick in the emergency department. But public health was our sort of boots on the ground immediate response. And a lot was asked of them over the last several years. I'm sure Greg can speak to that even more.

And they weren't necessarily prepared. Public health has been... I'll probably say the thing everyone knows, has been largely unfunded for a long period of time. And it really started to show in this experience that we had. I think interestingly but not surprisingly, that is true for our food system and the things that we're noticing across how food is being measured or how success is being measured in a lot of our food system organizations, which is inclusive of things from agriculture and gardening, all the way to food recovery and everything in between like food pantries and distributions. I mean, even the way in which different organizations in our region are measuring how they move food, some of it's in meals, some of it's in families, some of it's in pounds, some of it's in other ways.

And so it becomes really challenging to understand what is actually happening because we really are struggling to even collect the data in a way to make sense of it. And I think one of the things that we have noticed, I'll say, at the collaborative and particularly with the leadership of children's, is that by coming

together in these cross-sector relationships, we were able to say, "I at A organization don't have that expertise, but you know who does? Those great academics over there. They have excellent data experts who do this all the time in different ways." And so they were bringing folks to the table, allowed people to use expertise in data informatics and data infrastructure, and GIS mapping, and then public health response, and then clinical delivery and everything in between and that I'm not mentioning to say just because we haven't had that system in place in this one spot, there are people who know how to build that and know how to create that that can be a part of this effort and a part of this collaborative work that can really make this excel.

And so, yes, there are still plenty of archaic systems that I think we're trying to work through and work around and figure out what looks best. I mean, even our COVID dashboard that was created was honestly a PowerPoint presentation that we think, "There's got to be a better way for that." But at the end of the day, we were able to get data out. They were able to get data out for food. And now we're thinking, okay, for sustainability metrics, how do we build infrastructure to support and advance the democratization of data over time for action?

Shannon Welch: Wonderful. Thank you so much. Well, Greg, I want to see if you want to chime in anything else here on this question.

Greg Kesterman: Well, certainly, a pandemic definitely will exacerbate issues. And you think back to the beginning of the pandemic when we really didn't know much about COVID-19, and all of a sudden, the governor's ordering folks to work from home and I'm sending as much of my workforce home so that we are all safe. All of a sudden, we realize that most of our COVID-19 cases come in through fax machines. And so most fax machines are in person. And so we're trying to bring people back to get stacks of COVID-19 cases so we can do that contact tracing in that work. And it's small things like that that you really... you can prepare as much as you want for a pandemic, but it's once you're in the thick of it that you start to figure out some of these problems.

A similar type issue happened when we started vaccinating people. And at the beginning of the vaccinations over a year ago, people were terrified and people were desperate to get the vaccine. And the first folks that were able to get vaccinated were our elderly here in Ohio. And most of our systems were set up to take appointments via the web, which is fantastic if you're 40 or 30 or 20, but if you're 85, submitting a web request to get a vaccine is difficult if not impossible, especially if you don't have that family safety net to help you out. And so we were struggling as a community to figure out different ways to improve this process. And we're really thankful to partners like 241 who was able to step up and set up a call bank that we were able to use. Internally, we set up call banks, but some of these learnings that we learned from COVID-19, we're really hoping to translate into other program areas into the next decade.

If we're working in communities and we're only creating digital technology to help communicate with that community, we are certainly leaving many voices behind. And so we're really hoping to continue to morph and change our processes so that everyone has a seat at the table. The one other item I'll mention, we had all struggled... Data with public health information or private

health information is very protected and it should be. We don't want people to know information about ourselves, we want that information to be protected. But when you look at it at a community level, it can help tell a story. And working with our partners like Lauren just mentioned over at Children's, they have data experts, but if they can't get access to the data because of barriers, then they can't help inform where we're going to test and where we're going to provide vaccine. And so we've really done a lot over the last year to break down some of those barriers to create new access points. And hopefully, that will drive some of the change not just with COVID, but with many other programs into the future so we can impact cardiovascular disease, including high blood pressure and diabetes and other types of elements where with this data, we can have an impact in our community.

Shannon Welch: Excellent. Excellent. Thank you so much for sharing your experience. Okay. Have another question now that is a little bit of a pivot, but not exactly. So the question is were there any mental health initiatives or education that coincided with the nutritional initiatives in the communities you serve? And if so, how did they fare? And I'll toss it to perhaps whomever's best primed.

Greg Kesterman: Most of those types of programs would've really happened through our mental health recovery board, but I think many organizations played a role. I'm sure our hospital systems all stepped into this space throughout the pandemic. And I honestly think this is an area that we are going to as a community continue to have to focus because the effects of the pandemic certainly will play out for the next 5, 10 years as people recover.

Lauren Bartoszek Yeah. I actually 100% agree and just briefly think that one of the immediate needs of the pandemic was trying to fulfill urgent need. Keeping people in their homes, keeping people safe from COVID-19, and getting people food, right? Those really urgent needs took precedent for the last year and half. And it's not to say that mental health didn't go anywhere or stopped, but we know that it was happening and plenty of good, good people were doing good work over time. But the work that I see happening now is we have these great lessons about how we came together to solve problems and mental health has been and will continue to be a major problem in our region over the next 10 years. And so how do we come together to increase access to behavioral health services for people in crisis, for people with substance use disorders, for youth, for families that really leverage the lessons of this collaborative effort of the pandemic to advance that effort in something that maybe isn't... there are some urgent needs of course in mental health, but really that prevention, that getting people the help they need it over that extended period of time now that we feel like maybe we've got some lessons from meeting those really immediate urgent needs in the last year and a half.

Carley Riley: Yeah. If I may kind of affirm and build on that, I agree with that. And I think in the midst of 2020 and 2021 here in Cincinnati, we pledged and asserted ourselves to not only meet the needs at the moment, but also create a better future than our past. We saw this as opportunity, and as a result of that, some wonderful things happened. We made decisions together informed by data and story with residents as leaders and at the center. We took action on priority needs and adapted in response to failures. And we scaled in response to bright spots. And together, we asked a lot of hard questions and sought real answers

and then held ourselves accountable to the outcomes. But it's not enough and we know that it's not enough. And I worry like many others worry that the fatigue that is upon us now, additional resources that are running down, the sense of crisis that is easing may undermine our ability to keep pushing forward in the ways that we have identified. We could build upon what we have learned in the last two years and really create a transformed future that, yes, not only new manages housing and food and healthcare, urgent healthcare needs in different ways, but also is a structure for mental health and for lots of other things for us to address better collectively and holistically.

I wonder this collective promise that we haven't yet been able to realize, can we? Sustained shared focus, continued investment of resources, a maintained sense of responsibility to eliminate inequities and vulnerabilities, what amazing things. Whether it's in mental health or other areas, could we still get accomplished? Can we intensify our efforts in co-production? Can we commit to prevailing with open shared democratized data for improvement? Can we build and sustain a citywide learning system through which we continuously improve together toward equity?

Shannon Welch: Thank you. Yes. Oh my goodness. What can we sustain and take from this? And so I have one final question that I would like to ask for all of you before we round out our time today. What are some lessons and experiences or practices that you all will carry forward based on your experience with COVID?

Jennifer Foster: I think with me... I'm sorry. I think with me, I'll just give you a little snippet. I thought about mental health pre-COVID because me, myself, I suffer from PTSD and I went to April from ADC and we talked about it. I know that one thing had always burned in the back of my brain is how they measure ACEs and I thought about it. I went to Erin. I mean, Allison, from children hospital. I said, "Allison," I said, "Well, according to how they measure ACEs, if you have four more, you have traumatic experience." I said, "In the black community, there are some children that's experiencing 20 to 24 a week. So I think we need to go back and rescale this." She said, "Jennifer, I never really thought about this." I said, "Yeah." I said, "Because if a child woke up in the house and he was hungry, somebody got arrested, abuse might be in a home and environment. That's five and just before he even get to school. So just imagine how some of our children in our black communities are dealing with trauma."

So I collaborated with April. We came up with root ambassador who was trained through the joint enforcing and Allison and Erin through children hospital to come up with these roots ambassador because we thought about it more of an informal way of how we're going to deal with mental health. And I think that was the key component. How can we look at it more outside of the box? So A, we could build up that trust with people in the community because we know we don't have all the professional skills and the education, but we could do a soft handoff as possible. And I think that one key component is being there with them to do that soft handoff so they won't have that fear of things they probably had generationally experienced in the wrong way.

Shannon Welch: Thank you so much, Jennifer, on that warm handoff is so important. And so thank you all to our panelists. It's amazing how time flies when we're having fun, but I just want to thank you all so much for joining APHA and the Institute

for Healthcare Improvement for this National Public Health Week event. We'll be dropping a feedback survey into the chat and emailing it to our attendees as well. Your feedback on this short survey helps us improve National Public Health Week offerings for next year. We're so glad that you joined us and we hope you'll join us for the rest of National Public Health Week this weekend, including a free yoga class on Sunday. Visit nphw.org for more details and to RSVP. Thanks to our panelists and have a great rest of the week, everyone.