



Kansas Health Equity Summit

A Roadmap to Health Equity

Presents

The Health Equity Innovation Award

Friday, October 27, 2023

Sunflower Foundation, Topeka, KS

KFMC Health Improvement Partners is pleased to introduce the inaugural Health Equity Innovation Award. The Health Equity Innovation Award is presented annually to recognize organizations, affiliated groups, partnerships, or individuals that have developed and implemented novel approaches, strategies, and interventions aimed at reducing health disparities and promoting health equity in their community. Award winners think outside the box, challenge existing systems, and implement creative solutions to ensure that everyone has a fair and equitable opportunity to achieve optimal health.

The Innovation Award Winner is recognized at today's event and in subsequent social media and marketing campaigns, and will receive a \$500 cash award.

Criteria for the Health Equity Innovation Award

- 1. Impact on health disparities:** Degree to which the nominee addresses and reduces health disparities among different populations, particularly those that are marginalized and underserved.
- 2. Reach and accessibility:** The nominee's ability to reach and benefit their targeted population, taking into account how they improve access to healthcare services, health information, and/or resources for marginalized communities, including those facing barriers such as geographic location, language, and/or socioeconomic status.
- 3. Cultural competence:** The nominee demonstrates cultural competence and sensitivity by considering the unique needs, beliefs, and values of the target population, including how they address cultural barriers and promote inclusivity and understanding.
- 4. Sustainability and scalability:** The potential for the intervention to be sustained over time and replicated in different settings or communities. This includes its feasibility, cost-effectiveness, scalability, and potential for long-term impact.
- 5. Collaboration and partnerships:** The nominee promotes collaboration and partnership among stakeholders, such as healthcare providers, community organizations, policymakers, and individuals from the affected communities.
- 6. Evidence base (if applicable):** There is evidence supporting the innovation, including research, data, and/or evaluation studies demonstrating its effectiveness in improving health equity outcomes if available.

Congratulations to all nominees!

Read more about this year's impressive group of health care organizations working to further health equity in their communities on the next page.

LMH Health: Transforming Health Equity in Lawrence, Kansas

A Legacy of Compassion and Commitment: Founded in 1921, LMH Health has been a constant in community well-being in Lawrence and Douglas County. The organization's notable journey began with the unwavering compassion of a local figure referred to as "Dr. Barnes." He witnessed the passing of an elderly African American man due to a lack of access to health care and resolved to create a place where the underserved could receive the care they needed. This vision was one shared by benefactor Elizabeth Miller Watkins, who pledged that "No person shall be excluded on account of race, or physical, social, or financial condition." Thus, Lawrence Memorial Hospital, now LMH Health, was born.

Pioneering Initiatives in Health Equity: LMH Health has embarked on pioneering initiatives that exemplify its commitment to health equity. The Health Equity Advancement Team (HEAT) collaborates closely with the Lawrence Douglas County Public Health Department, utilizing the department's health equity report to identify and prioritize initiatives based on the needs of specific populations. For example, the Office of Health Equity Advancement, Education and IT implemented an initiative to use patients' preferred pronouns on patient wristbands, demonstrating LMH Health's dedication to patient-centered care and inclusivity.

Cultural competence and humility are ingrained in LMH Health's practices, with cultural humility training sessions, mandatory continuing medical education on social and racial influences of healthcare for providers, and health equity-focused onboarding sessions for all new trustees. The organization's Health Equity Advancement dashboard, adopted by trustees, ensures that health equity practices are championed and monitored from the highest levels.

Community Engagement and Collaboration: LMH Health actively engages with the community, promoting health equity through various channels. The organization participates in community events, leads a remote patient monitoring program, disseminates articles highlighting Health Equity team's achievements, and supports services such as mammograms, medication assistance, and Community Outreach and Engagement events that specifically target marginalized populations through the LMH Health Foundation.

Collaboration is key to LMH Health's success. Partnerships with the Lawrence Douglas County Public Health Department and the University of Kansas School of Law underscore their commitment to collective action in pursuit of health equity.

Diversity and Inclusivity for a Brighter Future: LMH Health's Summer Leadership Academy exemplifies their commitment to diversity and inclusivity. This transformative program offers students from traditionally underrepresented demographics in healthcare an 8-week opportunity for healthcare leadership and professional development. It fosters economic upward mobility, decreases local health disparities, and cultivates a healthcare workforce that mirrors the communities it serves.

For more information about LMH Health and their inspiring work in promoting health equity, please visit their website at www.lmh.org/about-us/health-equity-at-lmh-health/ or contact Erica Hill, Director, Health Equity, Inclusion and Diversity at 785-505-3315 or erica.hill@lmh.org.



Heartland Dermatology and Skin Cancer Center: Pioneers of Health Equity in Rural Kansas

For over four decades, Heartland Dermatology and Skin Cancer Center has been a cornerstone of healthcare excellence, serving communities across Western and Central Kansas since 1977. Their extensive reach reflects their commitment to providing high-quality, patient-centered, accessible medical, surgical, and cosmetic services.

Impact on Health Disparities: Heartland Dermatology's 14 office locations have left an indelible mark on the communities they serve. Their vigilant observation revealed a sobering truth – newly opened Heartland clinics in rural areas often saw patients with severe cancers and progressed diseases, highlighting the dire consequences of limited access to dermatologic care. This observation is supported by a January 25, 2023, article in JAMA Dermatology that underscores the link between geographic proximity to dermatologic care, delayed melanoma diagnoses, and higher mortality rates in rural populations.

In response to this critical issue, Heartland Dermatology established the Kansas Access Track (KAT) Residency Program. Their mission is to address and reduce health disparities among the underserved rural population in the broader community of Kansas.

Collaboration and Partnership: Heartland Dermatology's journey toward health equity has been marked by effective collaborations and partnerships. The KAT program was modeled after a similar program funded by Dr. Brodell at the University of Mississippi Medical Center, and Dr. Brodell has been instrumental in answering questions regarding the KAT program launch. Most notably, the program would not be possible without the St. Louis University (SLU) School of Medicine, creating an additional dermatology residency slot for KAT and providing academic support.

Their initiative has garnered support from numerous entities, including the Medical Society of Sedgwick County, Sedgwick County Health Department, Kansas College of Osteopathic Medicine, Kansas Business Group on Health, South Central Kansas Economic Development District, and several others. These partnerships ensure the success of the KAT Residency Program, ultimately leading to a more adequate provider density in rural and underserved regions of Kansas.

For more information about the Kansas Access Track Residency Program, please visit Heartland Dermatology and Skin Cancer Center's website at heartland-derm.com/kat-dermatology-residency-program or contact them at kat@heartland-derm.com.

KANSAS ACCESS TRACK RESIDENCY PROGRAM

PRESENTED BY



Holton Community Hospital: Advancing Health Equity in Holton, Kansas

Holton Community Hospital, established in 1938, has been an example of compassion and excellence in healthcare for their community. With the mission to provide professionalism, compassion, and excellence in healthcare for a healthier community, they have demonstrated their commitment to addressing health disparities, improving access to healthcare services, and promoting cultural competence and sensitivity.

Impact on Health Disparities: Holton Community Hospital's dedication to reducing health disparities among marginalized and underserved populations is exemplified through the creation of the Hometown Heart Fund (HTHF). This fund serves as a lifeline for patients facing financial hardship, lacking insurance, or being underinsured. By providing crucial items like durable medical equipment, medications, and covering travel expenses, the HTHF removes barriers hindering access to healthcare services. Moreover, the fund extends its compassion by assisting patients with basic needs such as clothing, hygiene products, and food.

Reach and Accessibility: Holton Community Hospital's Hometown Heart Fund has a far-reaching and positive impact on its targeted population. By facilitating access to medications and medication adherence, the fund actively contributes to patients' well-being. For uninsured or underinsured individuals, the HTHF provides financial assistance to access essential healthcare services, thereby thwarting hospitalizations and promoting healthier lives.

Sustainability and Scalability: Holton Community Hospital's Hometown Heart Fund exhibits the potential for long-term sustainability and scalability. By mobilizing community members, resources, and partnerships, the fund taps into existing networks and expertise. Generous private donations and external grant awards bolster its sustainability, allowing it to continue its vital mission. Moreover, the fund's collaborative approach makes it replicable in different settings and communities, demonstrating feasibility, cost-effectiveness, and the potential for a lasting impact on healthcare accessibility and equity.

For more information about Holton Community Hospital, please visit their website at holtonhospital.com or contact them at **785-364-2116**.



Labette Health Diabetes and Endocrinology Clinic: Steering Health Equity in Parsons, Kansas

Labette Health is the answer to compassionate and high-quality care for the communities it serves. In alignment with its mission to provide exceptional healthcare, Labette Health conducted a thorough Community Health Needs Assessment (CHNA) to pinpoint areas where enhancements were needed. This comprehensive evaluation revealed a concerning prevalence of diabetes diagnoses within the tri-county region comprising Labette, Montgomery, and Neosho.

Impact on Health Disparities: In response to this critical finding, Labette Health took proactive steps by establishing the Diabetes and Endocrinology Clinic (DEC), addressing the healthcare needs of residents in these rural communities who lacked access to specialized care.

The DEC has been instrumental in dismantling barriers to diabetes care, increasing the availability of endocrinology appointments, and ensuring patient convenience. Strategically situated within the Rural Health Clinic, it is easily accessible to patients already acquainted with the facility. Moreover, the DEC collaborates with a registered dietitian nutritionist/diabetes educator who conducts monthly diabetes education and medical nutrition therapy sessions in Montgomery County, eliminating geographic barriers. For those facing transportation challenges, a telehealth option has been thoughtfully implemented.

Collaboration and Partnerships: Collaboration forms the foundation of the DEC's success in delivering comprehensive care. Collaborative relationships with pharmacy representatives have facilitated the availability of essential tools, including glucagon emergency kits, continuous glucose monitors, and medications, enabling prompt initiation of treatments. A well-structured model of care, developed in tandem with Internal Medicine providers, ensures seamless coordination of diabetes care by working closely with patients' primary care providers. The DEC also employs a holistic approach, directing patients to various specialists, such as podiatry, cardiology, registered dietitians, nephrology, ophthalmology, and others, as needed.

Cultural Competency: The DEC's dedicated team delivers empathetic care without discrimination based on cultural, financial, or social status. They invest significant time with each patient, assessing health literacy, collaboratively devising healthcare plans, and furnishing information and resources to empower patients in managing the complexities of diabetes self-care. This patient-centric approach extends to tailoring routines based on food preferences and cultural practices, accommodating individual lifestyles and capabilities. Information is disseminated in a variety of reading levels and languages, with a focus on ensuring comprehension through active engagement and the "teach-back" approach.

For more information on Labette Health's Diabetes and Endocrinology Clinic, visit labettehealth.com or call **620-820-5557**.



Phillips County Health Systems: Tackling Health Inequities in Phillipsburg, Kansas

Phillips County Health System (PCHS) is tackling health inequities in remote, rural areas of Kansas, effectively addressing and reducing health disparities among these marginalized and underserved populations. Their innovative Community Health Worker (CHW) program is a testament to their enthusiasm to health equity. Their mission to bridge disparities and improve healthcare outcomes is not just a goal but a current reality for those they serve.

Reach and Accessibility: PCHS's CHW program has excelled in reaching and helping its targeted population. Their strategy lies in the deployment of highly trained and culturally sensitive community health workers who understand the unique challenges faced by rural and remote communities. These CHWs work diligently to improve access to healthcare services, health information, and essential resources. Their efforts have broken down significant barriers, including geographic isolation, transportation limitations, language barriers, and financial challenges. PCHS's innovative approach, such as assembling a team of volunteers to provide transportation for medical appointments as far as three or more hours away, showcases their commitment to leaving no one behind.

Sustainability and Scalability: PCHS's strategies have been carefully considered and are designed for long-term impact, feasibility, and cost-effectiveness. By seamlessly integrating community health workers into the existing healthcare system, they harness the strengths of the local workforce and infrastructure. This approach not only ensures sustainability but also adaptability to changing needs, making it a model that can be replicated and scaled to benefit underserved populations in various settings.

Phillips County Health Systems understands that achieving health equity requires a multifaceted approach, which is why they have actively involved healthcare providers, policymakers, community organizations, and impacted individuals from the target communities in the effort. This collaboration allows the CHW program to harness the collective expertise of the collaborative network.

For more information at Phillips County Health Systems, visit phillipshospital.org or contact Kelly Moffatt at kmoffatt@phillipshospital.org.



Stormont Vail Health: Championing Health Equity in Topeka, Kansas

Stormont Vail Health works tenaciously to address and reduce health disparities among different populations, with a particular focus on the alarming disparities in maternal and infant mortality rates within the Black population of Shawnee County. The organization's steadfast commitment to health equity stems from a deep understanding of the pressing issues at hand.

Impact on Health Disparities: Stormont Vail Health's mission to tackle health disparities is driven by distressing statistics. Recent County Health Rankings (CHR) data unveiled disparities in infant health outcomes, particularly among the Black population in Shawnee County. While low birth weight affects some racial groups at rates in line with state and national standards, Black infants face a significantly higher risk. Shockingly, the rate of infant mortality for Black infants in Shawnee County is nearly three times higher than that for their white counterparts.

This stark reality fuels the organization's determination to take comprehensive action. Stormont Vail Health's participation in the March of Dimes Maternal HealthCARE Collaborative, a program designed to reduce disparities in maternal health outcomes, leverages best practices in communication, teamwork, and clinical care. Hospitals participating in this initiative have observed significant reductions in caesarean birth rates, further underscoring the effectiveness of Stormont Vail Health's commitment to health equity.

Cultural Competence: Demonstrating a deep commitment to cultural competence and sensitivity, Stormont Vail Health equips its 6,000 team members with implicit bias training and specialized maternal justice education for the labor and delivery department. The "We Ask Because We Care" campaign expands demographic data collection while fostering culturally competent approaches. Through these efforts, the organization ensures that every interaction considers the unique needs, beliefs, and values of the target population, promoting inclusivity and understanding.

Sustainability and Scalability: Stormont Vail Health's commitment to creating sustainable change at a systemic level is evident. Their dedication extends beyond birthing units, with plans to expand initiatives to other departments after concluding the March of Dimes collaborative in 2025. This approach ensures long-term impact, feasibility, cost-effectiveness, and scalability, ultimately contributing to the betterment of the community.

To learn more about Stormont-Vail Health's mission to improve health outcomes, visit stormontvail.org.



Sunset Home: Bridging Generations in Concordia, Kansas

Sunset Home Senior Living Community, nestled in the heart of Concordia, Kansas, is committed to reducing health disparities among older adults in their care and have engineered an innovative strategy that not only enhances the well-being of their residents, but also cultivates intergenerational connections.

Impact on Health Disparities: Sunset Home is not merely a senior living community; it is a lively center for intergenerational engagement. Older adults within the Sunset Home community find abundant opportunities to socialize, learn, and grow, regardless of their socioeconomic status or abilities. A pivotal strategy employed to support social enrichment, learning, and dispelling stereotypes is the integration of activities with the on-site childcare center, Sunrise Childcare.

Sunrise Childcare fills the gap between generations, creating special bonds between the oldest and youngest members of the community. This unique approach has rekindled the culture of family and relationships at the center of their community, effectively reducing loneliness, boredom, and depression among older adults. Furthermore, intergenerational programming promotes community diversity, uniting age groups mitigating the psychological and sociocultural changes that older adults often experience.

Sustainability and Scalability: Sunset Home's approach to sustainability and scalability is built on a foundation of shared resources and strategic partnerships. By extending services such as dining, housekeeping, maintenance, and utilities to Sunrise Childcare, they have optimized operations, making it both cost-effective and efficient. Grants, donors, and childcare tuition contribute to the financial sustainability of the program, ensuring its continued success.

Collaboration and Partnerships: Sunset Home understands that true impact requires collaboration and partnerships with various stakeholders. They actively engage with organizations such as CloudCorp, Child Care Aware of Kansas, North Central Kansas Medical Center, USD 333, Cloud County Community Foundation, and Leading Age Kansas. Through these collaborations, they create a network of support and resources to strengthen their mission of health equity.

For more information about Sunset Home Senior Living Community and their intergenerational programming work, please visit their website at sunsethomeinc.com, or at **785-243-2720**.



1.



Mallory Jacobs

Lead Elementary School Counselor, USD 501- Whitson Elementary-Topeka Public Schools

Counseling Consultant, Kansas Department of Education School

Bylaws and Ethics Co-Chair, Kansas School Counselor Association

Mallory has 12 years' experience as a school counselor, beginning her career in Centre USD 397 in Lost Springs, Kansas before joining USD 501, Topeka Public Schools. She is currently one of the counselors at Whitson Elementary, and serves as the

Lead Elementary School Counselor for Topeka Public Schools. In 2023, Mallory was named the Kansas School counselor of the year. In addition to her work at Whitson Elementary, Mallory serves as a Kansas Department of Education School Counseling Consultant and is the Bylaws and Ethics co-chair for the Kansas School Counselor Association. She has a master's degree in counseling from Kansas State University in Manhattan. Mallory is invested in the health of her hometown community through her role as a Patient and Family Advisor for Holton Community Hospital. Mallory is often "spotted" in leopard and cheetah print. She has this message for all the nominees: "Congratulations on all of your hard work. We appreciate all of your hours and passion for the healthcare field. As our world is changing, I am confident that we will create our path and encourage, shape, and empower others. Thank you for your dedication. Don't forget to be awesome!"



Waldo Mikels-Carrasco

Director of the Center for Health Information Sharing & Innovation and Co-Director of Data Across Sectors for Health (DASH), Illinois Public Health Institute

Waldo Mikels-Carrasco is the Director of the Center for Health Information Sharing & Innovation at the Illinois Public Health Institute, where he serves as the Co-Director of Data Across Sectors for Health (DASH), an initiative supported by the Robert Wood Johnson Foundation. He is the former Director of Community & Governmental Solutions at the Indiana Health Information Exchange (IHIE)

where he was responsible for collaborative organizational development focusing on multi-sector data-sharing efforts to address social determinants of health (SDoH). His work at IHIE included developing partnerships to improve Transitions-in-Care for populations experiencing prison and jail reentry, homelessness/housing insecurity, HIV/AIDS, substance use disorder, and the need for Long-Term Social Services. Prior to joining the health information sector, he spent several years at the University of Notre Dame, where he served as the Community Health Research Program Manager at the Interdisciplinary Center for Network Science & Applications (iCeNSA), and as the regional liaison for the Indiana Clinical and Translational Sciences Institute's (ICTSI) Community Health Engagement Program (CHEP).

Outside of the academy, Waldo was an inaugural member of U.S. Department of Health and Human Services Office of Minority Health's Regional Health Equity Council for Region V, as part of National Partnership for Action to End Health Disparities. As an applied researcher, he has served as Principal Investigator on multiple projects addressing health disparities, infant mortality, mental health, and childhood obesity. He holds a MA in applied medical anthropology from the University of North Texas and BA in philosophy from Indiana University.

3.



Denise Zwahlen, MD

Associate Professor, Family Medicine and Community Health, The University of Kansas School of Medicine
Assistant Dean, Office of Student Affairs, The University of Kansas School of Medicine

Dr. Zwahlen began her academic career at the University of New Mexico where she developed, implemented and maintained the geriatric curriculum in the School of Medicine. She also honed her skills in Problem-Based Learning (PBL) facilitation, case development and tutor training. At the University of Kansas, Dr. Zwahlen serves an integral role in

the development and delivery of geriatric content for medical students, family medicine residents and geriatric fellows. She serves as PBL coordinator for the School of Medicine with the responsibility of reviewing PBL content as well as training of new PBL facilitators. Dr. Zwahlen served as an Assistant Director for the Orr Learning Society prior to being assigned the Director of the Cates Learning Society. In this role, Dr. Zwahlen provides guidance to students and faculty in navigating and succeeding in the curriculum at KUMC.

Dr. Zwahlen focuses her research efforts on educational innovation and quality improvement in geriatrics. She was key faculty in Reynold's Foundation grant projects in geriatric education at both the University of New Mexico and the University of Kansas. She has been funded by the Medical Alumni Innovative Teaching Fund at the University of Kansas for multiple educational projects.