Welcome! We are glad you are here.

All participants are in listen-only mode.

Slides will be shared after the webinar.

We encourage frequent use of the chat box to participate and ask questions.

Say hello now using the chat box to tell us your name and organization.
Agenda

1. Strategic Planning Timeline, Process and Aim

2. What We’ve Learned
   • Listening to Data
   • Listening to People

3. Where We’re Going

4. Discussion
STRATEGIC PLANNING
TIMELINE, PROCESS AND AIM
## 2022 Strategic Planning Timeline

### Q1 – Q2

**Listen to people, Listen to data**
- Analyze top regional health needs and gaps via the county health rankings, CHNA, CHSS, etc.
- Assess regional funding landscape and gaps
- Bring forward lessons learned from current plan
- Research peer health funders to benchmark

**Key Date**
- **April 29:** Update on strategy process and grantee survey results

### Q3

**Prioritize & plan**
- Interview and solicit feedback from internal and external stakeholders. Incorporate findings from Grantee Perception Survey. (SWOT)
- Synthesize findings from analysis of health needs, funding gaps, and benchmarking

**Key Date**
- **July 21:** Webinar update on SWOT, top health needs and gaps, strategies under consideration

### Q4

**Align & activate**
- Refine strategic priorities in response to feedback
- Develop proposed short- and long-term goals in support of strategic priorities
- Clarify theory of philanthropy and Interact for Health’s unique role in advancing regional health

**Key Date**
- **Oct 14:** Webinar update on final strategic priorities and next steps

**Key Date**
- **January/February 2023:** Public launch of Interact for Health 5-year strategy (2023-2027)
INTERACT FOR HEALTH PROMOTES HEALTH EQUITY TO IMPROVE THE HEALTH OF ALL PEOPLE IN OUR REGION.
How do we define health equity?

When every person has the opportunity to attain their **full health potential**, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.
WHAT WE’VE LEARNED
BY LISTENING TO DATA
Overview of regional health data

- **Population demographics**: Who lives in the region?
- **Length of life**: How long do we live?
- **Quality of life**: How well do we live?
2.4M people live in our 20-county region

(Indiana: 5%; Kentucky: 19%; Ohio: 76%)

Over 500,000 children live in the region.
Region is more white, less diverse than nation

- Hispanic population is low overall – yet likely undercounted
Black population is highest in urban and suburban areas

Percentage of residents who are Black in region’s largest cities:
- Cincinnati: 44%
- Middletown: 15%
- Hamilton: 13%
- Covington: 13%
- Newport: 12%
- Florence: 8%
- Lawrenceburg: 4%

Overview of regional health data

• **Population demographics:** Who lives in the region?

• **Length of life:** How long do we live?

• **Quality of life:** How well do we live?
Regional life expectancy has been relatively flat – and below national average by ~2 years

People in our region live shorter lives on average than people in the nation
Region has higher or similar death rates than nation for top causes of mortality

Top Causes of Mortality in 20-County Region (2020)
Per 100,000

- Heart Disease: Region 178, Nation 168
- Cancer: Region 157, Nation 144
- COVID-19: Region 75, Nation 85
- Accidents (overdose): Region 74, Nation 58
- Stroke: Region 49, Nation 39
- Alzheimer's: Region 41, Nation 32
- COPD: Region 37, Nation 36
- Diabetes: Region 22, Nation 25
- Kidney Disease: Region 14, Nation 13
- Influenza/Pneumonia: Region 13, Nation 13

*Region higher than nation*

CDC Wonder, 2020.
*Based on 95% Confidence Interval
Black life expectancy is ~4 years below white life expectancy in region, and gap is widening.

Black residents live about 4 years less on average than white residents.
Black residents have higher death rates than white residents in 5 of top 10 causes of death

**Top Causes of Mortality in 20-County Region (2018-2020)**

<table>
<thead>
<tr>
<th>Cause</th>
<th>White</th>
<th>Black</th>
<th>Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>171</td>
<td>196</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>162</td>
<td>177</td>
<td></td>
</tr>
<tr>
<td>Accidents/overdoses</td>
<td>74</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td>44</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>41</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Alzheimer's</td>
<td>39</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>24</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>21</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>14</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>13</td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

*Based on 95% Confidence Interval


Starred causes indicate higher death rates for the respective race.
Across the region, life expectancy varies by ~7 years between counties.

6.9 year gap between the highest and lowest average life expectancy by county.
Life expectancy can vary by ~26 years between census tracts in the region.

Census tracts with **shortest life expectancy**:
- West Newport (62.4)
- Walnut Hills (63.3)
- Covington (63.8)
- Corryville (63.8)
- West Price Hill (64.9)

Census tracts with **longest life expectancy**:
- West Chester (85.5)
- St. Leon (85.7)
- Blue Ash (86.5)
- Mt. Adams (86.7)
- Indian Hill (88.2)

Note: For white areas on map, no data available due to changes in census tract areas.
Factors affecting health and well-being

<table>
<thead>
<tr>
<th>Drives 80% of health</th>
<th>Drives 20% of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Stability</td>
<td>Health Care Access &amp; Quality</td>
</tr>
<tr>
<td>Education Access &amp; Quality</td>
<td>Neighborhood &amp; Built Environment</td>
</tr>
<tr>
<td>Social &amp; Community Context</td>
<td></td>
</tr>
</tbody>
</table>

Racism and Discrimination

<table>
<thead>
<tr>
<th>Employment</th>
<th>Income</th>
<th>Expenses/Debt</th>
<th>Medical Bills</th>
<th>Hunger</th>
<th>Access to Healthy Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy</td>
<td>Language</td>
<td>Early Childhood Education</td>
<td>Vocational Training</td>
<td>Higher Education</td>
<td></td>
</tr>
<tr>
<td>Social Integration</td>
<td>Support Systems</td>
<td>Community Engagement</td>
<td>Stress</td>
<td>Exposure to Trauma &amp; Violence</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>Transportation</td>
<td>Safety</td>
<td>Parks &amp; Playgrounds</td>
<td>Walkability</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Health Coverage</td>
<td>Provider Availability</td>
<td>Quality of Care</td>
<td>Provider Linguistic &amp; Cultural Competency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disparities in Health Outcomes

- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations

Adapted from: Social Determinants Models from Kaiser Family Foundation and Healthy People 2030
Characteristics of census tracts with lowest and highest life expectancies in the region

Residents in census tracts with the lowest life expectancy are more likely to ...

- Be younger
- Be Black or Hispanic
- Have less income
- Rent their home
- Not have a vehicle

... than those with the highest life expectancy

<table>
<thead>
<tr>
<th>Census tracts and life expectancy</th>
<th>Total population</th>
<th>Median age</th>
<th>Black</th>
<th>Hispanic or Latino</th>
<th>Median Household Income</th>
<th>Renter Occupied Units</th>
<th>No Vehicle Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest life expectancy census tracts (79.3-88.2 years)</td>
<td>554,267 people</td>
<td>40.6 years old</td>
<td>7%</td>
<td>3%</td>
<td>$93,735</td>
<td>22%</td>
<td>4%</td>
</tr>
<tr>
<td>Lowest life expectancy census tracts (62.4-73.3 years)</td>
<td>336,432 people</td>
<td>36.8 years old</td>
<td>32%</td>
<td>5%</td>
<td>$38,724</td>
<td>56%</td>
<td>18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Difference</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>~2 years less</td>
<td>Life expectancy in the <strong>region</strong> compared with the <strong>nation</strong>.</td>
</tr>
<tr>
<td>~4 years less</td>
<td>Life expectancy of <strong>Black residents</strong> compared with <strong>white residents</strong>.</td>
</tr>
<tr>
<td>~7 years less</td>
<td>Life expectancy of residents in the <strong>county</strong> with the lowest life expectancy compared with those who live in the county with the highest life expectancy.</td>
</tr>
<tr>
<td>~26 years less</td>
<td>Life expectancy of residents in the <strong>census tracts</strong> with the lowest life expectancy compared with residents of census tracts with the highest life expectancy.</td>
</tr>
</tbody>
</table>
Overview of regional health data

• **Population demographics**: Who lives in the region?

• **Length of life**: How long do we live?

• **Quality of life**: How well do we live?
People in the region reporting poor or fair health has not improved in past 20 years

CHSS asked: “In general, would you say your health is excellent, very good, good, fair, or poor?”

In 2021, a family of four living in poverty had a household income of $26,500 or less. A family living just above poverty had a household income between $26,501 and $53,000. A family earning more had a household income greater than $53,000.

Some people and places in the region report higher levels of frequent mental distress

Access to mental health services lacking, particularly in rural areas

Frequent mental distress is defined as 14 or more mentally unhealthy days in the past month.

<table>
<thead>
<tr>
<th>Population to Mental Health Ratio</th>
<th>Nation</th>
<th>Region</th>
<th>Lowest Rated County</th>
</tr>
</thead>
<tbody>
<tr>
<td># of individuals served by one mental health provider</td>
<td>355:1</td>
<td>538:1</td>
<td>4,143:1 Bracken</td>
</tr>
</tbody>
</table>

Regionally, students are struggling with mental health

Declaration of National Emergency in Child and Adolescent Mental Health

“We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities…”

American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association (10/2021)
Overdose, suicide and homicide prematurely end many lives in the region – disparities exist

Challenges with mental health and substance use contribute in part to about one-third of premature deaths.

- The regional overdose rate is **2.4x higher** than the nation.
- **1.2x more** Black residents in the region die of suicide than Black residents nationwide.
- In the region, nearly **13x more** Black residents than white residents die by homicide.
Key takeaways from regional health data

• Our region lags the nation in how long we live.

• We have not improved how well people in the region live.

• Some people and places have been left behind, experiencing health disparities.

• Underlying root causes – and inequities – drive these disparities.
WHAT WE LEARNED
BY LISTENING TO PEOPLE
Listen to People

10K+ Community respondents

Community Health Needs Assessment
2021 with Health Collaborative
- 26 counties across Greater Cincinnati
- 36 hospitals, 22 health departments
- 10,000+ survey respondents, focus groups, interviews, data, literature review

44 Grantees

Grantee Perception Survey
May-June 2021 with Center for Effective Philanthropy
- Competitive grants from the 2017-2022 strategic plan
- 57% response rate

258 Key stakeholders

84 people interviewed
March-June 2022
174 people surveyed
April-May 2022
- 19% Black, 75% white
- 70% women, 20% men
- 20 county region plus statewide organizations
- 26% current grantees

1,578 Community members

36 people in focus groups
Oct.-Nov. 2021 with Cohear
- 47% Black, 25% Latino, 25% white, 3% South Asian
- 72% women, 28% men
- 6 counties across 3 states

116 people in community conversations
April 2022-ongoing
- 54% Black, 46% white
- Urban, rural counties

1,426 people surveyed
April-May 2022, Community Health Status Survey with UC IPR
Top health needs: Key stakeholder survey

From your perspective, rate the importance of Interact for Health addressing the following health needs in our community. (n = 174)

- Mental health for youth
- Mental health for adults
- Prevention
- Primary care access for children
- Substance misuse
- Adverse childhood experiences, trauma
- Affordable, healthy food
- Primary care access for adults
- Chronic diseases
- Social services access
- Racism, discrimination
- Dental care access
- Health workforce
- Affordable, quality housing
- Transportation
- Physical activity
- Gun violence
- Recreation, green space

Less Important | 0.0 | 0.5 | 1.0 | 1.5 | 2.0 | 2.5 | 3.0 | 3.5 | 4.0 | Most important
Top health needs: Key stakeholder survey subgroup differences

<table>
<thead>
<tr>
<th>Rank</th>
<th>Black Respondents (n=34)</th>
<th>White Respondents (n=137)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mental health for youth</td>
<td>Mental health for youth</td>
</tr>
<tr>
<td>2</td>
<td>Mental health for adults</td>
<td>Mental health adults</td>
</tr>
<tr>
<td>3</td>
<td>Racism, discrimination</td>
<td>Social services access</td>
</tr>
</tbody>
</table>

Black respondents were also more likely than white respondents to:
- Rank chronic diseases higher
- Give more weight to addressing gun violence

Geography

- Rural respondents (n=43) ranked transportation higher than Hamilton County (n=104) and suburban (n=60*) respondents
- Rural and suburban respondents ranked substance misuse and dental care access higher than Hamilton County

*Respondents may be included more than once across geographical groupings based on the scope of the service area in which they work.

Survey question: From your perspective, rate the importance of Interact for Health addressing the following health needs in our community.
Similar top health needs identified across surveys, interviews

• Mental health of youth and adults
• Social determinants of health
  • Affordable housing, racism, transportation, etc.
• Health care: workforce diversity, coverage, cost, etc.
• Substance use
• Prevention
• COVID-19

SOURCES:
– Stakeholder survey
– Community Health Status Survey
– Community conversations/focus groups
– Community Health Needs Assessment
Top health needs: Key stakeholder interviews

“If mental health was the only thing Interact focused on over the next 5 years, it would be time well spent.”

“Until Black and Brown people do well, our city won’t do well. No Band-Aids - we need systemic solutions for root causes.”

“Keep focus on rural counties. They have huge needs and very few (if any) other funding.”

“We should focus on prevention for the youngest children and their families to have the most impact.”

“Workforce pipeline and diversity a major challenge – need providers who look like the patients served.”

“Addiction – not substance specific.”
"Top health needs: Community conversations and focus groups

“My son is struggling with some health issues and because of this, I have started to have issues with anxiety and depression. I have gone several times to the clinic and asked for a psychiatrist but they never have found someone to speak Spanish with and can help me.”

“The first (priority) for me is housing, because once you have a place to lay your head and you are not worried about where you are going to sleep, a lot of things fall into place, ’cause that is what a lot of families worry about.”
STRENGTHS
- Independent regional convener
- Flexible, responsive funding
- Support beyond the check
- Policy, systems work
- Regional focus – includes rural

WEAKNESSES
- Focus areas too narrow
- Short inflexible grants
- Limited engagement in regional health efforts
- Risk averse
- Unclear strategy, goals

S
- Can build on COVID-19 and CHNA collaboration
- Momentum for affordable housing
- Increase in public health funding
- Opioid settlement money

O
- COVID-19 worsened health inequities
- Workforce shortages in health, nonprofits
- Lack of diversity among health providers
- Eroding trust of public health

T
- OPPORTUNITIES
- THREATS
WHERE WE’RE GOING
Interact for Health’s role

• **Neutral regional convener on health and health equity** to align partners and to facilitate collective problem solving – particularly for upstream prevention efforts that are bigger than any one organization can address.

• **Trusted, proactive, non-partisan policy voice** for health in the region and at the state level.

• **Go-to resource for data on health and health equity** – tracking regional progress consistently over time

• **Flexible, catalytic funder** that addresses priority regional health issues at scale, fills critical gaps and takes risks to advance evidence.
Priority Populations

• Communities of color, particularly Black and Hispanic residents
• Rural communities
• Children/youth in families with low incomes
Emerging Strategic Themes

**Advancing Health Equity Leadership**
- Leadership and Engagement
- Data
- Policy and Communications

**Improving Mental Health and Well-Being**
- Resilient and thriving children and youth
- Recovering and flourishing adults

**Approach:** Community-led efforts to reduce disparities and address underlying inequities
DISCUSSION
Next Steps

- Please complete the webinar evaluation.
- Save the date for our next update: Friday, Oct. 14, at 10:30 a.m.

**January to June**

**Listen to people, listen to data**
- Analyze top regional health needs and gaps.
- Look at how others fund health in region and identify gaps.
- Interview and survey stakeholders.

**July to September**

**Prioritize and plan**
- Use provided feedback to refine priorities.
- Engage partners and community to prioritize, plan and define success.
- Determine our role and best use of resources.

**October to December**

**Align and activate**
- Reorganize our operations to deliver on new strategic plan.
- Begin communicating about plan.
- Provide updates and continue to get feedback.
# Data Definitions

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Year(s)</th>
<th>Source</th>
<th>Slide(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Number of people living in the Interact for Health 20-county service region.</td>
<td>2020</td>
<td>American Community Survey, ACS Demographic and Housing Estimates: <a href="https://tinyurl.com/jfk8x6eb">https://tinyurl.com/jfk8x6eb</a></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>Number of people living in the Interact for Health 20-county service region reporting their race alone or in combination with other races.</td>
<td>2020</td>
<td>American Community Survey, ACS Demographic and Housing Estimates: <a href="https://tinyurl.com/jfk8x6eb">https://tinyurl.com/jfk8x6eb</a></td>
<td>11,12</td>
<td></td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>The average number of years of life a person can expect to live from birth.</td>
<td>2015-2020, Census Tract: 2010-2015</td>
<td>County: County Health Rankings: <a href="https://tinyurl.com/dtunhp0">https://tinyurl.com/dtunhp0</a> Census Tract: USALEEP: <a href="https://tinyurl.com/5av89cf6">https://tinyurl.com/5av89cf6</a></td>
<td>14, 16, 18-19, 21, 24</td>
<td>Regional estimates are the weighted average of each county for which data is available.</td>
</tr>
<tr>
<td>Cause of Death</td>
<td>The underlying cause of death based on death certificates for all residents of the Interact for Health 20-county service region.</td>
<td>2020</td>
<td>CDC Wonder: <a href="https://tinyurl.com/2p9tsa2">https://tinyurl.com/2p9tsa2</a></td>
<td>15, 17</td>
<td>Regional estimates are the weighted average of age-adjusted death rate per 100,000 in each county for which data is available.</td>
</tr>
<tr>
<td>Poor/Fair Health</td>
<td>Percentage of adults in the Interact for Health 22-county survey region who report their own health is fair or poor.</td>
<td>2002-2022</td>
<td>Interact for Health, Community Health Status Survey: <a href="https://tinyurl.com/2d7vsamz">https://tinyurl.com/2d7vsamz</a></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Frequent Mental Distress</td>
<td>Percentage of adults in the Interact for Health 22-county survey region who report their mental health was not good on at least 14 of the last 30 days.</td>
<td>2022</td>
<td>Interact for Health, Community Health Status Survey: <a href="https://tinyurl.com/2d7vsamz">https://tinyurl.com/2d7vsamz</a></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Student Mental Health</td>
<td>The combined percentage of regional students who report they experience stress or suicidal ideation often or a lot, are nervous or anxious, have a desire to be alone all the time, or are depressed, sad, and hopeless all the time or most of the time; and report they have experienced emotions causing problems at home or at school.</td>
<td>2020, 2022</td>
<td>PreventionFirst! Student Survey: <a href="https://tinyurl.com/y36ne8f">https://tinyurl.com/y36ne8f</a></td>
<td>28</td>
<td>Regional estimates are the weighted average of age-adjusted death rate per 100,000 in each county for which data is available.</td>
</tr>
<tr>
<td>Premature Death</td>
<td>The underlying cause of death based on death certificates for all residents under the age of 75 in the Interact for Health 20-county service region.</td>
<td>2015-2020</td>
<td>CDC Wonder: <a href="https://tinyurl.com/2p9tsa2">https://tinyurl.com/2p9tsa2</a></td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>