

Identifying Community Partners and Building the Team for Health Equity

Theresa Green, PhD, MBA

Director, Community Health Education and Policy, URMC
Center for Community Health

Building Bridges and Establishing Community Coalitions is a component of HANYS' *Advancing Healthcare Excellence and Inclusion* learning collaborative, launched with generous support from the [Mother Cabrini Health Foundation](#). This series covers how hospitals can engage local leaders across sectors to build and strengthen community-based coalitions, identify shared priorities, and address health equity concerns.

Agenda

- Introductions
 - Objectives
 - HANYS AHEI team
 - Our funder and partner
 - Our faculty
- *Session 2: Identifying community partners and building the team for health equity*
- Resources
- Upcoming sessions
- Questions

Objectives

By the end of this session, participants will be able to:

- use resources like the Community Health Needs Assessment (CHNA) to identify existing coalitions and potential partners;
- identify community agencies that are addressing specific social risk factors;
- recall communities' historical context that may contribute to distrust and apprehension of the healthcare system; and
- learn how to craft an appropriate 'ask' to community members that is culturally humble.

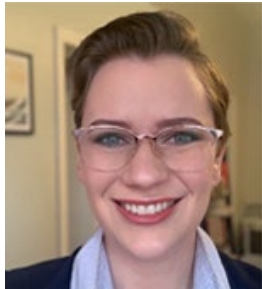
HANYS AHEI team



Kathleen Rauch, RN, MSHQS, BSN, CPHQ
Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care



Christina Miller-Foster, MPA
Senior Director, Quality Advocacy, Research and Innovation



Morgan Black, MPA
Director, Advancing Healthcare Excellence and Inclusion



Maria Baum, MS, RN, CPHQ
Project Manager, Mohawk Valley



Rachael Brust
Project Manager, North Country



Kira Cramer, MBA
Project Manager, Downstate

Our funder and partner



OUR FUNDER

Funding from the [Mother Cabrini Health Foundation](#) allows HANYS to expand its capacity to provide education, direct support, tools and data to our members in a strategic way. With this learning collaborative, we strive to effect lasting change in health equity at the local level by engaging providers and community stakeholders to address health disparities.



OUR PARTNER

Through a partnership with Socially Determined, provider of Social Risk Intelligence™ solutions, [DataGen](#) will develop custom analytics for participants to help them understand how and where communities are affected by social risk so they can develop tailored intervention strategies.

Our faculty



Theresa Green, PhD, MBA

Director of Community Health Policy
and Education

URMC Center for Community Health

[Bio](#)



Julia E. Iyasere, MD, MBA

Executive Director

*Dalio Center for Health Justice
at New York-Presbyterian*

[Bio](#)

Identifying Community Partners and Building the Team for Health Equity

Theresa Green, PhD, MBA

Director, Community Health Education and Policy,
URMC Center for Community Health

Polling Question 1

What is your roll in building health equity at your institution?

- Health system administrator
- Program manager
- Diversity and Inclusion leader
- Community benefits leader
- Clinical Care – Physician, Nurse, etc.
- Community based organization leaders
- other

Building Bridges

1. The “Why” – first session
2. The “How” – today’s session

Theresa_Green@URMC.Rochester.edu

Associate Professor in Public Health
Sciences, URM, SON

Director of Community Health
Education and Policy

Director of Health Equity Education



Education

- Teach medical, nursing and graduate students about population health, health systems and community health
- Partner with 20+ community agencies and community driven initiatives for student active learning experiences
- Director for the URM Public Health Grand Rounds that engage speakers locally and nationally for continuous medical education
- Lead the Health Equity Education task force to support resident education in health equity

Policy

- Lead the Monroe County Community Health Improvement Planning for 4 hospitals/health department (CHNA/CHIP)
- President of the Monroe County Board of Health
- Co-Director for the Carnegie Community Engagement Designation for University of Rochester

Opportunities for Community Engagement

1
Shared
Leadership

2
Intentional
Initiatives

3
Connected
Patients



- Healthy patients
- Healthy communities
- Improved trust of the institution
- Decrease in health disparities
- Improved patient care
- More effective initiatives
- Better quality metrics
- Increased value reimbursement
- Etc., etc., etc.

Polling Question 2

In which area are you most interested in increasing your community engagement efforts?

- Shared leadership
- Intentional interventions and programs
- Connected patients
- other

Building the Team for Health Equity

What problem do you want to address?

- Review the data

- Identify root causes including drivers of disparity

Who are the stakeholders?

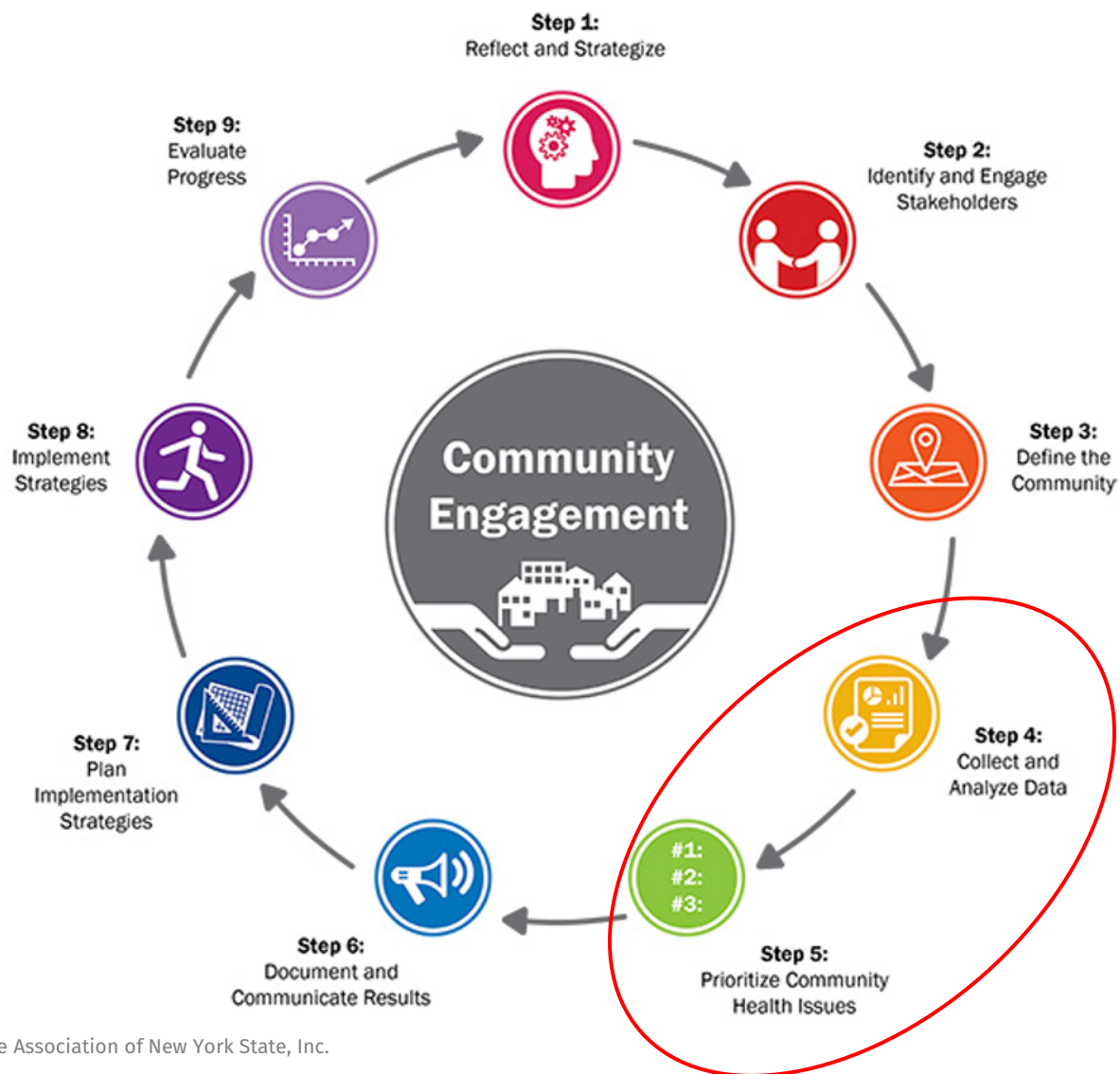
- Identify the ‘internal’ team

- Identify existing resources and relationships

- List new and necessary partners

Engage and together develop a plan forward

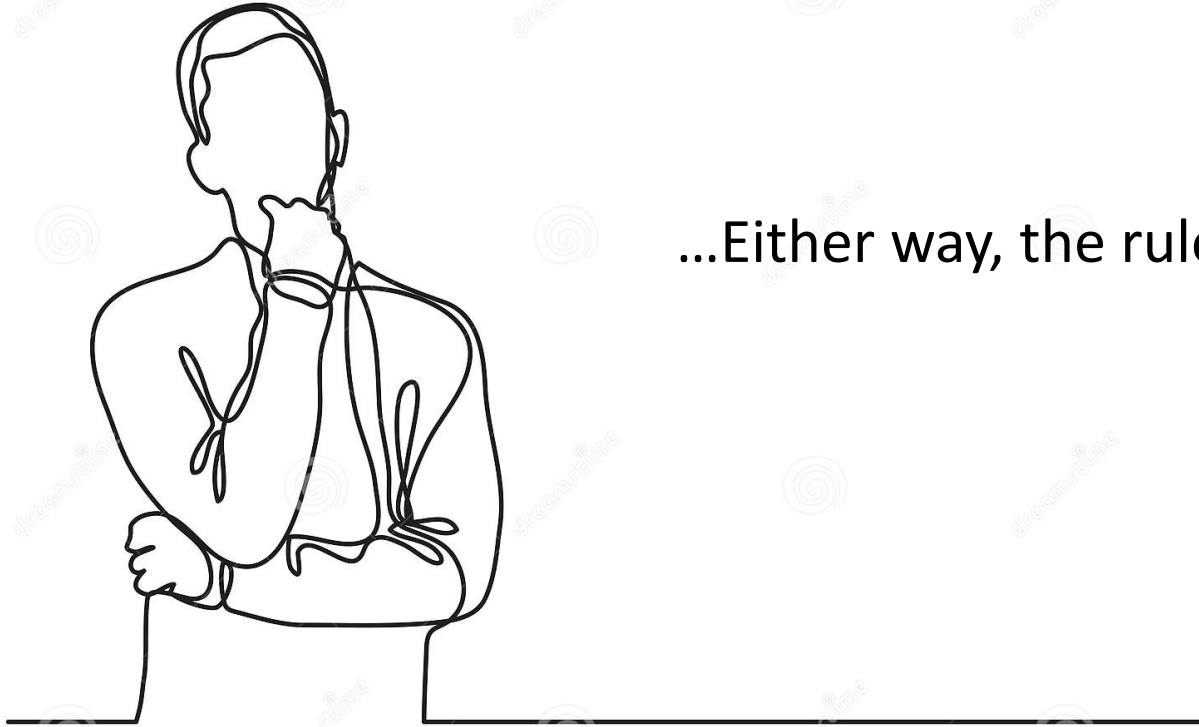
Have a process



STEP	Activities
1	Reflect and strategize
2	Identify & Engage Stakeholders
3	Define the community
4	Collect and Analyze Data
5	Prioritize Community Health Issues
6	Document & Communicate Results
7	Plan Implementation Strategies
8	Implement Strategies
9	Evaluate Progress

Identify the Problem

You might have a **specific area of concern** that is driving your community outreach, or you might be trying to decide what **the priority problem is...**



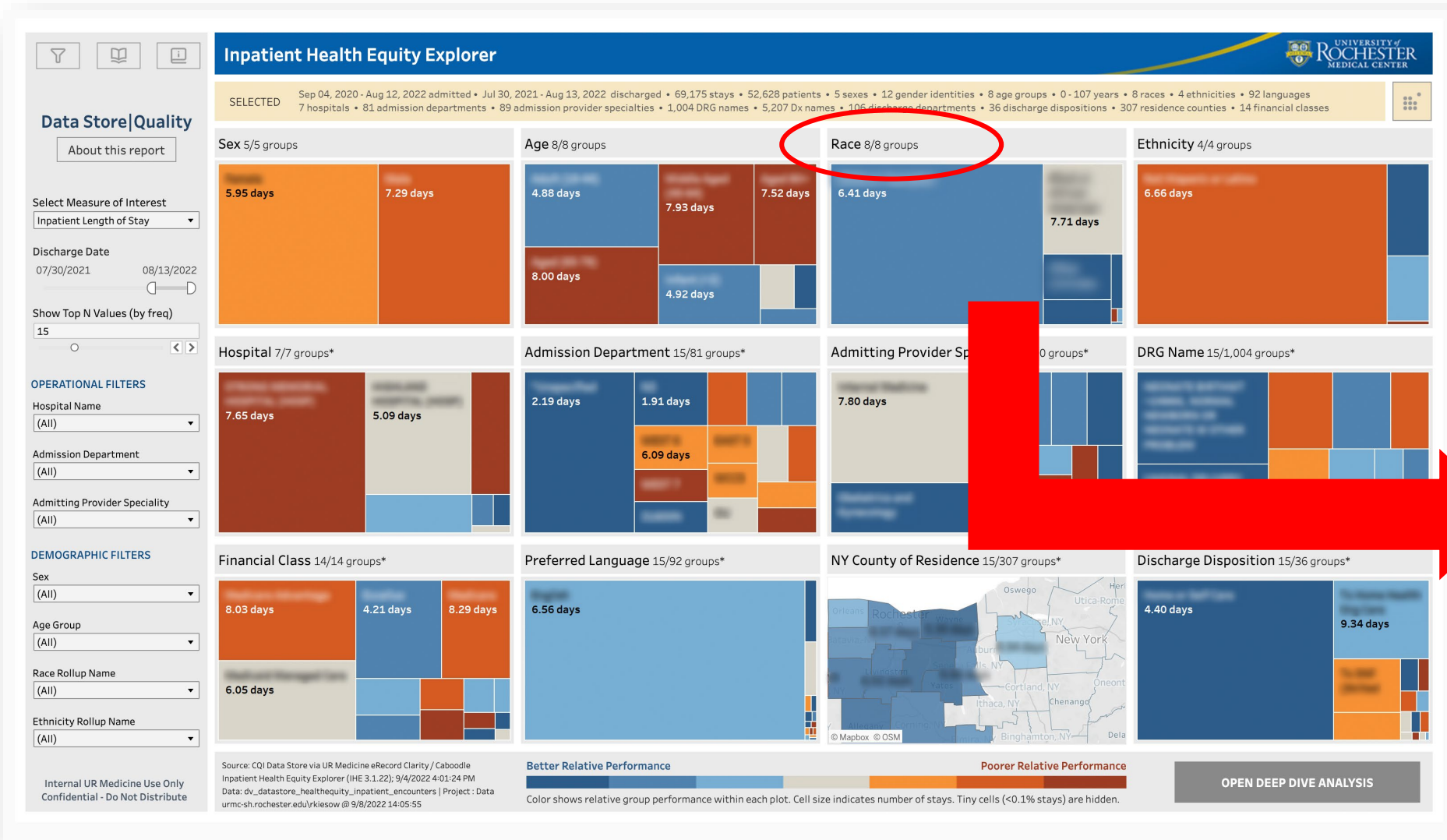
...Either way, the rules and processes are the same.

Polling Question 3

At what level does the health system or hospital collect information important to determining the root causes of disparities? (you can choose more than one answer)

- We are only beginning to think about collecting this data
- We collect demographic data including race, ethnicity and sex that is patient-reported and accurate
- We have processes for providers/clinicians/administrators to view health outcomes based on accurate demographics
- We are familiar with population health data for our community and often refer to this data and our Community Health Needs Assessment

Use data to define your problem – Clinical Data



Using EMR data, length of stay for the patients who are in the tan group is 7.7 where the length of stay for patients who are in the blue group is 6.4. This is a PROBLEM!

Use data to define your problem – Population Health Data

2022-2024 Monroe County Joint Community Health Needs Assessment

A collaborative report from the Community Health Improvement Workgroup which is managed by the Center for Community Health & Prevention and includes several community partners. This report serves the following hospitals and health department:



Monroe County Department of Public Health

Prepared for: Monroe County
Prepared Jointly with: Common Ground Health



Community

Efforts to improve the health of the Rochester community are deeply rooted in the history of the University of Rochester, and can be traced back to the Medical Center's original benefactor, George Eastman, founder of the Eastman Kodak Company. In the 1920s, Eastman agreed to fund a medical school with the caveat that the school use its skills and talents "to make Rochester one of the healthiest communities in the world." His vision has shaped an enduring legacy of commitment to improve the health of the Rochester community.

We have embraced a comprehensive approach to community health, which employs the multidisciplinary skills found in an academic medical center to both provide important community services and conduct community-based research. These activities help inform policymakers and the community about local health challenges, evaluate the effectiveness of interventions, and serve as a foundation for evidence-based practices to improve health and overall quality of life.

UR Community site

The University of Rochester's In the Community website provides a summary of how they are serving our community.

[Visit UR's In the Community site](#)

Community Engagement



Center for Community Health & Prevention

The Center for Community Health & Prevention encompasses a wide variety of programs and initiatives aimed at preventing disease to create a healthier community.

[Visit the Center's site](#)



Government & Community Relations

The Office of Government and Community Relations is focused on linking decision-makers with the assets and priorities of our institution and its affiliates.

[Visit Government & Community Relations](#)



Monroe County Community Health Improvement Plan

The Community Health Improvement Plan is a comprehensive assessment of community health needs and priority areas, as collaboratively determined by Monroe County health systems.

[View the Improvement Plans](#)

2022-2024 Monroe County Joint Community Health Improvement Plan

A collaborative report from the Community Health Improvement Workgroup which is managed by the Center for Community Health & Prevention and includes several community partners. This report serves the following hospitals and health department:



Monroe County Department of Public Health

Prepared Jointly with: Common Ground Health

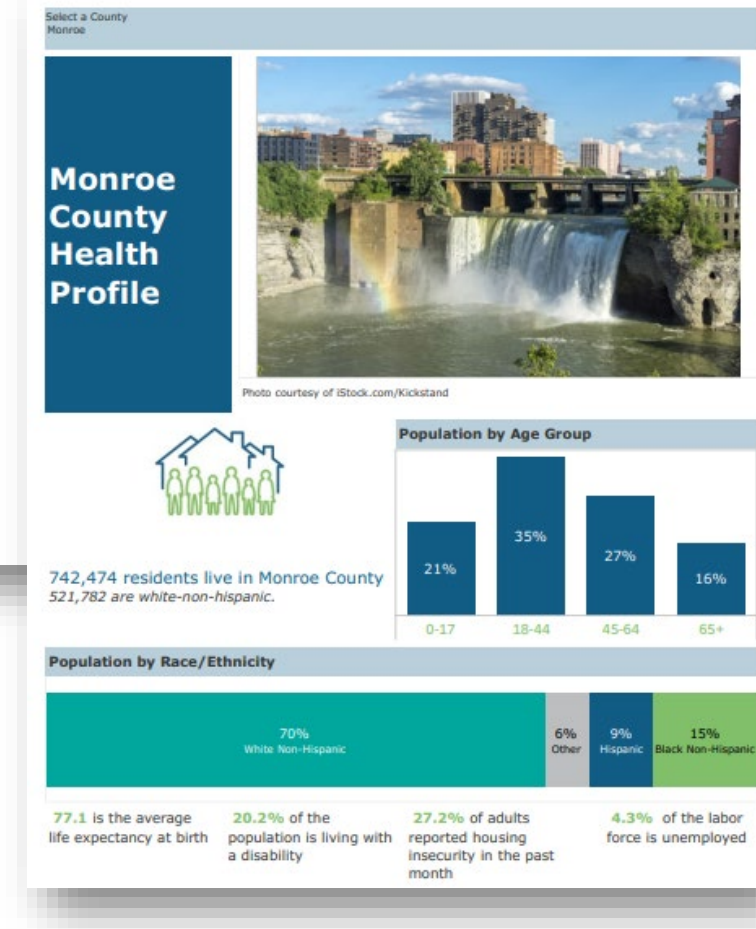
Review of Data

- US Census Bureau
- American Community Survey
- CDC Places
- 211 Life Line
- My Health Story
- County Health Rankings
- New York State Prevention Agenda Dashboards
- RocHealthData
- New York State Expanded Behavioral Risk Factor Surveillance System

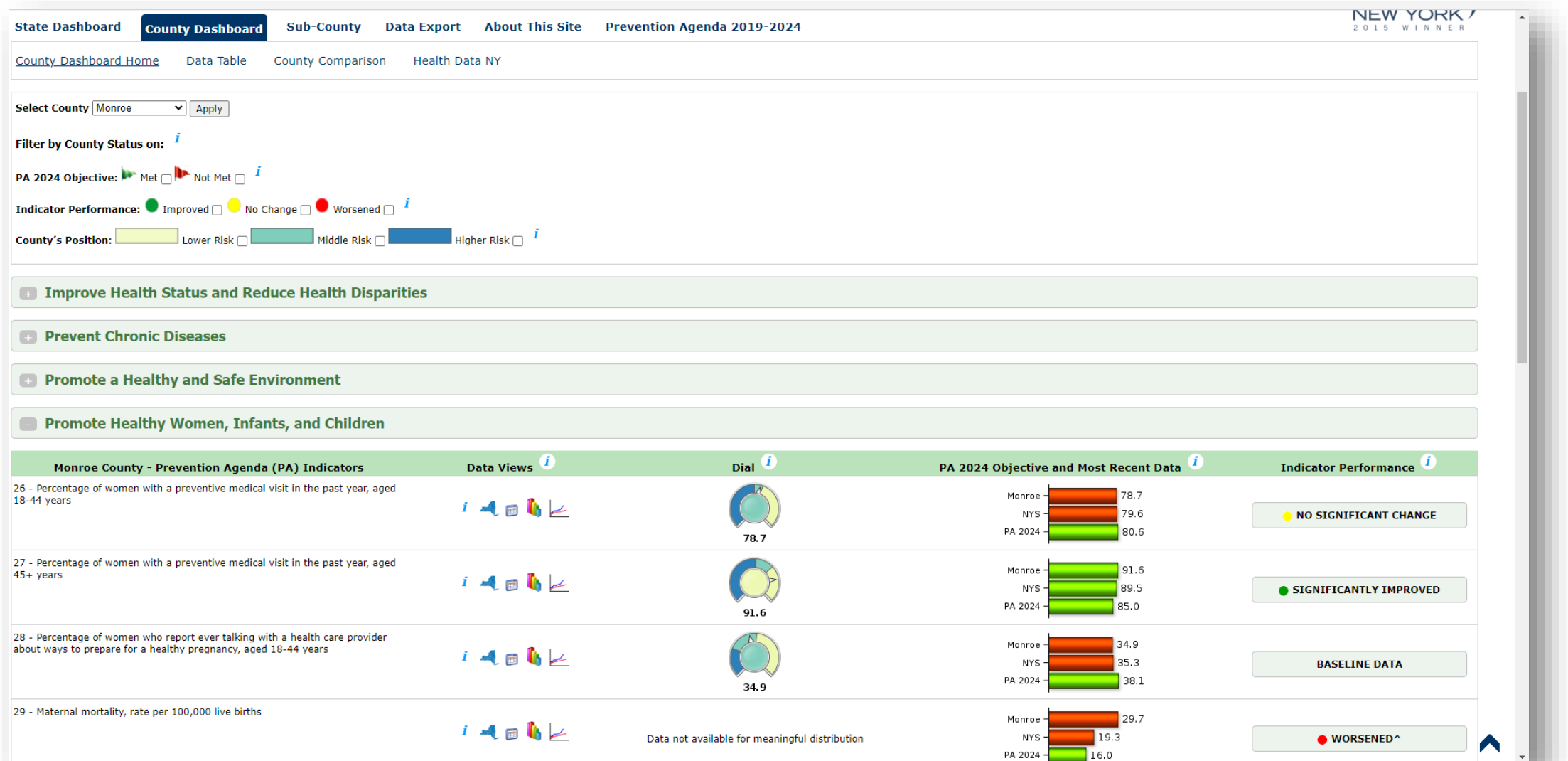
Finger Lakes Regional Community Health Assessment

Prepared for: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates Counties.

Prepared by: Common Ground Health



New York State Prevention Agenda Dashboards



Use data to define your problem – Community input

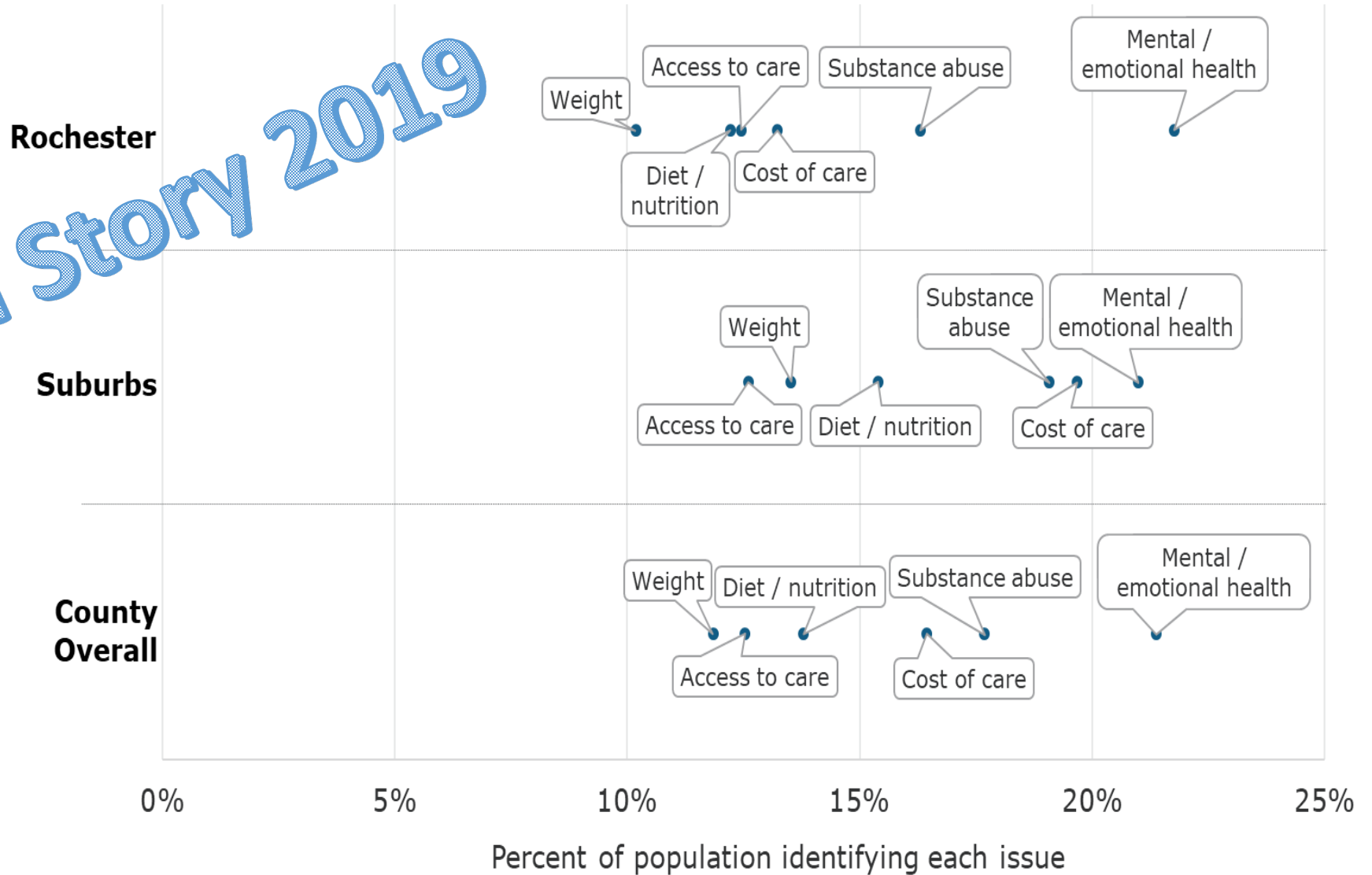
Group	Date
Community Advisory Council	September 21, 2021
Monroe County Board of Health	November 10, 2021
Maternal Child Health Advisory Group	November 17, 2021
African American and Latino Health Coalitions	December 16, 2021
Maternal Child Health Advisory Group	February 17, 2022
Community Advisory Council	March 22, 2022

The CHNA and CHIP were reviewed and adapted based on group feedback at each meeting, and discussed at the monthly CHIW meetings, until consensus was reached on the identified focus areas and types of intervention



Most important health concern that county should focus on for adults (Monroe County)

MY Health Story 2019



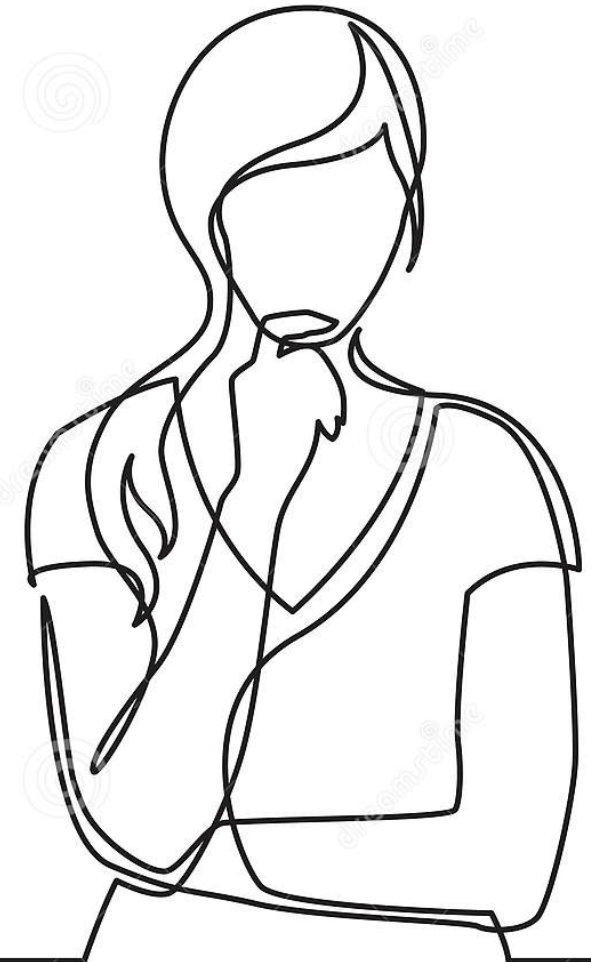
Source: My Health Story survey 2018; Analysis by Common Ground Health incorporates weighting to reflect demographic of Finger Lakes region

Consider Root Causes

Ask yourself WHY this is the way it is! Keep digging!
Engage all levels of stakeholders in this conversation.

Use tools from quality improvement

- The Ishikawa Fishbone Diagram (IFD)
- Pareto Chart.
- 5 Whys.
- Failure Mode and Effects Analysis (FMEA)
- Scatter Diagram.
- Affinity Diagram.
- Fault Tree Analysis (FTA)



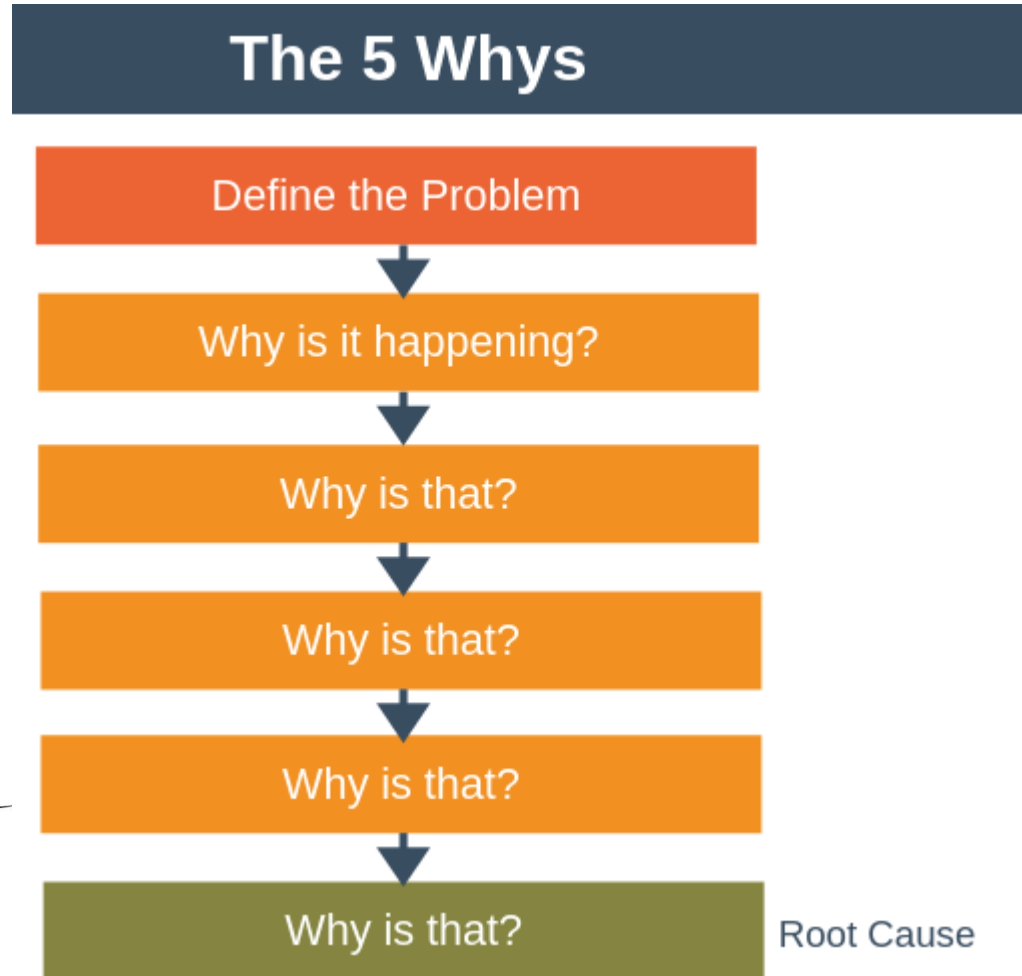
Consider the ROOTS...

- **Root Cause Analysis**

- 5 Whys? Root Cause Analysis
- Data regarding the underlying causes
- All to fine-tune the interventions and understand how the intervention is tied to the health outcome



5 Why's Root Cause Analysis



The Problem...

Monroe County 2022 CHNA

Metric	2022 Baseline	Goal by July 2025
Frequent mental distress during the past month among adults	Monroe County rate = 11%	NYS Goal = 10.7% Move from “No significant change” to “Improving”
Emergency department visits involving opioid overdose	Monroe County = 126.9/100,000	NYS Goal = 53.3/100,000 Move from “No significant change” to “Improving”
Suicide mortality, age-adjusted	Monroe County = 10.5/100,000	NYS Goal = 7.0/100,000 Move from “Worsening” to “Improving”
Residents of the Finger Lakes Region reporting that they have personally dealt with mental or emotional health issues	55% (My Health Story, 2019)	Improvement, although difficult to anticipate impact of the pandemic

Goal: Promote Well-Being to Prevent Mental and Substance Use Disorders

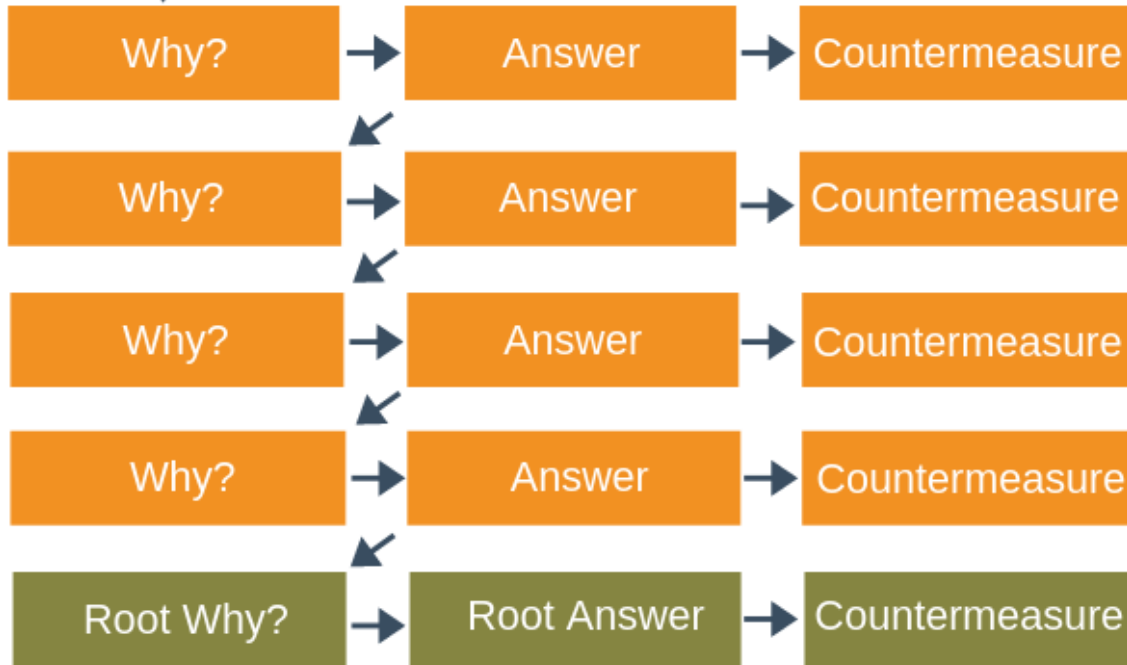
Interventions

The 5 Whys Technique

Define the Problem

Suicide mortality, age-adjusted

Monroe County = 10.5/100,000
NYS PA GOAL = 7.0/100,000



WHY? People are desperate and hopeless

WHY? People cannot cope with trauma from growing up poor or with ACES

WHY? People don't have resources or coping skills

Objective 2.1

WHY? People are retraumatized and stigmatized

Objective 2.2

Objective 2.1: Strengthen opportunities to build well-being and resilience across the lifespan

Objective 2.2: Facilitate Supportive Environments to promote respect/dignity for all ages

Stakeholders - Internal

Consider representation from diverse areas:

- C-suite leadership
- Data analysts and builders
- Clinical staff – physicians, nurses, case managers, social workers, etc.
- Quality/performance improvement
- Researchers
- Population health and health equity
- Advancement
- Community benefits
- Public relations/marketing
- Government relations

Who will have an impact and be impacted?
This is flexible and fluid

URMC 2020-25 Equity and Anti-Racism Action Plan

- <https://www.urmc.rochester.edu/equity-antiracism-action-plan.aspx>

The screenshot shows the top navigation bar of the URMC website with the logo and a search bar. Below the navigation bar is a menu with links for Patients & Families, Education, Research, Community, About URMC, Referring Physicians, and MyChart. The main heading is "Equity & Anti-Racism Action Plan". The main content area features the text "Ever more equitable. Ever more inclusive. Ever better." followed by a paragraph about the center's mission. A blue button labeled "Download the Executive Summary" is positioned below the text. To the right, there is a blue graphic with the text "ENGAGE in equitable health care".

5 GOALS

1. Build
2. Recruit
3. Nurture
4. Exemplify
5. Engage

Engage in equity as a health system by making care more accessible and reducing disparities through research, active listening, and collaboration with community partners.

[Learn More About Engaging in Equitable Health Care](#)



ENGAGE in equitable
health care

EDUCATION: Establish URM as a national leader in health equity research and education, specifically focusing on the impact of racism on health and development, and ensure the transition of knowledge into policy and action by July 2025

- **Provide support to schools and clinical departments to implement health equity education**
 - Strategy: With centralized support, ensure that each clinical department implements health equity education for all trainees
- **Ensure that health equity research informs URM senior leadership and clinical quality improvement**
 - Strategy: Ensure that each clinical department identifies areas for equity research in quality improvement and/or community focused health improvement in their field
- **Enhance equity research and education that includes local and national/international investigators.**
 - Strategy: Provide health equity continuing medical education (CME) and other learning opportunities for all staff and faculty

Health Equity Education Taskforce

Name	Position	Role
Theresa Green	Task Force Director	Population Health, community benefits
M. Rotondo	Lead Health Equity Steering Committee	C-Suite
D. Hartman	Senior Associate Dean Graduate Medical Education	Education (content expert), C-Suite
A. Morgan	Senior Associate Dean for Equity and Inclusion	DEI, C-Suite
E. Abell	Chief of Staff, Senior Admin Director	C-Suite
B. Robbins	Vice Chair for Education, Department of Medicine	Education (content expert)
N. Holland	OEI Director of Public Relations	DEI, public relations
K. Greenburg	OEI Director of Education	DEI
G. Nicandri	Chief Medical Information Officer	Informatics
B. Panzer	Chief Quality Officer	Quality
M. Sainville	Med/Peds Resident	Resident
M. Wharton	Clinical nursing and the School of Nursing	Nursing/clinical

Community Partners

This is slide 30... Do your homework BEFORE drawing in partners so that you are CLEAR on what you need and for what reason –
Be a good partner!

BUT... do not decide on the problem and the work without engaging partners in the process –
Shared leadership!

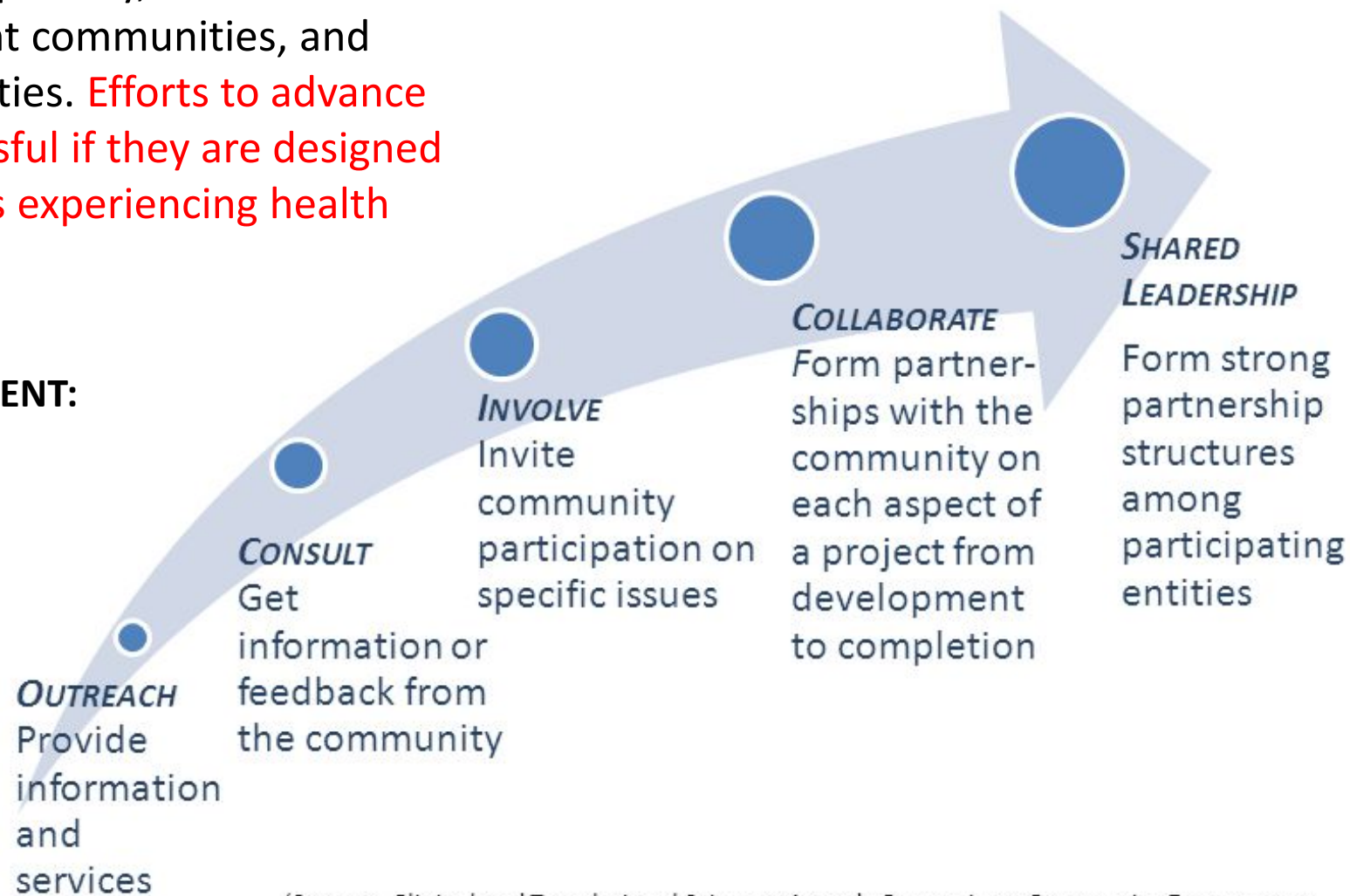


Consider the
Timing

“To advance health equity, health systems must explicitly include and engage with those in poverty, communities of color, American Indians, immigrant communities, and others experiencing health inequities. **Efforts to advance health equity will be more successful if they are designed with (not simply for) communities experiencing health disparities.**”

ADVANCE COMMUNITY ENGAGEMENT:

Engage community partners in leadership and decision making!



(Source: Clinical and Translational Sciences Awards Consortium Community Engagement Key Functions Committee Task Force on the Principles of Community Engagement, 2011.)

Polling Question 4

Which level of engagement describes MOST of the health system or hospitals partnerships with community?

- Outreach – system providing information and services to community
- Consult – system gets opinions and feedback from the community
- Involve – System invites community participation on specific issues
- Collaboration – System partners with community on many aspect of a project from development to completion
- Shared Leadership – System and community create partnership structure where decisions and direction are made together

Partnership options

Add a partner to the internal team

- When you need a specific area of expertise that a singular partner can provide
- When you are piloting an idea or have limited capacity for members

Join an existing coalition

- When there is already a group that can address the issue but you are not at the table – do not create a new coalition!

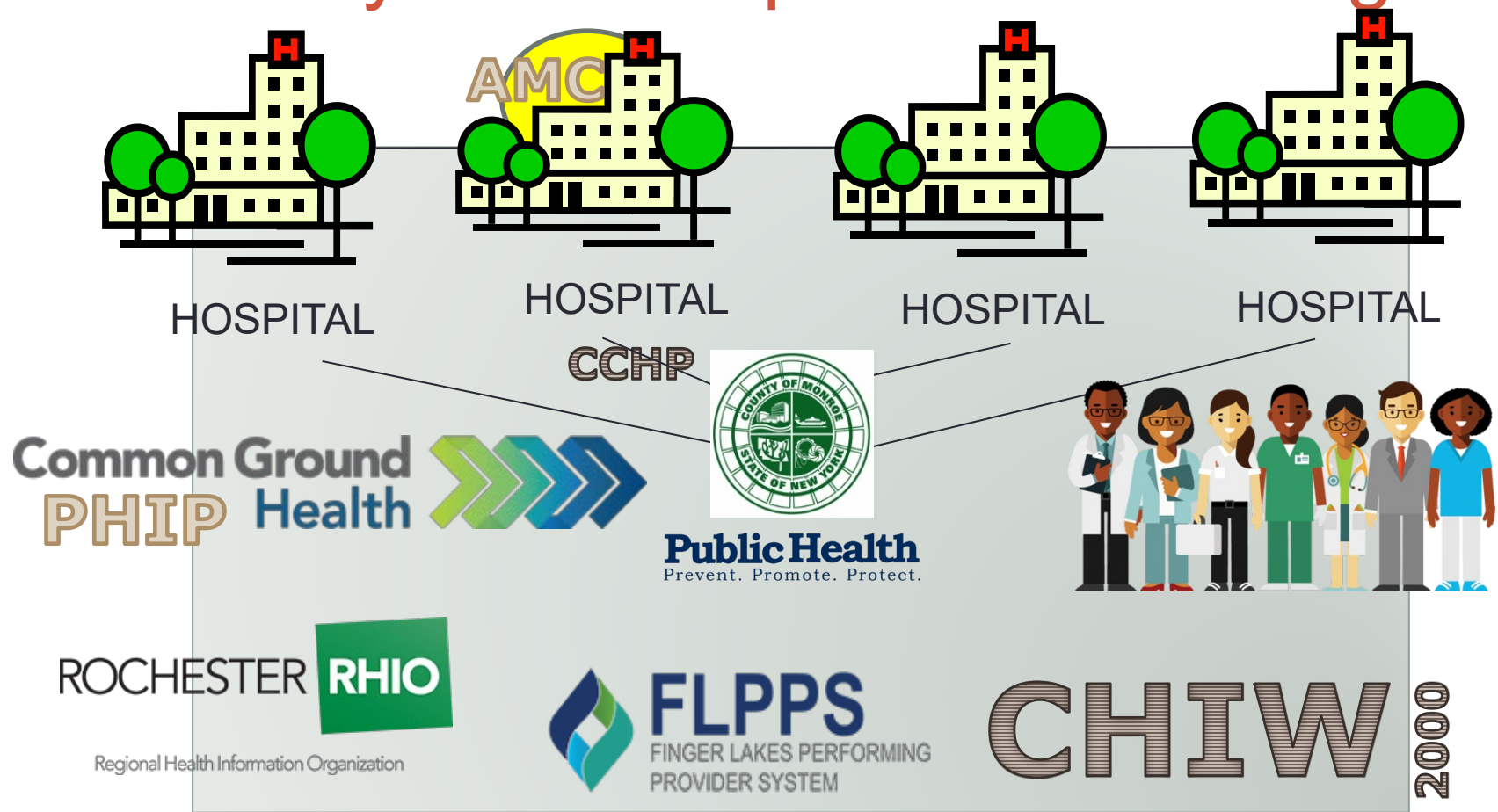
Create a new coalition

- When there is a new or urgent issue that needs attention
- When there is not a group that exists to address the problem

Do your research to find partners

- Explore community coalitions
- Check community resources
- Ask community members – community advisory groups
- Ask local public health department
- Review CHNA/CHIP
- Don't assume there is an existing coalition
- If you find out later that you are duplicating, attempt to collaborate do not compete!

Community Health Improvement Workgroup



20+ Members representing hospitals, public health, community agencies, and content experts.

Meeting monthly since May 2012 to create ONE needs assessment and implement ONE improvement plan.

REPRESENTATION

AGENCY	Representative
Monroe County Department of Public Health	Michael Mendoza Mariélena Velez de Brown, Anne Kern, Kathy Carelock
Rochester Regional Health Rochester General and Unity Hospitals	Bridgette Wiefeling Katie Sienk, Alise Gintner, Natalie Golub
University of Rochester Medical Center Strong Memorial Hospital	Kathy Parrinello Wendy Parisi, Mardy Sandler with Lisa Lagana, Melissa Molongo
University of Rochester Medical Center Highland Hospital	Cindy Becker Timothy Holahan with Maureen Malone
Center for Community Health & Prevention	Theresa Green, Dan Green
Monroe County Office of Mental Health	Jessica Watington, Jason Teller
Rochester RHIO	Elizabeth Bailey
Common Ground Health	Linda Clark, Catie Kunecki, Lucas Sienk, Dina Faticone
FLPPS	Katherine Rogala
City of Rochester	Elizabeth Murphy
United Way	Nikia Washington
Monroe County Medical Society	Lucia Acosta-Castillejo
2-1-1 Lifeline	Jordan Marsh
Cornell Cooperative Extension	Andrea Lista
Systems Integration	Laura Gustin
African American Health Coalition	Florence Dukes



POSSIBLE ASSETS INCLUDE

Subject matter expertise



Transportation (moving trucks, buses, etc.)



Grant-writing assistance



IT and technical support



Land



Expanded staff and volunteers



Meeting and event space



Data sharing, collection and analysis



Cultural understanding



Funding



Brand value/reach



Linguistic competence



Be creative in identifying partners – Look for assets!

- Community organizations
- Faith based organizations
- Education
- Housing, transportation, food
- Government
- Public health
- Service organizations
- Local businesses
- Health care organizations

A Playbook for **Fostering Hospital-Community Partnerships** to Build a

Culture of Health

HRET

Robert Wood Johnson Foundation

American Hospital Association

Great resource!!

Engage and together develop a plan forward

1. List the partnerships you want to work towards
2. Create a plan for engagement for each partner
3. Create an appropriate and specific 'ASK'
4. When together create the plan forward



Plan for engagement of external partners

Add a partner to the internal team

- Reach out to potential partner and explain your request including why you selected them to join you
- Be flexible and accommodating
- Share the agenda and create clear expectations for the partner

Join an existing coalition

- Reach out to the leadership to describe your needs and discuss options, be humble and accommodating

Create a new coalition

- Kick off meeting with new partners, maybe in the community
- Retreat or synergy meeting option

Polling Question 5

What is the level of trust and partnership that your community feels towards your health system or hospital?

- Very strong level of trust, community is eager to engage
- Some departments and programs have great relationships, but as a whole, the health system is moderately trusted
- The community does NOT trust our health system and may be somewhat justified in feeling this way based on past history
- We do not know how the community feels about the health system – I assume all is well

Consider history and trust when reaching out to community

Rebuilding trust in health care

by Leslie Read, Leslie Korenda, Heather Nelson

Deloitte
Insights



Lack of trust in health care remains an issue, particularly among individuals who identify as Black, Asian, Hispanic, and Native American. How can health care organizations earn back the trust of these communities?

Executive summary

Consumer and community trust in health care providers and institutions is critical for optimal health, as trust influences willingness to get crucial medical care, preventive screenings, and mental health care.¹ Trust between a patient and a health care provider is also linked to improved patient experience, health outcomes, and the patient's perception of the care they receive.² However, it is also well documented that in the United States, not all communities feel the same level of trust with their health care providers. In 2021 there continues to be large disparities in trust by race/ethnicity. A critical area of focus for health equity—[the fair and just opportunity for every individual to achieve their full potential in all aspects of health and well-being](#)—is therefore rebuilding trust with racially and ethnically diverse communities.

A common misconception is that mistrust in health care relates mostly to historical atrocities. Tuskegee, Sims, and others play a role, but primarily assigning blame to these instances ignores the everyday racism. In the past year (since the death of George Floyd), more health care organizations are openly talking about the role they may have played in the loss of trust with some patients and communities—both historically and currently. It is crucial for organizations to understand what experiences led individuals to lose trust, how they might re-earn the trust of those individuals, and how organizations can prevent those events from happening again.

NIH National Library of Medicine
National Center for Biotechnology Information

PMC PubMed Central®

Search PMC Full-Text Archive

Search

[Journal List](#) > [J Community Hosp Intern Med Perspect](#) > [v.11\(4\);2021](#) > PMC8221161

Journal of Community Hospital
Internal Medicine Perspectives

[J Community Hosp Intern Med Perspect](#). 2021; 11(4): 439–445.

PMCID: PMC8221161

Published online 2021 Jun 21. doi: [10.1080/20009666.2021.1929048](#)

PMID: [34211645](#)

Building trust in American hospital-community development projects: a scoping review

[Samantha Nandyal](#),^a [David Strawhun](#),^a [Hannah Stephen](#),^a [Ashley Banks](#),^b and [Daniel Skinner](#)^c

► [Author information](#) ► [Copyright and License information](#) [Disclaimer](#)

ABSTRACT

Go to: ►

Although it has become increasingly common for hospitals to engage in development projects aimed at improving the social determinants of health in surrounding communities, scholarly literature examining the establishment of trust between hospitals and communities is sparse. Because of an extensive and complex history of abuse suffered by marginalized populations at the hands of medical institutions, trust building is critical to the pursuit of equitable health outcomes in these communities. A scoping review was conducted to assess the current base of knowledge for building trust between hospital systems and community members. The review identified only 13 relevant articles addressing this topic, centered on six key themes: with whom to form partnerships; how to form partnerships; conceptualizing and defining trust; questions about investment and hiring; effective communication with communities; and, understanding communities.

IAP2 Spectrum of Public Participation

IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION

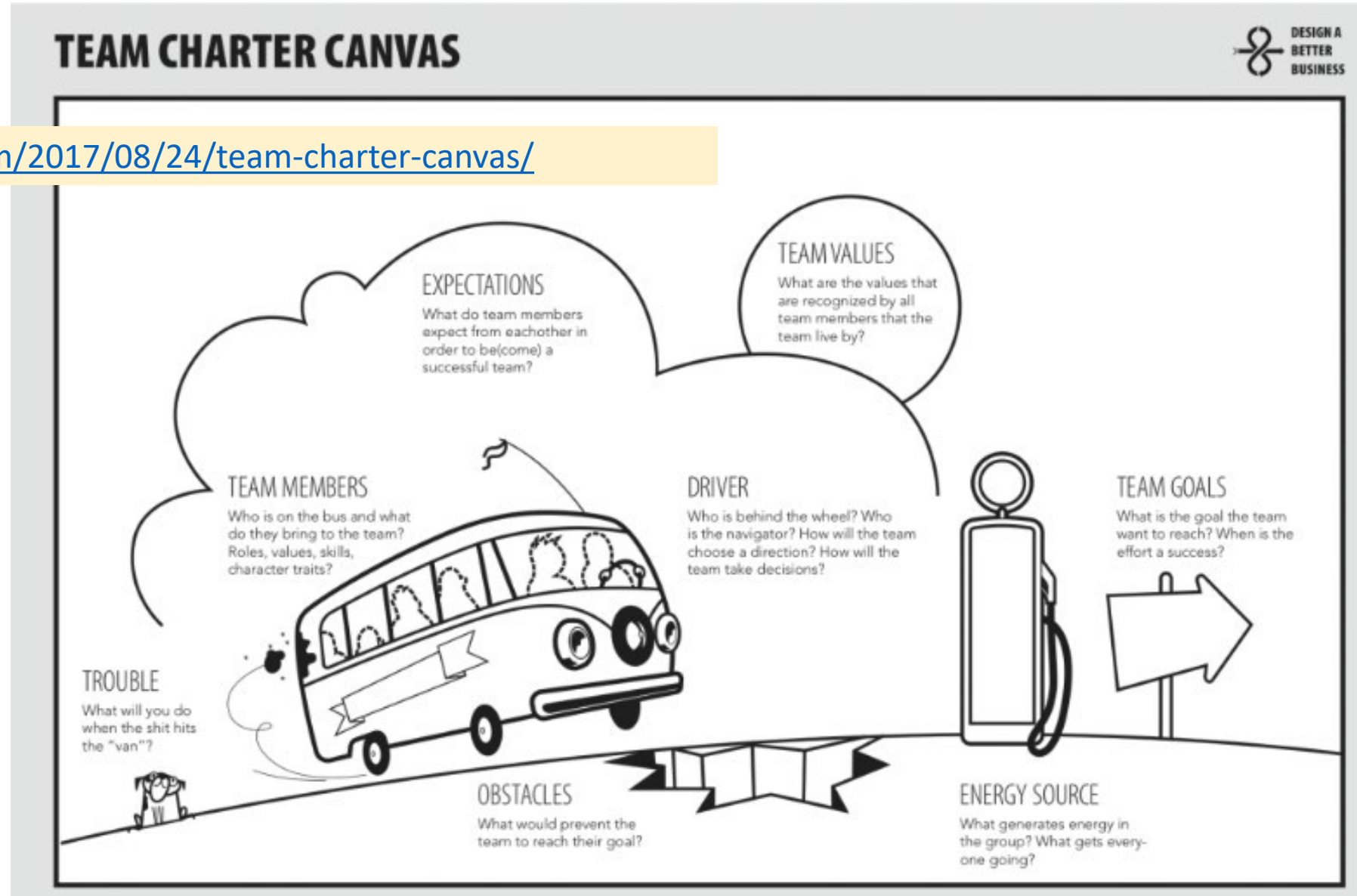
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

© IAP2 International Federation 2018. All rights reserved. 20181112_v1

Build trust by acknowledging the past mistakes, setting expectations and then be true to your word!

Setting expectations as a TEAM

<https://designabetterbusiness.com/2017/08/24/team-charter-canvas/>



EXPECTATIONS

What do team members expect from each other in order to be(come) a successful team?

TEAM VALUES

What are the values that are recognized by all team members that the team live by?

TEAM MEMBERS

Who is on the bus and what do they bring to the team? Roles, values, skills, character traits?

DRIVER

Who is behind the wheel? Who is the navigator? How will the team choose a direction? How will the team take decisions?

TEAM GOALS

What is the goal the team want to reach? When is the effort a success?

TROUBLE

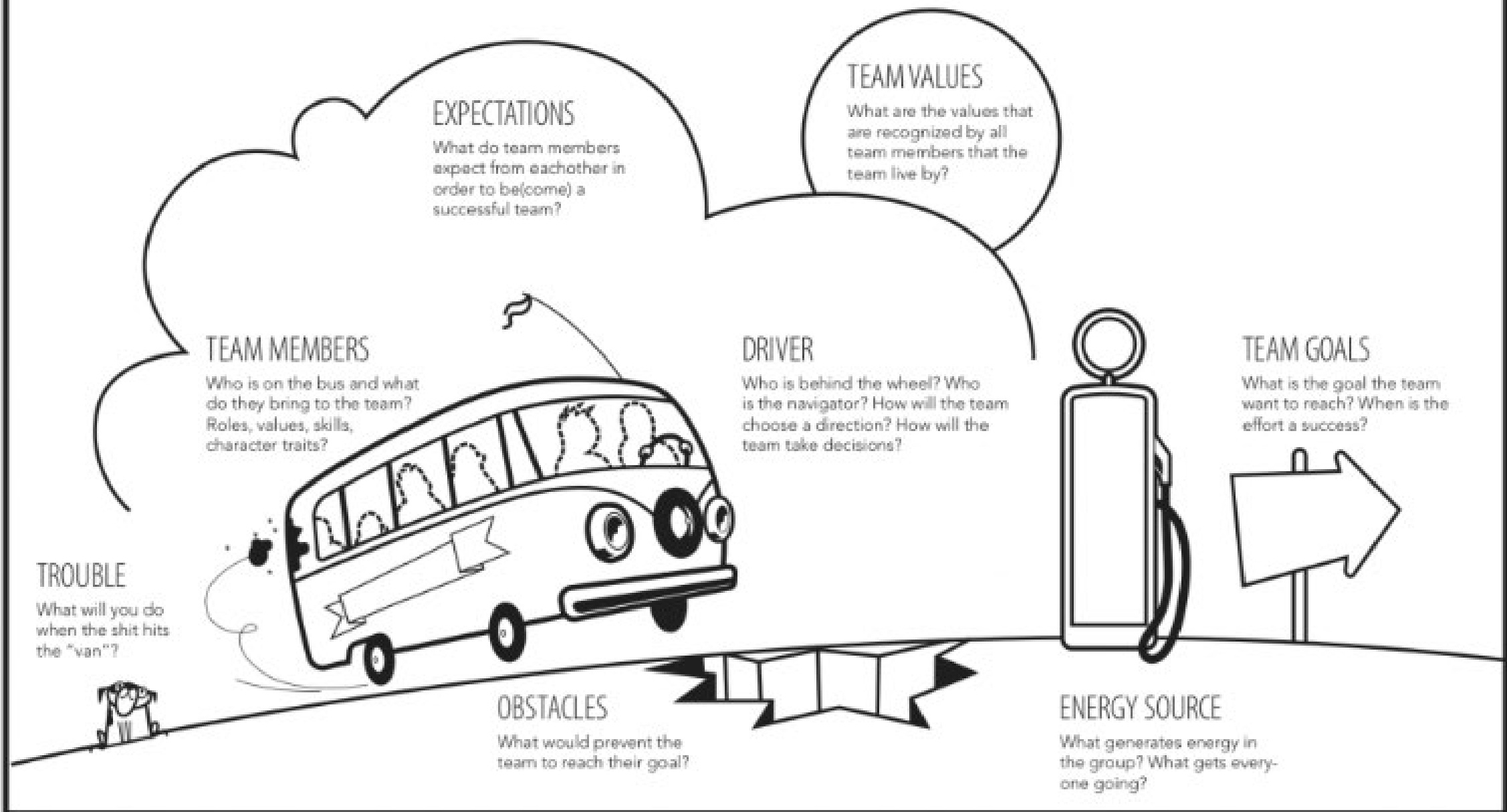
What will you do when the shit hits the "van"?

OBSTACLES

What would prevent the team to reach their goal?

ENERGY SOURCE

What generates energy in the group? What gets everyone going?



Polling Question 6

What might be some EXPECTATIONS of team members for a team to be successful?



Polling Question 7

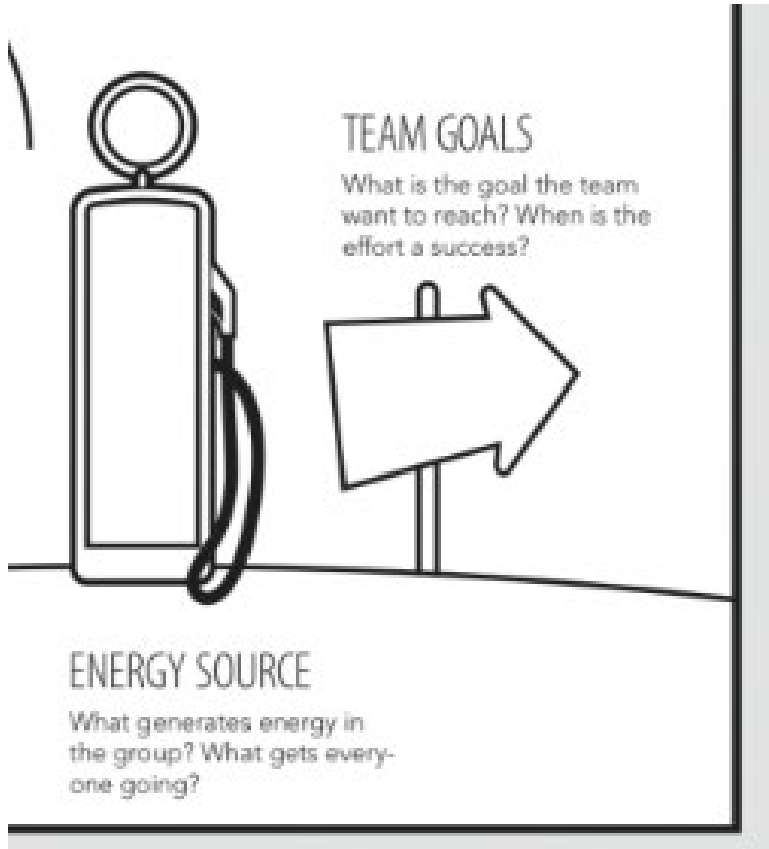
What might be some ENERGY SOURCES that generate energy in a group or collaboration?



Polling Question 8

What might be some OBSTACLES that we can anticipate might prevent the team from reaching their goal?





Team Goal

- What is the goal that the team wants to reach? When will the team know they have succeeded?
- Each member should clearly see how their partnership contributes to the goal

... Next time!

Resources

- AHA Health Equity Resource Series: Community Partnership Toolkit
https://ifdhe.aha.org/system/files/media/file/2021/08/ifdhe_community_partnership_toolkit.pdf
- Applying Human-Centered Design to Health Equity and DEI (webinar series)
<https://www.eventbrite.com/e/applying-human-centered-design-to-health-equity-and-dei-in-healthcare-orgs-tickets-333931908327?aff=ebdsoporgprofile>
- Petiwala, A., Lanford, D., Landers, G. *et al.* Community voice in cross-sector alignment: concepts and strategies from a scoping review of the health collaboration literature. BMC Public Health 21, 712 (2021).
<https://doi.org/10.1186/s12889-021-10741-9>

Upcoming sessions

Friday, Sept. 30, 10:00 – 11:00 a.m.

Session 3: Sustaining Strong Coalitions and Measuring Success

It is important to measure the impact of your coalition. This session will address how to sustain a coalition, use data to track progress, and how to measure the success of the coalition.

We will not have a session next Friday, Sept. 23.



ADVANCING HEALTHCARE
EXCELLENCE AND INCLUSION

Questions?

Theresa Green

Director of Community Health Policy and Education
URMC Center for Community Health
Theresa_Green@URMC.Rochester.edu

Morgan Black, MPA

Director, Advancing Healthcare Excellence and Inclusion
HANYS
mblack@hanys.org

AHEI Team

ahei@hanys.org