
The Parent-Child Health Initiative

WORKING IN PARTNERSHIP TO BUILD A COMPREHENSIVE SYSTEM OF CARE FOR PARENTS AND CHILDREN IN THE DISTRICT OF COLUMBIA





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SECTION 1

Foreword

from the A. James & Alice B. Clark Foundation



OUR CHALLENGE

Parents and children in our nation's capital deserve an opportunity to be healthy. A healthy birth sets an infant on a path to health and success in childhood and throughout their lifespan. In order to have a healthy birth, all families need supports that include robust social networks, quality clinical care, and practical material resources. Unfortunately, not all neighborhoods in Washington, DC offer these supports. As a result, some communities are denied equitable access to the quality prenatal and perinatal care needed to support a healthy birth, and, correspondingly, their newborns and children often miss out on the healthy start and developmental supports needed for long-term wellbeing.

A number of world-class hospitals and health centers serve DC residents, and their dedicated professionals have worked for decades to address these challenges. However, many systemic barriers limit the success of their efforts. Overcoming these barriers will require new levels of innovation, collaboration, and resource investment. Moreover, the coronavirus pandemic has impacted many families in a devastating way. Although numerous communities have experienced worsening health outcomes as a result of this pandemic, many of these disparate outcomes existed before the pandemic and, without dedicated efforts, these inequities will grow.

OUR GOAL

To help meet this challenge, the A. James & Alice B. Clark Foundation is investing over \$93 million in local health care providers to improve the quality of parent-child health care for families living in marginalized communities in Washington, DC. Over the next five years, these investments will not only enhance innovation and integration of health services provided by select health providers, they will also enhance collaboration between hospitals—and, importantly, among hospital systems and community-based health providers. This collaboration will accelerate movement toward a comprehensive, integrated, culturally responsive system of support for families and communities in DC. Developing this system will be a great challenge, but we have an opportunity to build a system that leverages and coordinates health resources in the District, significantly improving parent-child health outcomes for all children in our city.

We know that one investment alone cannot accomplish all that is required. System transformation presents complex challenges and requires major resources to address. That said, a collaborative set of partnerships, facilitated by financial investments, can strengthen the collective innovation that is vital to system transformation. In the area of parent-child health, this collective innovation must focus on the key building blocks that are crucial to making our parent-child health system accessible and equitable for all families.

In the Clark Foundation's dialogue with medical professionals across DC, the following building blocks were identified:

- ▶ expanding **community-based health services**;
- ▶ multiplying the number of **community health navigators** to help families access health services;
- ▶ addressing **adverse social determinants of health**;
- ▶ enhancing the **cultural responsiveness** of health professionals; and
- ▶ developing innovative ways to **screen, diagnose, and treat mothers** at-risk for poor health outcomes.

Given their importance, these building blocks provide the central focus of the Parent-Child Health Initiative. This initiative invests in individual innovations and partnerships needed to make advancements in each of these areas. It also highlights additional gaps that merit further investment and partnership, including more effective data sharing across hospital systems, service integration across those same systems, and improved access to technology so that all families living in marginalized communities can benefit from advancements in telehealth services.



Family visiting Children's National
for our expert care

OUR PARTNERS

Three hospitals serve as “backbone” partners in this work: Children’s National Hospital, MedStar Health, and Sibley Memorial Hospital. The Foundation selected these hospitals because they not only demonstrate excellence individually, but also because they demonstrate the ability to partner effectively. Strengthening these existing partnerships will provide the foundation needed for creating a comprehensive, integrated, culturally responsive, and sustainable parent-child health system in Washington, DC. Moreover, these hospitals also bring a strong and diverse set of collaborations with community-based health providers, who are crucial partners in this work.

Community-based health providers serve as critical partners in the work of major hospital systems because these providers focus their full attention on families within a given neighborhood or cultural community, bringing unique levels of insight and connection with families. Furthermore, local providers often have developed other non-medical wraparound supports for families, highlighting the relationship between health and wellbeing and non-medical support services. As such, this complementary partnership between major hospital systems and community-based providers will greatly benefit patients. Recognizing this value and synergy, the Clark Foundation is also investing millions of dollars to leverage and strengthen the capacity of these community-based partners, including investments in Community of Hope, the Early Childhood Innovation Network (ECIN), Greater DC Diaper Bank, Mamatoto Village, and Mary’s Center for Maternal and Child Care. Attachment 1 includes a description of these providers and investments.



TAKING THE NEXT STEP TOGETHER

The Clark Foundation recognizes that building a better parent-child health system will require much more than one investment or one initiative. This work will require further partnerships among many other community stakeholders over a generation, and the Foundation aims to play its part to help medical experts and community partners tackle the current challenge at the present time. In addition, the Clark Foundation recognizes that to carry on this work into tomorrow, many more investments of time, talent, and funding are needed. To that end, the Foundation partnered with the aforementioned backbone hospital partners to assemble this document, which aims to accomplish four important goals:

highlight the great work already underway by our health care professionals and community partners;

identify the systemic gaps that limit their ability to reach families in marginalized communities;

recognize innovations and new collaborations that will be supported by the Clark investment; and

invite greater involvement of clinicians, funders, and other stakeholders to invest further in this collaboration to build a comprehensive, integrated, culturally responsive system of parent-child support for all families in the District of Columbia.

These four areas will receive a full exploration at a virtual gathering facilitated by the Clark Foundation, to be held on October 1, 2020. This gathering includes health care partners, other funders, and community stakeholders so that, as a community, this conversation advances collective efforts to build on the existing strengths—and address the gaps—in our parent-child health system. More information on this gathering is available at ClarkParentChildHealth.org.

To advance the health care improvements outlined in this document, Children's National Hospital, MedStar Health, and Sibley Memorial Hospital are committed to strengthening their collaboration with each other—and other community-based health providers—in order to fortify key building blocks of parent-child health outlined in this report. As a starting point, this enhanced collaboration will produce specific, shared goals that these partners will work toward. Partners will share these goals, and the progress made toward them, with funders and other community stakeholders through publications and events supported by the Clark Foundation. Through this collaboration, the Clark Foundation believes that a comprehensive, integrated, culturally grounded and culturally responsive system of parent-child health support serving all families in the District of Columbia will become a reality.

The A. James & Alice B. Clark Foundation





SECTION 2

A Shared Vision and Action Plan



Children's National.



MedStar Health



SIBLEY MEMORIAL
HOSPITAL
JOHNS HOPKINS MEDICINE

THE CHALLENGE

Major Health Risks Exist for Parents and Children in Washington, DC

Despite myriad resources and infrastructure present in DC hospitals, and the efforts of many committed and passionate health providers, DC parents and children living in marginalized communities* continue to suffer from poor health outcomes that often result from adverse social determinants of health. These social determinants include unhealthy environmental conditions, substandard housing, inadequate educational opportunities, and low levels of community safety.

According to multiple studies and the American College of Obstetricians and Gynecologists (ACOG), Black women** are three- to four-times more likely to die from childbirth-related complications than non-Hispanic white women, even when accounting for socioeconomic status and levels of education. In the nation's capital, we face one of the highest maternal mortality rates in the country, at more than 50% higher than the national average. Newborns are also ten-times more likely to die in DC's poorest neighborhoods compared to areas of greater wealth. These inequities result from multifactorial causes including structural and interpersonal racism, disparate access to care, and disproportionate disease burden in some communities.

ACOG acknowledges that racial bias within the health care system also contributes to the disproportionate number of pregnancy-related deaths among women of color. National data suggests that caregivers spend significantly less time with women of color, ignore their symptoms, dismiss their complaints, and undertreat their pain. These inequities persist regardless of socioeconomic status or ability to pay for care. Inequitable access to care continues to be problematic for many women due to structural inequities in the health care system. Nearly half of non-Hispanic Black women did not receive pregnancy care in their first trimester, and one-in-twenty received no prior prenatal care.

A rise in maternal morbidity and mortality also parallels the rise in medical co-morbidities in the pregnant population, including hypertension, obesity, and diabetes, which are largely driven by social, environmental, economic, and other systemic factors that promote disease, as well as limited access to measures that promote health. When looking at 2015-2016 data, for example, there were 19,425 total births in DC, of which 5.5% (1,072) of mothers suffered from gestational hypertension, 3.4% (662) had gestational diabetes, and



* In this document, the phrase “marginalized communities” refers to people in groups and communities that experience discrimination and exclusion because of unequal allocation of resources and power across economic, political, social, and cultural dimensions. This includes communities with parents and children who belong to a number of groups with historically marginalized or minoritized identities.

** In this document, the words “women” and “mothers” are used to refer to pregnant or parenting people of reproductive age assigned as female at birth, while recognizing that this gender identity does not apply to all people who are pregnant and/or are of reproductive age.



Snuggling with mom during an inpatient visit at Children's National

19.2% (3,737) were obese prior to pregnancy. And, based on national data, it is estimated that approximately 10 to 15% (1,941- 3,885) of these mothers experience perinatal mood or anxiety disorders.

These maternal health challenges can contribute to disparate health outcomes for the newborns in DC. Of the 19,425 births during 2015 and 2016, 10% (1,960) were born with low birthweight (<2500 grams) and 10.5% (2,038) were born preterm (<37 weeks). Beyond the initial challenges that result from these neonatal outcomes, the personal, familial, and societal impact is often further magnified by untreated or misdiagnosed health conditions, such as perinatal mood and anxiety disorders, or autism. Without quality care and attention, these conditions may lead to larger complications in the parental wellbeing a child's physical health, social-emotional development, and learning across the child's lifespan and even across generations. These long-term risks are greatest for parents and children from marginalized communities, given the ways limited support and funding through public insurance programs can limit the availability and quality of care.

Moreover, the full extent of the effect of the coronavirus pandemic of 2020 on these health outcomes is still unknown, but there is grave concern that key root causes of these problems will be worsened by this pandemic and its economic repercussions.

THE CAUSES

Many Environmental, Social, and Systemic Factors Contribute to Poor Parent-Child Health Outcomes

Many environmental and systemic factors contribute to poor health outcomes for parents and children, particularly among families living in marginalized communities. Washington, DC has long been known as a “tale of two cities,” where sections of the city provide grocery stores, hospitals, safe housing, and safe streets, and other neighborhoods offer relatively little of this basic infrastructure. These inequities stem from current and historical policies and practices that create and reinforce racial segregation and economic barriers to wealth. As a result, the well-resourced areas of DC are predominantly White, and the low-resource areas are predominantly Black and Latinx.

Given these unequal environments, families living in marginalized communities face greater health challenges, and these problems are compounded by the limited accessibility of quality health care. These inequities existed before the coronavirus pandemic, and it is now clear that this pandemic produces higher levels of disease, death, and economic hardship in marginalized communities. These adverse social determinants of health deserve intense focus from our community, our government, and the philanthropic sector, and the scope of this work exceeds the capacity of one initiative. Therefore, the Parent-Child Health Initiative focuses on DC’s health care delivery system.



Despite the best efforts of committed clinicians, health care providers face myriad challenges in their attempts to improve perinatal outcomes for parents and children in marginalized communities. These challenges include:

- ▶ **Insufficient focus on prevention.** Much of our health system prioritizes the reactive treatment of disease rather than health promotion, disease prevention, and early intervention that are crucial for parent-child health.
- ▶ **Transportation and location of services.** Our health system generally requires patients living in marginalized communities to travel from their home to a provider location that is often difficult to reach.
- ▶ **Racial and cultural barriers.** Our health system provides limited training to help clinicians understand the vitally important cultural backgrounds and practices of parents and children in marginalized communities. For example, the history of American medical care includes many instances where people in marginalized communities have been abused and exploited by physicians and researchers. As a result, there is often distrust and mistrust that prevents people of color from seeking and receiving culturally responsive care from clinicians.
- ▶ **A disconnect between physical and mental health.** Our health system has traditionally prioritized physical health and often fails to recognize the inextricable link between physical and mental health. When the system recognizes this connection, the system infrastructure often fails to support clinicians and patients in accessing mental health care services.
- ▶ **Fragmentation of services and data.** Families often access health care from providers at multiple locations with different patient record and billing systems, resulting in inadequate communication between clinicians, uncoordinated care, and redundancy of services.
- ▶ **Financing system.** Too often, this system pays insufficient attention to the ways that insurance enrollment and retention, coverage of services, sustainable reimbursement, and a focus on prevention can yield better health outcomes and cost savings in health care financing.

These barriers contribute to poor health outcomes for many parents and children living in the District, especially those in marginalized communities. Our community, our policymakers, and our philanthropic sector play an important role in supporting efforts for improvement. While the Clark Foundation recognizes that this will be the work of many stakeholders over many years, the Foundation understands that there is a crucial window of opportunity today to accelerate the pace of progress to the benefit of parents and children living in our community. This progress will set the stage for system transformation over time.

THE PARENT- CHILD HEALTH INITIATIVE

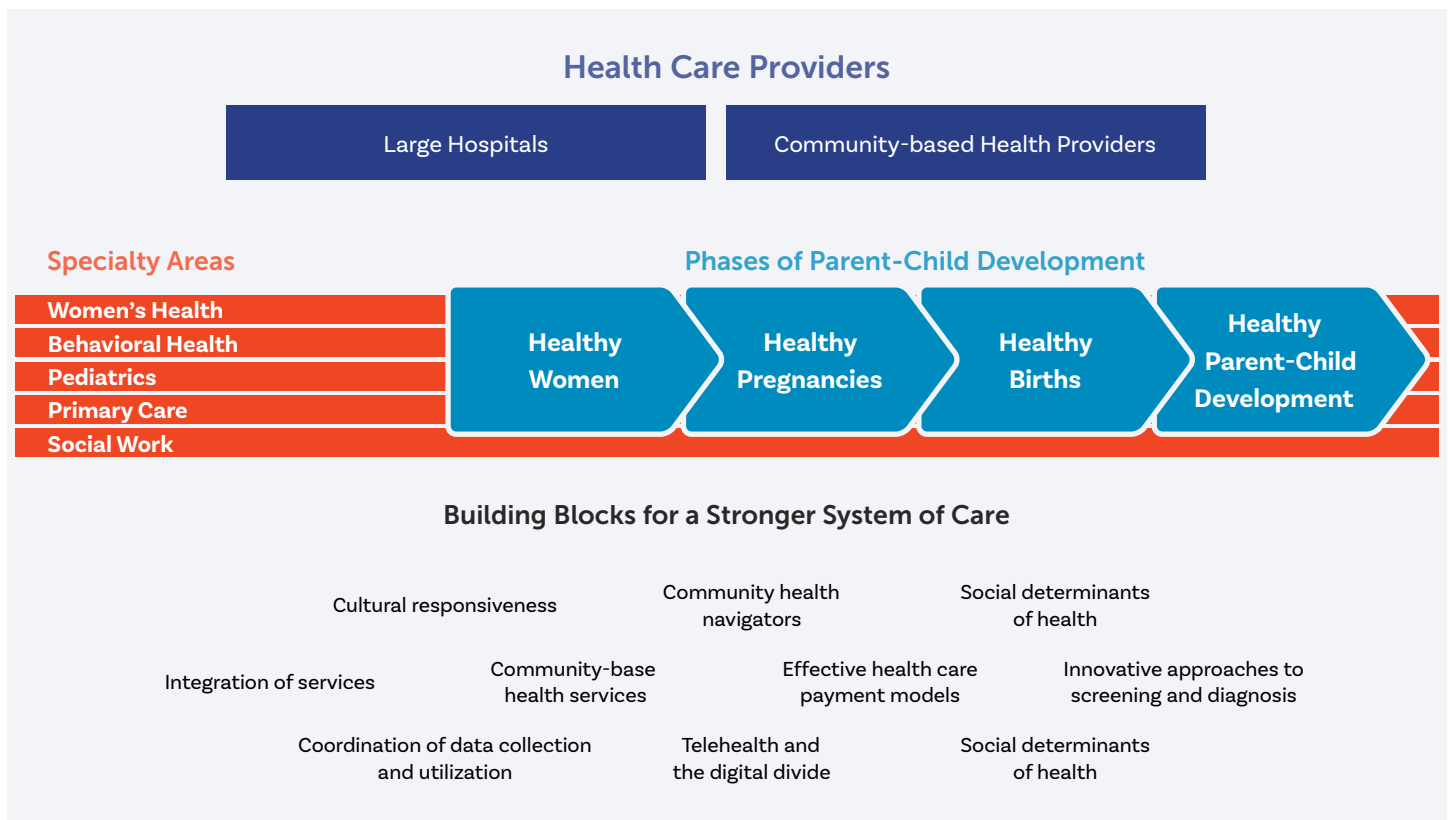
Toward a
Comprehensive,
Integrated, Culturally
Responsive System of
Parent-Child Support

As part of its DC Initiatives, the A. James & Alice B. Clark Foundation commits to improving maternal and child health and early education in our nation's capital. The Foundation recognizes that a child's early years provide a springboard to opportunity and a healthy, thriving future, and will help ensure that DC families have the supports they need in the early years of children's lives to help pave the way for optimal growth and development.

To advance this commitment, the Foundation partnered with leading health care providers to launch the Parent-Child Health Initiative. This initiative aims to advance innovation and integration of health services among selected health providers, and enhance collaboration among hospitals to accelerate movement toward a comprehensive, integrated, culturally responsive system of support for these families—a system that leverages and coordinates all District health resources in a way that significantly improves parent-child health outcomes and reduces health inequities in DC.

More specifically, this initiative seeks to strengthen collaboration across large hospitals and funders, and across specialty areas of health care, to improve parent-child health throughout the phases of parent-child development, beginning with pre-pregnancy health. This collaboration focuses on strengthening key system-of-care components that are crucial to improving health services and outcomes for parents and children, as illustrated below:

Crucial Collaborations and Areas of Focus for the Parent-Child Health Initiative



These investments provide ground-breaking innovation that will produce significant results for women and children in Washington, DC. In addition, they will set the stage for development of a comprehensive system of parent-child health supports in the nation's capital. To highlight the frontline professionals leading this work, Attachment 2 includes a list of key leaders from Sibley, MedStar and Children's National hospitals..

As part of this initiative, partner hospitals are launching the following innovations

MedStar Health

MedStar Health launched Safe Babies, Safe Moms (SBSM), which will (1) develop and implement innovative methods of analyzing health data to identify risk factors for poor perinatal health outcomes among women living in marginalized communities, and (2) enhance and integrate targeted service delivery to improve these outcomes.

More specifically, this initiative will:

- ▶ **Screen 11,500 pre-pregnant, prenatal, and postpartum women** over five years for adverse health and adverse social determinants of health conditions
- ▶ **Offer enrollment to the SBSM continuum of care to at least one-third of screened participants** and flag existing conditions for patient education/intervention
- ▶ **Provide several tiers of treatment availability for co-morbidities**, including diet-controlled diabetes, hypertension, obesity, and mental health
- ▶ **Enhance staffing, ultrasound technology, and telehealth resources** (including remote biomonitoring) to allow closer monitoring of clinical risk factors
- ▶ **Pursue innovations that have shown promise in other settings** to alleviate the stress of marginalized communities
- ▶ **Provide reproductive planning and maternal risk information** to increase the number of informed mothers and planned pregnancies
- ▶ **Help women ameliorate conditions that contribute to poor health outcomes** such as housing instability, unsafe neighborhoods, inadequate income, poor nutrition, and difficulty accessing medical care
- ▶ **Expand access to ultrasound and specialized fetal medicine in community settings** to support enhanced care for high-risk pregnancies
- ▶ **Provide mothers with evidence-based education regarding birthing options and provide postnatal care** with a target of decreasing Cesarean-section births
- ▶ **Create systems for data integration** that result in efficient screening, enrollment, and tracking from general provider level to back-end screening and intervention data reporting
- ▶ **Identify and measure economic costs to all stakeholders**, including patients, families, payers, communities, society, and providers
- ▶ **Calculate return on investment** of the initiative (i.e., cost of the intervention compared to cost savings) and examine the design of alternative payment models

Children's National Hospital

Children's National Hospital (CNH) launched the Clark Parent & Child Network, a coordinated set of innovative enhancements to health care for parents and children living in marginalized communities.

This initiative will include:

- ▶ **Community Health Educator & Outreach Core**, through which place-based child and family advocates, under the leadership of an experienced clinician, and from the “home base” of the pediatric medical home, will provide outreach, connect families with young children with services and wraparound supports, teach self-advocacy skills, and help address adverse social determinants of health
- ▶ **DC-wide Community Network for Mother-Baby Wellness**, which will provide universal maternal mental health screening during and after pregnancy, interventions for those identified as at-risk, and early interventions for children whose mothers experienced mental health disorders during pregnancy
- ▶ **Incubator for Discovery and Innovation**, which will include a state-of-the-art Prenatal Clinical Trial Unit and Infant Cognitive Lab to test, refine, and rapidly disseminate evidence-based screening, diagnosis, and interventions that support mother-baby wellness in our community, and create a new frontier in prenatal pediatrics
- ▶ **Hospital-wide Caregiver Mental Health Screenings** to identify postpartum caregivers struggling with mental health disorders in CNH's emergency departments, NICUs, and across the hospital system
- ▶ **Whole Bear Care**, which will expand integrated primary care behavioral health services through specialist training and workforce development
- ▶ **Early Childhood Mental Health (ECMH) Specialty Program** (now known as the Early Childhood Behavioral Health Program), which will create a community-engaged and comprehensive early childhood mental health specialty center that can serve as a training ground for ECMH clinicians and expand local workforce capacity
- ▶ **Healthy Generations**, which provides comprehensive health care and wraparound services for teen parents and their young children through community-based primary care and intense case-management services
- ▶ **Unstuck and on Target: Preschool**, which will adapt and evaluate an evidence-based program for early childhood education centers to help preschool-age children improve their ability to regulate their emotions, behavior, and thinking, and prepare them for school success
- ▶ **Extension for Community Healthcare Outcomes (ECHO) Autism Model**, which will increase access to best practice autism care, including evidence-based screening and diagnostic procedures, by enhancing community providers' knowledge and competence in autism-specific service delivery

Sibley Memorial Hospital

Sibley Memorial Hospital launched the Maternal Health Access Program, which will expand early identification of women at higher risk of adverse outcomes, establish a clinical care coordination program, and develop innovative methods to monitor pregnancy with the goal of improving both maternal and neonatal outcomes in the District. Sibley Memorial Hospital and the Johns Hopkins University School of Medicine (JHUSOM) Department of Gynecology and Obstetrics will partner with federally qualified health centers, and other community-based partners to implement six components of the Maternal Health Access Program, which are:

- ▶ **Enhance access to prenatal and high-risk care** by partnering with community-based providers to leverage digital technology and improve early identification of high-risk pregnancy conditions
- ▶ **Improve access to and involvement with prenatal care** by leveraging digital health technologies to monitor patients outside of system visits, enhance access to care for women at higher risk of adverse outcomes in partnership with the JHUSOM Maternal Fetal Medicine practice at Sibley, and increase early identification of women at higher risk of adverse outcomes through screening protocols developed in collaboration with community-based partners
- ▶ **Enhance inpatient care** by providing enhanced antepartum, delivery, and postpartum services for high-risk mothers. In addition, Sibley will enhance services provided for the most fragile newborns
- ▶ **Address adverse social determinants of health** by offering support services in conjunction with access to clinical care
- ▶ **Enhance health equity** by providing Sibley staff and clinicians with education regarding reproductive justice and health equity to ensure that culturally appropriate and equitable care is provided to all patients
- ▶ **Enhance community outreach and community education** by supplying, in partnership with community-based organizations, place-based education and support groups to expectant and new parents, and by supporting community partners in advancing their missions to improve maternal health and wellbeing in the District

Staff caring for an infant in Sibley's Silberman Special Care Nursery.





KEY AREAS OF INNOVATION AND COLLABORATION

Innovations that Set the Stage for System Transformation

The work of building a comprehensive, integrated, culturally responsive parent-child health system in Washington, DC requires new levels of collaboration and partnership—across specialties within hospitals, across hospitals, and between the health system and communities. Many great collaborations and partnerships already exist, but many more are required.

As a critical part of its investment in individual hospital systems, the Clark Foundation invited each grantee partner's team to share their ideas on the key systemic challenges that must be addressed in building a comprehensive parent-child health system. This dialogue served several purposes: to spotlight the great work already underway by our health care professionals; to identify the systemic gaps that limit their ability to reach families in marginalized communities; to recognize the new innovations and collaboration that will be supported by the Clark investment; and, to invite greater collaboration of clinicians, funders, and other stakeholders to invest further in building a sustainable and impactful system of parent-child support for all families in the District of Columbia.

Each hospital team highlighted significant programmatic and systemic challenges that they will focus on as part of the Parent-Child Health Initiative, and commits to:

- a) **build on and expanding existing collaboration** with other health institutions to share knowledge and accelerate the enhancement of supports for mothers and babies;
- b) **strengthen capacity for engaging community members** in the co-creation of new programmatic approaches; and
- c) **translate the lessons learned** from their innovation to inform the development of a comprehensive, integrated, culturally responsive parent-child health system.

In preparation for launching the Parent-Child Health Initiative, the following key areas of collaboration have been identified. These are presented in no particular order, and this list is not exhaustive of all priority areas to be addressed. That said, this list of priority areas represents key building blocks for assembling a parent-child health system. Historically, these areas have not received sufficient attention because they require a shift away from traditional health care models or practices, and toward a more community-centered and patient-centered approach that prioritizes the needs and experiences of parents and children in a new way.

A newborn feeling the love and getting stronger
at Children's National's top-ranked NICU

Cultural Responsiveness

It is widely recognized in the health field that racial bias and lack of understanding regarding the impact and importance of cultural knowledge among clinicians drives inequities in the quality of care received by people of color. The effects of structural and interpersonal racism and implicit and explicit biases that are implicated in many health inequities are more likely than race itself to be related to elevated perinatal risk. Health care providers must recognize the critical need to address the racism and implicit biases that contribute to health inequities. Recognizing and examining one's own prejudice and bias, partnering with diverse groups of advocates, and addressing the ways in which health care systems perpetuate inequity will drive better health outcomes.

Multiple frameworks have been developed as a way to guide health providers in understanding the importance and influence of culture in the provision of health care. *Cultural awareness* is often a starting point at which providers become familiar with cultural attributes of a group or community they are caring for. *Cultural sensitivity* then pushes providers to build upon their awareness by adopting behaviors that will serve patients more effectively. *Cultural competency* is a stage at which systems align with cultural needs and mores of a treatment population. *Cultural humility* is a practice where providers balance power dynamics, adopt the stance of lifelong learners, engage in authentic partnership with patients, and take a patient-centered approach in all aspects of care. In this document, *cultural responsiveness* is used as an umbrella term to reflect the work of providers as they grow along this continuum.

It is important to note that none of these frameworks should imply that members of a culture or community are monolithic. Broad assumptions and generalizations applied to individuals based on race, gender, nationality or culture of origin, or suggestions that cultural understanding is a technical skill that one can master, have been shown to result in problematic care provision as well.

Families participating in a Cooking Matters class with The FITNESS (Fun In Teaching Nutrition and Exercise to Successful Students) program, which partners with local schools and families interested in health transformation to provide a yearlong, comprehensive, multi-disciplinary nutrition and physical activity management program. This intervention will be used in the Safe Babies Safe Moms Initiative to address nutrition education and weight management. (Medstar Health)



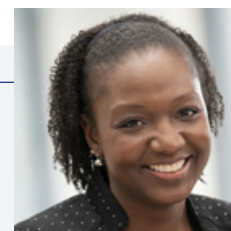
All three hospital partners are committed to building on their existing work in these areas through multiple efforts, including:

- ▶ At **MedStar**, all professionals involved in SBSM will receive racial equity training to help identify implicit biases and understand how they impact care, and to develop mitigation strategies and change their daily practices and interactions with patients. Cultural responsiveness training will also be a cornerstone of SBSM, allowing health care professionals to establish more respectful communication with and understanding of their patient base. Culturally responsive materials will be developed to support provider-patient communication and improve the experience and quality of care.
- ▶ **Sibley** will provide physicians, nurses, and support staff within Women and Infant Services at Sibley with training around racial equity and unconscious bias to ensure that every patient and family member is treated with dignity and respect.
- ▶ **Children’s National Hospital** will provide continuing and regular education around racial equity, bias and disparities in health care, and systemic racism to all hospital staff and trainees as a part of a broader initiative focused on diversity, inclusion, and equity. Additionally, individual project teams may offer more individualized and in-depth training, including opportunities for shared learning and discussion. Parents and local community leaders engage in shaping the development of the initiative in both the prenatal and infant toddler pillars to promote co-creation and combat systemic racism through the development of more equitable processes.

Going forward, each hospital team recognizes that it will be important to define a collective approach to racial equity and training about cultural responsiveness for all health care professionals across the District.

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Cultural competence spans all clinical disciplines, and we should reduce duplication of effort across specialties. For instance, we are working with DC Health to provide continuing education for credit for pharmacists as part of the DC Center for Rational Prescribing (DCRx) Program. This may be an opportunity to make this type of content available throughout the District for all providers and a model for consistent development. This would allow the District to provide more coordinated, ongoing training, and not just “one-and-done” training.



**Deliya Banda Wesley,
PhD, MPH**

Scientific Director for Health Equity Research
MedStar Health Research Institute

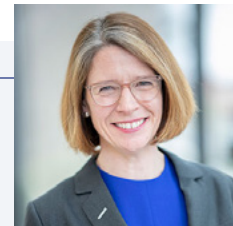
Community Health Navigators

For many families, accessing the health system can be complex and difficult. Health navigators play a crucial role in helping families access needed care, understand the complexity of the system, and coordinate care across providers. All three hospital partners commit to enhancing their community navigator staff through multiple efforts, including:

- ▶ **Children’s National** will create a Community Health Educator & Outreach Core, where place-based child and family advocates, under the leadership of an experienced clinician, and from the “home base” of the pediatric medical home, will provide outreach, connect families with young children with services and wraparound supports, teach self-advocacy skills, and help address adverse social determinants of health. Funding from the Clark Foundation will endow this component and will create an impactful and sustainable partnership with the community.
- ▶ **Sibley** will hire a high-risk patient care navigator, who will partner with physicians to engage in outreach and develop referral relationships with community providers. The navigator will help coordinate prenatal testing for patients who come to Sibley by facilitating the collection of medical records, arranging transportation, and coordinating all aspects of patient care and communication. The navigator will also partner with providers to develop educational materials for providers and patients to support their care.

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We envision embedding one member of the Core in each of our community health centers to ensure they are deeply connected with both the families and local partners operating alongside us. Evidence shows how powerful these types of positions are. But, because they are not currently reimbursable by insurance, they are not possible without philanthropy. Endowing this component will create incredible, lasting support for our community..



**Lee Ann Savio Beers,
MD, FAAP**

Medical Director for Community Health and Advocacy, Children’s National Hospital



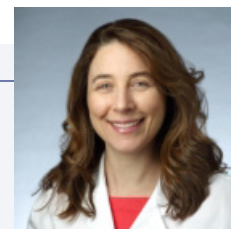
A MedStar Health nurse examines a pediatric patient inside the KIDS Mobile Medical Clinic.

- **MedStar** will expand the existing work of navigators in community pediatrics. Care navigators will connect individuals facing challenges with the appropriate community and social resources and will initiate referrals to care-continuum partners. Navigators will also work as part of the care team to facilitate postpartum, newborn/neonatal, and lactation consultations and care, developing plans for home visits with maternal care specialists, and expand lactation services as needed, while inpatient interventions increase contact with in-house services.

Going forward, each hospital team recognizes the importance of not only strengthening navigation functions within their respective systems, but also integrating the knowledge, communication, and coordination of navigators across systems to ensure full access and effective care for children and families. With that understanding, financing this work through philanthropy will limit the effectiveness and sustainability of this work, therefore more systematic financing solutions will be required.

“

Navigators connect each family to resources in the community and to the rest of the health care system that are critical for optimal health. Navigators are the glue. For effective community health system transformation, these linkages need to be personalized. The patients must feel comfortable and cared-for as individuals. Across DC, all navigators and outreach coordinators who are part of this community health system we are building need to know each other well, and know how to connect their patients with limited effort. These personal connections are the secret sauce, and investing in developing these linkages and maintaining connections with regular trainings and meetings will be the key.



**Janine A. Rethy,
MD, MPH, FAAP**

Division Chief, Community Pediatrics
MedStar Georgetown University Hospital

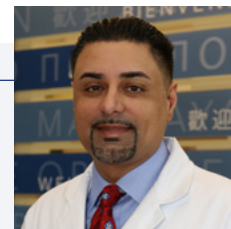
Adverse Social Determinants of Health

It is widely understood that the conditions in which people live and work impact their health and wellbeing. Substandard housing, community violence, environmental toxins, inadequate access to healthy food options, limited and costly public transportation, and community-level stress resulting from institutional racism are known to drive poor health outcomes. Therefore, the effectiveness of traditional health care will be limited if it does not work to mitigate the effect of adverse social determinants of health on patients. All three hospital partners commit to enhancing efforts to address these social determinants of health through multiple efforts, including:

- ▶ **Sibley** will establish a fund to support patients and families who receive obstetric services, with a particular focus on those from marginalized communities. This fund will address non-clinical aspects of providing care to mothers and babies who are in Sibley's care and within the community. The fund will support transportation to and from maternal and family medicine appointments for qualifying patients. Additionally, the transportation fund could also be used to help families visit an expectant mother who has been hospitalized prior to delivery or for mothers who experience barriers in traveling to Sibley to visit their baby in the Special Care Nursery. The fund will also be used to provide necessary supplies and services that patients and families need to support a safe discharge and transition home from Sibley.
- ▶ **Children's National** will address adverse social determinants of health by providing navigators to support expectant and new mothers' mental health through the DC-wide Mother-Baby Wellness Network. Children's National navigators will also conduct outreach, connect families with young children with services and wraparound supports, teach self-advocacy skills, and address adverse social determinants of health. As members of the community trained in this role, they will offer an accessible, familiar presence in Children's National's clinics, in partner schools, and with other collaborators. Their presence will complement the hospital's parent navigators, who work specifically

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Our dedicated staff will also work to help patients address issues such as domestic violence, food insecurity, housing, transportation to and from postpartum care and newborn checkups. For babies who are discharged from the NICU, the case coordinator and social worker will assist families in arranging for any services that are required following a hospital stay, including obtaining medical equipment, making follow-up appointments, and ensuring that families have basic supplies to care for a newborn at home.



Hasan A. Zia,
MD, MBA, FACS, Interim President

Sibley Memorial Hospital



Giving babies the earliest start to good health at Children's National

with families who have children with complex special health care needs, and the family service coordinators in Children's HealthySteps program. Additionally, many of the individual components of the Clark Parent & Child Network have embedded additional care navigation supports into their initiatives.

► **MedStar** will screen all women of childbearing age, regardless of pregnancy status, for risks known to directly impact maternal and infant outcomes, including adverse social determinants of health. In addition to screening, interventions will be enhanced. These interventions include proposed future innovations around direct cash transfers and food delivery that have shown promise in other settings to alleviate the stress of marginalized communities, which is known to be a significant contributor to poor maternal and infant outcomes. Interventions will also include a highly successful screening and tiered-response program including a medical/legal partnership examining adverse social determinants of health to identify systemic barriers that impact these determinants and provide community referrals, social and legal support for improved access to health insurance, housing, special education, and nutrition. As additional interventions become available, MedStar facilities will integrate innovative screening, co-located care, and concrete resources to support interventions across the health specialties.

Going forward, each hospital team recognizes that mitigating adverse social determinants of health is crucial to preventing disease and promoting the health of parents and children, and, therefore, hospitals must partner more effectively with health care providers across the continuum as well as communities service providers, governmental agencies, and other stakeholders to improve access to nutrition, safe housing, and economic resources.

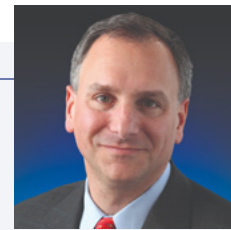
Community-based Health Services

Having the time, resources and support needed to travel to physician offices for health care support presents a major barrier to early, consistent, and high-quality parent-child health for families with low incomes. To address these challenges, all three hospital partners commit to enhancing community-based health services through multiple efforts, including:

- ▶ **MedStar's** KIDS Mobile Medical Health center and school-based health centers have been providing place-based primary care in Wards 6, 7, and 8 for 27 years. MedStar will expand and enhance its health care footprint and services in the community, including plans for an integrated health clinic. In addition, it will expand its longstanding care partnership with community health centers, including parent-child health care partnerships with Community of Hope, Mary's Center, Unity Health Care and Kaiser Permanente, as well as home visiting for pregnant women and newborn babies with Mamatoto Village. Enhancing these programs and partnerships with other service providers in the community health system will ensure that women of child-bearing age are more effectively screened for risk factors, and that prenatal and perinatal care and pediatric care will be accessed in a consistent, coordinated, and caring way. This approach will include enhanced and expanded opportunity for use of midwife services, which has been shown to improve outcomes for many historically marginalized communities.

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The health system needs to stop trying to get people to come to us to get their health care. It is egocentric and arrogant. We have to figure out how to bring preventive health care and the right cultural competencies and technology to make it work. An academic health system needs to be part of the solution as a new wave integration into the community. Local clinics are a good first phase, but the next phase is in churches, health clubs, and homes.

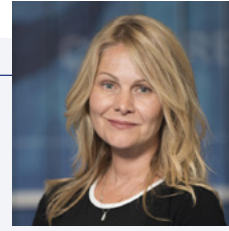


**Neil J. Weissman,
MD, FACC, FASE**

Chief Scientific Officer, MedStar Health
President, MedStar Health Research Institute

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We will use the data generated by the Innovation Incubator to inform the DC community of the most effective and evidence-based screening and intervention tools for pregnant women at risk for mental health problems, to guide policy and advocacy initiatives that will pursue billing/financing mechanisms to promote the long-term sustainability of the screening and interventions that are implemented, and to support universal access to prenatal and postpartum mental health care, and break down existing barriers to access.



Catherine Limperopoulos, PhD

Director, Developing Brain Institute,
Children's National Hospital

- ▶ **Children's National** will partner with a broad array of community health providers with a goal of providing universal maternal mental health screenings during and after pregnancy, providing interventions for those identified as at-risk for mental health disorders, and delivering early interventions for infants and children whose mothers experienced mental health disorders during their pregnancies. The Whole Bear Care program will also expand primary care behavioral health services through specialist training and workforce development at community sites. The Early Childhood Mental Health Specialty Program will create a community-engaged comprehensive early childhood mental health specialty health center that can serve as a training ground for clinicians and expand local workforce capacity. And the Extension for Community Healthcare Outcomes (ECHO) Autism Model will increase access to best-practice autism care, including evidence-based screening and diagnostic procedures, by enhancing community providers' knowledge and competence in autism-specific service delivery.
- ▶ **Sibley** has committed to partner with community-based organizations, supply place-based education and support groups to expectant and new parents, and support community partners in advancing their missions to improve maternal health and wellbeing in the District. Sibley has begun discussions with community partners to better understand how the hospital can support them in meeting the needs of the larger Washington, DC community. Currently, the hospital provides support to a number of community partners through sponsorships, donations, and participating in outreach events. This work will continue and be ongoing to inform additional avenues for program development in partnership with the community. Sibley is also committed to exploring place-based options to expand access to care for mothers at higher risk for future health problems. Key components of this place-based strategy will center around delivering community education and holding support groups. Sibley will explore opportunities to provide postpartum depression screening and support, lactation support, and infant care education within local communities.

Innovative Approaches to Screening and Diagnosis

Health providers face a major challenge in accurately identifying which mothers and babies are at higher risk for future health problems, and in providing preventive support to avoid those problems. To improve the screening process, hospital partners will develop new data algorithms for identifying maternal risk factors more effectively, research fetal biomarkers to better recognize risk factors among newborns, and work with community partners to enhance screening.

- ▶ **Children’s National** will launch an Incubator for Discovery and Innovation, which will refine, test, and rapidly disseminate evidence-based screening, diagnosis, and interventions that support mother-baby wellness in our community, creating a new frontier in prenatal pediatrics. The Incubator will establish a robust, currently unavailable infrastructure for tracking outcomes of mother-baby wellness programs and create a safety net for patient retention in the community.

Strategies include:

- identifying the most reliable and culturally acceptable survey(s) for prenatal maternal mental health screening tools for resourced and under-resourced pregnant women and their children;
 - identifying prenatal biomarkers that predict long-term adverse outcomes in infants at risk;
 - identifying the most effective behavioral interventions in resourced and under-resourced pregnant women associated with a reduction in pregnancy-related complications/outcomes;
 - establishing and implementing comprehensive databases and telehealth mental health monitoring approaches within the DC community; and,
 - advancing dissemination and knowledge translation of key findings.
- ▶ **MedStar** will deploy screening algorithms to identify women at higher risk for future health problems so that they may participate in a continuum of care with a care coordination team that will support access and follow-up. This algorithmic screening of electronic medical records (EMR) will identify patients demonstrating the highest number of health risk factors in order to more effectively target screening efforts. MedStar projects screening 11,500 pre-pregnant, prenatal, and postpartum women over five years, and at least one-third of this group will be offered enrollment in the program’s continuum of care. Working smarter, not harder, this algorithm will identify all women of childbearing age engaged in any MedStar health care service and in community partner agencies with data sharing agreements in Washington, DC. Women can enter

the system of care from many more points of care than were previously considered, expanding opportunities for care. Using this algorithm will make it possible to pinpoint patients who are likely to need intervention, with little-to-no-increased effort on the part of the health system itself. Thus, the “screening” volume will far exceed what would otherwise be possible, and the resulting women and their infants who are identified in need of interventions will be seamlessly moved into the system of care.

- **Sibley** will increase early identification of high-risk patients through screening protocols developed in collaboration with community-based partners. This will include regularly scheduled peer-to-peer telemedicine consultation with community-based partners to review new patients and identify those deemed to be at increased risk for poor pregnancy outcomes. Following assessment of relevant medical, nonmedical, and contextual factors patients deemed to be at increased risk for experiencing pregnancy complications will be co-managed with the maternal fetal medicine team. Additional screening tests may be employed to include sonographic cervical-length surveillance to identify those at highest risk for preterm birth, early screening for gestational diabetes, early screening for preeclampsia risks, screening for postpartum hemorrhage risks, and screening for genetic diseases. Identifying patients at increased risk for such complications allows for early intervention to decrease these risks and manage complications.



Staff caring for an infant in Sibley's Silberman Special Care Nursery.

AREAS FOR FUTURE INVESTMENT

Looking Ahead to Unaddressed Needs

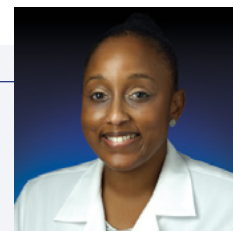
Despite the considerable resources devoted through the Parent-Child Health Initiative, a number of innovations will require levels of collaboration and innovation that merit additional attention from philanthropists and other key stakeholders. Numerous conversations with physicians, nurses, and researchers highlighted many such needs and the following list represents an important sample of these priorities, given the critical role that innovation in these areas will play in developing a comprehensive system of care for parent-child health in the District:

Coordination of Data Collection and Sharing

Families struggle to access health care when care providers lack the ability to share information with each other, and this challenge results in duplication of procedures or gaps in information needed to provide effect care. Although current efforts aim to promote more coordinated data collection and sharing of health data among providers, many stakeholders must come together in new ways in order to effectively collaborate in this area.

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From a system level, we really need to leverage health information exchanges, population management tools, and partnerships with DC Health and the Primary Care Association. We need to do more to address lack of coordination and duplication. We do it well for radiology, but we haven't scratched the surface when it comes to pediatrics, behavioral health, and other areas.



Michelle Roett, MD, MPH

Associate Professor
Georgetown University School of Medicine

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We have a growing overlap of patients seen among hospitals in the area, and can continue building on these connections to integrate the work of all clinicians—obstetricians, midwives, pediatric cardiologists, and others—across hospitals and community health providers.

Rita Wesley Driggers, MD

Medical Director, Maternal Fetal Medicine
Associate Professor of Gynecology
and Obstetrics, Sibley Memorial Hospital

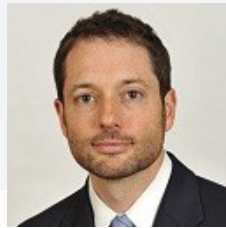


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We need to integrate health care across the age span, starting prenatally and continuing through adulthood. We often focus on the early years, but we need to avoid artificial age cut-offs. Families are more holistic than that. And we need to fully integrate health and mental health for pediatrics and beyond.

Matthew Biel, MD, MSc

Division Chief
Child and Adolescent Psychiatry
MedStar Georgetown University Hospital



Integration of Services

Beyond data sharing, the fragmentation among clinical specialties, physical locations, and funding mechanisms complicate the clinical experience for families and contribute to challenges of delivering high quality health care. As stated by Dr. Neil Weissman of MedStar Health: “We need to make sure our work is woven in a fashion perceptible to the community. When they hear ‘prenatal care and toddlers,’ they see a connection between them. That’s what we need to figure out with people in the room. Then these connections become part of talking points and allow us to connect with community in a cohesive fashion. It has to be visible to the community as a cohesive system of support that adds up to a cultural change in the provider community.”



Nurse with newborn in Sibley's labor and delivery unit.

Telehealth and the Digital Divide

The coronavirus quarantine accelerated the practice of telehealth almost overnight, and what was once a newly emergent practice is now becoming a fundamental mode of clinical care. While this development presents great opportunities to reach mothers and babies, it also poses new challenges, given that households in marginalized communities may have limited or no access to functional devices and poor internet connectivity. Although internet connectivity of patients is an area seemingly far afield from traditional medical practice, hospitals recognize that this connection is crucial to the current and future delivery of care for parents and children.

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The rapid adoption of telehealth has given us confidence to further explore the ways technology offers solutions to challenges of health care access, health literacy, and clinical management. In the perinatal space, the key will be finding ways to leverage technology to address these issues while also facilitating the connections that people make with each other as part of the transition to parenting. Pregnancy and birth are transformative life events that are deeply connected to family and social systems, and health care technology needs to be responsive to this context.

**Loral Patchen, PhD,
CNM, IBCLC**

Director, Section of Midwifery
MedStar Washington
Hospital Center

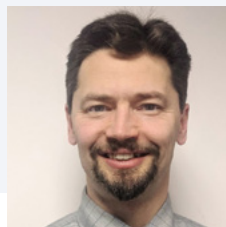


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The method of paying for services is a crucial driver of health outcomes and health system costs. We have an opportunity to bring together national experts, local clinicians, advocates, payers, and policymakers to better understand the successes and shortcomings of our current payment models for maternal and early childhood care. To advance improvements, we can develop options and create scenarios and models that can be piloted and evaluated.

Derek M. DeLia, PhD

Director of Health Economics
and Health Systems Research
MedStar Health Research Institute.



Effective Health Care Payment Models

Too often, the payment rules of public agencies and insurance companies create barriers to more holistic, integrative, and preventive medicine. These rules too often pay for volume of services, rather than value of services. They pay for treatment of illness and injury, but not for prevention. And they pay for isolated interventions, even when a combination of interventions is required. Careful analysis is needed to identify how payment systems can drive better health outcomes and cost savings.

NEXT STEPS

In October 2020, teams from these three hospitals will gather virtually to collectively launch the investments made under the Clark Foundation's Parent-Child Health Initiative, and to discuss the implementation challenges and remaining funding gaps that still must be addressed. Community health providers, family representatives, health advocates, and members of the philanthropic community will also participate in this gathering, because the process of shaping this work going forward will be the work of our entire community. Therefore, the process must include all voices.

As a first step, Children's National Hospital, MedStar Health, and Sibley Memorial Hospital commit to strengthening their collaboration with each other—and, just as importantly, with community-based health providers—in order to strengthen key building blocks of parent-child health, which are:

- ▶ Cultural responsiveness
- ▶ Community health navigators
- ▶ Adverse social determinants of health
- ▶ Community-based health services
- ▶ Innovative approaches to screening and diagnosis
- ▶ Coordination of data collection and utilization
- ▶ Integration of services
- ▶ Telehealth and the digital divide
- ▶ Effective health care payment models

As a starting point, this enhanced collaboration will produce specific, shared goals that these partners will work together toward achieving. These goals will be:

- ▶ strategic, measurable, ambitious, realistic, time-bound, inclusive, and equitable (SMARTIE);
- ▶ agreed upon by all three institutions and their partners no later than March 31, 2021, preferably sooner;
- ▶ achievable by the end of 2026, the end of the Clark Foundation's investment period;
- ▶ reflective of the voices, priorities, and concerns of parents and children;
- ▶ supported by quarterly or semi-annual milestones that will be tracked in partnership with the Clark Foundation; and
- ▶ shared with funders and other community stakeholders, along with progress made toward achievement of these goals, through periodic publications and events facilitated by the Clark Foundation.

These partners welcome input into the development of these goals and efforts to achieve them. Attachment 3 of this report includes a listing of key partner representatives for each of these areas. Through this type of collaboration, Clark Foundation believes that a comprehensive, integrated, culturally grounded and culturally responsive system of parent-child health serving all families in the District of Columbia will become a reality.





SECTION 3

Attachments

One-year-old patient visits her pediatrician at one of Children's National's community-based primary care locations

Attachment 1

KEY COMMUNITY-BASED HEALTH PARTNERS

Community of Hope offers quality health care and stable housing to the most vulnerable mothers, fathers, and children who struggle with health and often experience homelessness through three Federally Qualified Health Centers, five housing programs, and one community-resource hub. The Clark Foundation is the lead funder in the construction of the new Family Health and Birth Center in Ward 5 of Washington, DC, and also provided funding for the organization's implementation of the Babyscripts digital health tool.

Key Contacts:

Kelly Sweeney McShane, President and CEO

kmcshane@cohdc.org

Leah Garrett, Vice President, Development and Communication,

lgarrett@cohdc.org

Early Childhood Innovation Network (ECIN) is a partnership between Children's National Hospital, MedStar Georgetown University Hospital, and a local collaborative of health and education providers, community-based organizations, researchers, and advocates promoting resilience in families and children from pregnancy through age five in Washington, DC. This Network co-creates innovative approaches to protect and enhance parent mental health, optimize early childhood developmental outcomes, and prepare children for school by age five. The Clark Foundation funds support for leadership development, strategic planning, and program development for ECIN.

Key Contacts:

Lee Beers, Co-Director

lbeers@childrensnational.org

Matt Biel, Co-Director

mgb101@gunet.georgetown.edu

Noel Bravo, Director of Program Development

noel.bravo@georgetown.edu

Greater DC Diaper Bank works to empower families and individuals throughout DC, MD, and VA by providing a reliable and adequate source of basic baby needs and personal hygiene products. Greater DC Diaper Bank provides diapers to social service organizations that are already helping families in need through comprehensive programs and services. Services also include: distribution of food, formula, breastfeeding supplies,

bottles, pacifiers, adult hygiene items, baby hygiene items, adult diapers, tampons, pads, and potty-training supplies to families in need. To date, the Clark Foundation has funded essential capacity-building and facilities expansion for the organization.

Key Contact:

Corinne Cannon, Founder and Executive Director

ccannon@dcdiaperbank.org

Mamatoto Village is devoted to creating career pathways for women of color in the field of public health and human services, and providing accessible perinatal support services designed to empower women with the necessary tools to make the most informed decisions in their maternity care, their parenting, and their lives. Mamatoto Village provides home visiting, pregnancy/postpartum, and lactation support to mothers in Washington, DC. The Clark Foundation serves as the lead funder in developing critical clinical and operations infrastructure needed to increase the service capacity for the next generation of work.

Key Contacts:

Aza Nedhari, Executive Director

aza@mamatotovillage.org

Reisa Tomlinson, Development Manager

reisa@mamatotovillage.org

Mary's Center is a community health center serving people of all ages, incomes, and backgrounds in the Washington, DC metro area for over 30 years. To help families on a path toward good health, stability, and economic independence, Mary's Center offers a combination of health care, education, and social support through a Social Change Model that provides medical, dental, and behavioral health services for the entire family, along with social services and family literacy services, all under one roof. To date, the Clark Foundation has supported capacity-building in the areas of strategic planning and leadership development for the organization.

Key Contacts:

Maria S. Gomez, President and CEO

mgomez@maryscenter.org

Heather K. Morgan, Chief Development Officer

hmorgan@maryscenter.org

Attachment 2

KEY HOSPITAL PARTNERS

MEDSTAR HEALTH

Matthew Biel, MD, MSc

Chief, Division of Child and Adolescent Psychiatry
MedStar Georgetown University Hospital

Dr. Biel has clinical interests in child development, trauma and resilience, mood and anxiety disorders, autism spectrum disorders, and psychiatric care of children with medical illnesses. He is involved in research and has published numerous articles and book chapters addressing access to mental health care for underserved populations, trauma and resilience, and family factors in mood and anxiety disorders.

Loral Patchen, PhD, CNM, IBCLC

Vice Chair of Obstetrics and Gynecology
Director, Section of Midwifery
MedStar Washington Hospital Center

Dr. Patchen is a certified nurse midwife, is vice chair of Ob/Gyn and section director for Midwifery at MedStar Washington Hospital Center.

Janine A. Rethy, MD, MPH, FAAP, IBCLC

Division Chief, Community Pediatrics, MedStar
Georgetown University Hospital

Medical Director, KIDS Mobile Medical Clinic/
Ronald McDonald Care Mobile®

Assistant Professor, Georgetown University School of Medicine
Director of Medical Education for Community Pediatrics

Dr. Rethy leads the Division of Community Pediatrics at MedStar Georgetown University Hospital, providing high quality, accessible, coordinated care to vulnerable children and their families in DC. Through the lens of health equity, she has extensive experience implementing and evaluating best-practice solutions in community and preventive health as well as health systems transformations in the private, non-profit, and public sectors.

Michelle Roett, MD, MPH

Associate Professor, Department of Family Medicine,
Georgetown University School of Medicine

Dr. Roett is an attending physician at MedStar Georgetown University Hospital. In addition, she is chair of the Family Medicine Department at Providence Hospital and medical director and associate program director of the Georgetown University-Providence Hospital Family Medicine Residency Program at the Fort Lincoln Family Medicine Center, where she practices full-spectrum family medicine.

Derek M. DeLia, PhD

Director of Health Economics and Health Systems Research,
MedStar Health Research Institute.

Dr. DeLia's research focuses on health care payment and delivery reform, federal and state health policy, performance measurement for accountable care organizations (ACOs), shared savings arrangements, coordination of care for complex patients, emergency medical care, health care access, and health insurance coverage.

(Aaron) Zachary Hettinger, MD

Medical Director and Director of Cognitive Informatics
MedStar Health Research Institute

Dr. Hettinger is dual board certified in emergency medicine and clinical informatics. In these roles, Dr. Hettinger has the opportunity to translate between the languages of medicine, informatics, and human factors with the goal of improving patient safety and health care processes. His primary interests include health information technology, adverse event analysis, and data visualization as they pertain to reducing hazards in the health care environment..

Nawar M. Shara, PhD

Director, Department of Biostatistics and
Bioinformatics, MedStar Health Research Institute

Director, Biostatistics Core, Georgetown-Howard
Universities Center for Clinical and Translational Science

Dr. Shara is an established, NIH-funded, clinical investigator with many years of experience overseeing statistical and data management activities for large, multi-center clinical trials. Within MHRI, she manages a department of PhD- and master's-level associates.

Raj Ratwani, PhD

Director, Department of Biostatistics and
Bioinformatics, MedStar Health Research Institute

Director, Biostatistics Core, Georgetown-Howard
Universities Center for Clinical and Translational Science

Dr. Ratwani oversees the Center's vision and strategy and has overall responsibility for Center activities. Raj has expertise in health information technology, usability and safety, interruptions and workflow, data visualization, and modeling.

Angela D. Thomas, DrPH, MPH, MBA

Assistant Vice President of Healthcare
Delivery Research, MedStar Health

Dr. Thomas is responsible for leading a team of experts to apply rigorous scientific methods to enable next-generation health care delivery through quality, safety, innovation, health economics, payment reform, outcomes, health services research, data science, and health equity.

Neil J. Weissman, MD, FACC, FASE

Chief Scientific Officer, MedStar Health
President, MedStar Health Research Institute

As chief scientific officer, Dr. Weissman provides leadership for the development and implementation of specific scientific priorities, with a commitment to further advancing MedStar Health as an academic health

care system. As president of the Research Institute, he is responsible for the overall strategic and operational direction of the research arm of MedStar Health.

Deliya Banda Wesley, PhD, MPH

Scientific Director for Health Equity Research
Center for Health Equity Research, Healthcare Delivery
Research Network, MedStar Health Research Institute

Dr. Wesley leads the MedStar Health Research Institute's Center for Health Equity Research. She has expertise in health disparities and patient-level factors that impact communication and influence health decision-making. Her research focuses on the unique cultural and contextual factors impacting how racial and ethnic minorities access and utilize health services, with a focus on how patient-facing digital technologies can be optimized for use among the underserved.

CHILDREN'S NATIONAL HOSPITAL

Catherine Limperopoulos, PhD

Director, Developing Brain Institute
Director of Research, Prenatal Pediatrics Institute
Co-Director of Research, Neonatology.
climpero@childrensnational.org

Dr. Limperopoulos is the founding director of the Developing Brain Institute where her research focuses on the developing brain, both in utero and in the newborn stages of life. This lab is developing advanced MRI (magnetic resonance imaging) techniques to examine the structure, connectivity, and metabolism of the brain in ways that cannot be done with conventional MRI studies, all with the long-term goal of being able to identify babies with impaired brain growth as soon as possible, so that the proper interventions and clinical planning can take place.

Lee Ann Savio Beers, MD, FAAP

Medical Director for Community Health and Advocacy
Goldberg Center for Community Pediatric Health
and Child Health Advocacy Institute
Children's National Hospital

Dr. Beers is the founding director of the DC Mental Health Access in Pediatrics Program and co-director of the Early Childhood Innovation Network. She oversees the Community Mental Health CORE (Collaboration, Outreach, Research, and Equity) a public-private coalition that serves as a catalyst to elevate the standard of mental health care for every young person in Washington, DC by increasing primary care provider capacity and achieving systemic policy change.

SIBLEY MEMORIAL HOSPITAL

Marissa McKeever

Director of Government and Community Affairs

Ms. McKeever is responsible for representing Sibley's local legislative and regulatory interests and managing the development of business and community partnerships with Sibley and the Johns Hopkins Health System. She is an attorney and began her career in government.

Rita Wesley Driggers, MD

Medical Director, Maternal Fetal Medicine
Associate Professor of Gynecology and Obstetrics

Dr. Driggers is the medical director of Sibley Memorial Hospital's Division of Maternal-Fetal Medicine, as well as an associate professor of gynecology and obstetrics at Johns Hopkins University School of Medicine. Dr. Driggers is board certified in maternal and fetal medicine, as well as obstetrics and gynecology by the American Board of Obstetrics and Gynecology.

Anu Gupta Mullick, MHSA

Chief of Staff

Ms. Mullick is the chief of staff at Sibley Memorial Hospital. She oversees strategic planning, business development, and several key strategic service lines for Sibley. Anu also serves as the preceptor for Sibley's administrative residency program.

Andrew J. Satin, MD

Dr. Dorothy Edwards Professor and Director,
Gynecology and Obstetrics
Obstetrician/Gynecologist In-Chief
Johns Hopkins Medicine

Dr. Satin is a retired US Air Force colonel and currently leads the Department of Obstetrics and Gynecology at the Johns Hopkins University School of Medicine. He holds several national leadership positions, including president of the American Board of Obstetrics and Gynecology and member of the Board of Directors of the Society for Maternal-Fetal Medicine.

Alexis White, MSN

Director, Women's and Infants' Services

Ms. White is the Director of Women's and Infant's Services at Sibley Memorial Hospital. Ms. White is a dynamic and enthusiastic nurse leader, specializing in organizational throughput and lean-thinking. She possesses outstanding leadership skills and over ten years of experience in cardiac, women's health, labor and delivery, recovery, and postpartum care.

Hasan A. Zia, MD, MBA, FACS

Interim President

With dual board certifications in general surgery and surgical critical care, Dr. Zia joined the medical staff of Sibley Hospital in July of 2006. Since that time, he has served as vice president of medical affairs and chief medical officer, and as the Intensive Care Unit (ICU) medical director, before assuming his current role.

Attachment 3

PARENT-CHILD HEALTH INITIATIVE KEY HOSPITAL CONTACTS FOR COLLABORATION

Collaboration among hospitals is central to the success of the Parent-Child Health Initiative, and the leaders listed below will serve as key contacts for ongoing partnership. In addition, because these hospitals serve as “backbone” partners for the Initiative, they will extend their partnership to include community-based health providers and other collaborators as well.

Area of Collaboration	Children’s National Hospital	MedStar Health	Sibley Memorial Hospital
1. Overall Initiative Coordination	Lee Beers Lead, Infant Toddler Pillar lbeers@childrensnational.org Catherine Limperopoulos Lead, Prenatal Pillar climpero@childrensnational.org Tininka Rahman Project Director, Infant Toddler Pillar Trahman@childrensnational.org	Angela D. Thomas Assistant Vice President of Healthcare Delivery Research Angela.D.Thomas@medstar.net	Anu Mullick Chief of Staff agupta34@jhmi.edu
2. Cultural Responsiveness	Tininka Rahman Project Director, Infant Toddler Pillar Trahman@childrensnational.org Dee Henderson Program Manager dhenderso2@childrensnational.org	Deliya Wesley Scientific Director, Health Equity Research Deliya.B.Wesley@medstar.net	Alexis White Director, Women and Infant Services awhite68@jhmi.edu
3. Community Health Navigators	Melissa Long Faculty Lead, Community Core mflong@childrensnational.org Jessica Quistorff Program Lead, Prenatal Pillar jquistorff@childrensnational.org	Janine Rethy Division Chief, Community Pediatrics, MedStar Georgetown University Hospital janine.a.rethy@gunet.georgetown.edu	A newly hired navigator will serve as key contact. Interim contact is: Anu Mullick Chief of Staff agupta34@jhmi.edu
4. Social Determinants of Health	Tininka Rahman Project Director, Infant Toddler Pillar Trahman@childrensnational.org Dee Henderson Program Manager dhenderso2@childrensnational.org	Loral Patchen Vice Chair of Obstetrics and Gynecology Loral.Patchen@medstar.net	A newly hired navigator and social worker will serve as key contacts. Interim contact is: Anu Mullick Chief of Staff agupta34@jhmi.edu
5. Community-based Health Services	Tininka Rahman Project Director, Infant Toddler Pillar Trahman@childrensnational.org Leandra Godoy Co-Lead, Early Childhood Mental Health Clinic lgodoy@childrensnational.org Jessica Quistorff Program Lead, Prenatal Pillar jquistorff@childrensnational.org	Michelle Roett Chair, Family Medicine, MedStar Georgetown University Hospital Michelle.Roett@gunet.georgetown.edu	A newly hired registered nurse navigator, mental health administrator, and maternal and family medicine physician will serve as key contacts. Interim contact is: Anu Mullick Chief of Staff agupta34@jhmi.edu

Area of Collaboration	Children's National Hospital	MedStar Health	Sibley Memorial Hospital
6. Innovative Approaches to Screening and Diagnosis	<p>Lenore Jarvis Co-lead, Maternal Mental Health Screening, IT Pillar lj Jarvis@childrensnational.org</p> <p>Lamia Soghier Co-lead, Maternal Mental Health Screening, IT Pillar lsoghier@childrensnational.org</p> <p>Catherine Limperopoulos Lead, Prenatal Pillar climpero@childrensnational.org</p>	<p>A. Zachary Hettinger Director, Cognitive Informatics, MedStar Health National Center for Human Factors in Healthcare Aaron.Z.Hettinger@MedStar.net</p>	<p>Rita Driggers, MD Director, Maternal Fetal Medicine rdrigge1@jhmi.edu</p>
7. Coordination of Data Collection and Utilization	<p>Tininka Rahman Project Director, Infant Toddler Pillar Trahman@childrensnational.org</p> <p>Chaya Merrill Director, Child Health Data Lab cmerrill@childrensnational.org</p> <p>Scott Barnett Biostatistician sbarnett2@childrensnational.org</p>	<p>Nawar Shara Director, Biostatistics & Bioinformatics Nawar.Shara@medstar.net</p>	<p>A newly hired data coordinator will serve as key contact. Interim contact is:</p> <p>Anu Mullick Chief of Staff agupta34@jhmi.edu</p>
8. Integration of Services	<p>Tininka Rahman Project Director, Infant Toddler Pillar Trahman@childrensnational.org</p> <p>Donna Marschall Director, WholeBearCare dmarscha@childrensnational.org</p> <p>Jessica Quistorff Program Lead, Prenatal Pillar jquistorff@childrensnational.org</p>	<p>Matthew Biel Chief, Child and Adolescent Psychiatry, MedStar Georgetown University Hospital MGB101@gunet.georgetown.edu</p>	<p>Anu Mullick Chief of Staff agupta34@jhmi.edu</p>
9. Telehealth and the Digital Divide	<p>Tininka Rahman Project Director, Infant Toddler Pillar Trahman@childrensnational.org</p> <p>Dee Henderson Program Manager dhenderso2@childrensnational.org</p>	<p>Raj Ratwani Vice President, Scientific Affairs Raj.M.Ratwani@medstar.net</p>	<p>Ed Grogan Sr. Director of IT ed.grogan@jhmi.edu</p>
10. Effective Health Care Payment Models	<p>Sarah Barclay Hoffman Director of Policy, ECIN sbhoffma@childrensnational.org</p> <p>Dee Henderson Program Manager dhenderso2@childrensnational.org</p>	<p>Derek DeLia Director, Health Economics and Health Systems Research Derek.M.Delia@medstar.net</p>	<p>Anu Mullick Chief of Staff agupta34@jhmi.edu</p>



This brief was developed in 2020 through a series of discussions between the A. James & Alice B. Clark Foundation and the hospital- and community-based health leaders listed in the attachments at the end of the document. These discussions were synthesized into this brief by Noel Bravo, a research instructor at the Georgetown University Center for Child and Human Development and a strategic advisor to the Clark Foundation. Dr. Jamila Perritt, a Washington, DC-based physician and community advocate, provided critical input and guidance on this brief, and serves as moderator of the October 2020 panel discussions focused on this work.

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