

2022 - 2024
Impact Report





Thank You to Our Funding Partners

Health Forward Foundation is proud of the collective impact the Kansas City Health Equity Learning and Action Network is making in doing the work of health equity. We thank our co-funding partners for their collaboration and support as we work to build the capability and capacity of leaders in the Kansas City region to change systems by practicing health equity at community and organizational levels.

As a result, LAN members continue to develop practices, policies, and programs to produce measurable improvements steeped in equity-centered health outcomes for all health care consumers.

With deep gratitude, we thank you for your support:

- The Sunderland Foundation
- Hall Family Foundation
- William T. Kemper Foundation
- Blue KC: Community Wellness Fund
- BioNexus KC
- Patterson Family Foundation
- Prime Health Foundation
- JE Dunn Construction Group

A Look Back As We Move Ahead

The Kansas City Health Equity Learning and Action Network (the LAN) was formed under the leadership of the Health Forward Foundation. The LAN aligns with Health Forward's purpose to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems.

LAN partners include the KC Health Collaborative (KCHC), which brings together health care stakeholders to improve population health and health equity in the Kansas City region, and the Institute for Healthcare Improvement (IHI), which spent more than two decades leveraging improvement science to advance and sustain health outcomes in health and health care globally.

This triad served as the LAN's organizing body and worked collaboratively to create high-quality, data-driven curriculum that focused our regional health ecosystem on equity, humanity, community, and anti-racist practices.

More than 50 member organizations participate in the LAN including federally qualified health centers (FQHCs), community-based health clinics, health systems, physicians, payers, employers, community mental health centers, community-based organizations, and public health departments.

The LAN includes a CEO roundtable, a learning cohort, and an action cohort that provides a forum for engagement, guided by a shared agenda, with education, training, tools, and expertise to change systems, policies, and structures that perpetuate health inequity based on race and ethnicity.

The ultimate goal is to create systems change. This is accomplished by building the capability and capacity of the region's leaders to develop the necessary competencies and practices to realize measurable improvements steeped in equity-centered, culturally responsive health outcomes for all health care consumers.



This Impact Report underscores the LAN's effective leadership of the region's health ecosystem, including accomplishments realized by LAN members. After convening for more than two years, a few key successes include:

- CEOs, many from leading health systems, commit to make health equity a priority.
- LAN members demonstrate continued strength when it comes to building equity capacity, building quality improvement capability, and building capability to tackle adaptive change.
- LAN members experienced notable changes in systems, policies, practices, and programs to advance health equity. (See page 17)
- The LAN evolves its focus to include birth equity for Black women and birthing people as its next iteration.





“

The LAN pushed us to take what we had been doing and create a measurable framework.

The opportunity to connect and learn through the LAN helped us see our work with a new level of intention.”

Emily Hage,
First Call President/CEO

KC LAN Strengthens Regional Collaboration Through CEO Roundtables

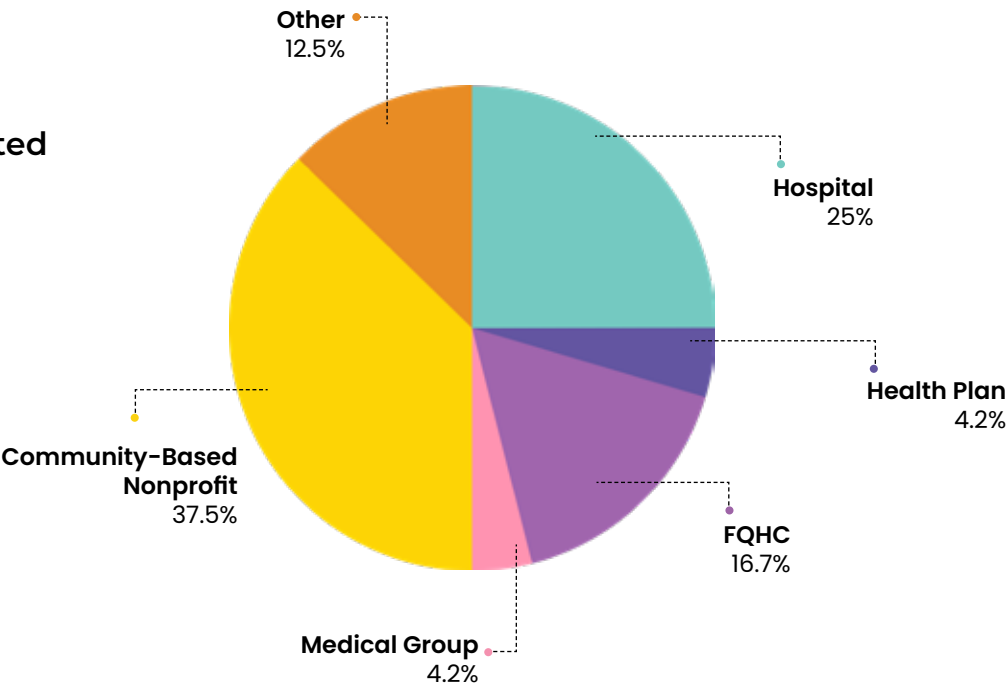
“ Our principal charge was and still is to connect people to their positional power and authority to address health equity.”

Qiana Thomason, President/CEO
Health Forward Foundation

The CEO Roundtable serves as a platform for health care leaders to engage in meaningful dialogue, exchange insights, and foster shared accountability for improving health equity and outcomes across our region. By convening leaders from across the health care ecosystem, including those beyond the LAN partnership, these roundtables promote collaboration and drive collective action to address the challenges impacting our communities.

This ongoing engagement enhances regional alignment, encourages the adoption of effective practices, and supports leadership in making informed decisions that reflect the needs of the populations they serve. Through continued conversation and collaboration, health care leaders remain connected, fostering sustainable solutions that benefit the health and well-being of the communities that we collectively serve.

Sectors Represented









They gave us cultural insight and proximity to issues that we hadn't encountered before. We spent an entire session on language, exploring its nuances and how it reflects sensitivity and respect for the communities we serve. That experience shifted how we think about our work.

We meet regularly now to discuss issues within our health systems and collaborate on disparities much larger than any one organization can solve. The LAN gave us the opportunity to think outside the box and work collectively on these challenges.”

Jessi Johnson,
Children's Mercy Research Institute
Director of Equity and Diversity

KC LAN's Equity Scores Reveal Continual Gains in Strength

“The LAN is a microcosm of the entire health care ecosystem where we can design bold, anti-racist practices, implement these practices, and then measure what happens in real-time. That’s when it hit me. The LAN is not a program or initiative. It’s a movement.”

**Hayat Abdullahi, Director of Community Impact/LAN Lead
Health Forward Foundation**



Shared Learning and Guideposts

The LAN’s learning community comprised a full spectrum of organizations and individuals involved in health and health care, including more than 50 clinicians, health systems, community-based organizations, public health, payers, and researchers. It focused on three areas: equity as a strategic priority, equity in community and clinical care treatment, and equity in addressing social drivers of health. Health Forward Foundation, IHI, and a local group of players that make up the area’s health ecosystem — including grassroots organizations and health care consumers — developed the learning curriculum. In February of 2022, the learning community officially launched.

Uncomfortable Doesn’t Mean Unsafe

Central to the learning community was a shared set of definitions that offered a common starting point. The shared definitions, along with a call to anti-racist practices, ways of thinking, and acting, were sometimes intellectually and emotionally challenging. To help, the learning community curated a set of “guideposts” that set the tone for courage and vulnerability to navigate tensions and eventually see beyond personal lived experiences. One guidepost was ‘uncomfortable doesn’t mean unsafe’, as doing the work of health equity comfortably is unrealistic.

Committing to Nonclosure

Another guidepost was calling people in, not out. Instead of making people feel called out for their belief systems or mindsets, it was an invitation to lean into the learning process, and into a natural curiosity and exploratory way of thinking about health equity work, even while experiencing a sense of vulnerability.

The learning community was also asked to hold tension in “life-giving” ways. This meant not allowing the tension to shut down the conversation or preclude something from being discussed. This was especially important because the work required respecting the different vantage points and addressing tension as it arose. Licensed clinicians were on hand during every session to help the learning community confidentially process, reflect, and express whatever emotion they felt in that moment.

A third guidepost was committing to nonclosure, allowing individuals to stay in the space of having to do their own work outside of the LAN community because that’s where the real work happens.

Systemic and Structural

Several tools were used during the learning cohort, like Racial Equity Institute’s Groundwater Approach, to help practitioners at all levels internalize the reality that we live and work in a racially-structured society. These tools were integral to the learning community’s understanding that the work of addressing anti-Black racism was systemic as opposed to an individual indictment. And through decisions, policies, and practices, anti-racism in health care settings could be achieved through collective action.

Community Transformation Map

To measure change resulting from the learning and action communities, the IHI helped the LAN create a community transformation map (CTM) designed to:

- Assess capacity to engage effectively in health equity work.
- Determine potential next steps by providing a road map to what better and more equitable looks like.
- Prioritize areas of improvement.
- Facilitate community conversations about health equity.
- Track progress over time.

The CTM focuses on three areas: **building equity capability (BEC)**; **building quality improvement capability (BQI)**; and **building capability to tackle adaptive challenges (BAC)**.

CTM questions are scored from one through 10 placing the community on a continuum. Scores are broken down as follows:

1 = Not Yet Started

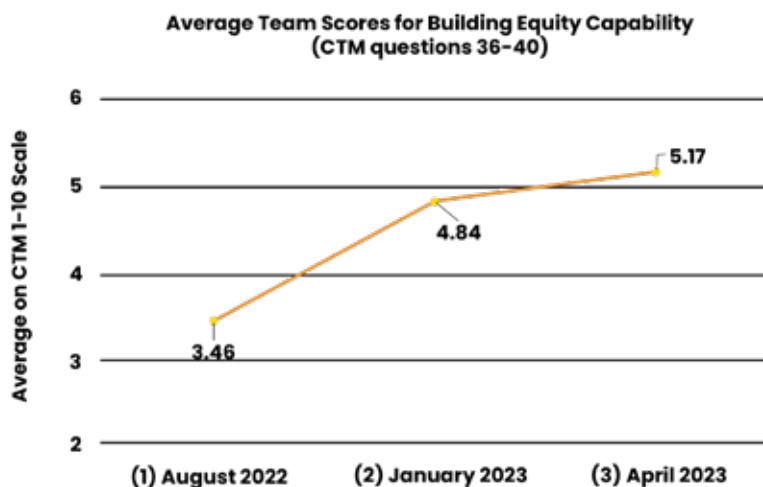
2 - 4 = Starting

5 - 7 = Developing Strength

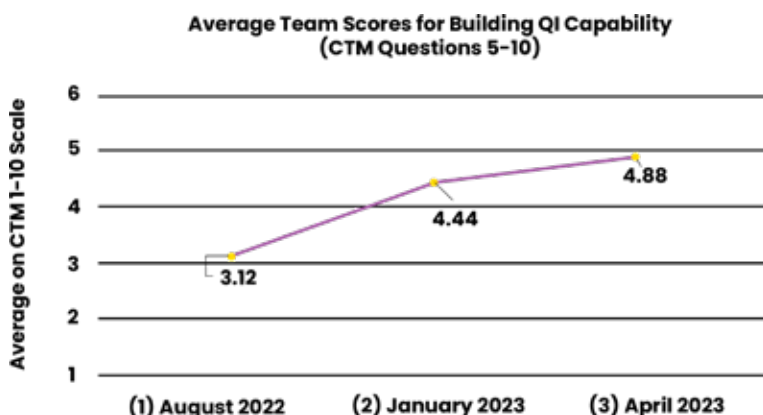
8 - 10 = Sustaining

LAN members completed the CTM on three different occasions — answering the questions individually, as well as collectively within their team to discuss their answers and agree upon a score as a team. It's important to note that teams were asked to think of "community" as the broader Learning and Action Network (the LAN). As seen in the charts to the right, scores continued to show an uptick toward strength development as it relates to these three dimensions.

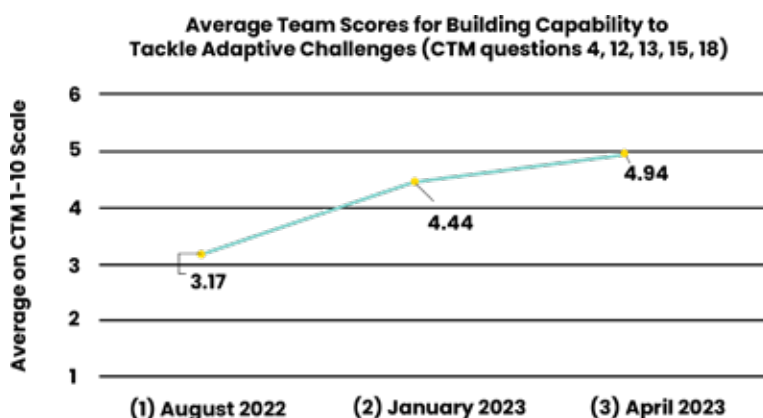
Equity Capability



Quality Improvement (QI) Capability



Building Capability to Tackle Adaptive Challenges







We all have preconceived notions that we live with all the time.

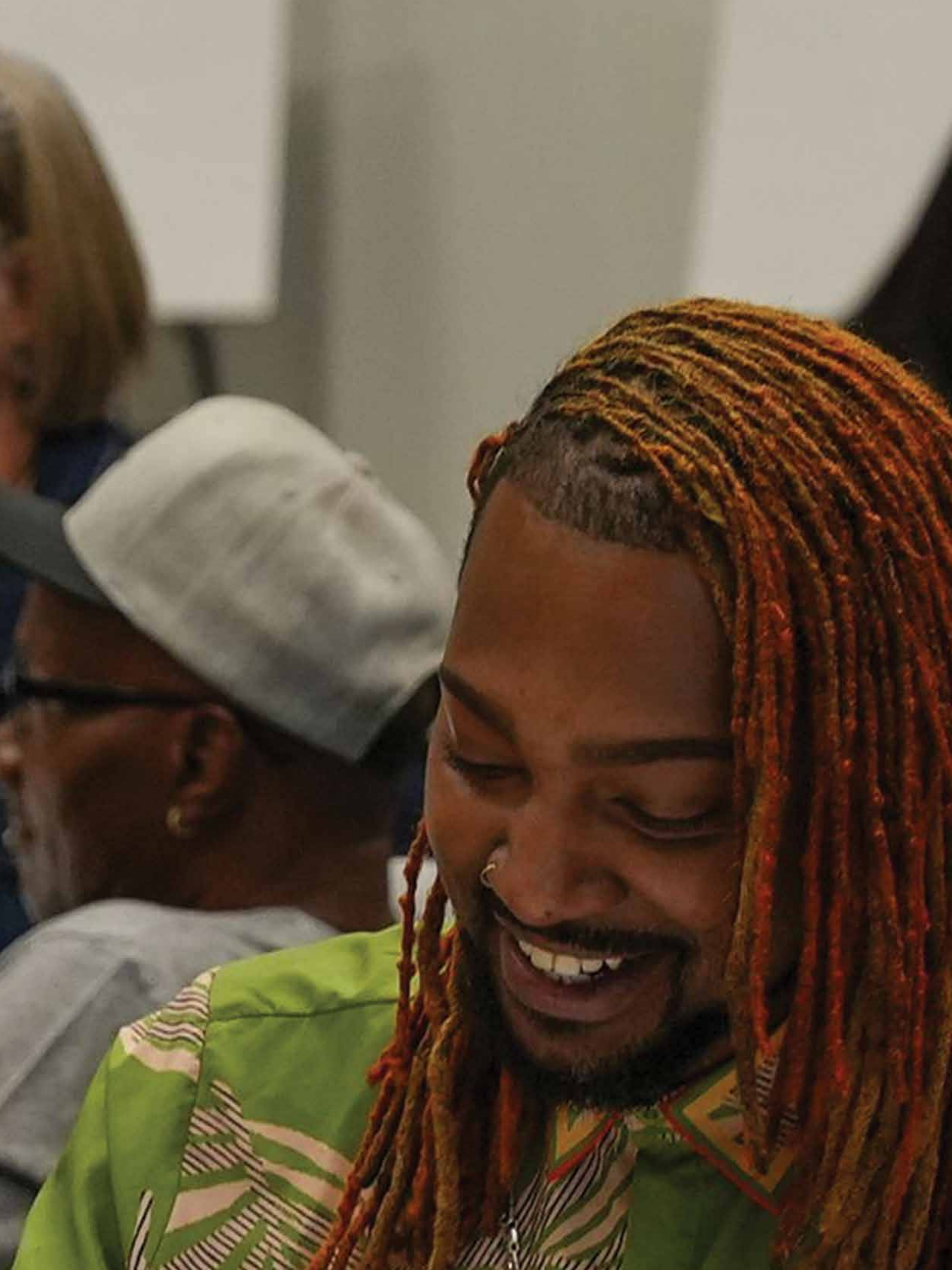
It's really important to continue the conversation, understand where we come from, and why we have the biases we do in order to basically allow ourselves to be challenged."

Wil Franklin,
President/CEO,
KC CARE Health Center

ACTION

TEAMS

1. Centrus Health of KC
2. Children's Mercy
3. El Centro, Inc.
4. First Call
5. KC CARE Health Center
6. KU Health System
7. Mission Vision Project
8. Newhouse KC
9. ReDiscover
10. Saint Luke's
11. Swope Health
12. The REL Team
13. Unified Government
14. University Health
15. Uzazi Village



15 Action Teams Address Health Inequity Using an Anti-Racist Approach

“This change is sustainable and adaptive and not just technical. And this was done in a community that is hungry to be together and to continue sharing, growing, and fostering a healthy, thriving community in Kansas City.”

**Cecilia Saffold, CEO, LAN Facilitator
HealthTeamWorks**



From Learning to Action

Outcomes resulting from the learning phase gave way to an action phase launched in the summer of 2022. It included a competitive application process that required applicants to submit concepts that focused on methodologies that identified, addressed, and developed strategies to tackle health injustices using an equity-centered, anti-racist approach. Fifteen teams, that include 17 organizations, make up the action community.

Varied Focus. Far-reaching Benefits.

Projects included everything from University Health’s work to address health injustices around renal functioning assessments (referred to as eGFR) using race-based clinical algorithms that are known to delay diagnosis and treatment for Black kidney patients — a national issue — to the University of Kansas Health System’s community health worker program, that among many things, focuses on social drivers of health. Action teams were paired with coaches who had experience with traditional models of performance and community improvement. The coaches’ roles included providing guidance and support, while also challenging them to ask the tough questions. Like, what does systems change look like when applied through an anti-racist lens?

Inspired Collaboration

To tackle questions like that one, action team members attended Community Health Improvement Leadership Academies (CHILAs) where they collaborated, shared ideas, and witnessed how each project worked collectively to address biases throughout the Kansas City health ecosystem. Three CHILAs were held, each one for three consecutive days. Competing health systems collaborated during these CHILAs and agreed that the work of health and racial equity is not competitive but symbiotic.

The LAN will continue to convene the action community, follow each project, and provide support as their equity work deepens. The expectation is to see consistent and sustained movement around accountability for those who hold positional power and authority.

The CHILAs served as a monumental evolution from the learning phase to the action phase, starting from a mindset of very technical change and then evolving into an action community focused on collaboration, deep sharing, peer-to-peer learning, and adaptive change.

This was achieved through a commitment to listen to people with different lived experiences and center their voices while working to drive change.

The Work Continues

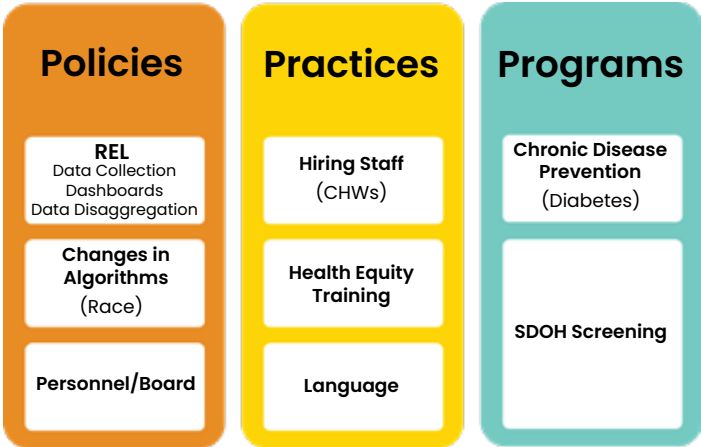
Action team members continue to be vocal about the LAN’s impact on the organization’s ability to address health equity from an anti-racist lens.

For instance, an action team member said because of their experience with the LAN, they remain even more committed to advancing equitable research practices and ensuring that every patient and family served is seen, valued, and supported.

In other instances, race, ethnicity, and language (REL) data is used. It employs demographic data to understand unique health risks and health care needs — from a social experience vantage point and not as a biological factor — to improve quality care. One action team member said the LAN played a huge role in how they used REL data to treat their diabetes patients while also addressing social drivers of health.



There was statistical significance when it came to making changes to advance health equity. Across all changes, these were the primary themes.



Total Number of Policy, Practice, and Program Changes Completed by LAN Members: 153

Measure	Number Completed	50% of Planned Changes Completed
Policy Changes Completed	67	47%
Practice Changes Completed	43	42%
Program Changes Completed	43	45%
Changes in Systems/Policies, Practices, Programs		





We will center [belief] in that process — believing the voices of Black people and Black women, and believing they are most knowledgeable about their own bodies and experiences. We'll use meaningful disaggregation of race, ethnicity, and language (REL) data to uncover differential outcomes as they relate to care, treatment, and access.

We'll explore how to bridge the use of community with clinical systems, and we'll look specifically at blood pressure, knowing that it disproportionately affects Black women and Black birthing people. We'll ensure that blood pressure, as a specific metric, is an area of intervention in this birth equity work.”

Qiana Thomason,
President/CEO,
Health Forward Foundation

What's Next for the LAN?

Birth Equity.

The LAN is preparing for yet another iteration of health equity work, with its core partners KCHC and IHI. The focus now shifts to the region's maternal health crisis, with improved outcomes for Black women, birthing people, and their infants at the center. This birth equity work assumes a quadruple approach.

Belief

One goal is to align the work of community-based organizations already steeped in birth equity, while adding a clinical component that fosters community collaboration.

Listening to the voices of Black women, respecting the knowledge of their own bodies — and lived experience — is one component. The ultimate goal is to build trust and communication between patients and providers.

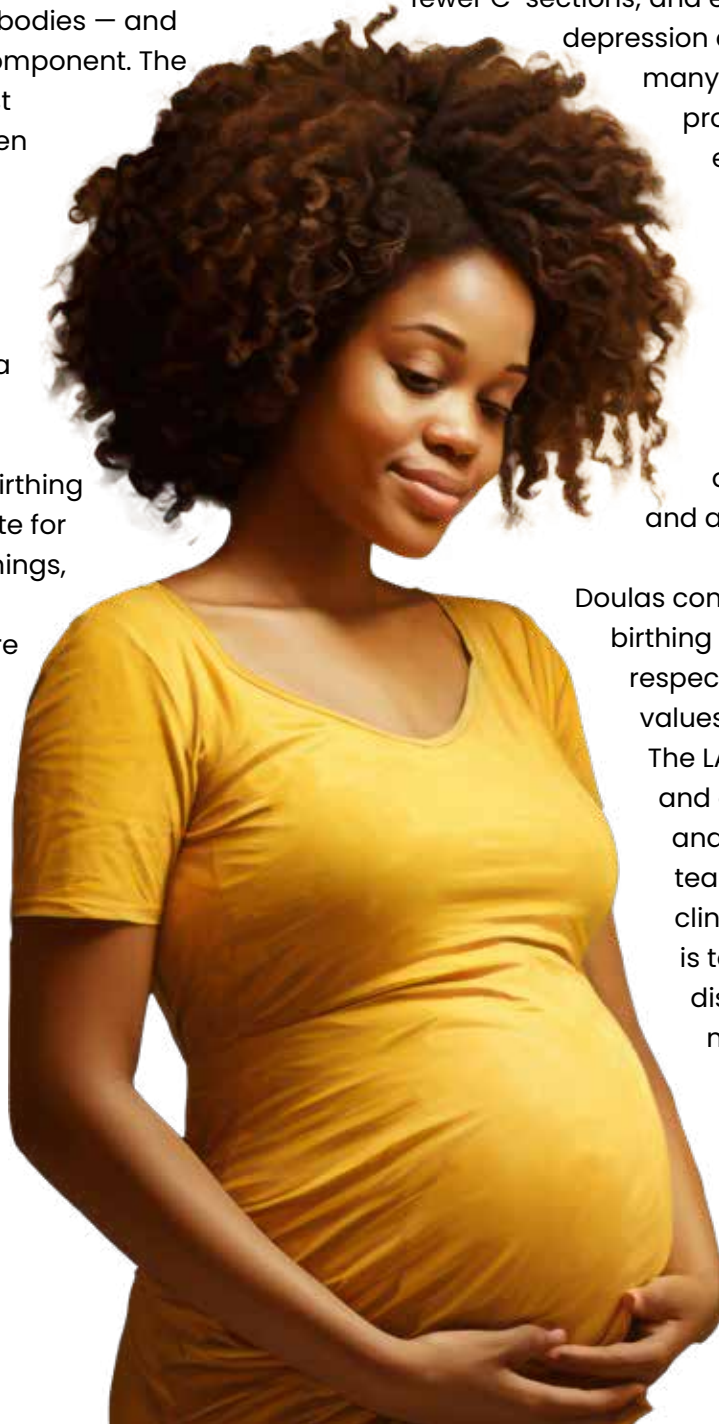
Blood Pressure

Blood pressure will be used as a key metric, and an area of intervention, due to the prevalence of hypertension among Black women and birthing people. The LAN will advocate for regular hypertension screenings, as well as provide specific training around this measure for both patients and providers. Additionally, community collaboration includes partnerships with pharmacies and health clinics to increase access to blood pressure monitoring devices and resources to empower self-management and self-advocacy.

Doulas

According to the March of Dimes, when pregnant women and birthing people are paired with a doula, they are two times less likely to experience birth complications; four times less likely to deliver a baby with low birthweight; have fewer C-sections; and experience anxiety and depression at lower rates, among many other benefits. Doulas provide informational, emotional, and physiological support, and patient advocacy during the perinatal and postpartum periods — helping to mitigate health and racial inequities at doctor visits and during labor, delivery, and after birth.

Doulas connect culturally with the birthing people they support, respecting and protecting their values, beliefs, and preferences. The LAN will partner with doulas and organizations that train and facilitate trust-based, team-based integration with clinical providers. The goal is to address race-based disparities and improve maternal and infant health outcomes.



Data

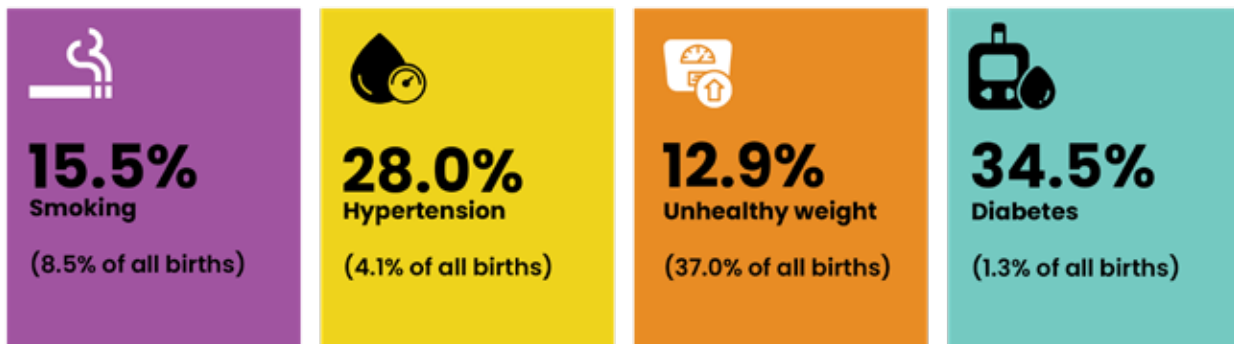
Using race, ethnicity, and language (REL) data, the LAN will build a robust data collection and analysis system of factors that contribute to maternal health disparities to effectively allocate resources to address the root causes of these disparities. REL data is demographic information used to understand unique health care risks and health care needs. It is used to improve quality in health care settings. Race and ethnicity are reflections of identity and social experiences, not biological facts.

The LAN will work with health systems to glean transparent reporting of maternal health outcomes as a measure of transparency and accountability for improving maternal and infant health outcomes for Black women and birthing people. The LAN will also engage Black women and community stakeholders in the design, implementation, and interpretation of maternal health data to ensure interventions are culturally relevant, responsive to community needs, and aligned with the priorities of those most affected by maternal health disparities.

By focusing on Black pregnant women and birthing people, who experience the worst maternal health outcomes in the U.S., pervasive, systemic barriers to quality care will be highlighted and underscored. Identifying and addressing these barriers, through an anti-racist lens — and with the aim to infuse quality-driven approaches that improve maternal health outcomes for those who fare the worst will inherently lead to quality improvements in maternal health outcomes for all pregnant women and birthing people.



Birthing People With Chronic Conditions Are More Likely to Deliver Preterm

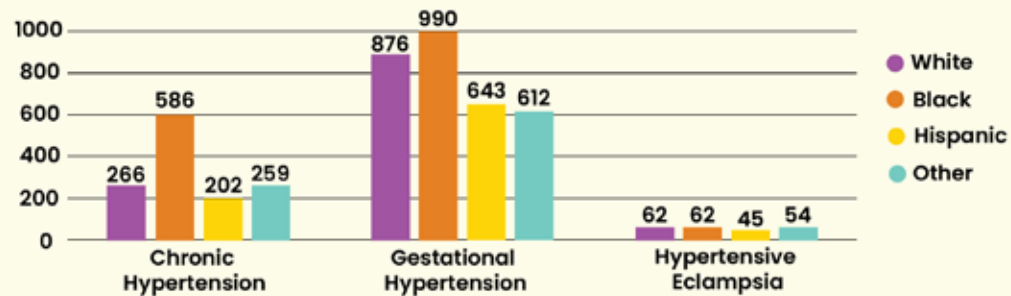


Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy.

Source: National Center for Health Statistics, Natality data, 2021-2023.

Maternal mortality and demographic characteristics of pregnant women and birthing people in Missouri from 2017–2021.

Hypertension During Pregnancy by Race 2018–2020, Ratio per 10,000



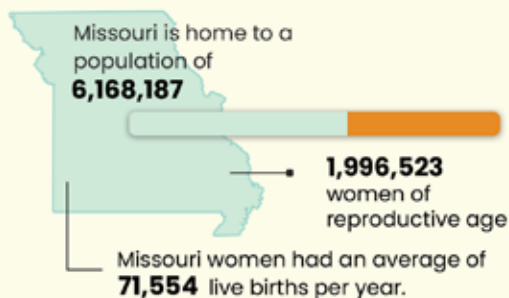
Pregnancy-Associated Mortality

Pregnant people who die in Missouri **every year**

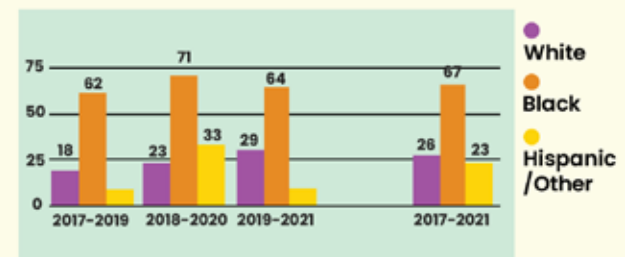
70 **85**

Highest number recorded in **2020**

Birthing Demographics in Missouri

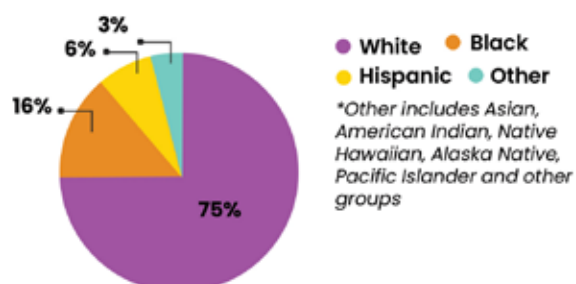


Pregnancy-Related Mortality Ratio per 100,000 Live Births by Race/Ethnicity

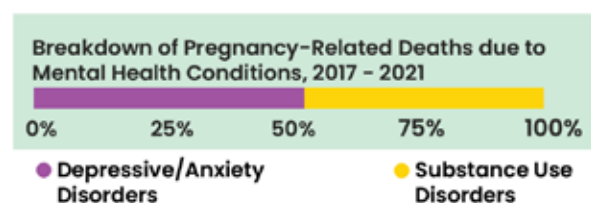


Pregnancy-related mortality is **highest among Black women**, with a ratio of **66.7 deaths per 100,000 live births**.

Percent of MO Live Births by Race/Ethnicity, 2017–2021



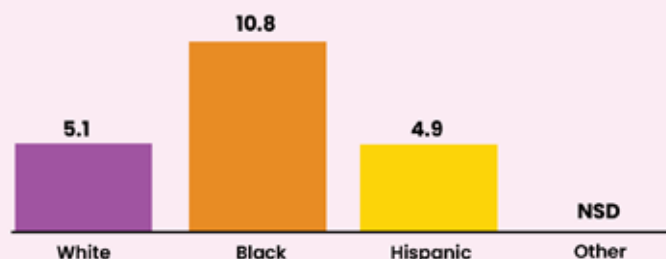
Pregnancy-Related Causes of Death



*Information provided by the MO DHSS 2017–2021 Pregnancy Associated Mortality Review (Published 2024)

Maternal mortality and demographic characteristics of pregnant women and birthing people in Kansas from 2016–2022.

Infant Mortality Rate per 1,000 Live Births by Race Ethnicity, 2021, Kansas



Source: Kff.org

Pregnancy-Associated Mortality 2016 –2022

Number of deaths

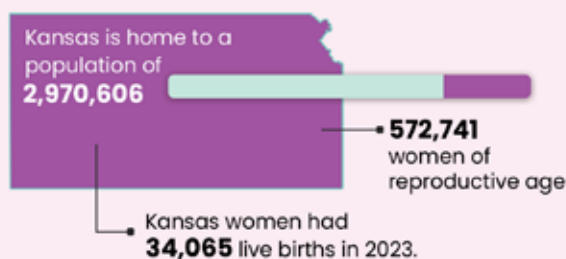
153

59

Maternal mortality rate per 100,000 live births

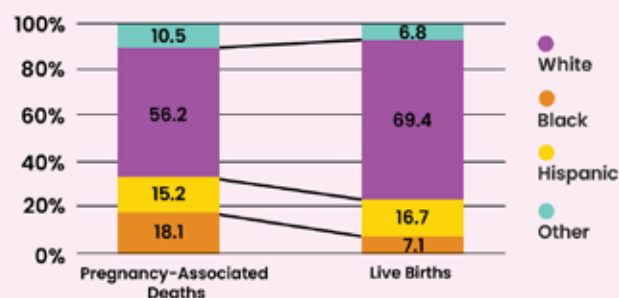
Source: kmmrc.org

Birthing Demographics in Kansas



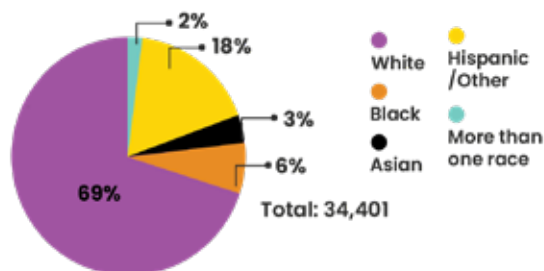
Source: marchofdimes.org

Percent of Pregnancy-Associated Deaths and Live Births by Race and Ethnicity, 2016–2020



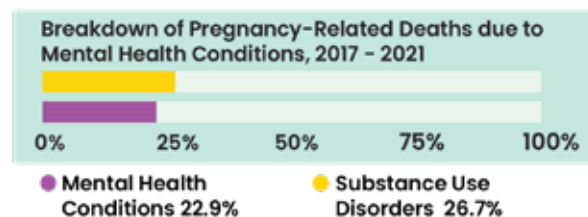
Source: kmmrc.org

Total Births, by Race, 2022



Source: Kff.org

Pregnancy-Related Causes of Death



Source: kmmrc.org



KCHealthEquity.org

