Building Community Coalitions to Improve Children’s Health

Heather Westrick, MBA, CMPE, CCRP
Administrative Director
Office of Population Science and Policy
Southern Illinois University School of Medicine
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SESSION LEARNING OBJECTIVES

1. Describe eight lessons on building community coalitions to unite stakeholders and create solutions to improve the health of children.

2. Define and demonstrate the growing gap in health disparities in rural areas, specifically how those relate to children.

3. Explain population and community health and discuss why social determinants of health is increasingly becoming the key to solving our health challenges.

4. Recognize SIU Medicine’s recent efforts in pediatric population health in its Office of Population Science and Policy.
INTRODUCTIONS

Speaker: Heather Westrick

Education: SIU Edwardsville – BS, MBA

Certifications: Certified Medical Practice Executive, MGMA Certified Clinical Research Professional, SOCRA

Experience: SIU School of Medicine – 1999–Current Statistician Institutional Research Data Coordinator Business/Administrative Associate Administrative Director

Departments: Neurology Center for Alzheimer’s Disease and Related Disorders Center for Clinical Research Associate Dean for Research Office of Population Science and Policy
OUR MODEL

- Know Thyself
- Understand Your Communities
- Sell Your Vision
- Respectfully Say No . . . A Lot
- Ask Questions, Don’t Give Answers
- Aim Big, Settle for Progress
- Build Partnerships, Then Find Money
- Sustainability is the Goal
Know Thyself

Lesson 1
Assist the people of central and southern Illinois in meeting their health care needs through:

- Education
- Patient Care
- Research
- Service to Community
SIU MEDICINE SERVICE REGION

**Entire Region**
- 66 Counties
- Population: Approximately 2.2 million
- 32,000 Square Miles

**Three Rural Regions**
- 20 - 22 Counties each
- Population: Approximately 450,000
- 8,700 - 11,000 Square Miles

**Western Illinois**
- Havana
- Mason District Hospital

**Southern Illinois**
- Carbondale
  - Center for Rural Health and Social Service Development

**Eastern Illinois**
- Mattoon
  - Sarah Bush Lincoln Hospital
Improving the health of residents in central and southern Illinois through research, policy, and education.
TAYLORVILLE, ILLINOIS
15% OF ALL AMERICANS LIVE IN RURAL AREAS

ONLY 1 IN 4 rural adults practice at least 4 of 5 health-related behaviors

- Not smoking
- Maintaining normal body weight
- Being active
- Nondrinking or moderate drinking
- Sufficient sleep

PRACTICE HEALTH-RELATED BEHAVIORS THAT CAN PREVENT CHRONIC DISEASE.
RURAL AMERICA

Americans living in rural areas are more likely to die from the five leading causes of death than their urban counterparts:

1. Heart Disease
2. Cancer
3. Unintentional Injuries
4. Chronic Lower Respiratory Disease
5. Stroke

RURAL AMERICA’S CHILDREN

• A higher percentage of children in rural areas compared with urban areas had parents who experienced financial difficulties meeting basic needs such as food and housing.

• Children in rural areas more often lacked amenities and lived in a neighborhood in poor condition.

In rural areas, 1 in 6 children had a mental, behavioral, or developmental disorder (MBDD).

Children with MBDD more often lacked a medical home, had a parent in poor mental health, lived in families with financial difficulty than children without MBDD.

After adjusting for poverty and race/ethnicity among children with MBDD, those in rural areas more often had a parent with poor mental health and lived in resource-low neighborhoods than those in urban areas.

Source: Robinson et. al. “Differences in Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders Among Children Aged 2-8 in Rural and Urban Areas,” Surveillance Summaries, March 2017
ILLINOIS HEALTH OUTCOMES
SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health

- Physical Environment
  - Environmental quality
  - Built environment

- Socio-Economic Factors
  - Education
  - Employment
  - Income
  - Family/social support
  - Community safety

- Health Care
  - Access to care
  - Quality of care

- Health Behaviors
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex

Population Health

Source: Authors’ analysis and adaption from the University of Wisconsin Population Health Institute’s County Health Rankings model ©2010, http://www.countyhealthrankings.org/about-project/background
Sell Your Vision

Lesson 3
DEFINITIONS OF POPULATION HEALTH

“The health outcomes of a group of individuals, including the distribution of such outcomes within a group.” (Kindig and Stoddart 2003)

“The health of a population as measured by health status indicators and as influenced by social, economic, and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.” (Dunn and Hayes 1999)

“Conceptual framework for thinking about why some populations are healthier than others.” (Young 2005)
OFFICE OF POPULATION SCIENCE AND POLICY

• Created in October 2016

• Academic Arm to SIU Medicine Population Health and Science Program
WHAT IS POPULATION SCIENCE?

Understanding why certain populations are healthier than others and using that knowledge to design programs and interventions to make populations healthier.
To create the systemic change necessary to provide sustainable solutions for the residents of central and southern Illinois.
OUR MISSION

Understanding and advancing the health, development, and wellness of residents in central and southern Illinois.
Senior Leadership

Sameer Vohra, MD, JD, MA
Executive Director

Heather Westrick, MBA
Administrative Director

Wiley Jenkins, PhD, MPH
Science Director

Carolyn Pointer, JD
Policy & Advocacy Director
ADMINISTRATIVE OPERATIONS

• Recruitment

• Professional and Community Engagement

• Communications
ADMINISTRATIVE OPERATIONS

• Community Interaction
  • Building Relationships
  • Forming Partnerships
  • Focus Groups
  • GIS Data
  • Volunteers

• Communication Methods
  • Website
  • Newsletter
  • Bulletin Blasts
  • Social Media
  • Print
  • Television, Video
  • Speaking Engagements
Respectfully, Say No... A Lot
Americans living in rural areas are more likely to die from the five leading causes of death than their urban counterparts:

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2. Cancer
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**Research Priorities**

**Tier 1**
- Cancer and Children’s Research

**Tier 2**
- STIs and Respiratory Health

**Tier 3**
- Projects of Interest (Precision Medicine)
## CHILDREN’S - THREE AREAS OF FOCUS

<table>
<thead>
<tr>
<th>Data Acquisition and Analytics</th>
<th>Disease Focused Population Health Strategies</th>
<th>Systems Based Population Health Solutions</th>
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Ask Questions, Don’t Give Answers

Lesson 5
Focus groups have been created in 6 rural communities in the southern 16 counties of Illinois to gain an understanding of how caregivers view baby brain development.

Goal is to better understand:
- Rural caregiver viewpoints on their roles as their children’s first teachers
- Perceptions on the role of building baby’s brains through developmentally appropriate activities
- Role of the doctor in advising parenting practices
SANGAMON COUNTY PEDIATRIC ASTHMA PROBLEM

• Department of Public Health data shows that Sangamon County is one of the eight worst counties for asthma hospitalization rates in Illinois.

• The poorest zip code in the county (62703) has 247 emergency room (ER) asthma visits for every 10,000 individuals under 18. Compared to the wealthiest zip code (62711) rate of 16.6 per 10,000 individuals less than 18, the poorest kids in the county have 15 times as many ER visits for uncontrolled asthma.
The Children’s Asthma Program has created a community coalition to identify children at greatest risk for severe illness and school absenteeism from pediatric asthma and provide a medicine and home based trigger reduction strategy to improve their health outcomes.

The Program has 4 Strategic Priorities:
- Reduce Home Triggers
- Provide Continuity of Care with Medical Providers
- Ensure Appropriate Medical Coverage for Asthma Needs
- Policy and Regulation Change
Aim Big, Settle for Progress
A day care brain development and parent engagement program aimed at improving developmental outcomes in rural Illinois.

Partnering with Hillsboro Area Hospital, intervention will occur in Hillsboro Community Child Development Center, a day care facility housed within the hospital.

Program will target parent engagement with a model that incorporates developmental milestones as measured during pediatric well child visits.
Build Partnerships, Then Find Money
MACON AND PIATT COUNTIES, ILLINOIS
TRAUMA INFORMED SCHOOL PARTNERSHIPS

• Creating community health care and education coalitions to create trauma sensitive school practices that improve academic achievement and educational outcomes of children.


• Pilot sites in our service region are in Macon and Piatt Counties (rural and urban areas).
TRAUMA INFORMED SCHOOL PARTNERSHIPS

• Keeping Kids Healthy
  • Goal is to create a whole school, whole community, and whole child framework for success.

  • Trauma informed partnerships are essential to building the manner of social and emotional learning necessary for children to succeed in school. Another core component of that success is children maintaining necessary health and wellness.

  • For too long, the health and educational sectors have been separated, but each has a responsibility to build the future of children.

  • We will integrate Decatur’s school and health communities to allow kids the opportunity to be healthy and succeed in school.
TRAUMA INFORMED SCHOOL PARTNERSHIPS

• **Innovation Incubators**
  • Goal is to create a model that will allow change to the culture of schools in order to integrate social emotional learning practices that foster healthy leaders, healthy teachers, and healthy students.
  
  • Actively engaging teachers, staff, students, and parents to identify key health and wellness issues in their own schools, review research around those issues, design targeted solutions, and measure outcomes.

  • We will evaluate the effectiveness of techniques on educational and health metrics such as percent of participants that improved grades, students that progressed to the next grade, truancy indicators, primary care access and utilization, well child visits, and ER department utilization.
PARTNERSHIPS IN PROCESS

• **Quincy, Illinois**
  • Chaddock - “Every Child Deserves a Chance”
  • Residential treatment facility for children who have experienced several abuse, trauma or neglect.
  • Building relationship to help advance and meet the needs of children, families and communities.

• **Centralia, Illinois**
  • Judge Erika Sanders, Marion County
  • Centralia Childhood Trauma Team
  • Building partnership with community leaders, hospitals, law enforcement and educators to identify and address juvenile crime, abuse and trauma.
Sustainability is the Goal
POLICY CHANGE

- Federal and State Legislation
- Agency Regulations
- Law and Regulation Implementation
- Practice Change
- Corporate Policy Change
POLICIES IN ACTION

• Asthma – Medicaid payment reform to pay for asthma based home assessments

• Day Care Baby Brain Building – Analysis and change in day care regulations to incentivize or mandate training in baby brain development

• Trauma Informed Partnerships – Affect laws and regulatory practices around disciplinary practices of children, as well as inform educational achievements metrics for school districts
Remember Who You Serve
BUILDING
CHILDREN’S
FUTURES
BUILDING CHILDREN’S FUTURES
BUILDING HEALTHY COMMUNITIES FOR EVERYONE
Improving the health of residents in central and southern Illinois through research, policy, and education.
Contact Us

Address: Office of Population Science and Policy
201 East Madison Street
Springfield, Illinois 62702

Phone Number: 217-545-7939

E-Mail Address: opsp@siumed.edu

Newsletter: Subscribe at opsp@siumed.edu

LinkedIn/Facebook: SIU Medicine
Office of Population Science and Policy

Twitter: @PopSci2Policy
Questions?