Early Learning, Health & the Wellbeing of Young Children & their Families: What health has to offer

Sherri Killins, Carey McCann, Brenda Jones and Karriem S. Watson

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Introductions

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• BUILD & the Child and Family Policy Center launched the Learning Collaborative on Health Equity and Young Children

• Funding from the Robert Wood Johnson Foundation
Overview

• When families are pushed into poverty and social exclusion, the results are often devastating for children.

  – Difficult to provide adequate care for their children
  – Many deprived of: healthy diet, access to quality health care or learning opportunities.
  – In danger of facing violence and maltreatment.
  – Risk being separated from their families

Overview

• Children of color and their families are more likely than white children and their families to experience social and structural discrimination, exclusion, marginalization and poverty.

• Race influences the social networks available to individuals & networks have a major effect on opportunities.

• Detrimental to healthy child development and learning

Fifty State Chart Book, CFPC
Race for Results, Annie E. Casey
The **Learning Collaborative** has three primary goals:

1. Raise **understanding** and **awareness**
2. Advance **knowledge**
3. Develop and **support** leaders

The **Learning Collaborative** facilitates learning to:

- Integrate the assets of the health and early learning systems
- Promote equitable outcomes for young children
- Produce policy and practice change
The Learning Collaborative strategies for achieving these goals include:

- **Information exchange with peers**
  - cross-state webinars
  - learning tables
  - online discussions &
  - in-person meetings

- **Targeted state/community support**
  - move a data point

- **Create and support a group of health champions and innovators in a CoIN.**
Health and Health Equity Defined

Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.

– World Health Organization

Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

– Healthy People 2020
Today's Focus

1. Learn about the health perspective for birth to five

2. Identify shared interests between health and early learning

3. Foster more intentional partnerships between health and early learning and between states and their communities

4. Generate more conversations of where the Learning Collaborative should go deeper
State Interviews: Young Children’s Urgent Health Needs

- Early identification and the capacity to connect families to needed services
- Medical home/access to well-child visits
- Obesity/Nutrition/Physical Activity
- Infant Mortality
- Social-Emotional
- Oral Health
Role of Family Engagement

States struggle with understanding why families do not follow through with referrals

- Lack of agreement about the causes across states
- Lack of data about those who do not follow through

States brainstormed a range of possible solutions

- Increase parent education and outreach
- Increase access and ease of reaching services, improve transportation
- Development strategies to help overcome previous negative experiences
- Examine medical training re: capacity to work with small children and parents, conduct screenings, respond to parent concerns, etc.
Challenges to Early Learning & Health Addressing Disparities Together

Policy & Resources
• Lack of funding overall & funding for specific services
• Access of resources and services in rural communities
• Lack of materials and services in multiple languages
• Policies not aligned across sectors, e.g. AAP vs Head Start on 30-month check-up
• Lack of available data that captures disparities
• Lack of state data systems that include data points by race and language
• Early reports that health reform efforts may be incentivizing doctors and dentists to be more selective about their patients
Immediate Opportunities for Health and Early Learning

**Developmental Screening**

- Strategy of health and early learning
- Lead varies depending on state funding history, who initiated efforts, etc.
- States struggle with how to capture data

**Title V**

- Early Childhood Comprehensive Systems grant opportunity
- Shared school readiness goal
- Requirement for states to improve connections
- Shared home visiting strategy

**Support Services**

- Challenge/opportunity: how can continuous quality improvement supports and infrastructure in health or early learning assist in advancing integration?
- How can we think about the roles of health navigators, case coordinators, health and mental health consultants, QRIS technical assistance providers, etc. as shared within both health and early learning?

**Specific Tools/Programs States Highlighted**

- Help Me Grow
- Early Development Instrument
<table>
<thead>
<tr>
<th>Current</th>
<th>Emerging</th>
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<tbody>
<tr>
<td>• Focus on Illness</td>
<td>• Focus on creating a “Culture of Health”</td>
</tr>
<tr>
<td>• Take action disparity by disparity</td>
<td>• Impact multiple disparities at once</td>
</tr>
<tr>
<td>• Operate in Silos</td>
<td>• Bring systems together under shared goals</td>
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<tr>
<td>• Attend to individuals</td>
<td>• Attend to families and communities</td>
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Objectives

1. Definition of Health
2. Discuss Social Determinants of Health (SDOH)
3. Infant Health
4. Maternal Health
5. Innovative ways to improve MCH outcomes
6. Stories from the field on community partnerships
What is Health?

Health is a complete state of physical, mental and emotional well-being and not merely the absence of disease or infirmity (World Health Organization).
The social determinants of health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems (WHO).
Social Determinants of Health

Infant Mortality (IM)

Infant Death: any live-born infant who dies within the first year of life

- Neonatal Death: any live-born infant who dies during days 0-27 of life

- Post-Neonatal Death: any live-born infant who dies during days 28-364 of life
Leading Cause of IM

- Birth defects
- Preterm birth (birth before 37 weeks gestation) and low birth weight
- Maternal complications of pregnancy
- Sudden Infant Death Syndrome (SIDS/SUID)
Preterm Birth, by Maternal Race/Ethnicity, 2012*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent of Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>10.29</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>16.53</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.58</td>
</tr>
<tr>
<td>American Indian/Alaska Native**</td>
<td>13.25</td>
</tr>
<tr>
<td>Asian/Pacific Islander*†</td>
<td>10.15</td>
</tr>
</tbody>
</table>

*Data are preliminary. **Includes Hispanics. †Separate data for Asians and Native Hawaiians and Other Pacific Islanders not available.

Low and Very Low Birth Weight, by Maternal Race/Ethnicity, 2012*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Low Birth Weight, &lt;2,500 grams</th>
<th>Very Low Birth Weight, &lt;1,500 grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>6.97</td>
<td>1.13</td>
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<tr>
<td>Non-Hispanic Black</td>
<td>2.94</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.96</td>
<td>1.22</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.33</td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>8.21</td>
<td>1.13</td>
</tr>
</tbody>
</table>

*Data for 2012 are preliminary. **Includes Hispanics. † Separate data for Asians and Native Hawaiians and Other Pacific Islanders not available.

SUID* Mortality Rates, by Maternal Race/Ethnicity, 2009

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Mortality Rate (per 1,000 Live Births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>0.94</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1.92</td>
</tr>
<tr>
<td>American Indian/Alaska Native**</td>
<td>2.14</td>
</tr>
<tr>
<td>Asian/Pacific Islander**</td>
<td>0.37</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.53</td>
</tr>
<tr>
<td>Mexican</td>
<td>0.46</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>1.15</td>
</tr>
<tr>
<td>Cuban</td>
<td>N/R</td>
</tr>
<tr>
<td>Central and South American</td>
<td>0.33</td>
</tr>
</tbody>
</table>

*Sudden Unexpected Infant Deaths (SUID) includes SIDS (R95), Unknown Cause (R99), and Accidental Suffocation or Strangulation in Bed (W75) **Includes Hispanics. N/R: Fewer than 20 deaths; data did not meet the standard of reliability or precision.

MATERNAL HEALTH
"BIRTH ISN’T ONLY ABOUT MAKING BABIES; BIRTH IS ABOUT MAKING MOTHERS STRONG, COMPETENT, CAPABLE MOTHERS WHO TRUST THEMSELVES AND KNOW THEIR INNER STRENGTH."
Pregnancy and childbirth have a huge impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health outcomes are influenced by a woman's health and other factors like race, ethnicity, age, and income.
MCH Industry Challenges

• Stagnant Low Birth and Preterm Rates
• Caesarean Delivery Rates on the Rise
• Expanding Gestational Diabetes and Obesity Rates
• Growing Maternal Mortality Rates
• Post Partum Depression
Enhance Quality Prenatal Care

• Reduce the risk of pregnancy complications.
• Reduce the infant's risk for complications.
• Fatherhood Involvement
• Connect to support services/care coordination

Attention to Behavioral Health
• Trauma Informed Care
• Motivation Interviewing
Enhance Postpartum Visit

- Healthy lifestyle education: nutrition, physical activity
- WIC and FCM referral, if needed
- Signs and symptoms of postpartum mood disorders
- Include fatherhood involvement
- Plan for health care provider or medical home for newborn
- Promotion of exclusive breastfeeding for 6 months
- Reproductive Life Planning (Preconception/Interconceptional Care)
Reasons for Missing Visit

1. I felt good and did not see the need to see the doctor/nurse.
2. I did not think that a postpartum check-up would benefit me or make me healthier.
3. I had no problems with previous deliveries.
4. I did not have a babysitter for my children.
5. I did not have transportation.
6. I did not know how much the appointment would cost.

System Barriers

• Lack of relationship with provider / continuity of care between prenatal care / labor & delivery / postpartum care

• Stress of multiple visits (e.g., pharmacy, WIC, etc.)

• Transportation

• Insensitive staff
NATIONAL MCH INDUSTRY STRENGTHS AND CHALLENGES
National MCH System Strengths & Policy Initiatives

Expansion of Preconception and Interconceptional Care
National MCH Systems Strengths & Policy Initiatives

- Perinatal & Early Childhood Home Visiting Program
- CMS Strong Start for Mothers and Newborns
- COINN- Collaborative
Region V CoIIN Workgroups

In the new federal roll-out, Illinois chose:
– Perinatal Regionalization
– Pre-/Inter-conception Care
– Safe Sleep
– Social Determinants of Health

After a federal re-launch of CoIIN, the workgroups are currently in the process of developing their workplans and activities.
SYSTEM APPROACH
System Approach

- Families
- Early Learning Community
- Healthcare Providers
- Public Health and Community
- Health System
**Triple Aim of Health Equity**

- Implement a Health in All Policies Approach With Health Equity as the Goal
- Expand Our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future

Source: Minnesota Department of Health
Partner Websites

**OPA** - Title X-Family Planning Programs
http://www.hhs.gov/opa/title-x-family-planning/

**CDC** - Breast and Cervical Cancer Screening
http://www.cdc.gov/cancer/nbccedp/

**HRSA** – Title V/Home Visiting/Early Childhood System

Association Maternal Child Health Programs
http://www.amchp.org/Pages/default.aspx

- Local Hospitals
- Local Public Health and County agencies
Text4baby Service Overview

The digital support service for pregnancy & parenting for moms who need it most.

Interactive Text
App
Web & Video

- Pregnancy and baby’s first year.
- 3+ Messages per week
- Broadcast Messages (i.e. alerts, urgent health news, recalls, outbreaks)
- English and Spanish
- Only free health texting service in the US

Goals:
- Early Risk Assessment
- Prenatal & Postpartum Visits
- Well Baby Visits
- Immunizations
- Access to Coverage & Care

Select Topics:
- Prenatal Care
- Development
- Nutrition
- Safety
- Urgent Alerts

Warning Signs
If you have sudden weight gain, blurred vision, severe headaches or swollen hands & face, you may have preeclampsia. Call your Dr. right away. For more info on high blood pressure and preeclampsia in pregnancy, visit text4b.org/048.

Immunizations
Talk with your Dr. about getting a Tdap shot now. It will protect you & your baby from whooping cough: m.text4baby.org/preventing-pertussis.html

Nutrition
A pregnant woman needs about 300 extra calories a day. A 300 calorie snack is 1 cup of low-fat milk with a banana & egg. Snack ideas: text4b.org/012

Diabetes
Diabetes can happen for the 1st time in pregnancy. You may be tested at 24-28 weeks. Your Dr. can help you control it. Diabetes info: text4b.org/043

39 Weeks
Counting down the days until your due date? It may be tempting to induce & deliver early but baby’s brain and organs are still developing. It’s worth the wait! Go to text4b.org/088

Safety
Time to get a car seat! Hospitals won’t let you leave in a car or taxi without one. Need your seat installed? 888-327-4236 or 1.usa.gov/1dAUAF1.
Potential Partners

Lindsay Handelsman, MPH, CHES
Direct: 202-857-2294
lhandelsman@zerotothree.org
www.zerotothree.org
Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.

Dr. Martin Luther King, Jr.
March 25, 1966
Acknowledgements

• Mario Drummonds, MS, LCSW, MBA
• Sarah Verbiest, DrPH
References


Community-Academic Partnerships to address Health Disparities in Maternal and Child Health (MCH)

Karriem S. Watson, DHSc, MS, MPH
Research Scientist UI Cancer Center
Director Community Engaged Research UI Cancer & Mile Square Health Center
ADDRESSING SOCIAL DETERMINANTS IN MATERNAL AND CHILD HEALTH

Equality doesn’t mean Equity
OBJECTIVES

• 1. Discuss importance of partnerships & community engagement in improving maternal & child health outcomes;

• 2. Examine “principles of partnership” to guide successful partnership building;

• 3. Highlight current community engagement & community-academic partnerships.
WHY COMMUNITY ENGAGEMENT & MATERNAL AND CHILD HEALTH

- Inequities & Disparities in MCH occur in communities that also experience inequities in SDOH

IMPORTANCE OF PARTNERSHIPS & ENGAGEMENT

• Community Engagement increases capacity to develop **AUTHENTIC & RELEVANT** research and interventions;

• Community Engagement involving community partners **EARLY & OFTEN** increases likelihood that interventions will address the **NEEDS** of those we aim to serve;

• Community partners involved in research & intervention development supports improved **UPTAKE & DISSIMINATION**.
BEST PRACTICES IN PARTNERSHIP DEVELOPMENT

• Reach out EARLY & OFTEN

• Examine WHO is NOT at the table

• Identify ASSETS of community partners
PRINCIPLES OF PARTNERSHIP

Adopted from Community Campus Partnerships for Health (CCPH):
https://ccph.memberclicks.net/principles-of-partnership
1967: First MSHC neighborhood clinic opens
1990: Mile Square becomes part of UIHHSS
2010: ACA signed into law
2014: Concept of Ambulatory Networks
The Mile Square Health Center: A Federally Qualified Health Centers (FQHC)
Opened in 1967 through a community driven effort
Serving over 30,000 patients annually
5 primary care sites
5 school-based health centers
3 integrated behavioral health centers
MISSION

- Holistic, quality health services in the midst of an underserved, urban community.
- Engagement in a dynamic, empowering relationship with the community.
- Participation as a center for mentoring health professionals, young citizens and our colleagues.
- Commitment to excellence, flexibility in mind and spirit, and clarify in communication.
Primary Care Champions

• Examining MCH disparities within each MSHC site

• Developing interventions based on specific needs of community

• Improving access to Primary Care
MODELS OF EFFECTIVE COMMUNITY-ACADEMIC PARTNERSHIPS

• Based on Community Need: *Low Birth Weight in FQHC and UI Health Underserved Population*

• Builds on assets of community and academic partnership: *Mile Square Health Center and March of Dimes AND UI Health*

• Utilizes community input to address national problems: *Community Advisory Board*
ADDRESSING COMMUNITY NEED

SOLVING THE COMPLEX PROBLEM OF PREMATURE BIRTH

1 in 10 babies is born prematurely.

Premature birth is the #1 cause of death in newborns.

Premature birth is a leading cause of lasting childhood disabilities, such as learning, vision and lung problems.

march of dimes
healthy babies are worth the wait

University of Illinois Hospital & Health Sciences System
Changing medicine. For good.
ABOUT UI HEALTH

• **A patient centered organization**

• **Mission:** advance healthcare to improve the health of our patients and communities, promote health equity and develop the next generations of healthcare leaders

• **Includes**
  – 495-bed tertiary hospital
  – an outpatient facility (OCC)
  – specialty clinics
  – College of Medicine
  – 7 other health science colleges
  – 13 Mile Square Health Center locations (FQHCs)

• As a leader in patient care, research & education, UI Health is committed to **changing medicine for good**
PARTNERSHIP BEGINS WITH LEADERSHIP

Beena S. Peters, RN, MS, FABC, FACHE  
Director of Nursing  
Women & Children Health Services

Dimitrios Mastrogiannis, MD, PhD, MBA  
Professor of Obstetrics & Gynecology  
Director, Division of Maternal Fetal Med. Medicine  
Director, Obstetric Service
Community Based Interventions: 
*Healthy Babies are Worth the Wait®*

Aims: to decrease preterm birth by developing partnerships and programs to achieve the following:

- *Increase a community’s knowledge* about factors that cause preterm birth
- *Change the attitudes and behaviors* for providers and consumers in order to impact community-specific risk factors
- *Implement strategies* to prevent preterm birth
PARTNERSHIP & ENGAGEMENT TO ELIMINATE DISPARITIES

Purpose
In partnership with March of Dimes, UI Health aims to decrease its pre-term birth rate by community engagement, implementation of the PRE-ME intervention tool as well as increase compliance of high-risk obstetric follow-up care, patient engagement and community awareness.

Target Population & Area
Pregnant women residing in the diverse communities served by Mile Square Health Center in Chicago, Illinois.
EFFECTIVE INTERVENTIONS FROM STRONG PARTNERSHIPS

- Community education through events/meetings
- Leveraging motivational interviews to promote healthy behaviors
- An enhanced transportation system
- Development of a high-risk centering pregnancy program
Community Engagement: “Who is at the Table?”

- Increase access to prenatal care
- Strengthen care coordination for patients
- Optimize access to evidenced-based interventions

Preterm birth reductions
thank you!
Questions, Reflections, Comments?
BUILD and CFPC want to partner with others. We bring a learning community approach to the development and diffusion of ideas and strategies. CFPC and BUILD have teamed up to create a Learning Collaborative on Health Equity and Young Children.

For more information:

www.buildinitiative.org
www.cfpciowa.org
Contact

BUILD Initiative
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