

Regional Population Health Improvement Plan

Tennessee State University, College of Health Sciences, *Children's Health*, Mid-Cumberland Region and Davidson County

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Definition of the Problem

- As a state, TN ranks 36th in the country for children's well being
- Across all sectors, stakeholders, advocates, parents and providers, children's health and well-being was the single most important priority which the state needs to address.
- Unhealthy children are more likely to mature into unhealthy adults which has a negative economic, as well as a psychosocial effect on populations.
- Without a healthy, well adjusted work force, and without healthy families and students, the future of TN is in danger

Process

- County Health Officials identified key children's health stakeholders in their counties.
- Stakeholders were invited to take an on line survey which asked them to rank certain children's health indicators in order of importance.
- Results of the survey were analyzed and a series of open ended questions were developed based on the findings
- Researchers travelled to *10/13 Middle TN Region Counties to meet with the Health Councils and other Officials.
- The open ended questions were standardized and each group spent 20-45 minutes answering the questions based on their county priorities.
- Comments were recorded verbatim

Process

- Regional Children's Health Summit was held November 20, 2015
- Findings and priorities from County meetings were tallied and used as the basis for the Summit
- Participants were asked to look at the results of the Stakeholder priorities; add goals, objectives as well as measures of success, needed partners, resources, and recommended leads

America's Children: Key National Indicators of Well-Being (2013)

Health (8)

- Infant Mortality
- Adolescent Depression
- Obesity
- Asthma

Health Care (4)

- Health Insurance Coverage
- Immunizations
- Oral Health

Family & Social Environment (7)

- Family Structure
- Births to Unmarried women
- Adolescent Births
- Child Care
- Child Maltreatment

America's Children: Key National Indicators of Well-Being (2013)

Physical Environment & Safety (8)

- Lead in Blood of Children
- Housing Problems
- Youth Victims of Serious Violent Crimes
- Child Injury and Mortality
- Adolescent Injury and Mortality

Behavior (5)

- Regular Cigarette Smoking
- Alcohol Use
- Illicit Drug Use
- Sexual Activity

Economic Circumstances (4)

- Child Poverty
- Secure Parental employment

Education (6)

- High School Completion

Focus Groups: key findings

Health

- mother's health
- poor prenatal care
- stress
- poor nutrition/food deserts
- lack of gyms in some areas
- too much screen time

Health Care

- Poor oral health generally, not affordable, lack of insurance, education is low
- Lot of parents opting out of immunizations
- Immunizations handled mostly through health departments

Focus Groups: key findings

Family and Social Environment

- Single parent homes, mostly female parent
- Many grandparents raising children
- Financial illiteracy
- Poverty
- Teen pregnancy in some cases going up
- Childcare is expensive
- Access and quantity are issues
- Prevalence of adolescents births if cohort dependent
- abuse

Focus Groups: key findings

Physical Environment & Safety

- Housing - poor, single parent, grandparents, broken
- Most child injury/mortality preventable
- Depression and bullying are increasing
- Lack of supervision of our children/abuse/a parent in jail
- Violence is concentrated with poverty; drugs driving issue with delinquency and lack of supervision; gangs
- Suicide rates going up
- Domestic violence is of high prevalence

Focus Groups: key findings

Behavior

- Access and use of prescription drugs are a big issue; oxycodone
- Lack of structured time for children especially during spring breaks
- Access to marijuana is great
- Alcohol is a party social norm; consequences minimum
- Coping skills are underdeveloped
- Parental influence is key
- Lack of education
- Unprotected, multiple sexual partners
- New issues like - sexting

Focus Groups: key findings

Economic Circumstance

- High – most cases hidden in the community
- Housing, expensive, in cases not safe and of low quality
- Too many food stamps dependent

Education

- Doing better overall with high school completion
- Still pockets of poor achievement especially in math and reading
- Wish reading to young children was increasing
- Parental illiteracy is a barrier

Regional Children's Health Summit: key findings

Causal Factors

- Births to Adolescents (prematurity) (poor pre-conception health)
- Child Poverty (lack of resources to address needs)
- Child Injury (Neglect/Abuse)
- Access to quality comprehensive care
- Chronic illness (obesity/mental health)
- Poor birth outcomes (infant mortality)
- Education

Prevalence

- Obesity Rates (More than 8 times the national average)
- Higher Infant Mortality Rates (More than twice the national average)

Health Disparities

- Prenatal Care Access
- Food Insecurity (access to healthy food)

Availability and Access for Preventive and Treatment Health Svc

- Comprehensive Medical Home
- Young Child Education
- Mental Health Counseling

Goals

Adverse Childhood Experiences

Measures: Volume of referrals for services; volume of utilization of services

Health Status and Outcomes Expected: improved health ranking for TN's children; all children will be kindergarten ready

- Primary Prevention: **By 2018, greater than 50% of the populations in the Region will know of ACES and their affect on Children's Health and well being.**
 - Objective 1: educate community/parents
 - Objective 2: educate healthcare professionals and current students in all health-related fields
- Secondary Prevention: **By 2020, access to mental health services will have increased by 40%.**
 - Objective 1: incorporate more behavioral health coverage in insurance plan
 - Objective 2: identify barriers to access
 - Objective 3: remove barriers to access
- Secondary Prevention: **By 2020, there will be a 50% increase in referral and utilization of services based on early assessments**
 - Objective 1: establish baseline for interventions
 - Objective 2: validate program/resource effectiveness

Goals (con't)

Adolescent Pregnancy

Measures: statewide rates; YRBS responses; rates of involvement in after school programs;

Health Status and Outcomes Expected: decrease in unintended pregnancies

- Primary Prevention: **By 2017, 75% of providers will have conversations with parents @ transitional stages of children**
 - Objective 1: provide students with biological information and safer sex practices not just abstinence
 - Objective 2: Foster open dialogue between teachers, parents and families
- Primary Prevention: (see health care priority) **By July 2020, 90% of children will have accessed and utilized services and EPSDTs @ all ages will have been completed within the last twelve months, especially in ages 10-17.**
 - Objective 1: to pick up earlier sexual activity
 - Objective 2: to pick up early pregnancies
- Primary Prevention: **By 2020, each community will have healthy alternative activities for children**
 - Objective 1: Community assets mapping
 - Objective 2: increase involvement
- Secondary Prevention: **By 2021, the rate of repeat pregnancy will be decreased by 30%**
 - Objective 1: provide opportunities to stay in school to complete degree
 - Objective 2: provide community resources and bridge services

Goals (con't)

Child Abuse

Measures: decrease in number of children having adverse experiences; decrease in number of confirmed child abuse cases; reduction in domestic violence calls/reports; interview with providers; patient surveys; mortality reports

Health Status and Outcomes Expected: decrease unintended injury/death; decrease nonfatal/fatal children reported injuries; increase in the number of whole healthy families

- Primary Prevention: **By 2020, 100% of births will have home visiting services (note this goal is also in the infant mortality priority)**
 - Objective 1: assignment of home visits to 100% all pregnancies
 - Objective 2: additional opportunities for prenatal classes
- Secondary Prevention: **By 2020, there will be a 50% reduction in infant maltreatment cases**
 - Objective 1: promote effective parenting skills
 - Objective 2: promote and foster family relationships

Goals (con't)

Education (Poverty was combined to this priority since education was the key strategy to address poverty)

Measures: increased graduation rates, decrease incarceration rates.

Health Status and Outcomes Expected: a well-educated state population

- Primary Prevention: **By 2020, Parental illiteracy will have been reduced by 20%.**
 - Objective 1: increase awareness of role of education and economic stability in the health of children
 - Objective 2: assist in parents' role as the first teacher of children
 - Objective 3: increase computer literacy of parents
- Primary Prevention: **By 2020, all children will have access to quality early education.**
 - Objective 1: evaluate the effectiveness of our current programs
 - Objective 2: restructure programs according to assessment
 - Objective 3: fund appropriately
- Secondary Prevention: **By 2025, graduation rate will be at 80% in all communities.**
 - Objective 1: proportional counselling services with quality assessments
 - Objective 2: create pipeline linkages with colleges and Universities
 - Objective 3: increase the alternatives to jail
 - Objective 4: parental involvement

Goals (con't)

Health Care

Measures: the number of children enrolled in a regional medical home/health care plan, documentation of utilization

Health Status and Outcomes Expected: Early identification and earlier health interventions

- Primary Prevention: **By 2020, 100% of children will have access to a comprehensive medical home**
 - Objective 1: educating the community about resources and value
 - Objective 2: signing campaigns
- Secondary Prevention: **By July 2020, 90% of children will have increased utilization of services and completion of EPSDTs @ all ages**
 - Objective 1: engage all providers to provide EPSDT like services at all ages
 - Objective 2: community campaign

Goals (con't)

Infant Mortality

Measures: infant mortality rates assessed every 3-5 years, Hedis preconception health measures

Health Status and Outcomes Expected: state infant mortality will rank in the top tier of states

- Primary Prevention: **By 2022, healthy births and early utilization will increase by 20%**
 - Objective 1: increase access to prenatal care
 - Objective 2: completion of well-woman exams
 - Objective 3: implement wellness programs for women of child bearing age
- Secondary Prevention: **By 2018, 100% of births will have home visiting services (same as in Child Abuse priority)**
 - Objective 1: assignment of nursing visits to 80% all pregnancies
 - Objective 2: universal pro-active prenatal classes

Goals (con't)

Mental Health

Measures: utilization of resources, number of school counselor referrals, in school suspension/expulsions, number of documented bullying cases in schools

Health Status and Outcomes Expected: safer environments for children

- Primary Prevention: **By July 2020, 50% more children will have appropriate assessments and screenings in schools (similar to ACES goal #3)**
 - Objective 1: availability of proportional behavioral/mental health/counselor services
 - Objective 2: awareness campaigns
 - Objective 3: access to intervening services
- Secondary Prevention: **By 2020, the reported cases of 'bullying' will have decreased by 50%**
 - Objective 1: awareness
 - Objective 2: implementation of best practices
 - Objective 3: parental involvement

Goals (con't)

Obesity

Measures: prevalence of obesity, coordinated school health data

Health Status and Outcomes Expected: Students in TN will exceed national goals for physical activity

- Primary Prevention: **By 2020, community will have 50% more access to formal nutritional information**
 - Objective 1: collaboration with UT Ag Extension/AHEC/others
 - Objective 2: community grand rounds
- Primary Prevention: **By 2020, the number of in school physical activities will be increased by 75%**
 - Objective 1: increase partnership with newer technological inventions
 - Objective 2: affect school curriculum
- Secondary Prevention: **By 2022, the number of children tested to be overweight will decrease by 25%**

Goals (con't)

Substance Abuse

Measures: number of pediatric accidental overdoses

Health Status and Outcomes Expected: Prevent the increase in poisoning deaths caused by unintentional or undetermined intent among children aged 5 to 21

- Primary Prevention: **By 2020, increase community awareness regarding substance abuse and particularly accidental prescription usage by children**
- Secondary Prevention: **By 2020, decrease by 50% access to prescription drugs in homes**
- Tertiary Prevention: **By 2020, decrease by 75% the number of pediatric overdoses**

Recommendations to Achieve Population Health Improvement

Community-Centered Health Neighborhoods (Accountable Health Community Model)

“The Accountable Health Communities (AHC) model addresses a critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of beneficiaries’ impacts total health care costs, improves health, and quality of care. In taking this approach, the Accountable Health Communities model supports the Center for Medicare & Medicaid Service’s (CMS) “better care, smarter spending, and healthier people” approach to improving health care delivery.”

- Includes all individuals eligible for Medicaid, Uninsured and Medicare recipients
- Encouraged under Affordable Care Act
 - Increased payments to primary care providers
 - Expanded insurance coverage
 - Funded Medical home pilots across country.
- Expands coverage by directly providing resources to address non medical needs that impact health
- Improves quality by closing the loop in patient centered care, and addresses the needs of the individual over the needs of the practice

Recommendations to Achieve Population Health Improvement

Community-Centered Health Neighborhoods (Accountable Health Community Model)

- Reduces cost by improving patient follow through on referrals and treatment plans, which leads to improved health outcomes, which decreases the need for additional medical interventions, and therefore lowers cost
- \$1.50 return for each \$1.00 spent (Robert Reid, MD- Health Affairs)
- Effective integration of community based prevention into health services delivery
- Promotes clinical-community collaboration through:
 - Screening of community-dwelling beneficiaries to identify certain unmet health related social needs
 - Referral of community –dwelling beneficiaries to increase awareness of community services
 - Provision of navigation services to assist high risk community dwelling beneficiaries with accessing community services
 - Encouragement of alignment between clinical and community services to ensure that community services are available and responsive to the needs of the community dwelling beneficiaries.

Recommendations to Achieve Population Health Improvement

Community-Centered Health Neighborhoods (Accountable Health Community Model)

- Employs a *Community Care Coordination System (data interoperability plus personalized Service coordination)*
 - Connects organizations and initiatives to share information for improving community livability
 - Coordinates the ordering and delivery of community services across all sectors to those in need
 - Care – identify specific needs and goals of families and individuals in the community and promote appropriate personalized success pathways for them
 - Facilitates the formation of team-based care with Medical home as central

Recommendations to Achieve Population Health Improvement

Community Grand Rounds (a play on Medical Grand Rounds)

Constituency health meets population health

- To facilitate translation and increase awareness – from episodes of care to communities of health (increasing population-based health education so health becomes the norm and expected)
- To bridge the gap between medical/healthcare and community understanding
- To obtain a full understanding of disease processes as it relates to the population
- To facilitate dialogue about expected outcomes and what the role of communities could be

Early and Effective Assessments

- To fill the base needs of children earlier in all aspects in order to actualize health (Maslow's pyramid)
- ACE Assessment ---> increase access to earlier beh/mental health services ---> healthier outcomes.
 - Coordinate with current statewide initiative: building better brains
 - Increase screenings
 - Monitor improvements or mitigations
- Transitional and timely EPSDTs --> earlier interventions ---> healthier outcomes

Key Takeaways

- Children's health today has the ability to impact the state's economy tomorrow
- Many of the key indicators of children's health overlap with other topic areas being evaluated in SIM, such as prenatal care (perinatal/tobacco), food deserts (obesity/diabetes), lack of recreational facilities (obesity/diabetes), access to prescription drugs (perinatal), etc. An opportunity to affect multiple health areas with some specific, targeted program interventions.
- Many of the key indicators of children's health overlap with key focus areas for other agencies such as the Department of Education, or Economic and Community Development. An opportunity to work across agencies on a '*health in all policies*' approach to improving children's health.

Key Takeaways

- Improving children's health can be achieved through education, earlier and increased access to care, focusing on behavioral and mental health screening and services, parental and familial awareness, provider engagement and a system of coordination.

THANK YOU. IT HAS BEEN A PLEASURE TO SERVE YOU IN THIS MANNER,

TSU, COLLEGE OF HEALTH SCIENCES