Health relationship, school, institutions: Effective connections

All Children Thrive Learning Network - Cincinnati

September 2019

Cincinnati Children's
changing the outcome toget

3 presentations on health for all children

1. Social and economic factors that influence the health of children and their families
2. Thinking about how pediatric care can help the population's health outcomes
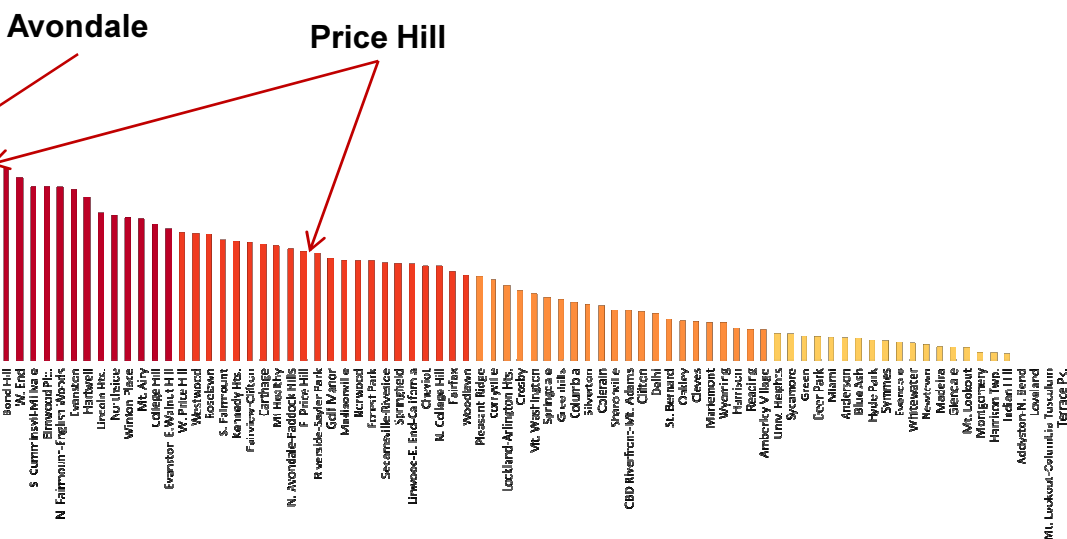3. Effective relations between health, schools and other institutions

1. *Scope of the problem and pediatric response*
2. *Structure and impact of hospital and health system response*
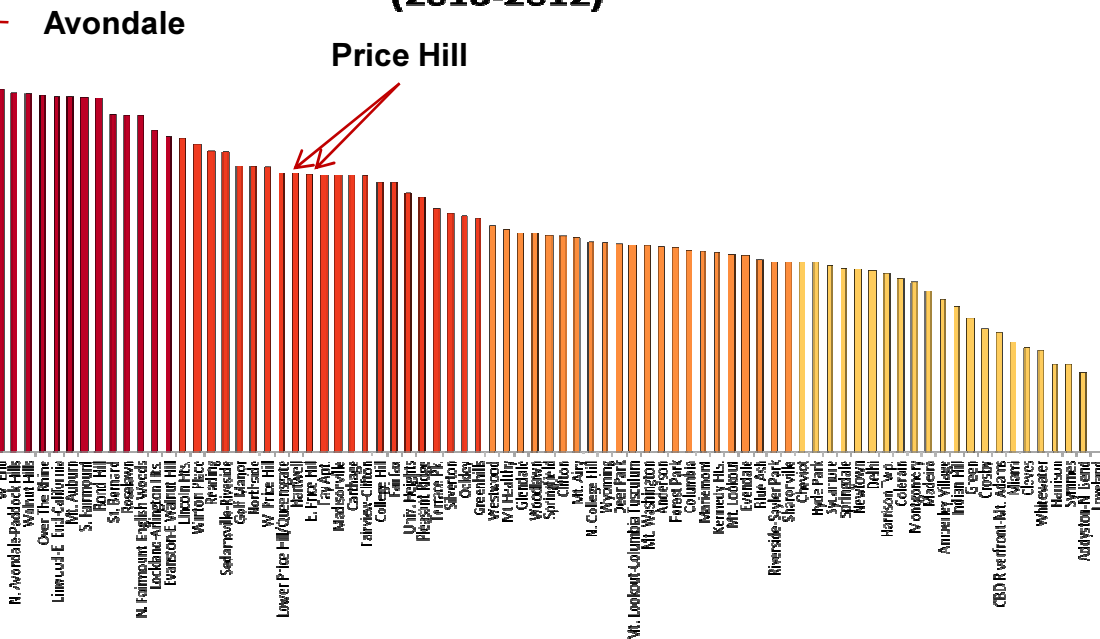3. ***Building a multi-sector response to help all children thrive***

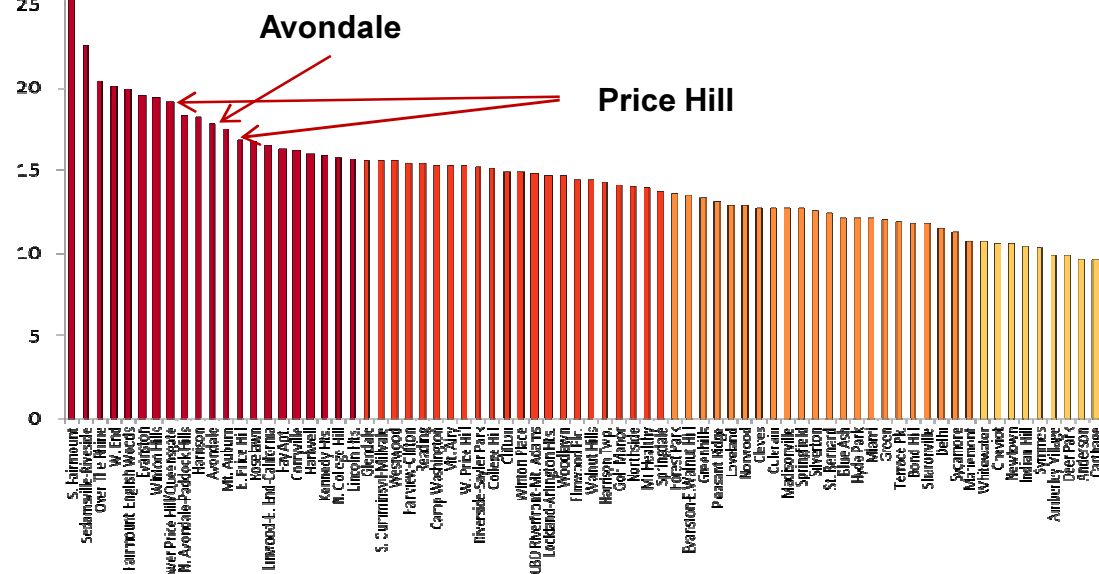# What do children need to lead a full healthy life?
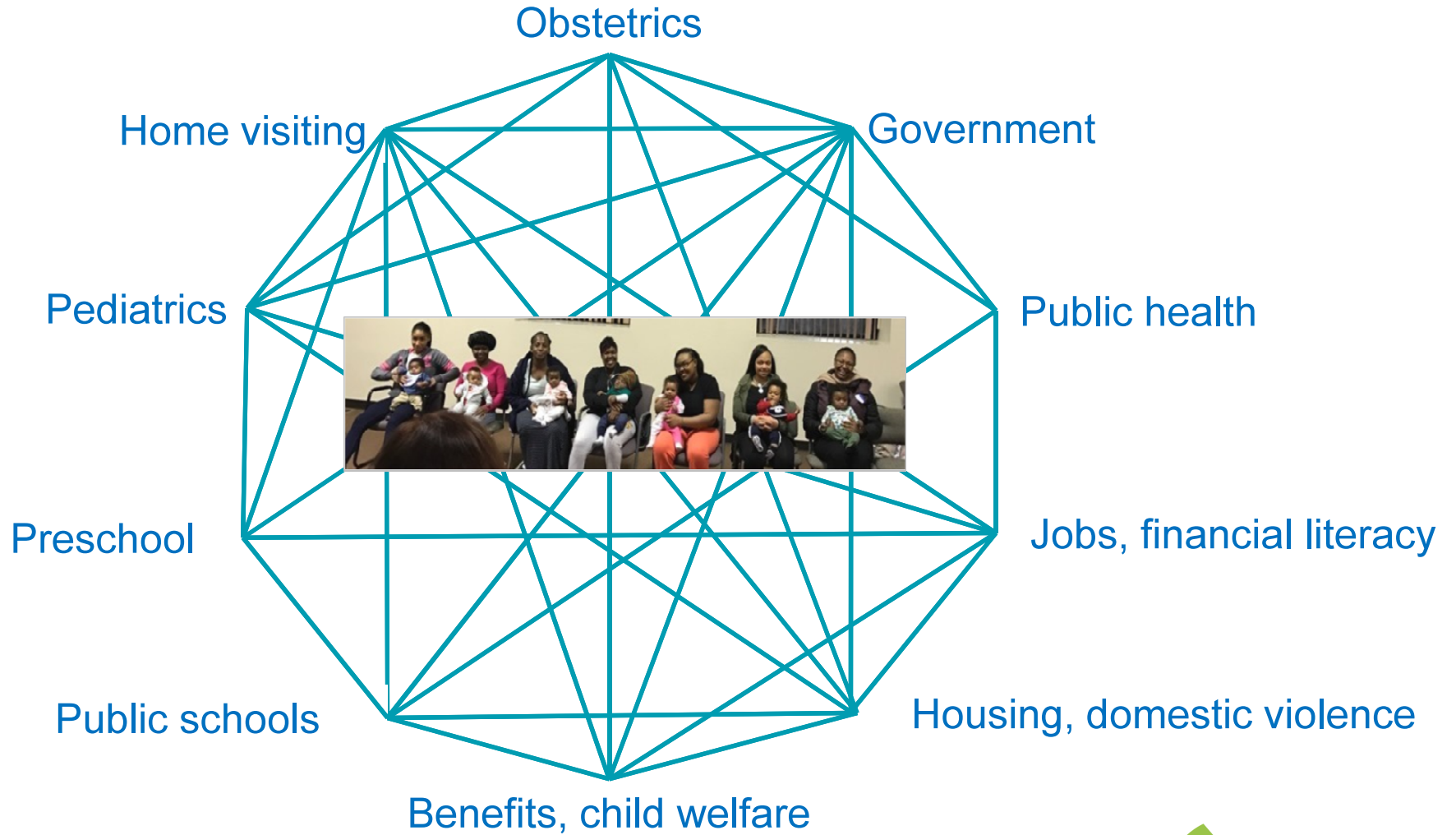
Neighborhood asthma admission rate per 1000 children, Hamilton County, 3 year average (2010-2012)

Avondale

Price Hill

Neighborhood Preterm Birth Rates per 100 births (2010-2012)

Avondale

Price Hill

Neighborhood Injury rate per 1000 children aged 0-16 yrs (2010-2012)

Avondale

Price Hill

Neighborhood Psychiatric Admission Rate per 1,000 Children 3 to < 18 yrs (2012-2014)

Avondale

Price Hill
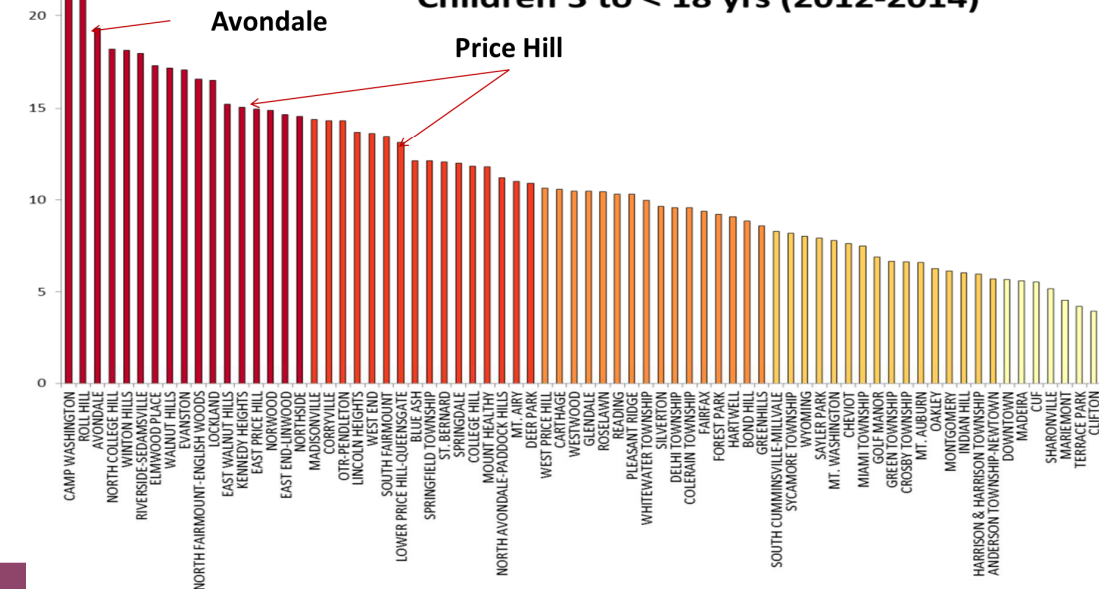
Partnership #1:
Legal advocates to address social, economic and legal problems for families

Cincinnati Asthma Admissions and Neighborhood Asthma Hotspots

Legal Aid Housing Cases Mapped Against Neighborhood Asthma Hotspots
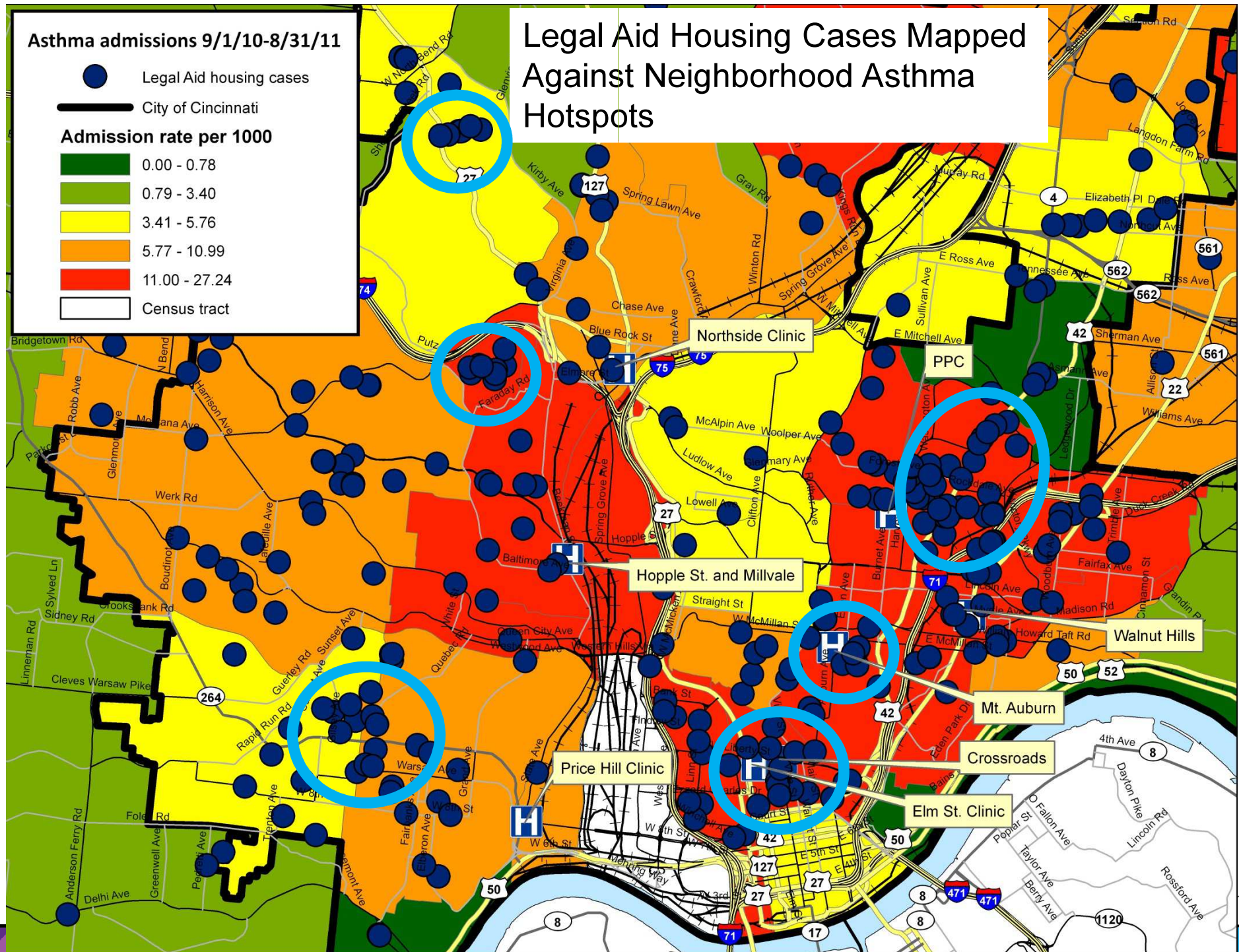
Cincinnati Child Health-Law Partnership (Child HeLP)

- Address families' unmet civil legal needs
- Educate health professionals about social determinants of health
- Advocate for system-level change
- Referrals made in 3 primary care and 3 school-based clinics
- Onsite Child HeLP office at main hospital staffed 4 days a week
- Top 3 case types: housing, public benefits, education

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Child HeLP Process Map

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Partn advocat system– chang

Child HeLP Process Map

...tient ...reens ...tive for ...al need

Provider and patient discuss concerns

If needed, MLP referral is made

Legal partner advocates for family

Partners share patient, case and outcomes data

Patient and family's health and well being improves

Partne... advocat... system-... chang...

Provider education

Referral processes in EHR

Shared data

Shared goals, communication, joint leadership

Improved patient and population health outcomes

Children...
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How do we know if partnership is working?
– one process measure

Referrals per 1000 Well Child Visits
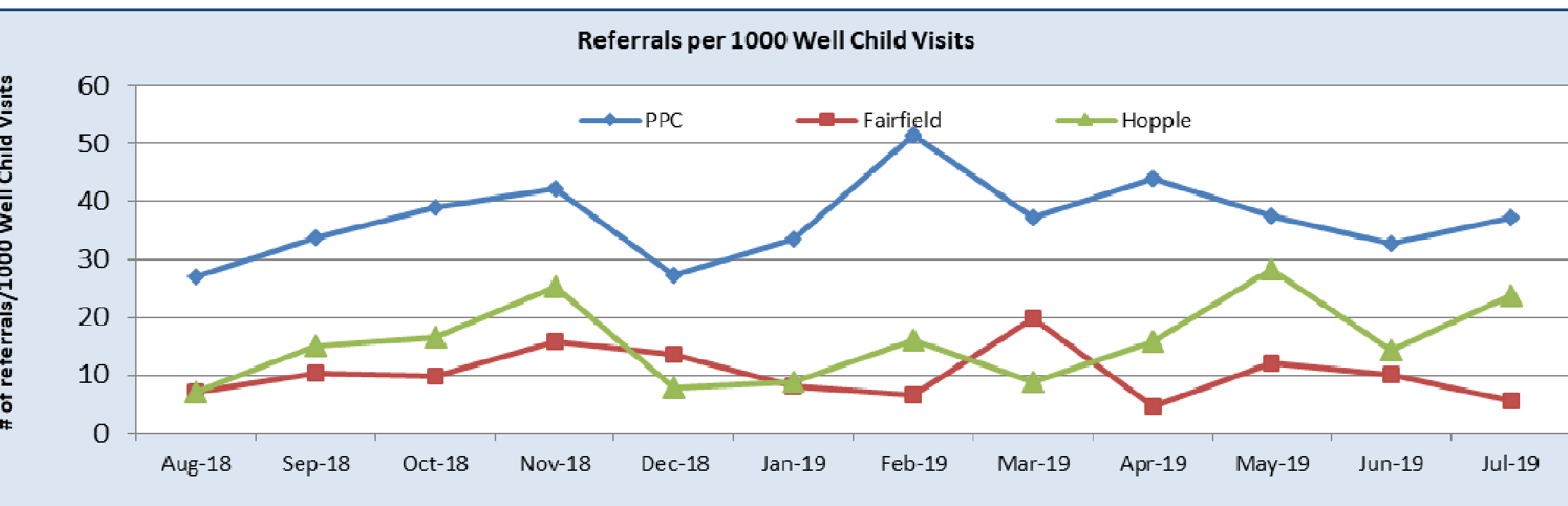
Child HeLP Snapshot

2009 – 2018:

- 7,070 referrals

- 5,230 legal cases opened

- 6,700 positive legal outcomes achieved

- 13,240 children and 6,690 adults helped

- >$900,000 in back and adjusted future public benefits recovered for families

- 600 pediatric interns and residents trained

Partnership #2: Cincinnati Public Schools

Reading proficiently by 3ʳᵈ grade

- Why we committed:
  - Education and literacy have profound effects on health
  - Indicator of 'brain health' – cognitive, emotional, executive function
  - Until 3ʳᵈ grade child is learning to read; after 3ʳᵈ grade, child is reading to learn
  - Cincinnati Children's known for it's quality improvement: 'be the best at getting better'
  - Superintendent of the Public School District asked for help improving student outcomes

K-3 Literacy AIMS
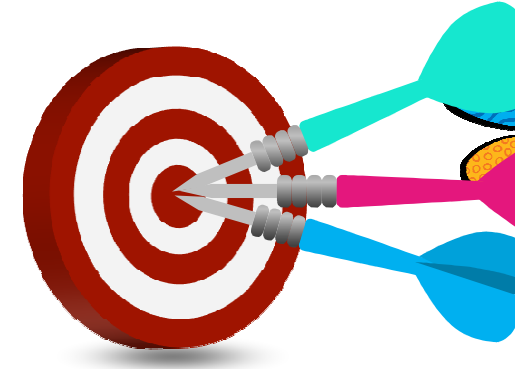
Increase the percent of children reading proficiently by 3rd grade in CPS schools from 46.5% in June 2016 to **71%** by June 30, 2020.
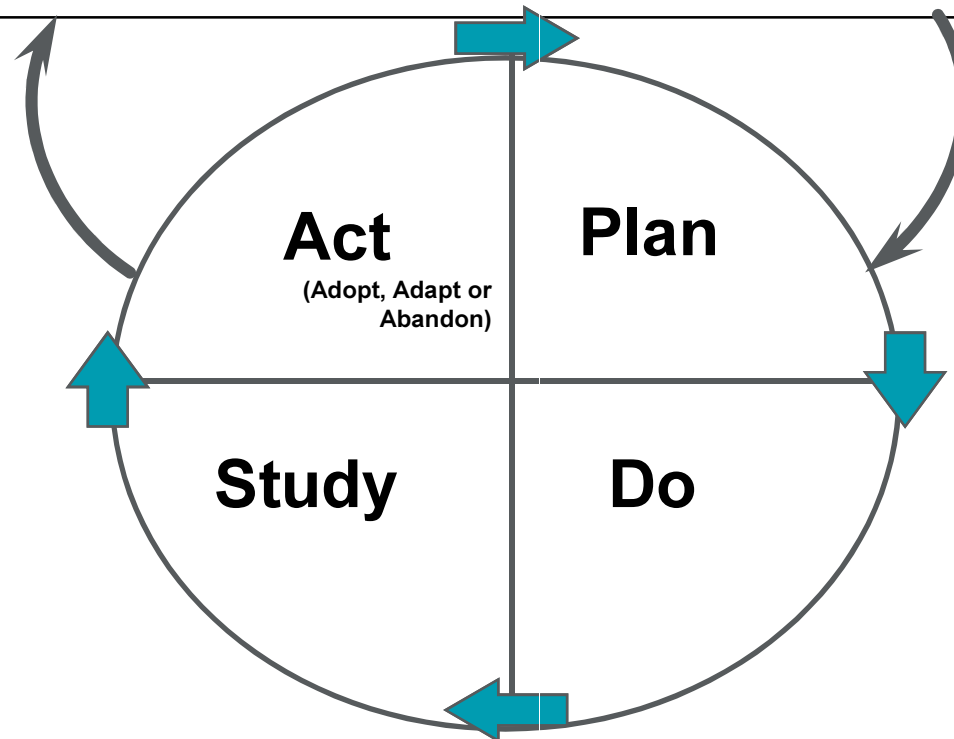
Quality Improvement

Model for Improvement

What are we trying to accomplish? **AIM**

How will we know that a change is an improvement? **MEASURES**

What change can we make that will result in improvement? **THEORY AND IDEAS**

SMART
Specific
Measurable
Action Oriented
Realistic
Timely

Act (Adopt, Adapt or Abandon)

Plan

Study

Do

Then test ideas that are linked to theory and see if results change
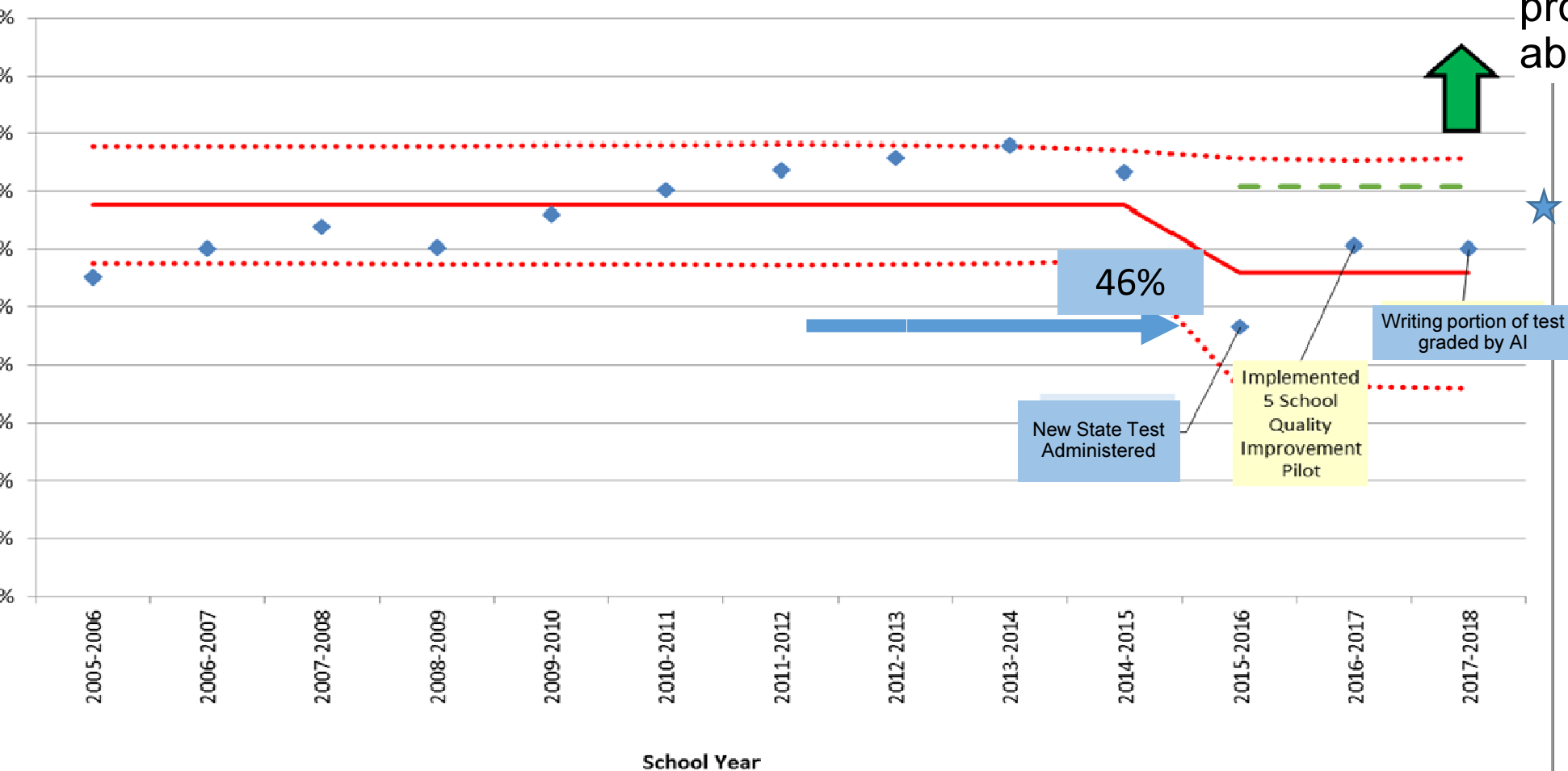
...ey et al. 1996

Quality Improvement Capability Building

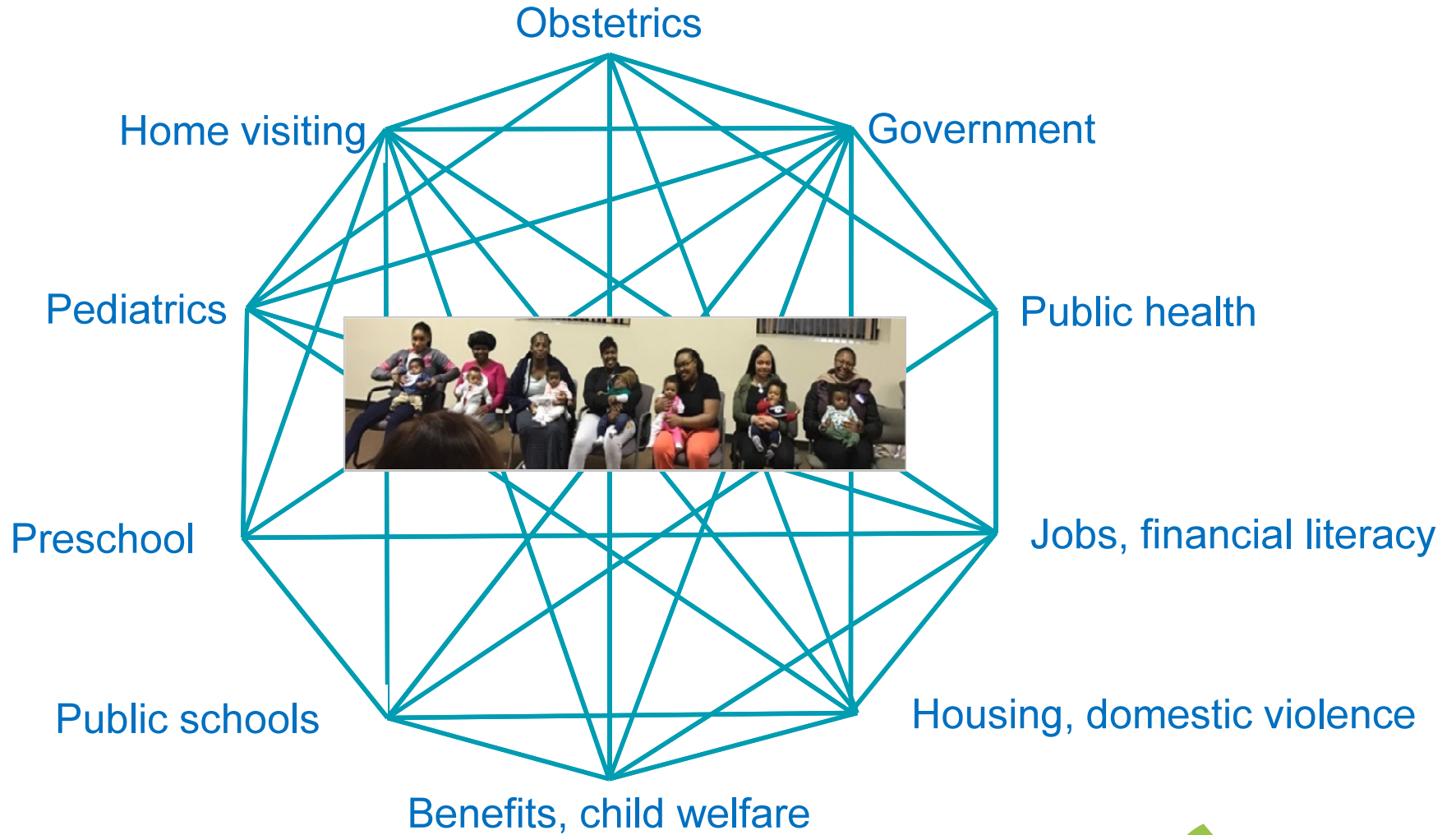| Improvement years	Number of Children Grades K-3	Number of Children 3rd grade	Number of Classroom Teachers
Year 1 (2016-2017)	331	210	10
Year 2 (2017-2018)	557	247	19
Year 3 (2018-2019)	1104		40

Cincinnati Public Schools 3rd-grade students scoring proficient or higher in reading, by school year
Source: Ohio Department of Education
P Prime Chart

Results for SY ... show a spring proficiency scor... about **66.4%**

46%

New State Test Administered

Implemented 5 School Quality Improvement Pilot

Writing portion of test graded by AI

School Year

◆ % of 3rd Grade Students — Average ⋯⋯ UCL ⋯⋯ LCL ▬ ▬ Goal

Cate Rich, James M. Anderson
...ealth Systems Excellence

...son Center for Health Systems Excellence

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Community Quality Improvement Course

Build improvement leaders: schools, public health, child welfare
6 month course
Methodology is the Model for Improvement

- Measurement and analysis
- PDSA and PDSA ramp strategies
- Introduction to reliability

- Psychology of change management
- Systems thinking
- Sustainability & Spread

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OB hospitals

Home visiting

Preschools

Public schools

Public health

Job training

Legal Aid

Public benefi

Obstetrics

Home visiting

Government

Pediatrics

Public hea

Preschool

Jobs, finan

Public schools

Housing, domes

Benefits, child welfare
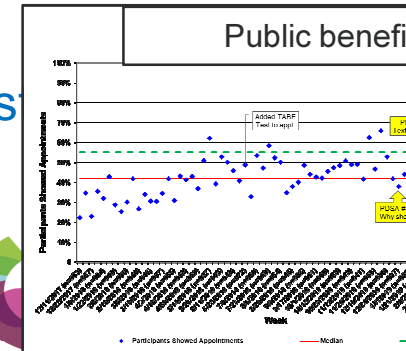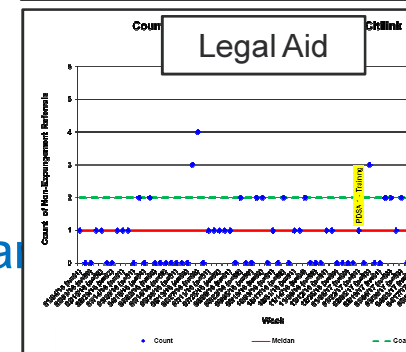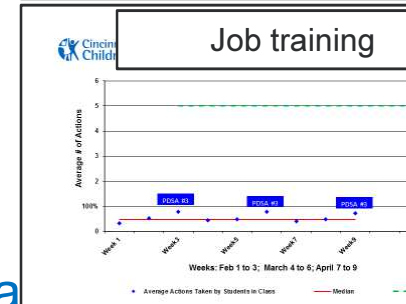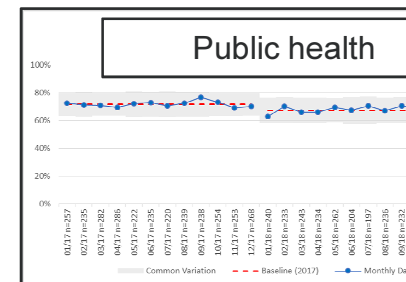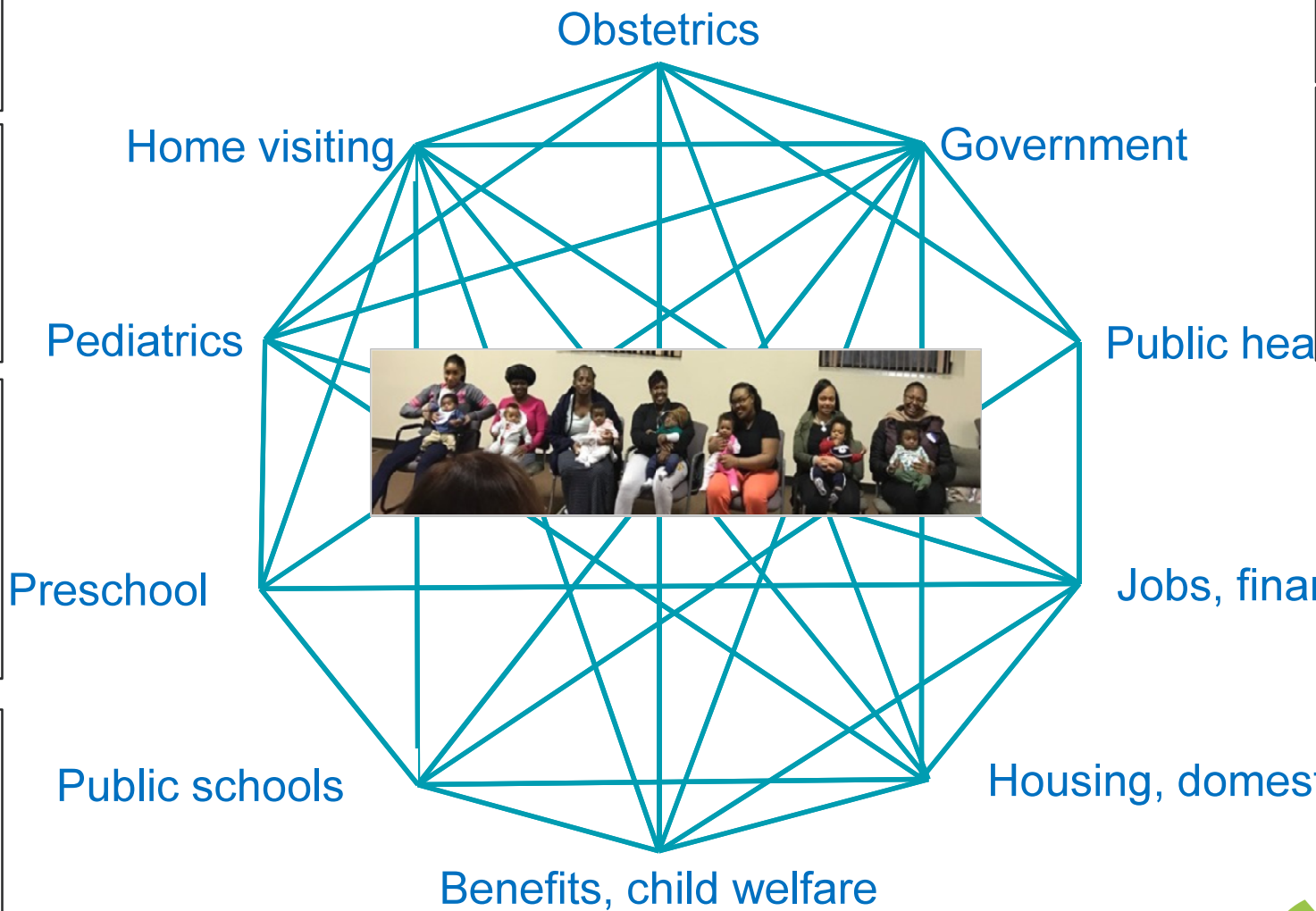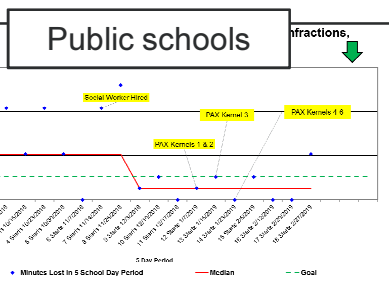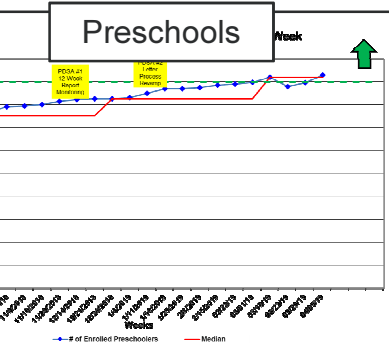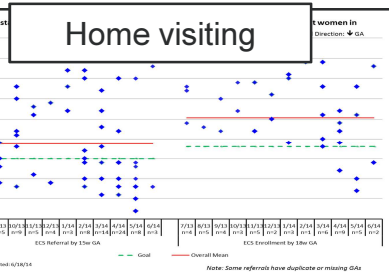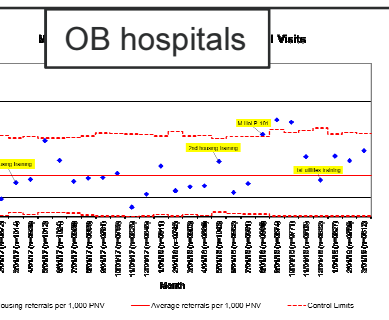
Partnership Elements

Clear shared vision and goals

Inherently motivated leaders

Measurement system that connects all the dots

Children and family centered

Quality improvement approach

- Frequent testing, transparent results, data for improvement not evaluation

Be gracious enough to share, humble enough to learn together

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QUESTIONS?

Robert Kahn

Robert.kahn@cchmc.org

Twitter: @docrob64

https://www.actnowcincy.org/

All Children Thrive Learning Network – vide

Changing 3rd Grade Reading Outcomes: Scale Plan

= Projected/ TBD

SY: '15 - '16

- **% 3rd Graders**
- **ool:** 1 School in 3rd
- **cators:** 3
- **ct:** 44 3rd Graders
- : Exceeded

SY: '16 – '17

- **8% 3rd Graders**
- **Schools:** 5 Schools, K-3
- **Educators:** 15
- **Teachers:** 12
- **Principals:** 3
- **Student Impact:** 423 K-3
- **Goal:** 60% Nat'l Bench - MAP

SY: '17 - '18

- **25 % K – 3**
- **Schools:** 15 Schools (5 Pioneer),
- **Educators:** 59 (15 Pioneers)
- **Teachers:** 49 (12 Pioneers) |
- **Principals:** 15 (3 Pioneers)
- **Goal:** 66%

SY: '18 – 20 +

- **100% K – 3**
- **Schools:** 43 Schools, K -
- **Educators:** TBD
- **Student Impact:** All 11,92
- **Goal:** 71% pass proficien
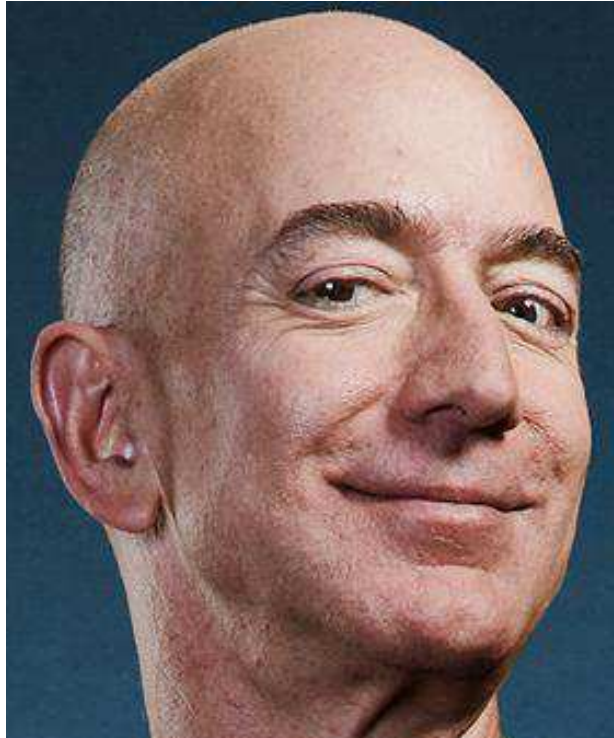
Our vision is to be earth's most customer-centric company

Minutes of Lost Instruction Due to Behavioral Infractions, School a
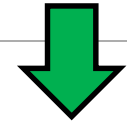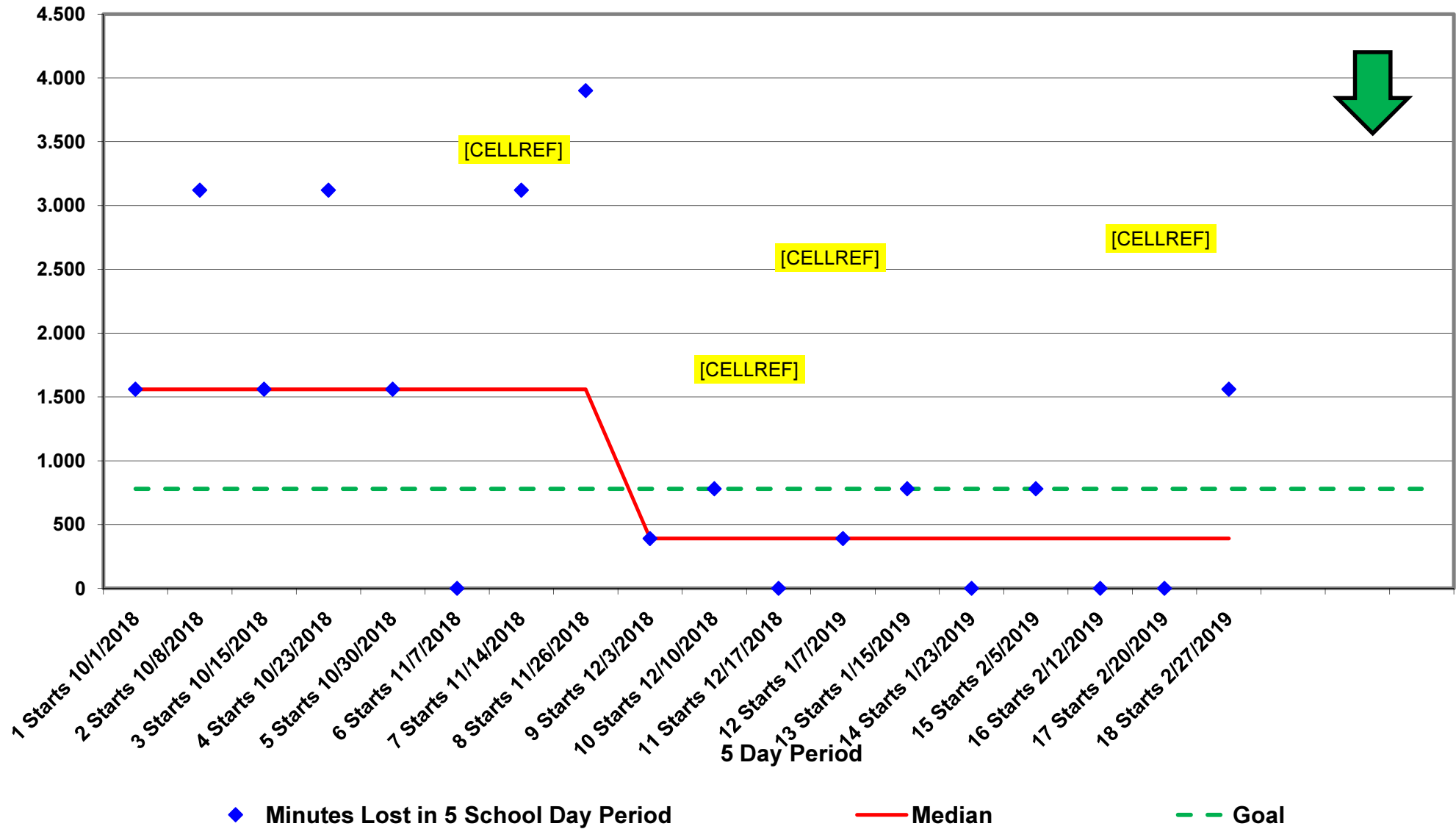
Social and Emotional Learning

Minutes of Lost Instruction 10/1/2018- 5/1/19 , School Building Grade 4-6
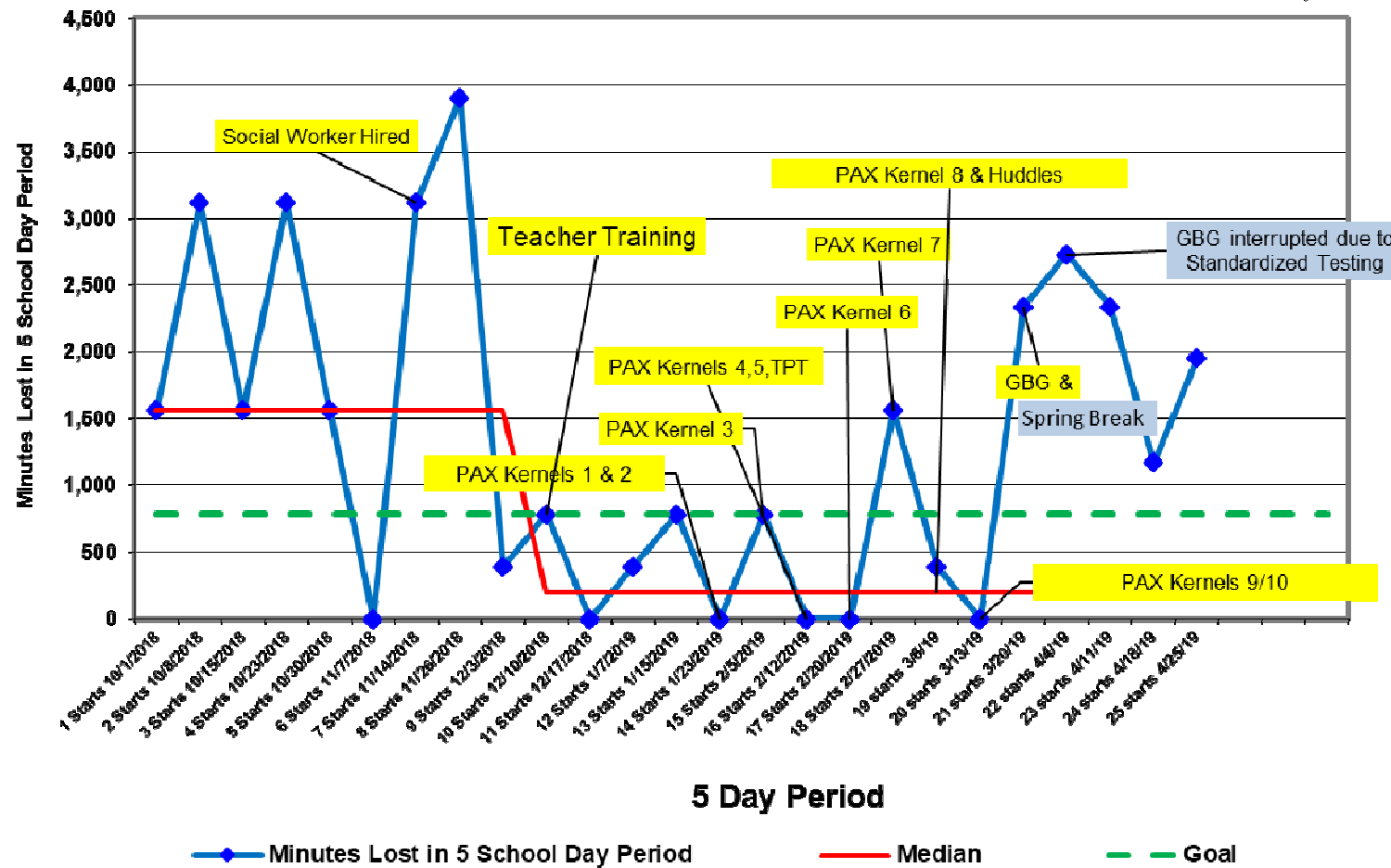
All Children Thrive Cincinnati
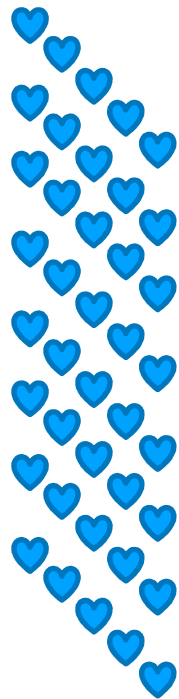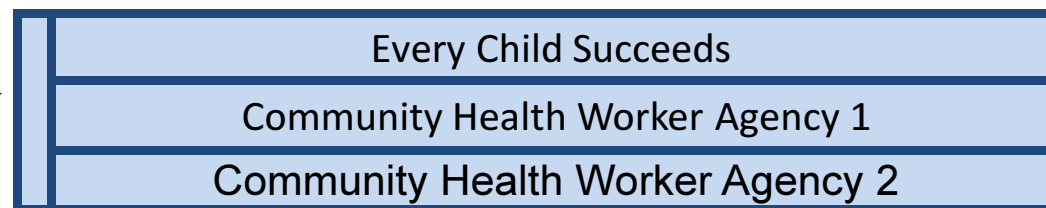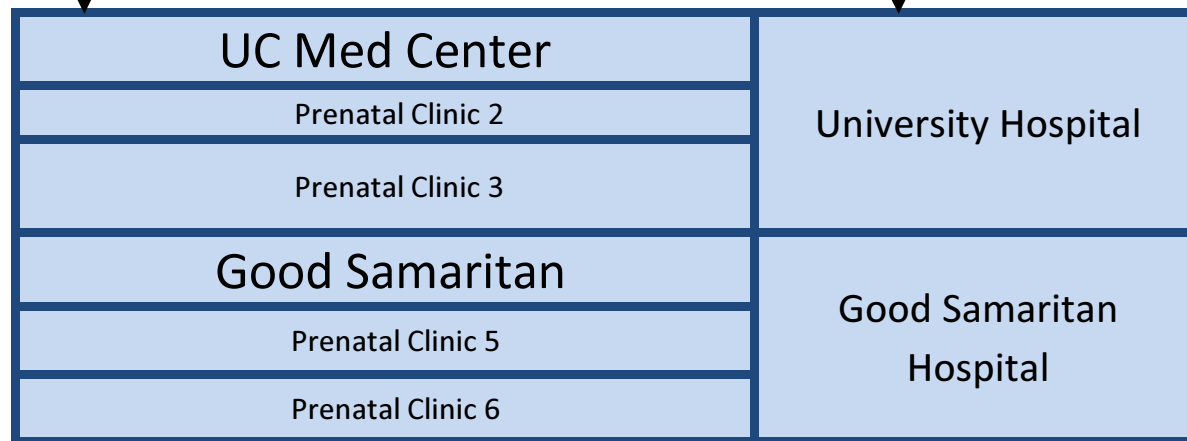
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Thrive at 5 Health Outcomes

CCHMC Primary Care

Community Partners (*e.g., Parents, ECS, Head Start*)

Health Dept Primary Care

Engaged Families

Disconnected Families

Engaged Families

Disconnected Families
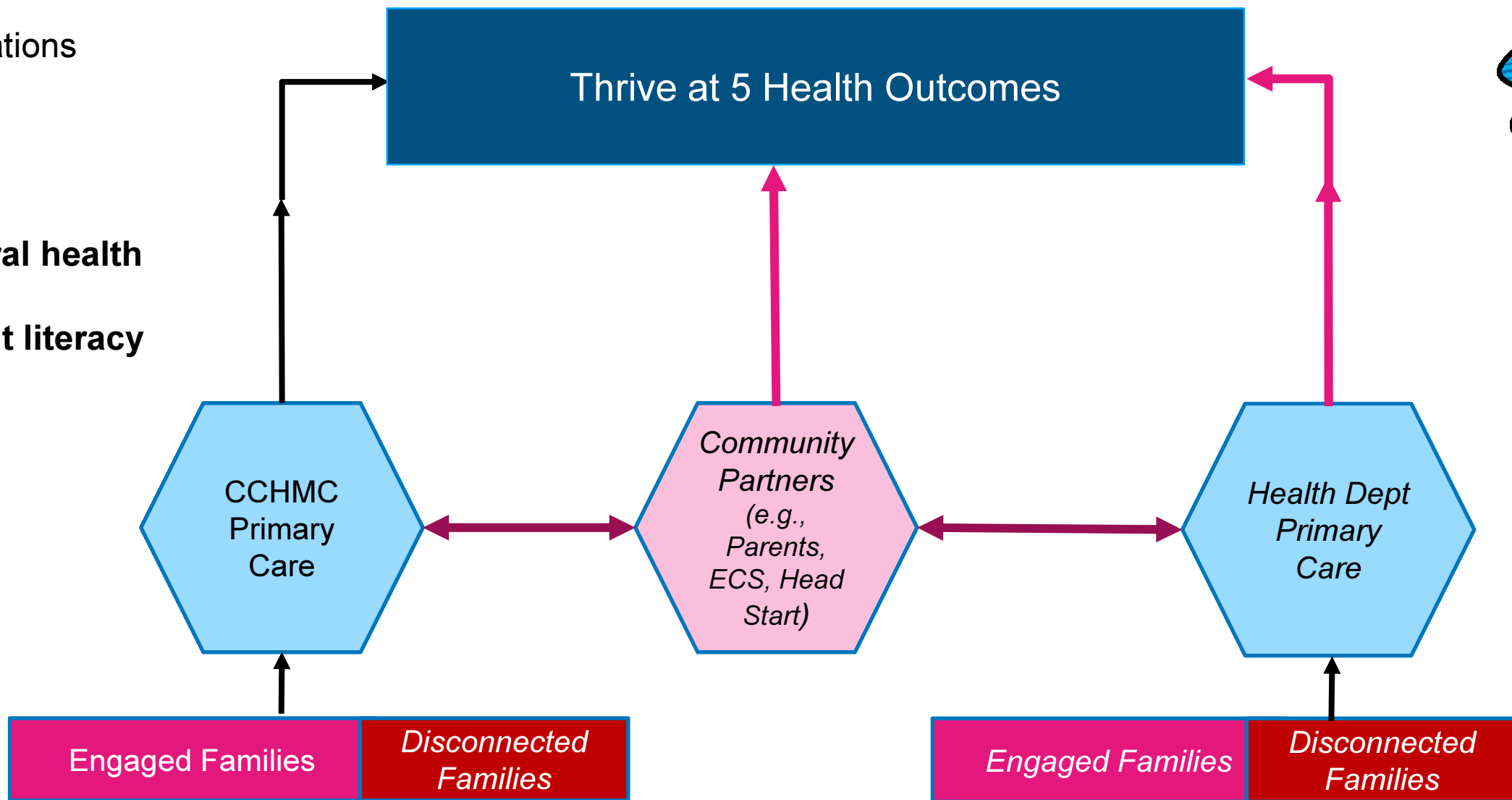
Cincinnati's Children and Families

...Changing the Outcome Together

Prioritizing Partnerships

Key Stakeholders	Reach
Cincinnati Public Schools	35,000 children, $600 million budget
Public Health Department	8,000 children, $55 million budget
Job & Family Services (welfare/benefits)	60,000 children, $2.4 billion
Birth Hospitals (UC, Good Sam)	~8,000 births per year
Community Action Agency/Head Start	
United Way of Greater Cincinnati	~$30 million annually
Cincinnati Metropolitan Housing Authority	~17,000 housing units
City Council	

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Community QI Capability Building   Kotagal

Stakeholder Domains - *draft*

- Leadership engagement
- System level measures
- Explicit theory and QI methods
- Capability plan and execution
- Family/child centered design
- Early results

Family Centered Design

Family Centered Design

Guic...
EMP...

In order to rea
the opportunit
to help people
the systems th
way things are
individuals and

Guiding Principle:
EMPATHIZE

Many systems and services don't consider the broad context of the lives of the people they serve. As a result, they don't meet people where they are. To create a region where all children thrive, we need to build empathy into the fabric of our actions. We must see what families see, and feel what they feel, in order to develop relevant solutions.

HOW MIGHT WE build a system that recognizes the complexities of people's lives and enables them to move forward from their past into the better life they want?

HOW MIGHT WE connect with people in ways that are familiar to them?

HOW MIGHT WE respect and celebrate the different kinds of families that exist today?

ANITA

NEIGHBORHOOD: Avondale
AGE: 27
FAMILY: Mother of Tamara (4), Antoine (9)

MARIA

NEIGHBORHOOD: Price Hill

GREG

NEIGHBORHOOD: Avondale
AGE: 31
FAMILY: Partner of Tanisha, father of Tyler (3), Marcus (5), and Simone (9)

I've lived in Avondale my whole life—grew up right on R... near Gabriel's Place.

Avondale hasn't always been good to me, but it's my ho... where my family lives. I've got three kids—Tyler, Marcus, ... with my partner Tanisha. I don't live with them but I hang ... kids as often as I can. I am always there for them when t...

Things were different when Tanisha and I first got toget... shared her apartment and I was working—doing deliveri... Everything was good. Then I got pulled over and was an... the police found a gun in my car. It wasn't the first time. ... messing with me for no reason. I spent a few months in j... I got out things were different. First off, Tanisha wouldn'... back in. I struggled for a while with not having a place to ... no men's shelter in Avondale, so it was hard for me to se...

bounced around for a while, trying to get back on my feet. My record made it hard to get ... I tried to get into some training programs but I never heard back from the ones I contacte...

This was a low time. I felt really down and isolated. It was a long, lonely road and I never g... eventually found a new job as a dishwasher and I'm now back in my kids' lives.

A couple of months ago Marcus fell off his bike and hit his head. When I took him to the h... asked for proof that I was his father. I called Tanisha and she had to leave work and come ... to sign his paperwork. That was the second time that happened. It's like even when I try t... him, they ask for his mother. Marcus was fine; he and Simone are still riding their bikes in t... me on Saturdays.

Tyler is so different from Marcus and Simone! He is always asking questions—he has a big ... a 3 year old. Tanisha has been talking about how we need to get him enrolled in preschoo... there is a program at Rockdale that he could be in. I'm going to walk over and check it ou... but I am worried. When the kids stay with me, I don't have a bed for them and am not sur... they can learn if they can't sleep all night. There seems to be a bunch of organizations tha... my kids learn, but what about the basics?

As I look forward, I see my family in Avondale. Maybe we'll all move closer to the Towne C... there's going to be a grocery there soon. Regardless, I see Avondale getting better, and I ... get better with it.

rogress and Integration

Children Thrive Learning Session

- Families at the center
- Across teams, sectors
- Rapid learning

Children Thrive Learning Network: Current Network QI Capabili
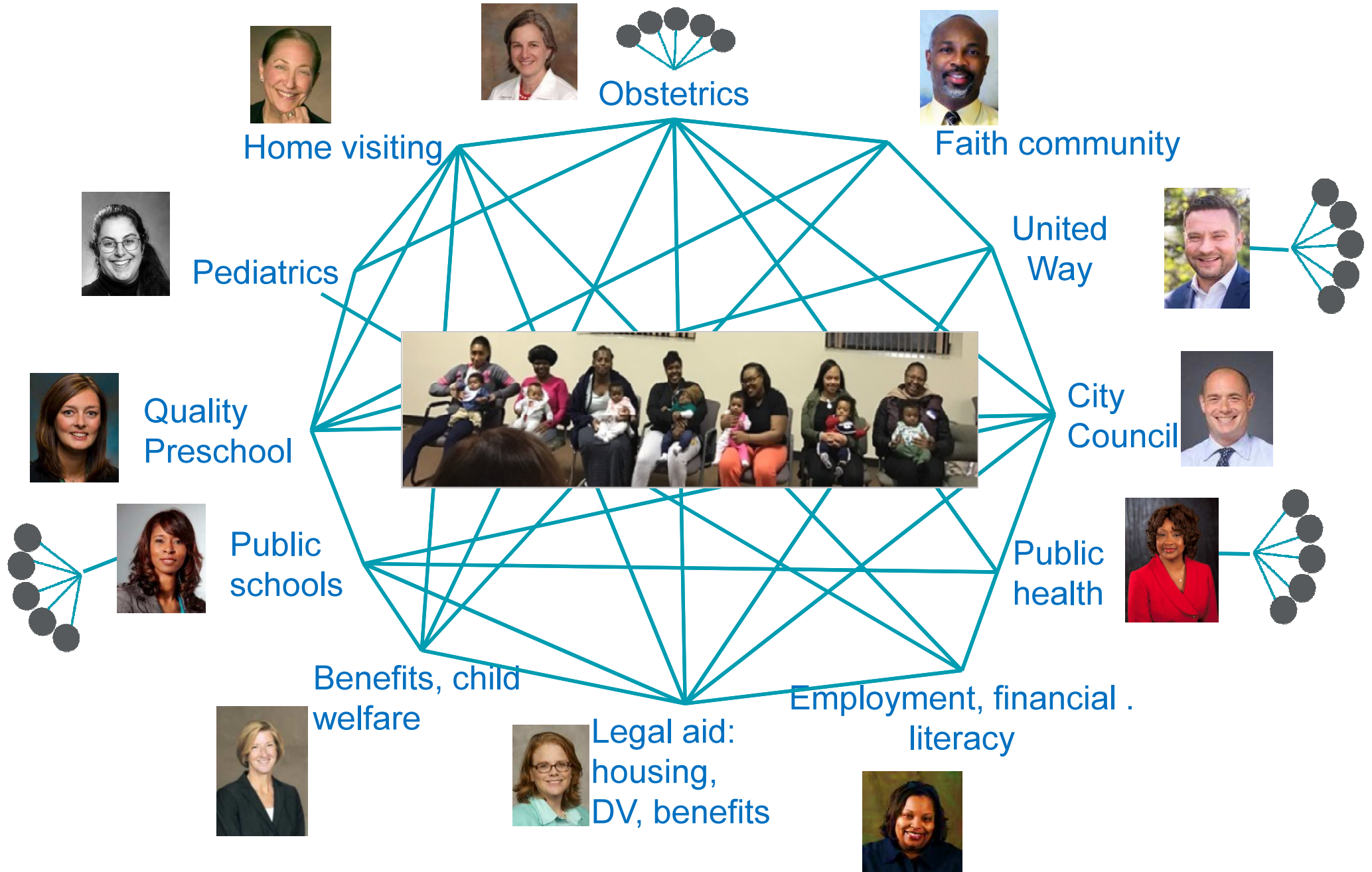
Integration of Health and Well-Being

Poverty defined as:

"Denial of opportunities and choices that are most basic to human development - to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self-esteem, and the respect of others."

Amartya Sen
Nobel Prize in
Economics, 1998

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QI-SEL
Call to Action

CPS District

In 17-18, CPS averaged 315 exclusionary disciplinary consequences per school.

28.8% of students per school received a consequence

This equates to

40,731 minutes per day of lost instructional time.

Literature largely supports the assertion that classroom instructional
time is a key factor in academic achievement.

Child HeLP Process Map

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Partn[er]
advocat[e]
system-
chang[e]

Child HeLP Process Map

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changing the outcome together

| tient reens tive for al need | Provider and patient discuss concerns | If needed, MLP referral is made | Legal partner advocates for family | Partners share patient, case and outcomes data | Patient and family's health and well being improves | Partner advocat system-chang |

Provider education

Referral processes in EHR

Shared data

Shared goals, communication, joint leadership

Improved patient and population health outcomes

What should you change? And why?

Key Driver Diagram

- Displays your theory for improvement
- Illustrates what contributes to the achievement of a project aim
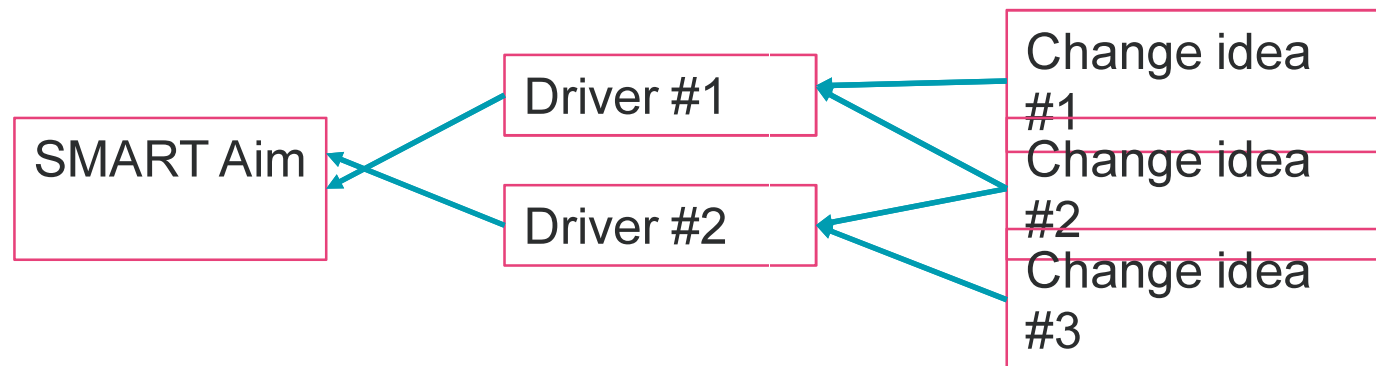
SMART Aim

- **S**pecific
- **M**easurable
- **A**ctionable (and achievable)
- **R**elevant (and realistic)
- **T**ime-bound

Example: Increase referrals to Child HeLP by residents from 20% to 35% by June 30, 2019, within CCHMC's primary care population

QI for Community Systems of Care

Health Dept

Home Visiting

Schools

CCHMC
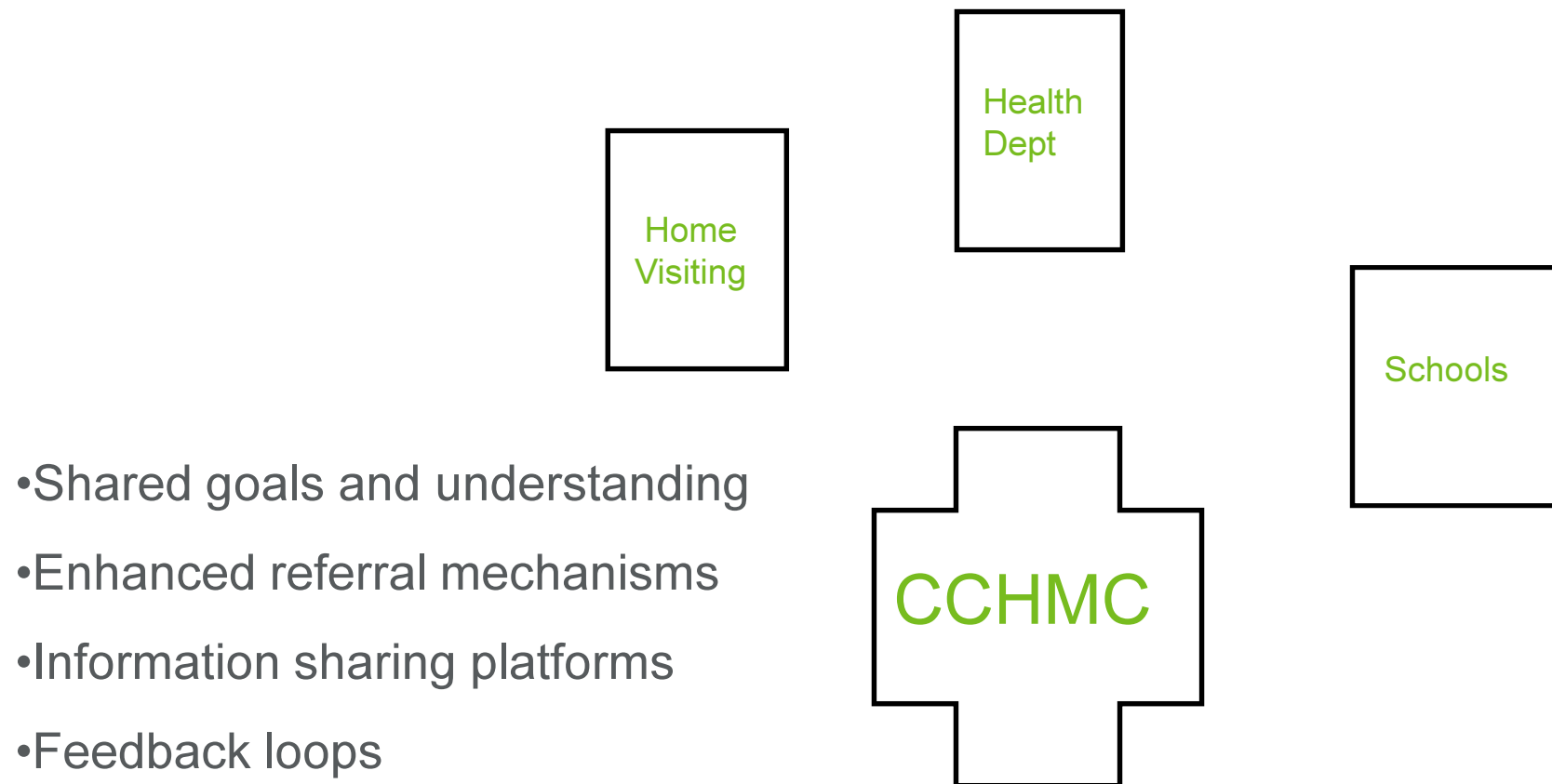
- Shared goals and understanding

- Enhanced referral mechanisms

- Information sharing platforms

- Feedback loops

- Measurement, accountability

- Knowing each other

44

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Phases of Collaboration

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Develop Idea	**Plan**	**Align Resources**	**Reflect and Adapt**	**Decide Next Step**
fine core problem	Define shared vision	Execute the plan	Coordinate efforts	Assess progress
dentify leaders	Develop action plan	Test and refine	Link and track data	Acknowledge successes
Secure funding	Agree on goals/metrics	Communicate success	Plan for sustainability	Plan for future
	Secure additional funding	Ensure long term funding		

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All Children Thrive Learning Network

3rd Grade Reading

Cincinnati Public Schools
Preschools
Pediatric Clinics
Libraries
Parent/Grandparent networks
Community Spaces

Thrive at 5

Primary care clinics
Public Health Department
Behavioral Health Agencies
Home Visiting
Preschools

Bed Day Disparity

Inpatient staff and social work
Subspecialists
Primary care clinics
Public Health Department
City departments
Community leaders

Infant Mortality
Cradle Cincinnati

Multiple birth hospitals
City health department clinics
Home visitors
Community Health Workers
Parent/Grandparent networks

3rd grade Reading

Thrive at 5

Families & Children

Bed Day Disparity

Infant Mortality

All Children Thrive Learning Network Core Principles

Equity is foundational to improving children's health. We believe that financial, social, environmental and racial inequities affect the health and well being of children. Solutions must address basic needs of families first.

Children are at the center of our work. We will work across family, community, organizational and funding boundaries to ensure the system works for children and their health. As we design solutions, we will view the system from the perspective of the family and child. We believe the opportunities and solutions come from within families and communities.

We work together on solutions, building relationships and trust. Family, community and organizational partnerships are a critical aspect of successful improvement. The network is designed to inspire and continuously develop relationships across Cincinnati that work together in a system focused on what works for children.

4 **We all teach and we all learn.** Network participants must hu share and gratefully learn from others. The network is built on the fundamental belief that by transparently sharing successes and failu and by learning from one another, participants can achieve their go more effectively and quickly than working alone.

5 **We are action-oriented and sustainable-results focuse** Participants within the network are employing the methods of improvement science to reach goals. This emphasis on creating qu improvement capability will sustain the network to improve children health. We must act with urgency and discipline, focusing on result for children.

son Center for Health Systems Excellence

ALL CHILDREN THRIVE PRINCIPLES

1. Equity is foundational to improving children's health

2. Children are the center of our work

3. Relationships, trust, and working together are essential for sustainable solutions

4. We all teach and we all learn

5. Daily work is action oriented and results focused

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Family Centered Design and Activation

SY18/19 Deep Learning School Reflection:
Building Our SY 19/20 Theory

Third Grade Reading Proficiency based on Spring OST