L25 Improving Children’s Lives on Both Sides of the Pond

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Introductions

- Faculty
  - Uma
  - Rob
  - Susan
  - Ros

- Table teams
Aims for the session

- Identify the common challenges to achieving population health from a children's development perspective.
- Develop understanding about the high impact interventions required to focus improvement teams on the things that will really make a difference.
- Work together to further develop and refine the learning system framework that underpins this cross Atlantic collaboration.

What are your aims for this session?

- On a sticky note capture your personal aims.
- Share with the group.
- We will attempt to cover everything…or point you in another direction!
Plan for the session

- Building will and creating the conditions for change
- Setting the learning system
- Learning, challenges and the path ahead

Ambition

To make Scotland the best place in the world to grow up in by improving outcomes and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed
Early Years Collaborative

- .9 months to 1 year
- 1 year to 30 months
- 30 months to Primary school
- 5 – 8 years
- Leadership

Scotland – the best place in the world to grow up

Reduce Stillbirths and Infant Mortality
A reduction of 15% in the rates of stillbirths and infant mortality by 2015

EYC stretch aims

85% of all children have all the developmental skills and abilities expected of a 27-30 month old by the end of 2016

90% of all children have all the developmental skills and abilities expected at the start of primary school by the end of 2017

90% of all children in each Community Planning Partnership area will have reached all of the expected developmental milestones and learning outcomes by the end of Primary 4, by end-2021
Setting the context - Cincinnati

53 infants died by 12 month old

450 hospitalized for asthma

730 hospitalized for psychiatric conditions

1100 not ready to learn at kindergarten
Neighborhood Average Annual Inpatient Days
Per 1000 Population Aged 0-18
By Hamilton County Neighborhood
(Average of 2012-2014)
(Excludes Patients Whose Address is at JFS)

Mental Health Admissions

Same neighborhoods at risk: asthma x prematurity

Quality Improvement throughout a child’s journey

- Early Years Collaborative
- Prepared for secondary school
- Prepared for senior phase
- Positive participation destinations
- Leadership
- Scotland – the best place in the world to grow up
The pan-Scotland RAFA programme

- Implementation of key existing policies
- Reliable implementation of evidence that we know will make the biggest difference
- A structured approach to change
- Developing a collaborative learning system
- Gaining knowledge and sharing practice to better understand the shift required to deliver better outcomes

Building QI into the education context

- What does the ‘gap’ looks like in your school, or cluster, or LA?
- What are you already doing to address this?
- Apply improvement methodology to your theory
- Keep connected to the national drivers for change
Opportunities to learn from each other

Think of a time when you had to build the will for improvement that was maybe outside your comfort zone:

- what worked well for you?
- What challenges do or did you face?

Setting the learning system - Cincinnati

- infant mortality and community engagement
Child asthma: Reduction in county Medicaid admissions

- Decreased from 7.2 to 5.4 admits per 10,000 children
- 2014: ~185 children NOT admitted
- Interventions:
  - Point of care meds
  - Pharmacy home delivery
  - Home health redesign
  - School nurse partnership
  - Registry, case management
  - Housing, public benefits

Child injury: Injury rate 12-mo moving average
All mechanisms, ages 1-4, zip code 45212 (Norwood)

- Falcone et al.
- Home safety bundles installed:
  - 2012 - 130 homes
  - 2013 - 30 homes
  - 2014 - 41 homes
  - 2015 - 36 homes
- Est. # homes w/ child age 1-4 = 832
- Cum. % of homes intervened = 28%

Note: Denominator for rate calculations is 1,150, the 2010 Census population at ages 1-4.
Hamilton County Infant Mortality Rate 12-mo moving average

Goal = 5.98 (U.S. 2012 IM rate)

Greenberg, Kelly, Adcock


Working at neighborhood level (Bethesda Inc):
Reducing extremely premature births (smallest 10%), Avondale

Avondale – 210-230 births per year
Prematurity rate: 38%

Interventions
- Grounded in neighborhood, attempt to know every woman
- Trusted connections between OBI’s and CHW/HV
- Urgency given short window to save 24-28 week gestation births
- Solve their most pressing problems – housing, hunger, legal

Goal = 26/26
Infant Mortality Learning Collaborative
- Cradle Cincinnati

- 20 Community Obstetric Teams
- 10 Community Agency Teams

Setting the learning system - EYC

- content theory and operationalisation
Components of a Learning System

1. System level measures
2. Explicit theory or rationale for system changes
3. Segmentation of the population
4. Learn by testing changes sequentially
5. Use informative cases: “Act for the individual learn for the population”
6. Learning during scale-up and spread with a production plan to go to scale
7. Periodic review
8. People to manage and oversee the learning system
Closing the gap between best practice and common practice

Three challenges:

1. The characteristics of the innovation
2. The willingness or ability of those making the change to adopt new ideas
3. The characteristics of the culture and infrastructure of the organisation adopting the change
What makes a great key change?

- High impact intervention
- Describes the relative advantage
- Is compatible with our values
- Simple
- ‘Trialable’
- ‘Observable’
- ‘Scaleable’

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<thead>
<tr>
<th>Key change theme</th>
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<tr>
<td>Early support pregnancy and beyond</td>
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<td>Attachment and child development</td>
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<td>Continuity of care in transitions</td>
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<td>27-30/12 child health review</td>
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<td>Developing parenting skills combined with Family engagement to support learning</td>
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<td>Addressing Child Poverty</td>
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<td>Play</td>
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<td>Health and wellbeing</td>
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Thanks to Gareth Parry

What are we trying to accomplish? How will we know that a change is an improvement? What change can we make that will result in improvement?

Model for Improvement

What are we trying to accomplish?
What change can we make that will result in improvement?
How will we know that a change is an improvement?

Act  Plan  Study  Do

Langley, et al.
Yes, it’s quite a noise – but are we having any impact?

Core Challenge

Welfare rights referral to assessment appointment

% referrals leading to appointment

Thanks to Graham Mackenzie
Referrals from universal midwifery to TAL, all teams, April 2014-Oct 2015, I chart

Money Matters
Advice Service

Referrals from universal midwifery, Hamilton team, Apr 2014-Sept 2015, I chart

Money Matters
Advice Service
Thanks to Michelle Dowling

**THE SCOTSMAN**


Rising number of Scots parents reading to babies

There are numerous benefits for children being read to at an early age. Picture: Jon Savage
Increasing referrals to the Money Matters telephone advice line (TAL)

This work, involving midwifery services, the Money Matters Advice Service and Regeneration services wanted to increase both the number of referrals to the TAL from ante-natal services, and the proportion of these referrals from midwives. Over 2014 we tested a new process which saw midwifery referrals increase from 88 in 2013-14 to 246 in 2014-15.

We are now extending the new process across all four midwifery teams in South Lanarkshire, and looking at ways of improving access to other services supporting financial inclusion and support.

We got stuck doing the same thing for far too long before moving to involve more members of staff. Make sure the right people are kept up to date or discussions and plans for improvement work from the beginning. This will make it easier to spread new ways of working across teams and locations once you feel confident that your change is a better way of working.
‘On the Ground’ Process Improvement...
Percentage of Lothian bookers with Healthy Start documentation (n=6072; source Maternity Trak)

Improvement…
Pupils recording the results

Percentage of Craigour Park P1 children sustaining intense physical activity
Setting the learning system- RAFA

- content theory and operationalisation
A theory for improvement

To raise education attainment for all and reduce inequity

- School learning environment which supports the individual needs of all children
- Positive physical, mental, cognitive health and emotional development for all children and young people
- Parents, carers, families engaged with their child’s learning and involved in supporting their learning and development
- Communities engaged in supporting opportunities for learning and development of children and young people

- Transformational Leadership
- Culture for change and improvement
- High quality learning and teaching
- High Quality, Skilled Workforce
- Individual Support for children
- Universal Support for learning
- Co-produced planning/decision making
- Sharing of information
- Positive expectations of children & young people
- Supportive home school partnerships
- Encouraging home learning environment
- Developed parental skills & strategies to support learning
- Partnerships between Schools, FE, training, HE & employers
- Engaged community enterprise / community assets / third sector

The focus for work

- Literacy
- Numeracy
- Health & Wellbeing
- Parental involvement & engagement
- Positive destinations
Engaging local teams in what matters to them

- Literacy
- Numeracy
- Health & Wellbeing
- Parental Involvement
- Positive Destinations
Moving from Health Care to Health

Help Cincinnati’s 66,000 children be the healthiest in the nation through strategic partnerships

- Reduce annual infant deaths in Hamilton County by 33%
- Reduce inpatient bed-days by 33% in 2 neighborhoods
- Ensure 5 year olds have ‘healthy mind and body’
- Increase percent of children reading by 3rd grade in Cincinnati Public Schools

Community Health SP 2020

HOW WILL WE GET THERE?
GLOBAL AIM

Goal: Partner to create a community where every child thrives

SMART AIM

By June 20, 2020:
- Increase percent of children reading by 3rd grade in Cincinnati Public Schools from 76% to 90%
- Reduce annual infant deaths in Hamilton County from 97 to 65 deaths (33% decrease)
- Reduce infantile bed day disparity from 302 to 201 per 1000 children (33% decrease) in 2 target neighborhoods
- Ensure 90% of 5 year olds have a ‘health mind and body’
- TBD: PM Cost reduction goal to be finalized by end of FY 16

How: Build a sustainable collaborative learning network where all health care, education, and social agencies in Cincinnati work together using quality improvement, innovation and discovery to dramatically improve the wellbeing of Cincinnati’s children

1. JOYFUL ENVIRONMENTS FOCUSED ON WHOLE CHILD & WHOLE FAMILY

- WE PROMISE ALL CHILDREN WILL SMILE
- WE PROMISE THEIR FAMILIES WILL SMILE AND KNOW THEY CAN CARE FOR THEIR CHILDREN
- WE PROMISE WHEREVER CHILDREN GO THEY WILL BE NURTURED
- WE PROMISE TO WORK TOGETHER AND RESPECT EVERY PARTNER AT THE TABLE
- WE PROMISE TO DELIVER THE RIGHT CARE, WHEN, WHERE, AND HOW YOU NEED IT
- WE PROMISE WE WILL WORK ACROSS ORGANIZATION BOUNDARIES
- WE PROMISE WE WILL CREATE BELONGING, WILL LAST & BE THERE IN THE FUTURE

2. ENSURE ALL GENERATIONS THRIVE

- OPTIMAL PARENT HEALTH
- ACCESS TO QUALITY EDUCATION FOR ALL
- OPTIMAL ECONOMIC SUFFICIENCY STABILITY FOR CINCINNATI’S PARENTS & KIDS

3. NURTURING ENVIRONMENTS FOR KIDS

- NEIGHBORHOOD, HOME, SCHOOL, HEALTH, FAITH

4. EFFECTIVE PARTNERSHIPS

5. JUST-IN-TIME SURVEILLANCE/EARLY DETECTION OF RISK

6. HIGHLY EFFECTIVE & CONNECTED HEALTH SYSTEM

7. SUCCESSFUL HANDOFFS BETWEEN SYSTEMS/CAREGIVERS

8. SUSTAINABLY BUILT IN FROM THE START
Community Connected Health Hubs
• Early mental health, social agencies
• Link primary care, school base care

Infant Mortality Reduction
• Neighborhood centered care
• Tight linkage to home agencies

Promoting 3rd Grade Reading
• Early screening and intervention
• Quality child care and preschools

Social Influences in Neighborhoods
• Housing, job, food insecurity
• Community organizing, activation

Cincinnati Child Collaborative Learning Network
Help the 66,000 kids in Cincinnati to be the healthiest in the nation.

Network Catalysts
Campaign for Children
Partnerships & Community Activation

“Shared Commons”

Learning System
Data and Technology
Community Quality Improvement Capacity
Research
Scaling up over time

| Children – 0-17 yrs | 8,830 | 14,077 | ~21,000 | 76,406 |
| Children 0-9 yrs | 4,416 | 7,041 | ~15,000 | 39,203 |

Start up  
Planning, Building will  
Launch Learning Network

Year 1  
Demonstrate results, innovation & local learning

Year 3  
Spread, build “Community Health Institute”, Campaign  
Expand community QI support, capacity

Year 5  
Large scale execution & redesign  
Year 5+

Cincinnati Children Thrive  
Vision Session  
SAVE THE DATE

October 16, 2015 – Full Day Event  
Location – TBD (Cincinnati Area)

Cincinnati Children’s Hospital Medical Center is looking forward to hosting a meeting where we aspire to further our partnership for the health for children of Cincinnati.

This day will bring together members from the community, including families, educators, community leaders, healthcare professionals, and innovators to work together to create a shared vision for the future and to start working toward realizing that vision.

By the end of this day, we will have:

1) Imagined characteristics of a future environment where all children thrive
2) Celebrated and recognized our accomplishments
3) Identified and acknowledged what stands in our way of creating an environment for thriving children
4) Created a deeper appreciation for the challenges we face as we improve the lives of children
5) Refined questions we need answered to generate solutions
6) Started to think together about what it will take to realize our vision

We hope you can attend. Further details to follow.
Learning Network Organization

- Exec Steering Team
- Community External Advisory
- National Technical External Advisory
- Network Catalysts
  - Campaign for Children
  - Community Activation
- Network Leadership
- Network Integration
- Network Work Streams
  - Infant Mortality
  - Community Connected Primary Care
  - 3rd Grade Reading/K Readiness
  - Neighborhood
- Network Operations
  - Data and Technology
  - Ethnography
  - Quality Improvement
  - Capability Building
  - Research
  - Project Management

What have we learned?

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<tr>
<th>SP 2015</th>
<th>SP 2020</th>
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<tr>
<td>Specific conditions</td>
<td>Whole child - thriving</td>
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<tr>
<td>Successful prototypes</td>
<td>Learning Network to get to scale</td>
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<td>Primary care platform</td>
<td>Health platform – e.g. school based</td>
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<td>Strategic partnerships</td>
<td>Align goals, community QI capacity</td>
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<td>Social agencies, schools</td>
<td>United Way, Cincinnati Public Schools</td>
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Learning systems

1. Describe an important “learning” in your system that occurred in the past year. Something that has made a difference in your performance or the health/wellbeing of your citizens.

2. What was the “method” that generated the knowledge in your learning? What was the catalyst that enabled your learning?

3. How strong is the “evidence” about what you learned? (1=very strong to 5 = weak)

Thanks to Lloyd Provost

‘Cultural change is not complete until nobody can remember how it used to be...’
John Nance