

Reaching and Engaging with the Community

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A Community-Clinical Approach

Addressing Social Factors

Home visiting in particular as a strategy?

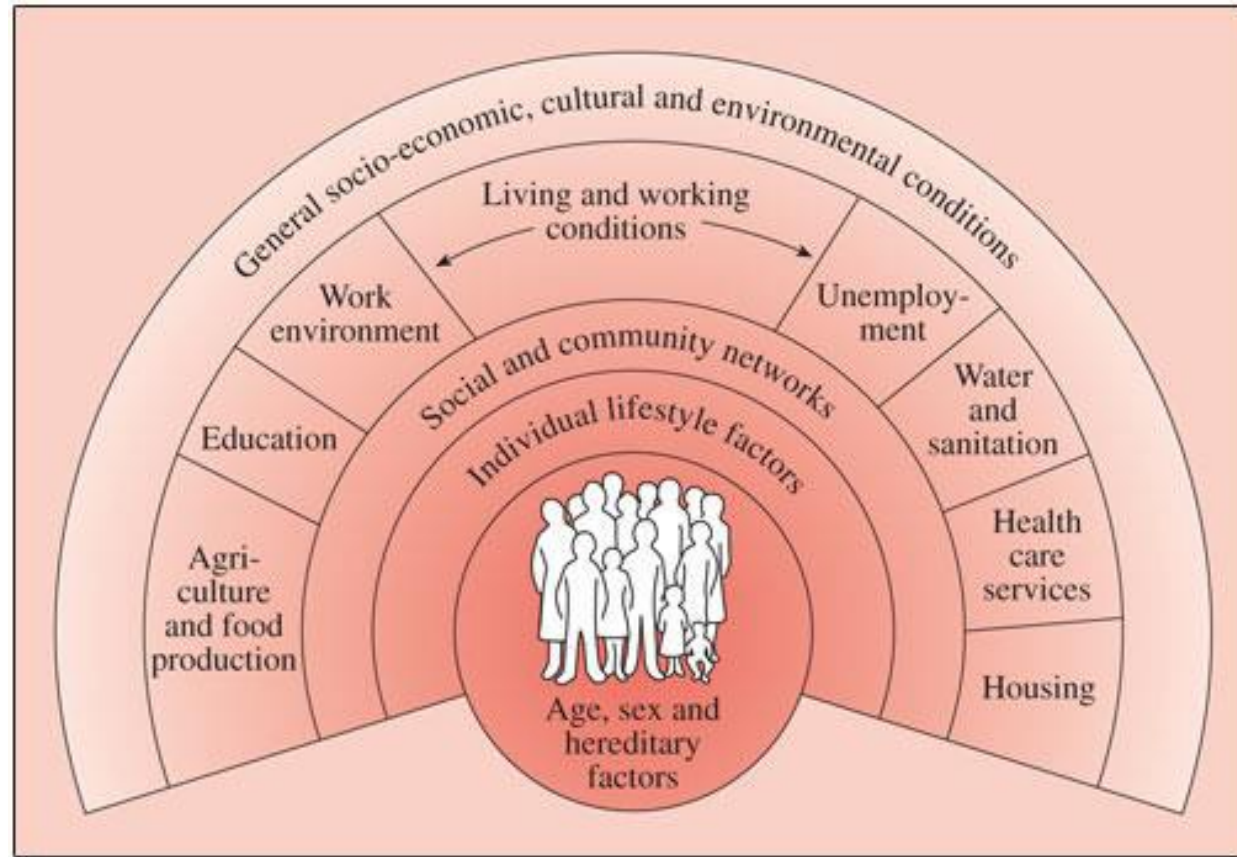
How best to engage community around the idea of home visiting?

We Need to Question Ourselves....

“Why do we keep treating people for illnesses only to send them back to the conditions that created illness in the first place?”

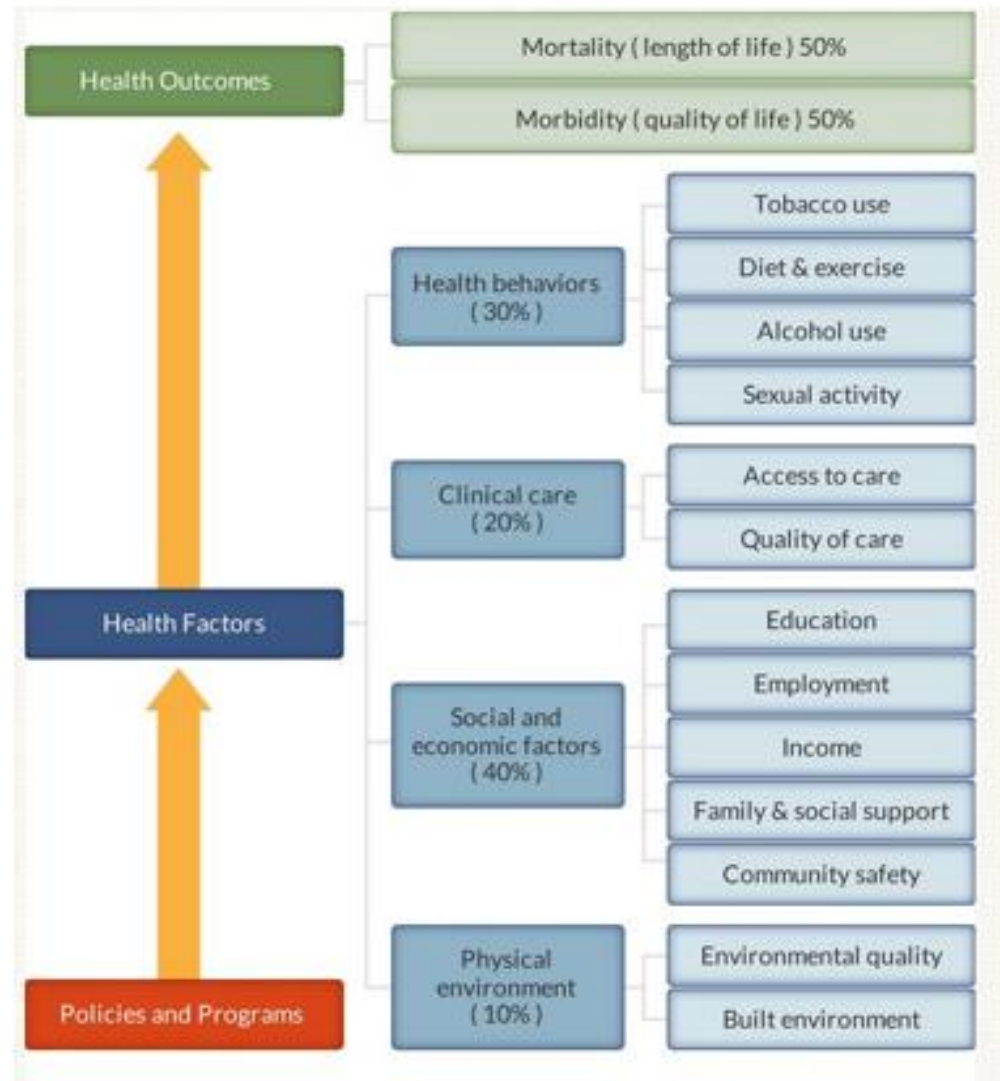
~ Sir Michael Marmot, WHO Commission on the Social Determinants of Health, 2006, www.who.int

Social Ecological Model Environmental Factors that Impact Health



Source: World Health Organization, Commission on Social Determinants of Health. (2005)

Health Factors



Source: University of Wisconsin Population Health Institute.
County Health Rankings 2013.

Focusing on Hispanic children and their families

The Hispanic population in the United States has grown from 4.4 percent of the national total in the 1970 Census to 17.6 percent in 2016. It now represents the nation's largest, and youngest, minority group. Nearly one third (32 percent) of the Latino population is under 18 years old, (Torres, 2015)

Almost half (47 percent) of U.S.- born Hispanics are younger than 18. Currently, one quarter of children in the United States are Hispanic, and demographers predict that by 2050, one third of all U.S. children will be Latino. (Torres, 2015)

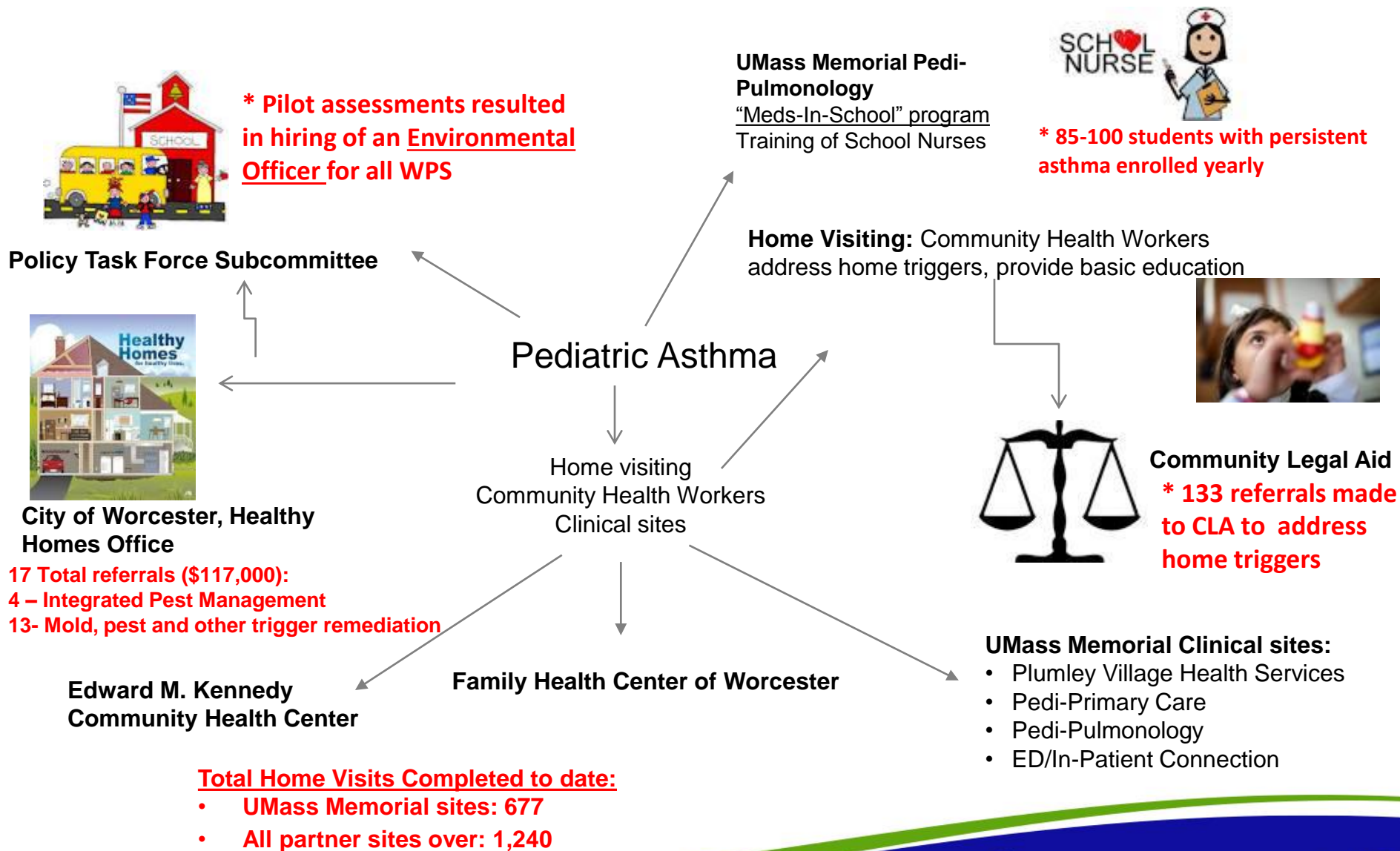
Two thirds of Hispanic children also live in or near poverty; their well-being has important implications for the future of the country. (Torres, 2015)

Childhood poverty is highest in Worcester, nearly 31 .4 per 2015 CHA.

Worcester's rate of Poverty is nearly 20%

Rate of poverty for Latino households in Worcester is double rate of white households
~42%

City-Wide Worcester Pediatric Asthma Intervention



Total Home Visits Completed to date:

- UMass Memorial sites: 677
- All partner sites over: 1,240

Pediatric Asthma Intervention Innovations

Pediatric Asthma Policy Sub-Committee: Works to improve environmental asthma triggers in Worcester Public Schools through policy reform such as:

- Standardization of duct work
- Use of asthma friendly cleaners
- Removal of throw rugs and other asthma triggers
- A pilot environmental assessment at the Lincoln Street and Burncoat Preparatory, two Worcester Public Schools (WPS) with the highest rates of asthma and highest absenteeism resulted in the **hiring of an Environmental Officer to address triggers in all WPS including preschools.**

AsthmaLink Program (formerly called Meds-In-School): School-based program in which UMMMC Pedi-Pulmonology NP provides medical advice and coordination of control medications given by school nurses for high risk asthmatic children. The program also connects high risk students to the home visiting Intervention. Pedi-Pulmonology provides training to WPS and Head Start school nurses, clinical providers, parents/guardians and students. **A preliminary study showed 86 children (ages 6-18) enrolled with persistent asthma from 2012-2015 had a significant pre/post intervention reduction in ED visits and hospital admissions.**

UMass Memorial Hospitalized Patient Intervention: Launched by Pedi-Pulmonology, an innovative intervention that links pediatric asthma patients admitted to the hospital to the Home Visiting Intervention. This linkage triggers a home visit by a Community Health Worker upon patient discharge. **Since the program start, over 90 referrals to the Home Visiting Intervention have been made through this intervention.**

Preliminary Asthma Findings

Findings of the **Meds-in-School program** showed 86 children (ages 6-18) enrolled in the program with persistent asthma from 2012-2015 showed a significant pre/post intervention reduction in ED visits and hospital admissions:

- **ED visits over a 1-year period decreased** from a pre-intervention mean of 1.55 to a post-intervention mean of 0.76 and hospital admissions decreased from 0.37 to 0.05 respectively.
- **Asthma rescue medication refills also decreased** from a pre-intervention mean of 4.1 to a post-intervention mean of 1.9 (all $p < 0.01$) and declines were found in school absences and oral steroid use.

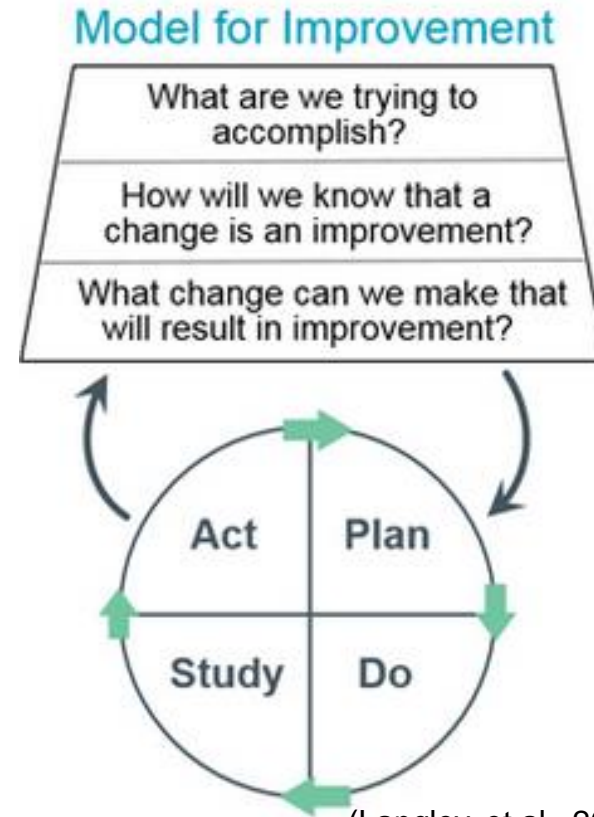
~ Study by Dr. Michelle Trivedi, UMMMC Pedi-Pulmonology (Lowell, 2018)

Yearly ED data for all UMMMC pediatric asthma patients showed a steady decrease from 749 in 2014, 669 in 2015 and 604 in 2016. While this includes all pediatric patients in the ED, not just those enrolled in the intervention, these findings are positive.

The Harvard Catalyst/Harvard University indicated that, “Worcester reached a significant number of individuals via its asthma intervention,” and, “at current rates asthma interventions appear **highly cost-effective.**” (Prevention and Wellness Trust Fund 2016) (Lowell, 2018)

Strategies for Consideration

- Identifying the problem
- Task Force development
- Research home visiting models
- Develop Pilot Program
- Secure Funding
- Pilot program starting small
- Utilize Core Community Health Worker
 - Skilled and trained
- Implement Data Collection
- Evaluate measures
- Inform Leadership + Community



(Langley, et al., 2018)

References

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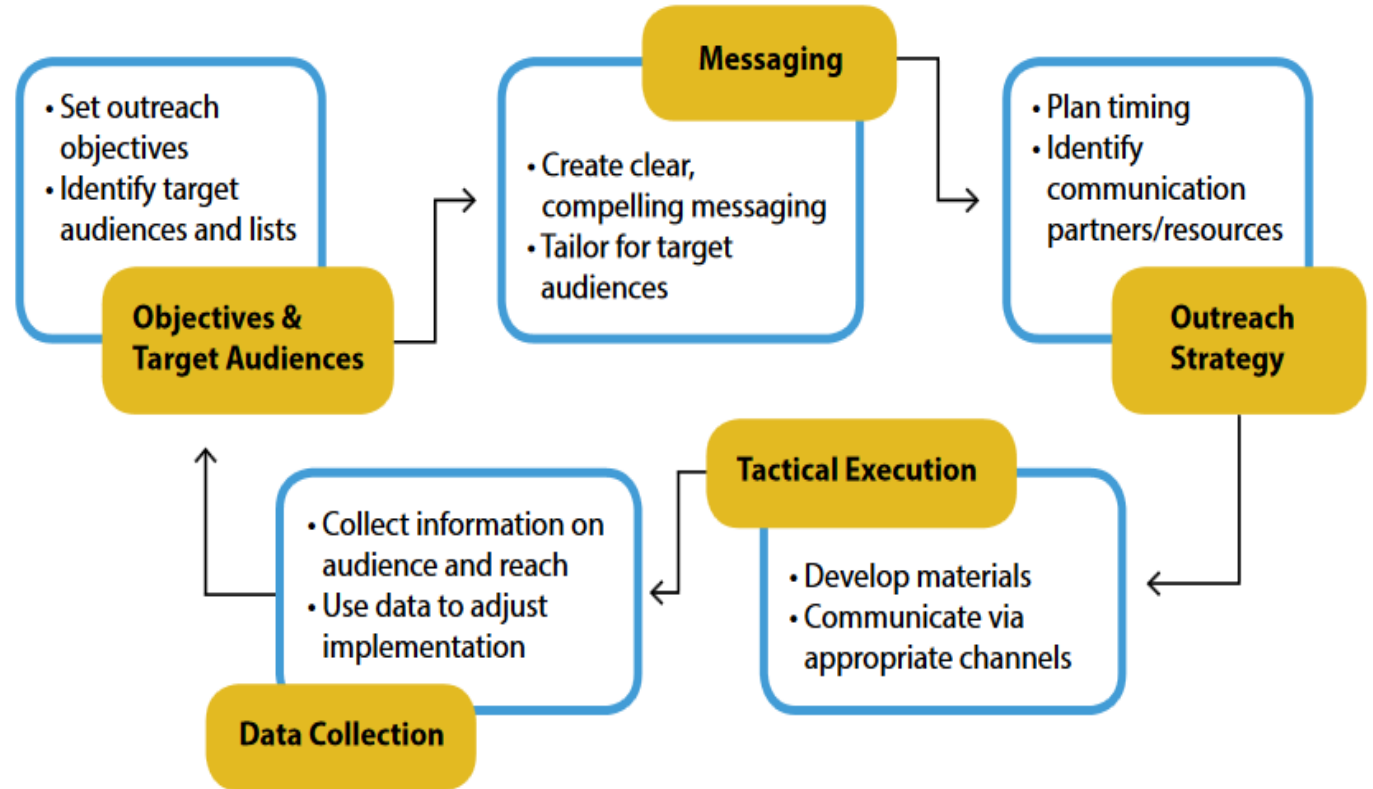
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Workgroup Tool

Leaders?
Influencers?
Local Media?
Important Cultural Elements?
Social Media

Figure 1. A model of the basic communication framework



SOURCE: Walter, F., Torres, A., Aldebot-Green, A. (2015). Elevating Quality Rating and Improvement System Communications: How to Improve Outreach to and Engagement with Providers, Parents, Policymakers, and the Public. Bethesda, MD: Child Trends.