Taking Action on the Determinants of Health to Cultivate Resilience and Systems Change

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Department of Community Health and Engagement
Disclosures

• We have no conflicts of interest.
Learning Objectives

• Describe how Social Determinants of Health (SDoH) and Adverse Childhood Experiences (ACEs) are grounded in the science and how they impact clinical health outcomes

• Explore preventative clinical and community practice models

• Define trauma informed systems

• Develop a multi-level action plan for improving service delivery and partnerships
PROTECTIVE FACTORS

Caregiver resilience

Social connections

Knowledge of parenting and child development

Concrete support in times of need

Social and emotional competence of children
Reflection

1. Pair up with someone near you
2. Introduce yourself - name and organization
3. Share about a person or protective factor in your past
What Determines Health?

- Social Determinants of Health: 80%
- Quality of Care: 10%
- Access to Health Care: 10%
History: Stress and Trauma are Public Health Issues

- Stress linked to 6 leading causes of death
  - Heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide
- Trauma impacts more than just the individual
  - Ripple effect to others
- Low income and communities of color are disproportionately affected
  - Racism + Poverty + Trauma = Toxic
- Intergenerational transmission of trauma
- Systemic, preventative approach needed
WHAT’S WRONG:
A PUBLIC HEALTH EXAMPLE
Health Disparities and Trauma

Race + Place = Health Outcomes
HEALTH DISPARITIES:
WHAT HAPPENED?

Sociocultural Trauma
Historical Trauma
Institutional Oppression

= Poor Health Outcomes
Your zip code should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that health happens in neighborhoods. The California Endowment would like to thank California’s leaders for taking steps to make our communities and our state stronger.

**AB 581 (Perez):** Brings grocery stores to neighborhoods where they are needed.

**AB 6 (Fuentes):** Eliminates bureaucratic red tape for families who need access to healthy food.

**SB 20 (Padilla):** Gives Californians the facts about restaurant food.

**SB 244 (Wolk):** Requires local land use planning to include improvement of disadvantaged communities.

To learn more visit [www.calendow.org](http://www.calendow.org)
“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

-Institute of Medicine
TRAUMA-INFORMED CARE AND BUILDING RESILIENCE
Question:
How are your organizations being responsive to the life challenges experienced by your communities?
Compared to a white child in the affluent Oakland Hills, a black child born in the flatlands is...

<table>
<thead>
<tr>
<th></th>
<th>INFANT</th>
<th>CHILD</th>
<th>ADULT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 times more likely to be born low birth weight</td>
<td>13 times more likely to live in poverty</td>
<td>5 times more likely to be unemployed</td>
</tr>
<tr>
<td></td>
<td>12 times less likely to have a mother who graduated from college</td>
<td>4 times less likely to read at grade level</td>
<td>3 times more likely to die of stroke</td>
</tr>
</tbody>
</table>

Cumulative impact: 14 year difference in life expectancy

Source: Alameda County Vital Statistics files, 2010-2012
Question:
How can we effectively and meaningfully engage with the Johnson Family and community to support wellness?
Cultural Humility

- A lifelong commitment to self-evaluation and self-critique
- Redressing the power imbalances in the patient-physician dynamic
- Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations
- Advocating for and maintaining institutional accountability

Screening Tools

- Helps providers understand patients’ unmet social needs
- Supports the establishment of referral networks to community resources
- In aggregate, data provides opportunity to identify community partners to engage to move to action
Question: What have you discovered in using SDOH screening tools?
iScreen Study
Amongst UCSF Benioff Children’s Hospital Oakland Emergency Department

- 57% Are concerned about running out of food before they have money to buy more food
- 52% Are concerned about their child’s safety at a school and/or in their neighborhood
- 45% Are concerned about the mental health of the primary caregiver
- 44% Are concerned about their housing

Laura Gottlieb, Danielle Hessler, Dayna Long, Anais Amaya and Nancy Adler. A Randomized Trial on Screening for Social Determinants of Health: the iScreen Study. Pediatrics; originally published online November 3, 2014
Care Coordination around Social Needs Screening and Intervention

Primary research goal
- Examine the comparative effectiveness of two social needs interventions intended to decrease social needs and improve health

Results
- Less than 17% of families reported being asked about unmet needs in the last year and of these families, less than half (43.2%) received a referral to help with non-medical needs.
- In the intervention group, we resolved at least one unmet social need
- In the intervention group improved reported child health
- On a 10 point pt satisfaction scale we scored +9/10

Care Coordination around Social Needs Screening and Intervention
Amongst UCSF Benioff Children’s Hospital Oakland Urgent Care and Primary Care Clinics

Baseline Social Needs (FIND study only; n=890)

% of families endorsing need

Social Needs

Improving Child Health

ER Sub-Group Analysis

Of patients in the intervention arm in the acute/urgent care setting,

1. larger increase in resolving unmet need- utility bills, food, and housing
2. there was a significant improvement in parent-reported child health status

Changes in child health were partially mediated by changes in social needs

Adverse Childhood Experiences (ACES)

ACES leads to poor health such as obesity, diabetes, cancer and depression

3 Types

- Abuse: physical, emotional, sexual
- Neglect: physical and emotional
- Household Dysfunction: mental illness (depression), domestic violence, divorce, drug use, prison

ACES >4

- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use drugs
- 7.4 times as likely to be alcoholic
- 2.4 times as likely to have heart disease
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes
Children Who Experience 4 or more ACEs:

- 32x greater risk for Learning and Behavioral Problems
- 4.5x greater risk for Depression
- 2-3x greater risk for Asthma, Heart Disease and Cancer
- 3.5x greater risk for Pulmonary Disease

7 out of 10 Leading Causes of Death in the U.S. correlate with exposure to 4 or more ACE’s

10-12x greater risk for Intravenous Drug Use and Attempted Suicide

CDC–Kaiser Permanente ACEs Study, 1995-97
Where to Start?

PEdiatric ACEs Screening and ResiLiency Study (PEARLS)

✓ Prospective Screening Tool
✓ Biomarkers and Clinical Diagnoses
✓ Clinical interventions
Percentage of Adult Caregiver ACEs at UCSF BCHO

- 92.2% of Caregivers endorsed 1 or more (from list of 10)
- 46.3% endorsed 4 or more (from list of 10)

Pilot data from BARC 2016
## Original ACE Study Vs. Oakland Clinic Caregivers: ACEs Frequency

<table>
<thead>
<tr>
<th>Types of ACEs</th>
<th>ACEs Study</th>
<th>FIT Pilot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological abuse</td>
<td>11.10%</td>
<td>50%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>10.80%</td>
<td>39.28%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>22%</td>
<td>39.28%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>25.60%</td>
<td>60.71%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>18.80%</td>
<td>17.85%</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>12.50%</td>
<td>25%</td>
</tr>
<tr>
<td>Criminal behavior in the household</td>
<td>3.40%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Pilot data from BARC 2016
### Percentage of Child ACEs at UCSF BCHO

- 82.1% of Caregivers endorsed 1 or more (from list of 15)
- 53.6% endorsed 4 or more (from list of 15)

<table>
<thead>
<tr>
<th>ACE</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Violence</td>
<td>60.7%</td>
</tr>
<tr>
<td>Family Mental Illness</td>
<td>42.9%</td>
</tr>
<tr>
<td>Family/Domestic Violence</td>
<td>39.3%</td>
</tr>
<tr>
<td>Family Substance Use</td>
<td>35.7%</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>32.1%</td>
</tr>
<tr>
<td>Separation from Caregiver</td>
<td>28.6%</td>
</tr>
<tr>
<td>Low family cohesion</td>
<td>28.6%</td>
</tr>
<tr>
<td>Housing Insecurity</td>
<td>28.6%</td>
</tr>
<tr>
<td>Discrimination</td>
<td>21.4%</td>
</tr>
<tr>
<td>Family Medical Illness</td>
<td>21.4%</td>
</tr>
<tr>
<td>Child Physical Abuse</td>
<td>14.3%</td>
</tr>
<tr>
<td>Child Physical Neglect</td>
<td>10.7%</td>
</tr>
<tr>
<td>Child Emotional Neglect</td>
<td>7.1%</td>
</tr>
<tr>
<td>Child Verbal Abuse</td>
<td>7.1%</td>
</tr>
<tr>
<td>Child Sexual Abuse</td>
<td>3.6%</td>
</tr>
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Pilot data from BARC 2016
Positive stress
*Brief* increases in heart rate
*Mild* elevations in stress hormones

Tolerable stress
Serious, *temporary* stress responses
*Buffered* by supportive relationships

Toxic stress
*Prolonged* stress response activation
*Absence* of protective relationships

J Shonkoff Harvard University Center on the Developing Child
**Stressors**
- Trauma, Access, Demographics
- Violence, Neighborhood deprivation, Air pollution

**Positive stress**
- Brief increases in heart rate
- Mild elevations in stress hormones

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**Biologic Response**
- Neuro-endocrine and humoral response, epigenetics, GxE interaction, microbiome

**Nature of stressor**
- **Positive stress**
  - Brief increases in heart rate
  - Mild elevations in stress hormones

- **Tolerable stress**
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**How stressor is perceived**
- Ability to cope

**Physiologic response**
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**How stressor is perceived**
- Ability to cope

**Physiologic response**

J Shonkoff Harvard University Center on the Developing Child
How do ACEs get under our skin?
# Biomarkers

## Biomarkers of Stress being investigated

<table>
<thead>
<tr>
<th>Systems of the Body</th>
<th>Biomarker Details</th>
</tr>
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</table>
| Cardiovascular      | **Physiologic**: Blood pressure, resting heart rate  
|                     | **Biomarker**: Myeloperoxidase, endothelin-1, VEGF-A |
| Metabolic           | **Physiologic**: Waist-hip circumference, BMI  
|                     | **Biomarker**: Lipids, HA1C, leptin |
| Neuroendocrine      | **Biomarker**: brain-derived neurotrophic factor |
| Inflammatory        | **Biomarker**: Cytokines, CRP, fibrinogen, white count |
| Genetic             | **Biomarker**: Telomere length, microbiome, DNA methylation, RNA expression (future study) |

Developed by Dr. Neeta Thukar for BARC
The Health Outcomes of DOH+ ACES Over the Life Course

- Growth delay
- Cognitive delay
- Sleep disruption

- Asthma
- Infection
- Learning difficulties
- Behavioral problems

- Obesity
- Violence
- Bullying
- Smoking
- Teen pregnancy
Clinical Signs and Symptoms

- Abdominal Pain
- ADHD
- Allergies
- Anemia
- Anxiety
- Asthma
- Constipation
- Failure to Thrive
- Excessive Crying
- Headache/Migraine
- Hypervigilance
- Learning issues
- Obesity
- Sleep Disorder
Safety Net Interventions

- Culturally Responsive Evidence Based
- Screening
- Prevention
- Technology Research & Evaluation
- Treatment Interventions
- Training/Education
- Better Health Outcomes
- Policy/Advocacy Collaboration
- Best Practices
- Community Engagement
5 Minute Break
Resilience

“In the final analysis, resilience is rooted in both the physiology of adaptation and the experiences we provide for children that either promote or limit its development.” -Jack Shonkoff, Harvard Center for the Developing Child

Eligible patients/clients

Referral to Social Work, Medical Legal Partnership, Developmental and Mental Health Services, Home Visiting, early intervention services

Help with utilities, afterschool activities, food etc

Universal social and environmental needs screening

Patients with complex needs

Patients with basic resource needs

Eligible patients/clients

Warm Hand-offs & Culturally Responsive Care

Adapted from Dr. Laura Gottlieb
A cloud based innovative solution that empowers patients, care teams and their communities to collaboratively address social determinants of health
FINDconnect FEATURES

- Customizable, validated survey algorithms
- Web based platform, will run on any modern browser
- Sophisticated real-time resource matching
- HIPAA-compliant case management
- Automated action planning
**FINDconnect GOALS**

To make connecting with resources for social and environmental determinants of health incredibly easy and effective for all

**Suite of Tools**
- Opportunity Assessment
- Action Plan creation and delivery
- Knowledge Base
- Case Management

**Automation provides**
- Scalability
- Outcome tracking
- Program quality and evaluation

**Training & Education**
- Integrating into clinic flow
- User guide
- Cultural Humility/Trauma Informed platformed
Navigators

• Facilitate the trusted relationship
• Central part of medical team
• Diverse workforce mirrors the community
• Enable all staff to work at the top of their license
• Use technology as a tool to increase efficacy and capacity
FINDconnect: Community Driven Technology to Promote Equity and Resilience
FINDconnect: Population Level Data
Mental Health Care Coordination

**Adult**
- Negative Screens: 41%
- Positive Screens: 59%

**Child**
- Negative Screens: 28%
- Positive Screens: 72%

Original data FINDconnect copyright 2017
Resiliency Clinics
Grounded in Primary Care: Food As Medicine

Free fresh fruits, vegetables, whole grains and more for Children’s families

FOOD FARMACY
Pop Up Market

2nd Thursday of the Month
11:30-1:30
in the Courtyard behind the hospital

4th Thursday of the Month
10:30-12:30
at Primary Care
5275 Claremont Ave

Please come early as we sometimes run out of food!
Brilliant Baby
Brilliant Baby is Grounded in Research

Stress of relentless poverty undermines physical and mental health, and reduces executive functioning in adults and children.

Parenting behaviors and expectations for their child impact the socio-emotional, cognitive and physical development of babies.

Having a college savings account (CSA) from birth, improves the social-emotional development children need to succeed academically. Effects are strongest among families with household incomes under 200% of poverty. (Huang, Sherraden, Kim & Clancy 2014)

CSAs have also been found to reduce maternal depression, thereby influencing interactions with children. (Huang, Sherraden, Kim & Clancy 2014)

Financial coaching and the experience of taking practical steps in pursuit of concrete goals results in both tangible improvements in financial indicators as well as improved confidence and optimism about the future. (Consumer Financial Protection Bureau 2016)
Brilliant Baby Program

3 year Demonstration with 1500 Babies

Research Study in partnership with UCSF Children’s Hospital Oakland and the University of Chicago. Follow for 25 years.

At Scale: All 2200 babies born to MediCal eligible families in Oakland each year.
The Vision for the Future

- Sustainable Practice re-design for Primary Care Pediatrics to support dyads of children and caregivers
- National Practice Guidelines
- Local, State and Federal Policy Formation
- Collaborative Multi-Sector Partnerships
- Hub of Research Innovation
North Star: Innovation has the potential to disrupt the link between adversity and poor health

Adapted from Dr. Barry Zuckerman
The Institutional Problem

• We face a host of systemic challenges traditionally beyond the reach of our institutions.

• Continuing to do what we are currently doing but doing it harder or smarter is not likely to produce very different outcomes.

• The path to catalyzing and guiding systemic change at a scale commensurate with the scale of problems we face is not clearly marked

History

UCSF SOM
Dean’s Office/Dept of Peds

Children’s Health Equity Collective

Center for Community Health & Engagement

Children’s Health Equity Initiative

2015

UCSF BCH
Oakland

2015

2017
Vision
A Bay Area where all children and their families are healthy and well.

Mission
To promote health equity and the wellbeing of all children by addressing social, environmental and economic factors that impact health.

We advance our mission by developing innovative clinical, research, and training programs and catalyzing strategic partnerships.
Approach

• Collective Impact
• Focus on community identified needs
• Offer a model for local, state and national impact
• Position ourselves as leaders within national movements
UCSF Child Health Equity Institute (CHEI)

- **Clinical Transformation**: Develop, test, and scale clinical innovations to reduce preventable differences in children’s health.

- **Health Equity Science**: We support the expansion of knowledge through research that promotes child health equity with and for communities impacted by disparities.

- **Systems Leadership**: Provide local and national leadership to transform and create systems that will accelerate improvements in child health equity through education, advocacy, and collective action.
Strategic Initiative: Ready to Learn Early Success

**PROBLEM**: Over 75% of low income children in San Francisco and Alameda County and nearly half of ALL children in the Bay Area do not meet basic standards of school readiness impeding their ability to develop to their fullest potential across the lifespan.

**OPPORTUNITY**: Young children and families will see pediatricians more than any other service providers during this critical window. Families trust their pediatricians, making pediatric medical homes an untapped opportunity to build the foundation for future success.

**SOLUTION**: Partner across health, education and social services and with our patients and families to transform pediatric primary care to promote school readiness and life success.

**POPULATION LEVEL TARGET(S)**: 100% Kindergarten readiness in San Francisco and Alameda County in 10 years.
Strategic Initiative:
Social Determinants of Health

**PROBLEM:** As much as 75% of a child’s health status is determined by social and economic circumstances, environmental conditions, and behavior. Still, pediatric care delivery models are not set up to systematically address these fundamental risks to health.

**OPPORTUNITY:** Pediatricians and primary care centers embrace the importance of identifying and acting on the economic, environmental, and psychosocial needs faced by patients and families. Early recognition and action on these social determinants of health are critical, given their known impact on morbidity and mortality.

**SOLUTION:** Promote community-engaged research, education, clinical innovation and action to identify, understand, and address social determinants of children’s health.

**POPULATION LEVEL TARGET(S):** process and population level impacts
Strategic Initiative: Resilience Initiative

**PROBLEM:** Severe chronic stress can be toxic to developing brains and biological systems increasing the likelihood of developmental delays, learning disabilities, and behavior problems as well as health problems later in life.

**OPPORTUNITY:** Child health care providers can mitigate the effects of toxic stress and promote resilience given high levels of trust between pediatricians and patients as well as the frequency that children and families interface with children’s health care during the first three years of life, a critical window for healthy brain development.

**SOLUTION:** Early detection and treatment of toxic stress, multidisciplinary research, and increased staff and provider capacity to provide trauma informed care.

- Transform pediatric primary care to strengthen protective factors
- Research to unravel the connection between ACES, toxic stress, resilience and health and determine what works to promote resilience.
- Build staff and provider capacity to provide trauma-informed care
Trauma-Informed Systems Initiative
Healing Ourselves, Our Communities and Our City

UCSF Children’s Hospital
Oakland
Trauma Informed

Trauma Responsive

Trauma Informed Practices

Trauma Informed Systems

Trauma Informed Communities

Secondary Trauma

ACES

Adapted From CANarratives.org
Trauma affects systems as well as communities and individuals
Providers are unable to deliver quality care in an organizational culture defined by chronic stressors and collective traumas.

Why do we need a TIS?

- Direct and indirect trauma exposure
- Staff and budget cuts
- Technology and paperwork demands
- Lawsuits, reforms, task focus
- Feeling unsafe with co-workers
- Staff turnover, vacancies, understaffing
- Direct and indirect trauma exposure
- Client needs vs. HMO models
- No time for collaboration or supervision
- Provider needs vs. HMO models
Trauma-inducing to Trauma-reducing

**TRAUMA-ORGANIZED**
- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

**TRAUMA-INFORMED**
- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

**HEALING ORGANIZATION**
- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership
SHIFT YOUR PERSPECTIVE

FROM
"What is wrong with our system?"

TO
“What is happening for our system (clinic, organization colleagues)?”
"What has happened to our system?”

Provides context and creates an environment ready for change
BARRIERS TO A TRAUMA-INFORMED SYSTEM

• Burn out and Secondary Trauma
• Bias
• Institutionalized inequity
• Limited resources
• Authoritarian leadership
• Unsafe or compromised physical environment
• Funding requirements
• Siloes
• Discomfort with privilege and acknowledge its benefits
THE 4 R’S OF A HEALING ORGANIZATION

Realize:
The widespread impact of trauma and potential paths for recovery

Recognize:
Signs and symptoms in children, parents, families, staff, and whole organization

Respond:
By fully integrating knowledge about trauma into policies, procedures, and practices

Resist Re-traumatization
Organizational Elements of a Trauma-informed System

Environment

Family Engagement

Collaboration & Coordination
Practice Elements of a Trauma-informed System

Preventing Trauma & Promoting Resilience

Assess Trauma Related Health Problems

Address Trauma Related Health Problems
**Collaborative Change Framework**

- Outline and describe key areas in which teams can make change to achieve trauma-informed integrated care for children and families exposed to trauma or chronic stress.
- Allows customization and honors the unique strengths and needs of each clinic, organization, agency, and community.
- P-D-C-A → small tests of change.
Pediatric Integrative Care Collaborative Collaborative Change Framework (PICC)

Office Environment
1. Develop and Foster a Trauma and Resilience-Informed

Community Relationships
2. Build Relationships with Communities to Support Families

Family Engagement
3. Engage with Families in Their Own Care

Assess Health
4. Assess Whole Family Health and Resilience

Address Health
5. Address Whole Family Health and Resilience

Coordinate
6. Coordinate Services and Supports for Families
TIS
Focuses on **organizational culture** to build, support, maintain, and replicate the capacity to promote lasting change

PICC
Focuses on **practice** (Family Engagement, Assessment, Treatment), environment, coordination, policy

Practice Change
- **Environment Change**
- **Organizational Culture Change**

Healing relationships in children, families, staff, departments and organizations
In collaboration with Genentech Charitable Giving, the Center for Care Innovations (CCI) launched a program called **Resilient Beginnings Collaborative**: a 24-month learning program dedicated to addressing childhood adversity in pediatric safety net care settings.
RESILIENT BEGINNINGS
COLLABORATIVE

Coordination with other national efforts
Local Bay Area initiative
Pediatric safety net focus
Early childhood focus

Ages 0-5

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As part of Phase 1, participate in an organization-wide trauma-informed care training.
Achievements to Date

- Trained 11 primary care staff physicians and 6 resident physicians
- Trained 12 members of executive leadership team based
  - Several members co-located at USCF Benioff Mission Bay and Oakland
- Initiated discussions with primary care leadership on existing initiatives and strategies to integrate TIS approach
Role of the Leadership Team

Leading Self, Leading Others, Leading Organizations

Leadership competencies include:
- Relational Leadership
- Complexity Thinking
- Mindful and Reflective Leadership
- Trauma-informed Communication
- Critical/Radical Inquiry
- Inclusive Leadership
What is the BCHO Response?

On the journey towards a Healing Organization

- ACEs Studies
- Center for Community Health & Engagement
- Equity, Diversity and Inclusion Committee
- Cultural Humility Training
- Gallup Staff Engagement
- Schwartz Rounds
- UCSF Benioff Children’s Way
- Resilient Beginnings
- Breakthrough Series Collaborative
- Trauma Transformed
- Community Crisis Response Team
- Increase awareness and understanding of Trauma Informed Principles
- Increase collaboration between departments
- Resiliency practices
ORGANIZATIONAL PRACTICES THAT PROMOTE RESILIENCE

• Mindful minute
• Schwartz rounds
• Peer-to-peer support networks
• Reflective supervision
• Celebrations
• Anti-bias training
• Chat and Chew

Ability to bounce back and grow through the challenges.
SHIFTING OUR PERSPECTIVE

FROM
"What is wrong with you/us?"

TO
"What is happening to you/to me/to us?"

Provides context, fosters compassion,
Helps us to see strengths in face of adversity
5 Minute Break
Leadership Engagement Activity

Moving from ideas to action...
Purpose of a Driver Diagram

- Translates high level improvement goal into sub projects
- Helps organize change concepts and ideas
- Allows you to test theories about cause and effect
- Serves as a communication tool
Pediatric Integrative Care Collaborative Collaborative Change Framework (PICC)
To create a healing and resilient hospital system where patients, families, and staff feel supported, inspired, and engaged.

Primary Drivers (Systems, structures, norms)

- **Oe Office Environment**
  - Establish equity in shared space (e.g. parking, workspace)
  - Recognize downstream impacts on staff (e.g. respect breaks)

- **Cr Community Relationships**
  - Be visible in community-based meetings and serve as a thought partner, convener, and leverage expertise
  - Identify opportunities to facilitate healing circles or moments inclusive for staff, patients, families, and the community

- **Fe Family Engagement**
  - Develop a process for patient outreach after no-show appointments (e.g. mailings, phone calls, text messages, etc.)

- **As Assess Health**
  - Aggregate population health data for FQHC patients living with chronic conditions (e.g. asthma, diabetes, obesity, behavioral health challenges, learning disabilities, family stress, etc.)

- **Ad Address Health**
  - Regularly offer stress relieving modalities or workshops to support physical, emotional, and spiritual wellness

- **Co Coordinate**
  - Increase behavioral health staffing to support extensive patient load
  - Ensure behavioral health providers are reflective of the populations served
Driver Diagram Exercise (30 min)

• Independently, think about your own organizations and opportunities to address trauma using the primary drivers. Take 5 minutes to fill out a few boxes

• Arrange into groups of 10

• Among your small group, each person should share 1 change concepts for each primary driver area and rationale for the change concept. (20 minutes)

• As an individual, select 2 primary drivers most critical for your institution at this moment and identify 1 change concepts per driver to develop your action plan to take home (2 minutes)
Team Time Worksheet

Use this worksheet to help plan your next steps.

TWO PRIMARY DRIVERS

Circle which **two elements** you’d like to prioritize your efforts through the end of Q1 2019.

CHANGE ELEMENT #1 – Establishing Resilient Beginnings Team

<table>
<thead>
<tr>
<th>Ideas for Action</th>
<th>What’s your first step?</th>
<th>Completion Date</th>
<th>Who Needs to be Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified key stakeholders from across departments and disciplines</td>
<td>Create a power map</td>
<td>June 2018</td>
<td>Executive Leadership through on the ground staff CHWs → EDs</td>
</tr>
<tr>
<td>Convened meeting</td>
<td>Meeting logistics</td>
<td>July 2018</td>
<td>Stakeholders Physician leadership</td>
</tr>
<tr>
<td>Developed a training scheduled</td>
<td>Prioritized departments most engaged and poised to make change</td>
<td>August – September 2018</td>
<td>Planning Committee FQHC Leadership Executive Leadership</td>
</tr>
<tr>
<td>Launched initial trainings</td>
<td>Scheduled initial trainings with staff physicians, resident physicians, and executive leadership</td>
<td>September – December 2018</td>
<td>Physician Leadership Resident and Staff Physicians Executive Leadership</td>
</tr>
</tbody>
</table>
What support do you need from your organization to be successful in making progress on the two elements you’ve identified

1. Leadership buy-in and intentional support

2. Acknowledging that organizational, individual, and community trauma is a problem

3. Time
Action Plan Exercise (30 min)

• Remain in your current group
• Independently complete action plan based on the 2 primary drivers and 1 change concept for each driver you selected for your organization (10 minutes)
• List what type of support you need to make progress – ideas beyond funding!
• Come together as a small group and each member briefly share an action plan for 1 primary driver (20 minutes)
Lessons Learned

- Understanding the impact that determinants of health and trauma has on health
- Effective population health requires universal screening and data management capability that does not exist yet but is developing
- Develop partnerships, both internal and external, make sure that roles and responsibilities are clear
- Eliminate silos
- Involve the target population early; listen closely
- Allow the process to be iterative
- Consider sustainability in design
QUESTION:

In your institution, where are the opportunities to invest time, staff, and funding to promote resilience and system change around social determinants of health and trauma?
Opportunities

• **Share data** analytics and observations across systems about the community determinants that are shaping and/or exacerbating these health concerns.

• Consider **organizational and practice changes** that encourage consumer/patient engagement focused on family and community assets available that help them recover and heal.

• Serve as a credible “expert” voice in community, media, and policy settings to **advocate for community improvements** to support health and wellbeing

• Participate in or **convene multi-sectoral partnerships**, including community residents
Opportunities

• Provide financial and human capital

• Establish and/or serve an advisory committee of patients and family members with experiential perspectives to advise healthcare organizations

• Activate patients as spokespeople and advocates for community changes

• Ensure the community health needs assessment process incorporates community determinants indicators

• Design infrastructure, facilities, and patient care to support wellbeing
Anchor Institutions

- Infrastructure and facility design reflecting health priorities
- Engage in Equitable Employment Practices
- Procurement Practices that Promote Community Health
- Serve as role model to business community
- Activate business partnerships to advance health
“Working on social determinants of health is both scary and reassuring. If we don’t this level system change, we will always be chasing the problem.”

Adapted from the Ohio Community Collective Impact Model for Change Learning Community Partner
What is one thing you feel encouraged to do?
Questions???
Resources

• Center for Care Innovations (CCI) Resilient Beginnings Collaborative
  https://www.careinnovations.org/resilience-2018/

• Trauma-Informed Systems, Trauma Transformed
  www.traumatransformed.org

• Video and resources on early childhood
  http://developingchild.harvard.edu/resources/

• Pediatric Integrated Care Collaborative : Johns Hopkins University
  https://picc.jhu.edu/
Publications


Thanks

- Bay Area Community – East Bay and Oakland
- Resilient Beginnings
  - Center for Care Innovations
  - Trauma Transformed
  - BCHO Team
- UCSF
- Center for Youth Wellness
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