

Leveraging Community Health Needs Assessments for Community-Based Injury Prevention

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Collaborating with Hospitals



Some Buzz Words

- Collective impact

Commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem
(Stanford Social Innovation Review)

- Anchor institutions

Consciously and strategically apply their long-term, place-based economic power, in combination with their human and intellectual resources, to better the welfare of the community in which they reside
(Steve Dubb & Rita Axelroth Hodges)

- Affordable Care Act/ACA/Obamacare

- Population health
- Community Health Needs Assessment (CHNA)

CHNA Requirement

- Required for nonprofit hospitals under ACA
- Two main elements: needs assessment and implementation strategy
- Hospital must include input from people representing community's interests
- Must make CHNA widely available to public
- Collaboration with public health departments and other hospitals is encouraged
- Process conducted every 3 years (staggered schedule)

Opportunities for Community Injury Prevention Partners

- Help hospitals understand community data
- Help hospitals understand communities
- Collaborate with hospitals on implementation plans
- Support hospitals use of evidence-based injury prevention strategies

Developing Lurie Children's CHNA



Lurie Children's Background

- Serves children and adolescents across Illinois – clinical and advocacy
 - CHNA focuses mostly on City of Chicago
 - For children with complex conditions, CHNA covers Illinois
- Long history of public health involvement
 - Clinical, advocacy and community-based programs on child abuse, firearm injury, community violence, unintentional injury, HIV/AIDS and childhood obesity
 - Pediatric Practice Research Group, nation's first pediatric practice-based research collaborative
 - Child Health Data Lab examines community health data and evaluates community-based interventions

Goals of CHNA

- Identify areas of high need to prevent death and hospitalization for children and adolescents in Chicago and served by Lurie Children's
- Set priorities and goals using evidence as a guide for decision-making
- Implement programs, policies, and advocacy efforts in order to better serve Lurie Children's patients and improve the health and well-being of the community

CHNA Process

- Convene and facilitate CHNA Committee
 - Met 4 times, December 2012 – May 2013
- Convene steering committee of Lurie Children's leaders to shape and guide the CHNA Committee's work
- Child Health Data Lab – analyze and present community health data

CHNA Committee

Lurie Children's Staff

- President and CEO
- Chief Financial Officer
- Chief Ambulatory Executive
- Chief Communications and External Relations Officer
- Director, Child Advocacy
- Associate Chair for Advocacy (Medical Director, Injury Prevention and Research Center)
- Executive Director, Consortium to Lower Obesity in Chicago Children
- Primary Care Section Chair

External Representatives

- Illinois Department of Public Health
- Chicago Department of Public Health
- Near North Health Services Corporation (FQHC)
- Logan Square Neighborhood Association
- Illinois Hispanic Chamber of Commerce
- Lurie Children's Family Advisory Board
- Lurie Children's patients

Identifying CHNA Priorities

Reviewed leading causes of death and hospitalization for Chicago/Illinois children and adolescents

Identified 11 major health risks to children and adolescents in Chicago

Used other data sources to identify opportunities for preventability and/or identification of population at highest risk

Data Sources

- Data from other agencies
 - Mortality data
 - Hospitalization and emergency department visits
 - Chicago Youth Risk Behavior Survey
- Data collected by Lurie Children's
 - Illinois Health Survey for Youth
 - Illinois Violent Death Reporting System

Lurie Children's CHNA and Implementation Plan



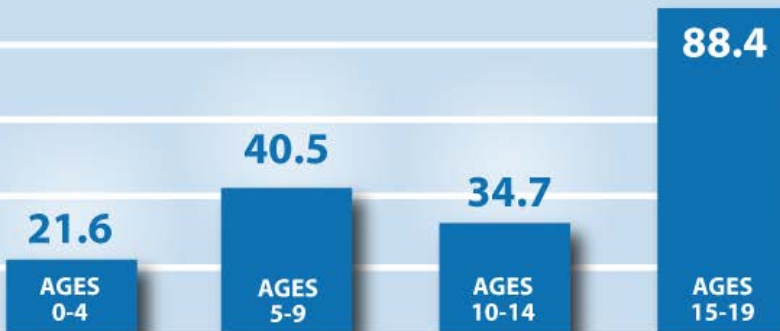
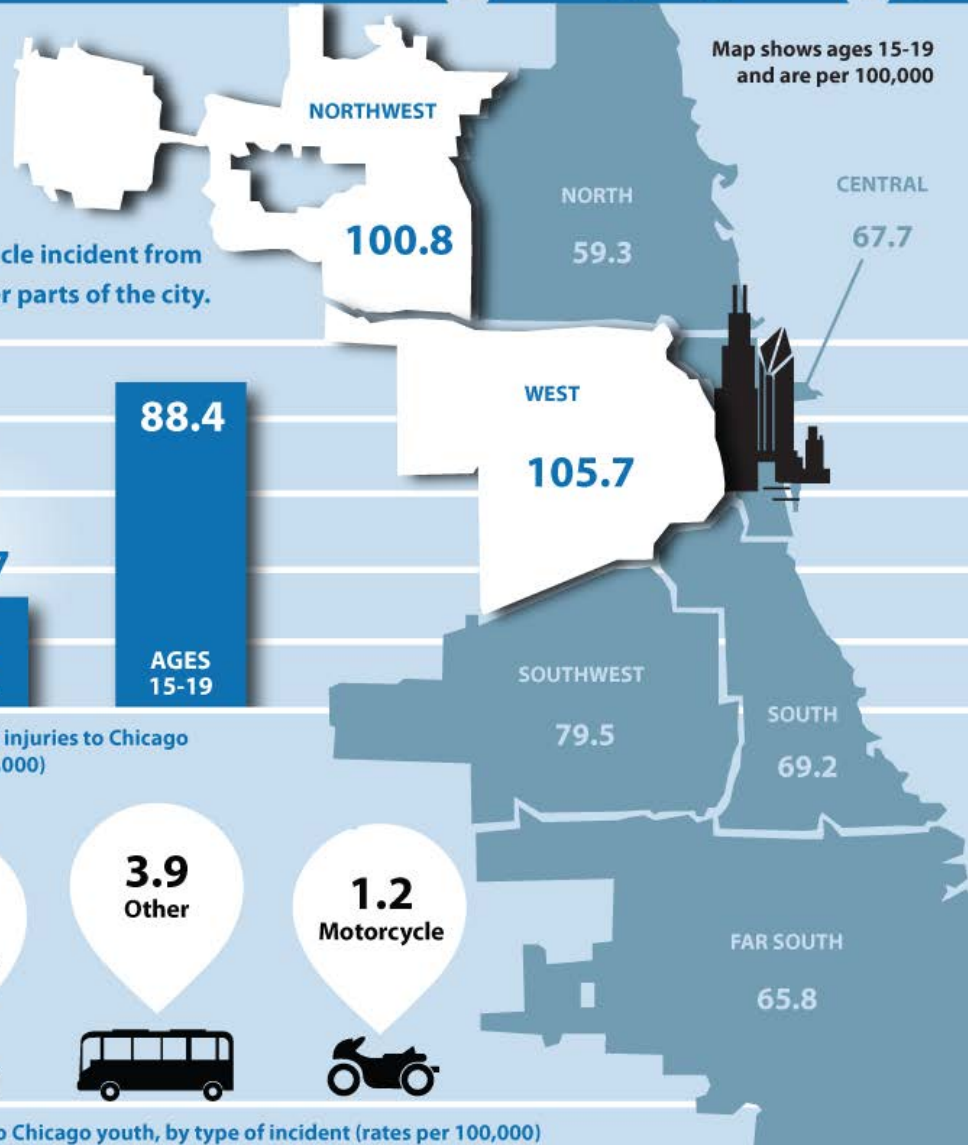
Motor Vehicle Injuries



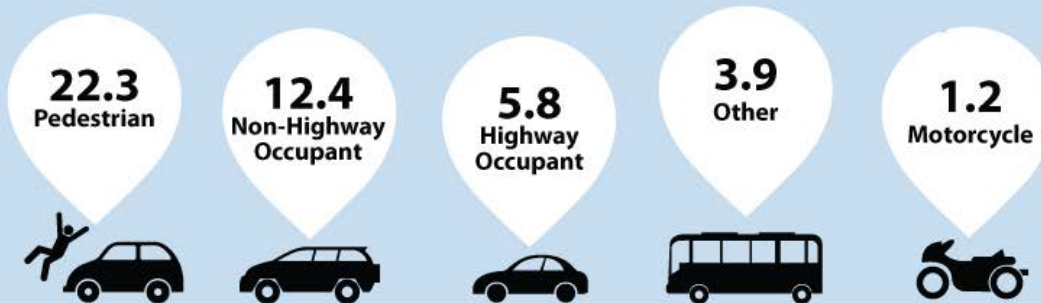
Age group at highest risk:

Ages 15-19

Adolescents aged 15-19 are more likely to visit the hospital because of an injury in a motor vehicle incident from Chicago's Northwest and West sides than in other parts of the city.



Hospitalizations caused by nonfatal motor vehicle-related injuries to Chicago children and adolescents, by age, 2005-2007 (rate per 100,000)



Hospitalizations caused by motor vehicle-related injuries to Chicago youth, by type of incident (rates per 100,000)

Motor Vehicle Injuries

- Car seat distribution satellite sites
- Car seat workshops
- Bicycle helmet distribution community partners
- Buckle Up for Life partnership with churches
- Walk to School Day
- Seat belt sharing bill

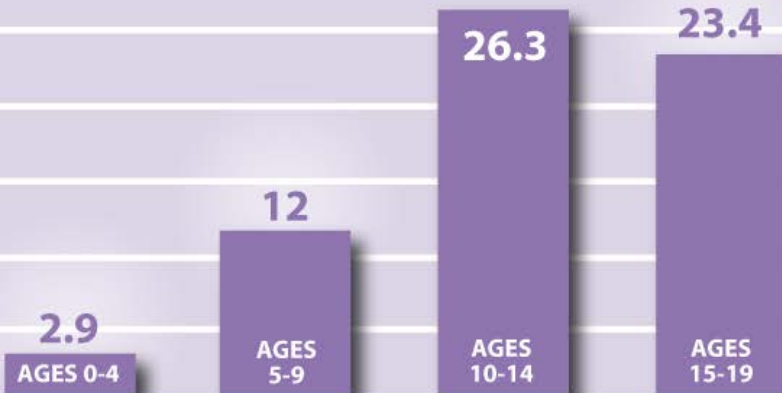
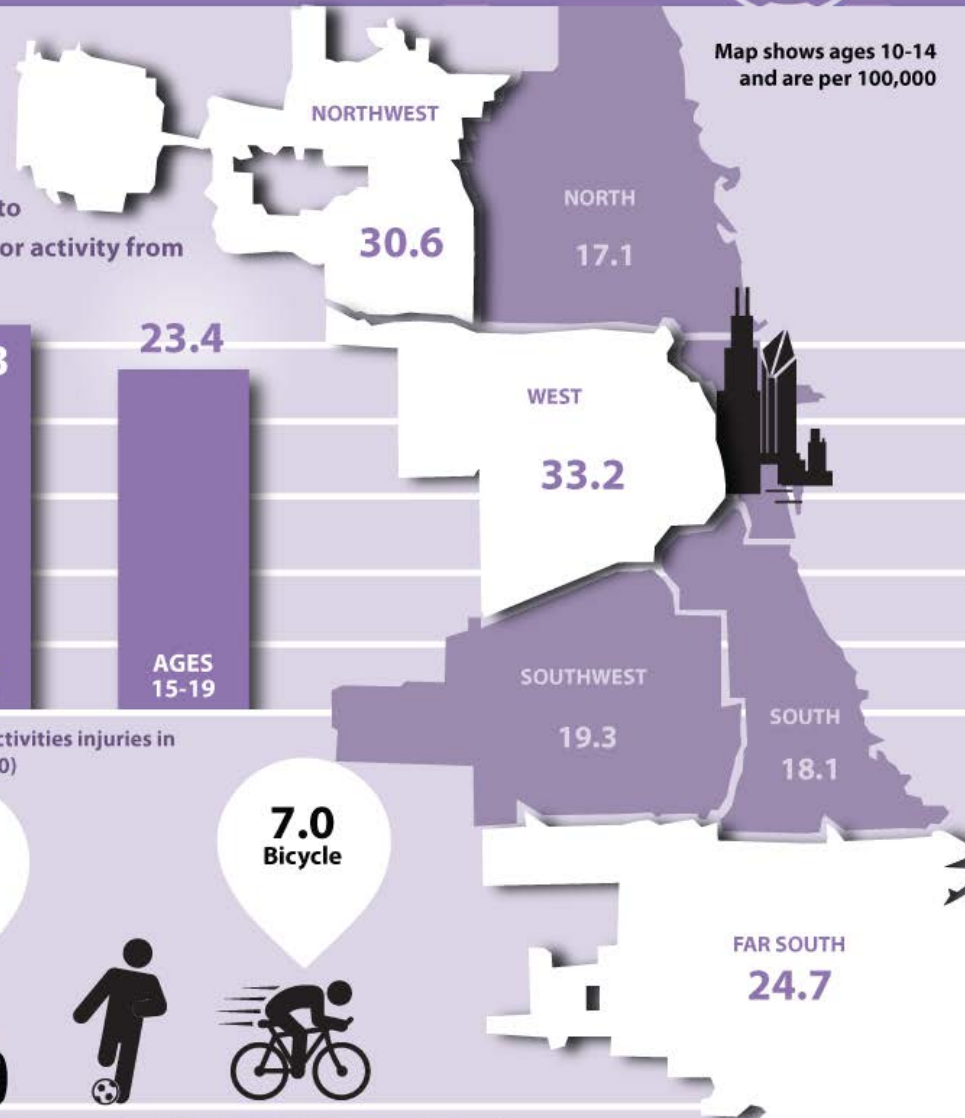
Sports/Outdoor Activities



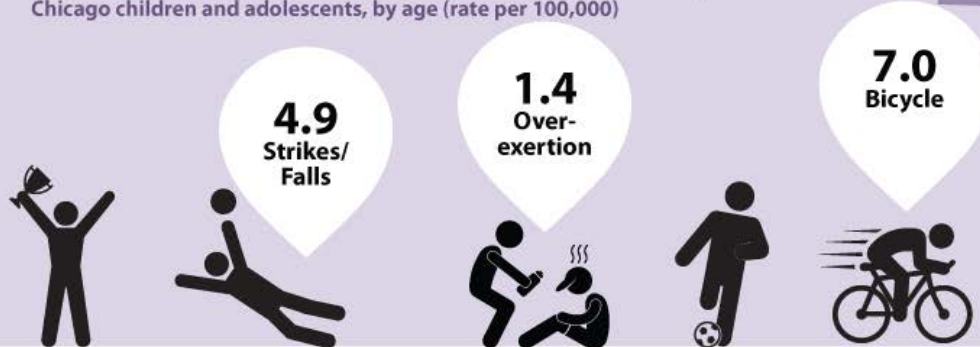
Age group at highest risk:

Ages 10-14

Adolescents aged 10-14 are slightly more likely to be sent to the hospital injured in a sports/outdoor activity from Chicago's Northwest, West and Far South sides.



Hospitalizations caused by nonfatal sports and outdoor activities injuries in Chicago children and adolescents, by age (rate per 100,000)



Hospitalizations for sports-related injuries in Chicago youth, by type of incident, 2005-2007 (rates per 100,000)

Sports/Outdoor Activities

- Concussion bills
- Knee Injury Prevention Program with Chicago Public Schools
- Concussion education for Chicago Public Schools, Chicago Park District and other partners
- Playgrounds
 - Inspections (Chicago Park District, Chicago Public Schools, child care)
 - Builds
 - Chicago Plays!

Unintentional Poisoning

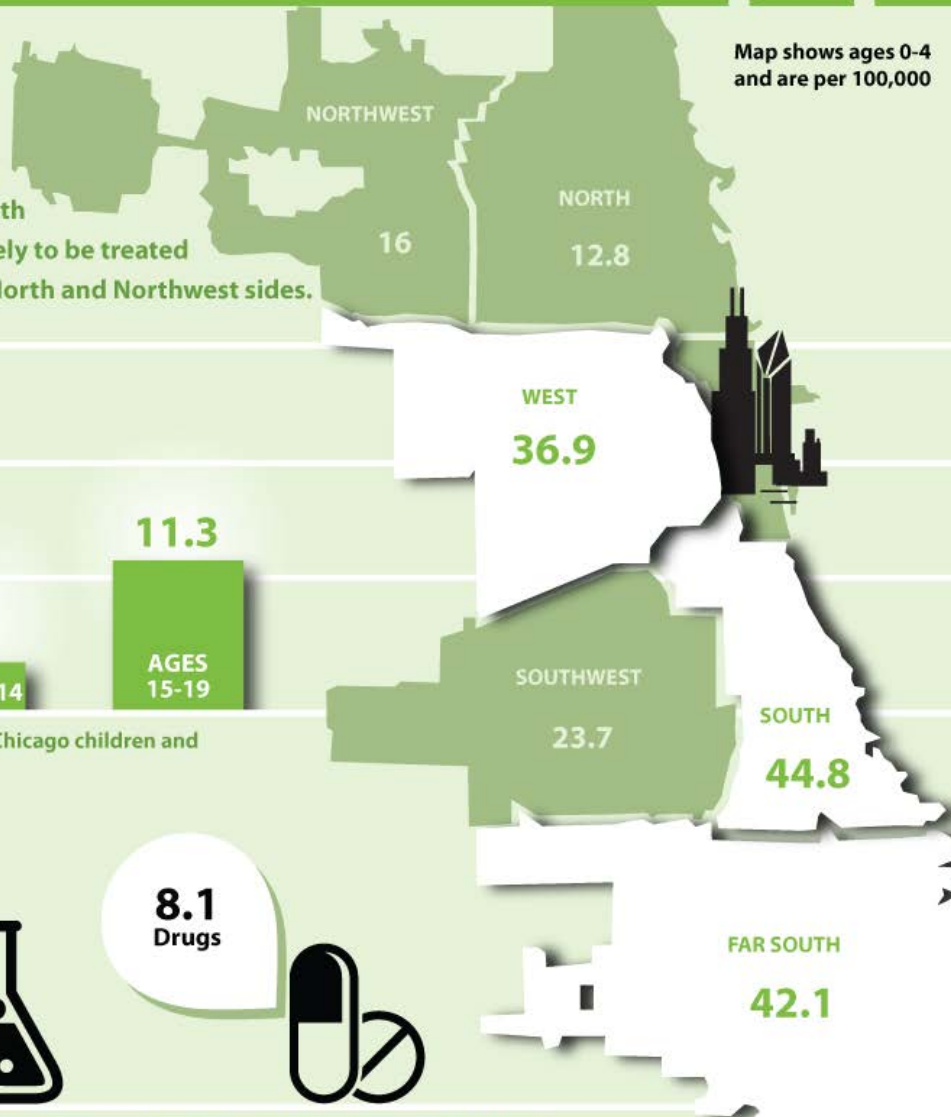


Age group at highest risk:

Ages 0-4

Children from Chicago's West, South and Far South sides aged 0-4 are more than two times more likely to be treated for an unintentional poisoning than kids in the North and Northwest sides.

Map shows ages 0-4 and are per 100,000



Nonfatal hospitalizations for unintentional poisonings in Chicago children and adolescents, by age (rate per 100,000)



Hospitalizations for unintentional poisonings in Chicago youth, by type of incident, 2005-2007 (rates per 100,000)

Unintentional Poisoning

- Advocacy for funding for Illinois Poison Center
- Home safety bags

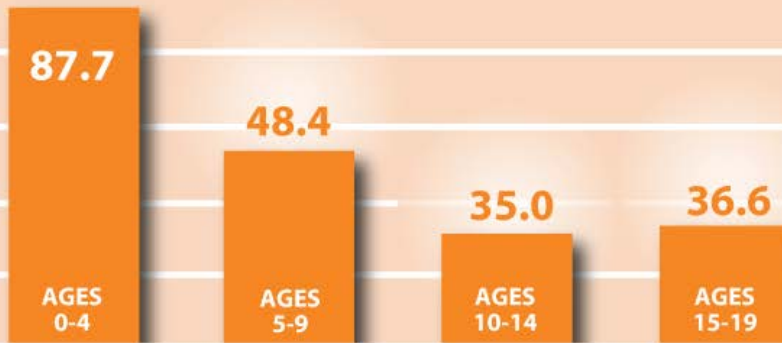
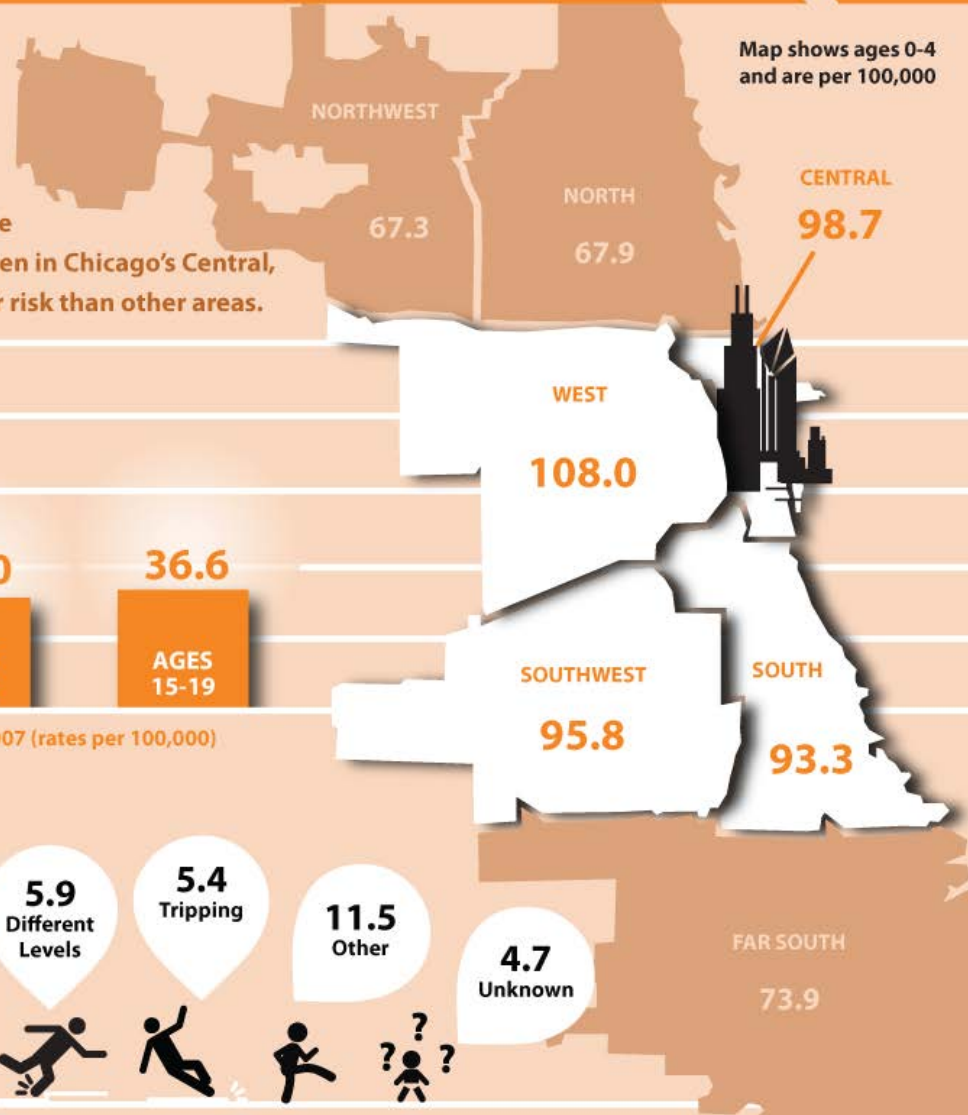
Falls



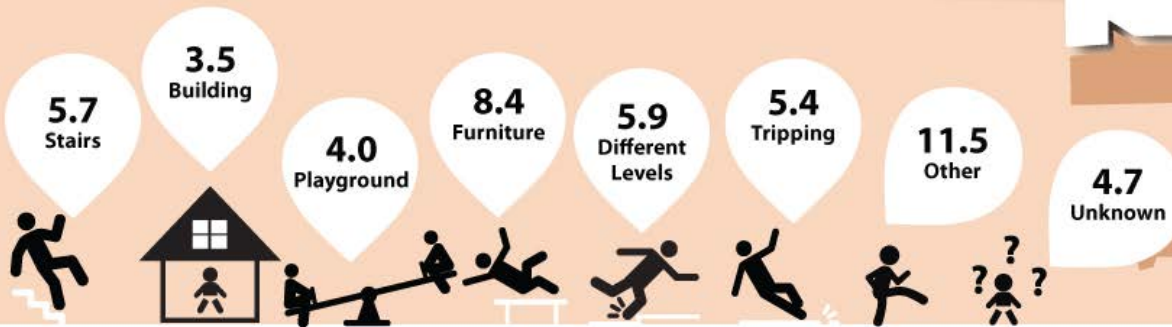
Age group at highest risk:

Ages 0-4

Children aged 0-4 are two times more likely to be hospitalized for a fall than older children. Children in Chicago's Central, West, Southwest and South sides are at a higher risk than other areas.



Hospitalizations for falls in Chicago youth, by age, 2000-2007 (rates per 100,000)



Average hospitalizations for falls in Chicago youth, by type of incident, 2000-2007 (rates per 100,000)

Falls

- Home Safety Bags
- Stop the Falls

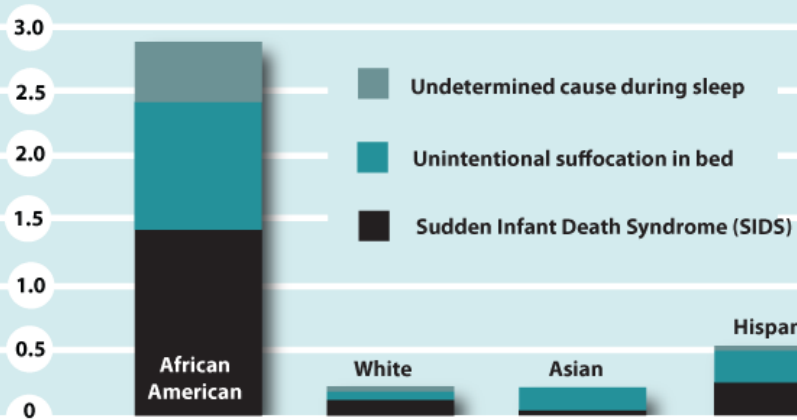
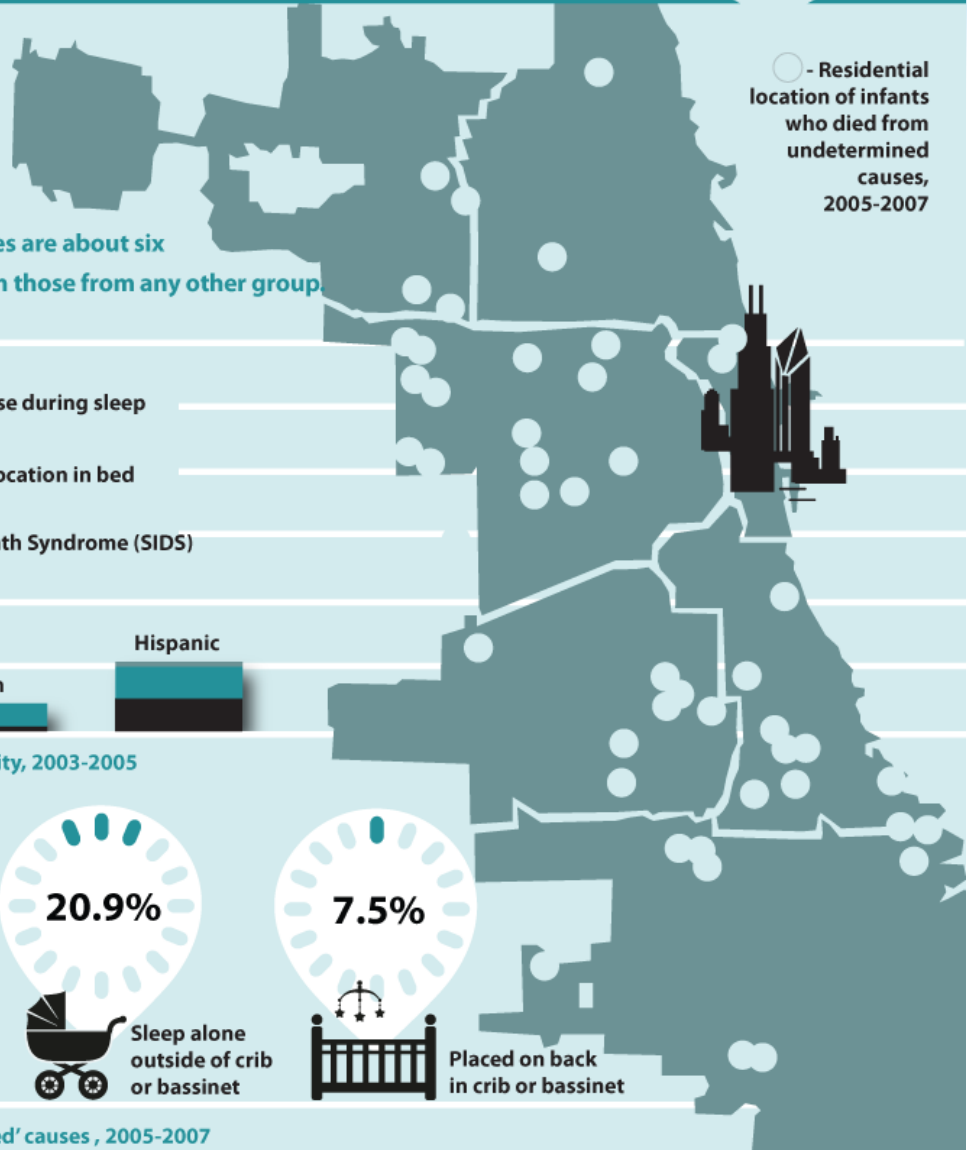
Sleep-Related Infant Deaths



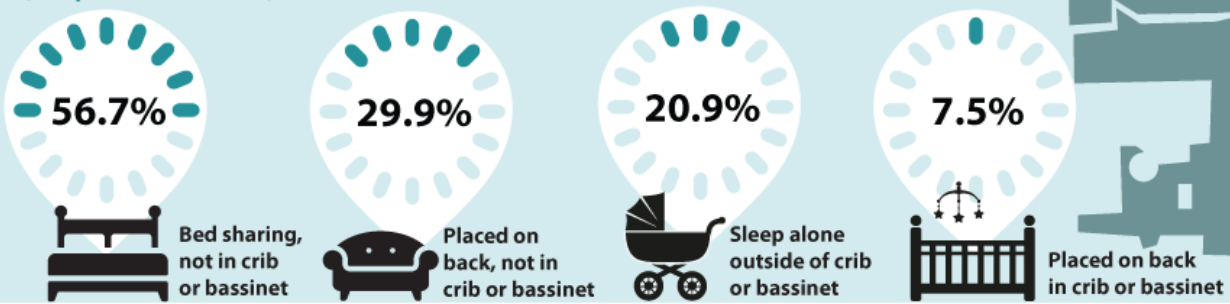
Age group at highest risk:

Infants Under 6 mons.

Infants under six months of age are at the highest risk for sleep-related deaths. African American babies are about six times more likely to suffer a sleep-related death than those from any other group.



Sleep related infant deaths in Cook County, by race/ethnicity, 2003-2005 (rate per 1000 live births)



Sleep circumstances of infants who died from 'undetermined' causes, 2005-2007

Sleep-Related Infant Deaths

- DCFS policy
 - Indication vs. investigation
 - Child fatality review
- COIIN Safe Sleep (co-lead of group addressing public health programs)
- Qualitative study with UIC, SGA Youth & Family Services, Ounce of Prevention Fund
- Crib bumper ban

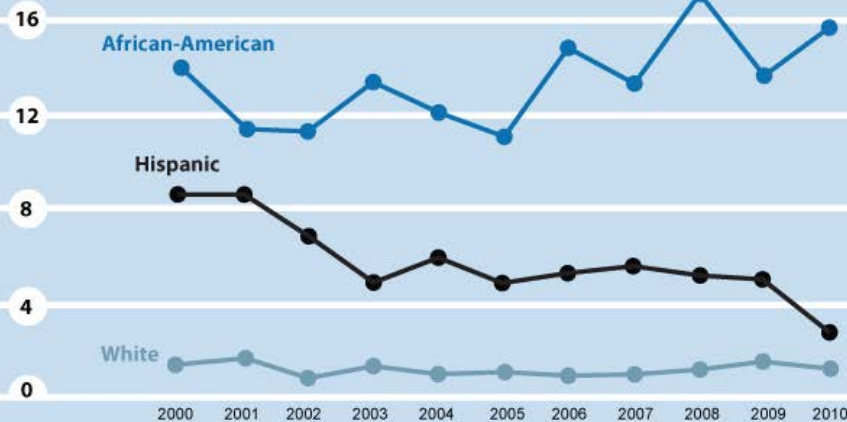
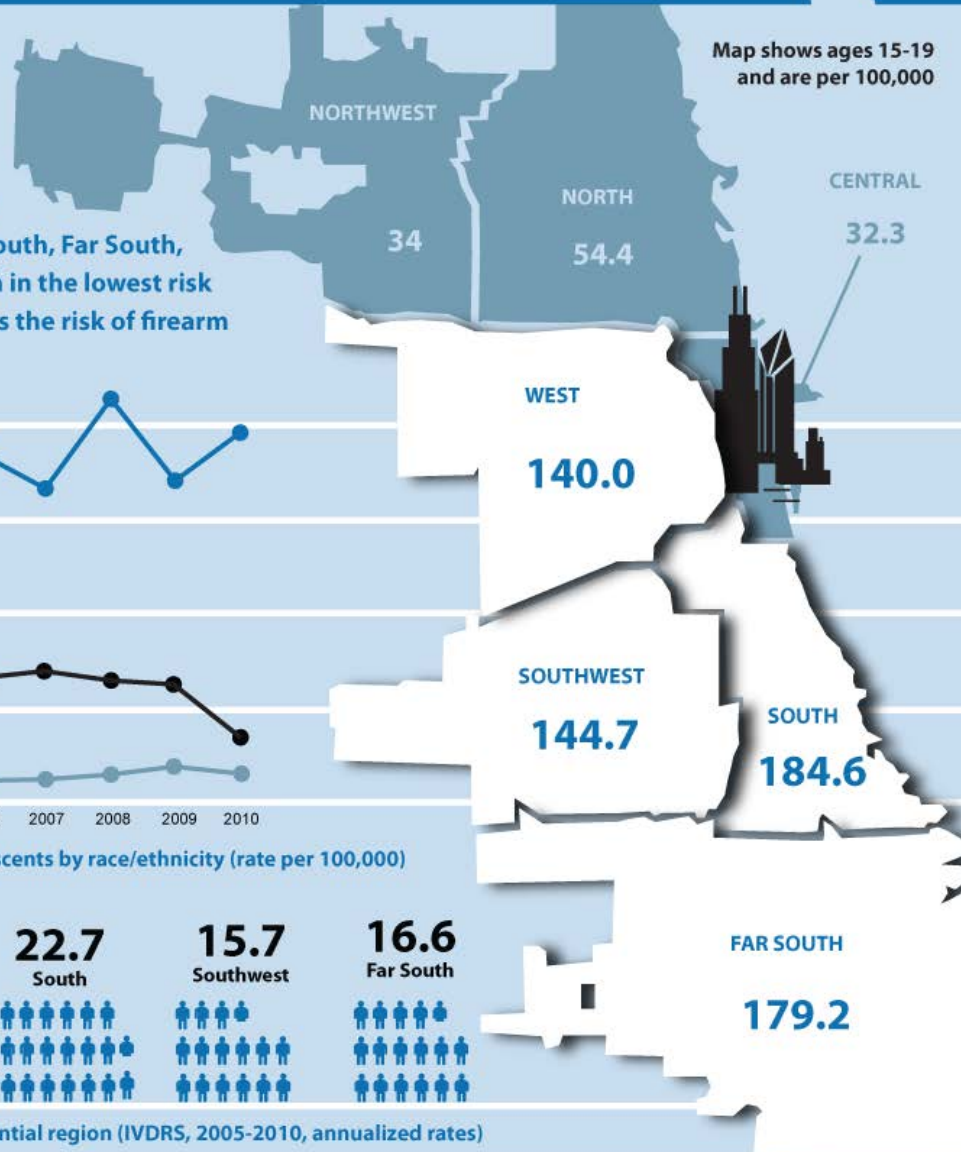
Firearm Injuries



Age group at highest risk:

Ages 15-19

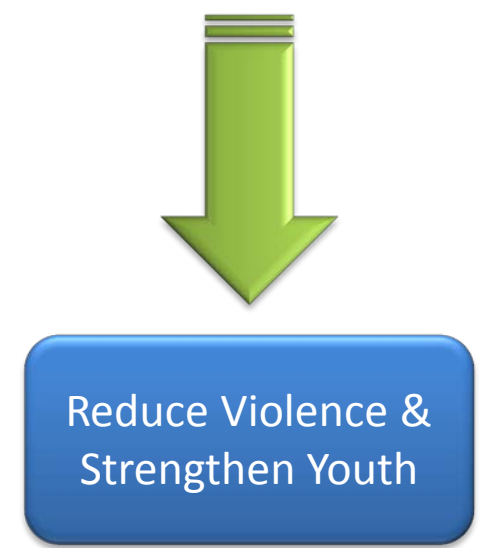
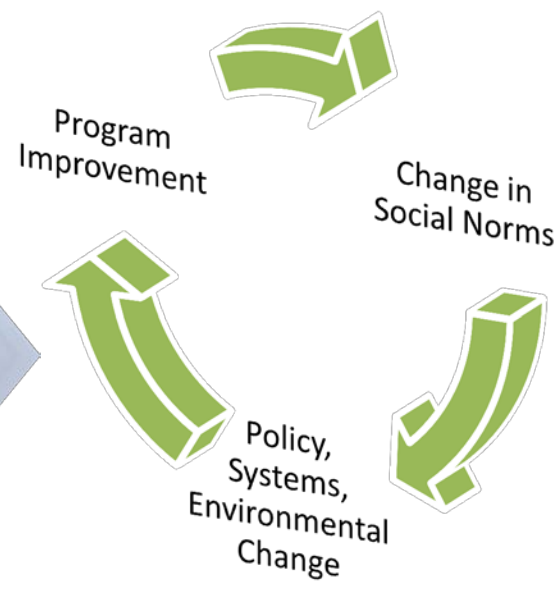
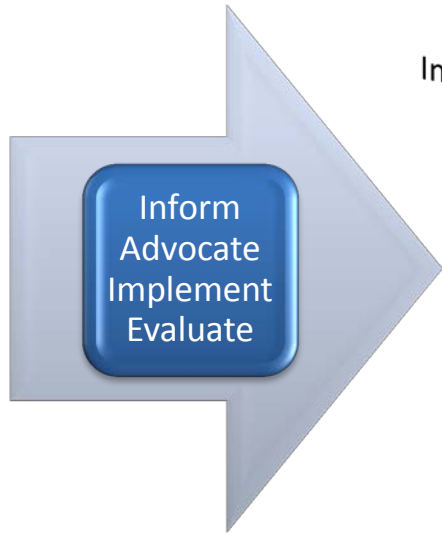
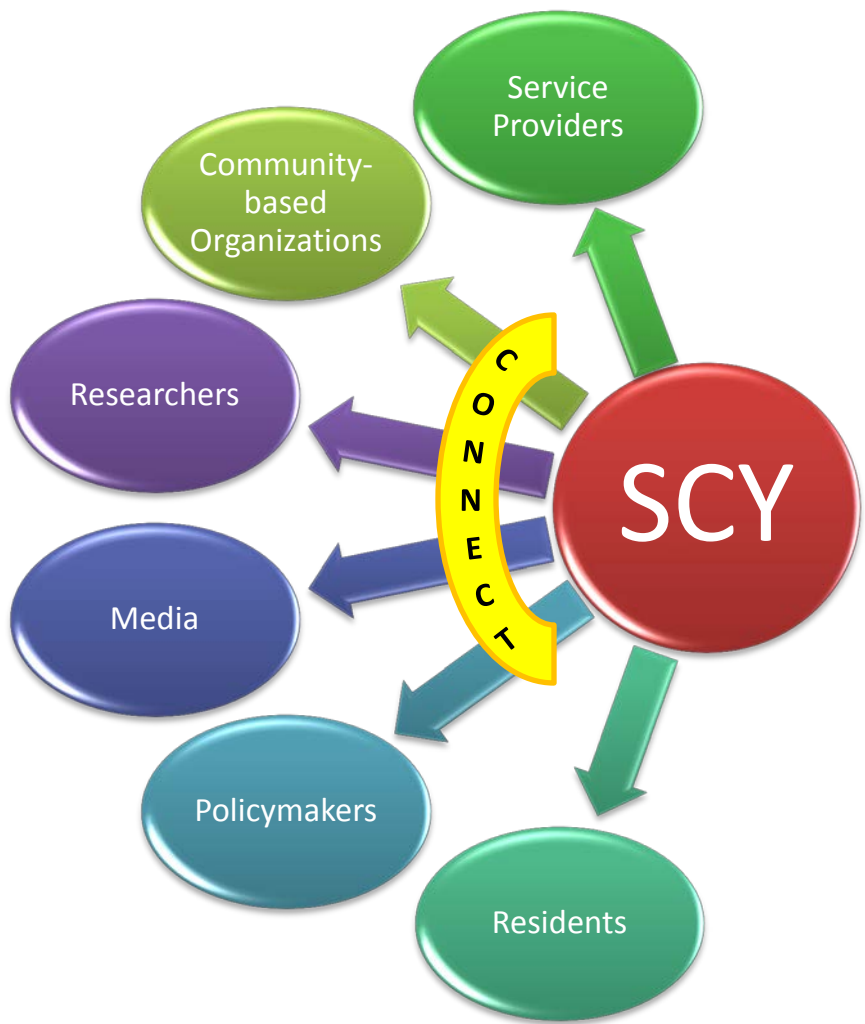
Adolescents are at highest risk of firearm injury if they live in the following regions of the city: South, Far South, West and Southwest sides. However, even youth in the lowest risk Chicago neighborhoods are at two or more times the risk of firearm injury than adolescents across Illinois.



Trend in firearm injury among Chicago children and adolescents by race/ethnicity (rate per 100,000)



Total firearm fatalities in Chicago youth, ages 15-19, residential region (IVDRS, 2005-2010, annualized rates)



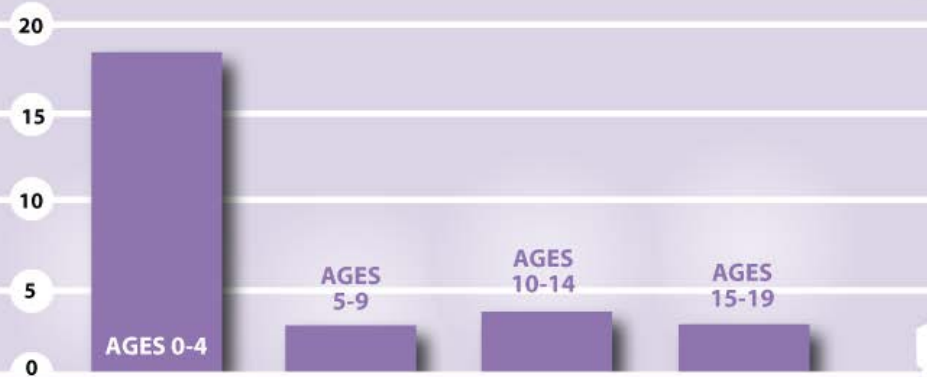
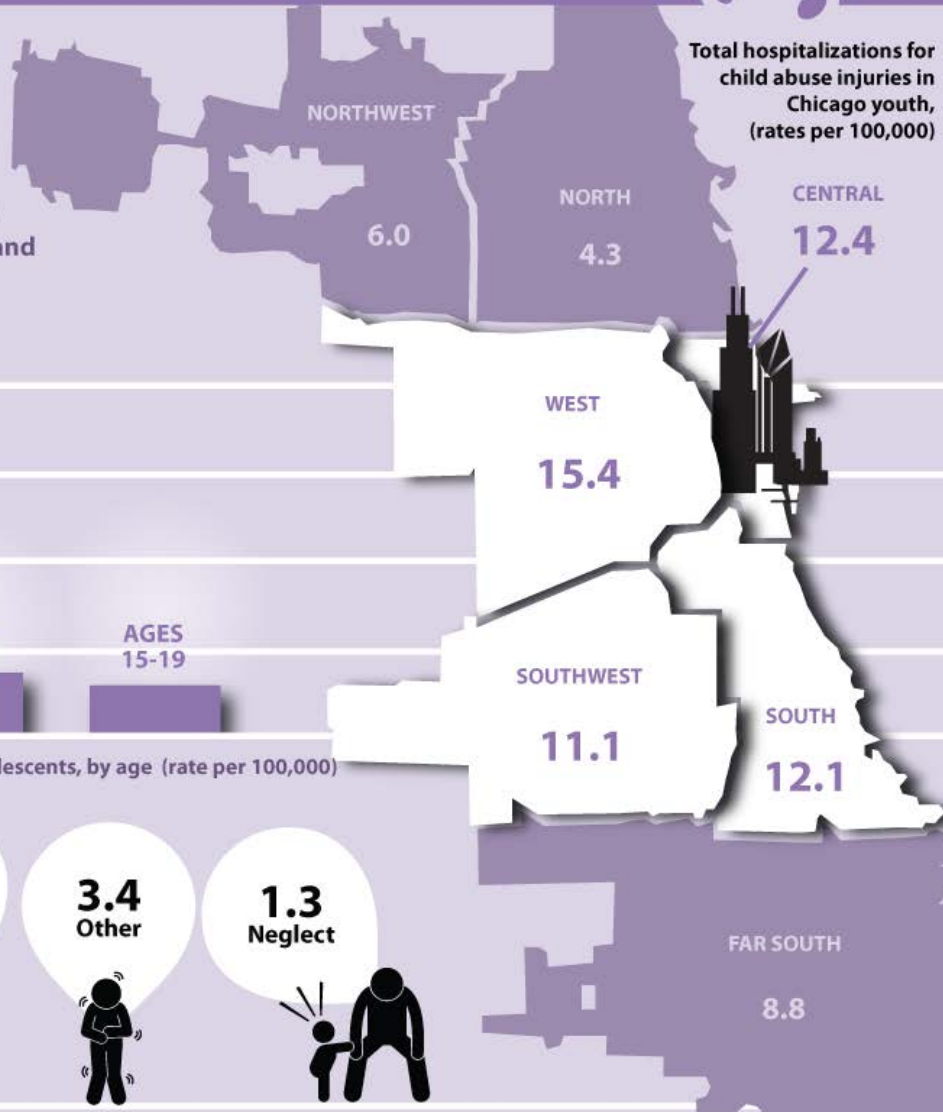
Child Abuse



Age group at highest risk:

Ages 0-4

Young children, ages 0-4, are more likely victims of physical abuse, shaken infant abuse, neglect and unspecified abuse than older children.



Child Abuse

- Child Maltreatment Symposium
- Illinois ACE Response Collaborative

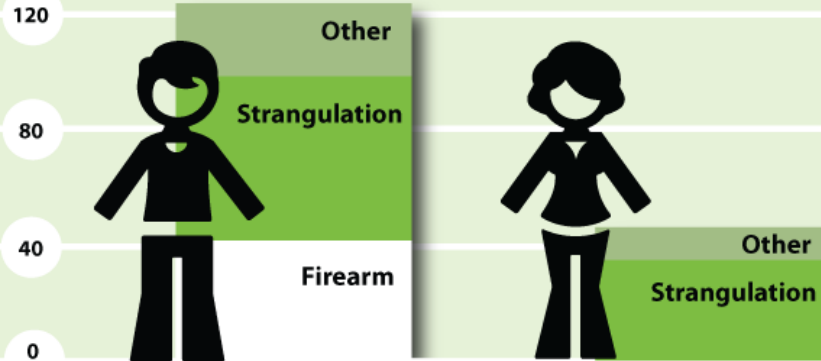
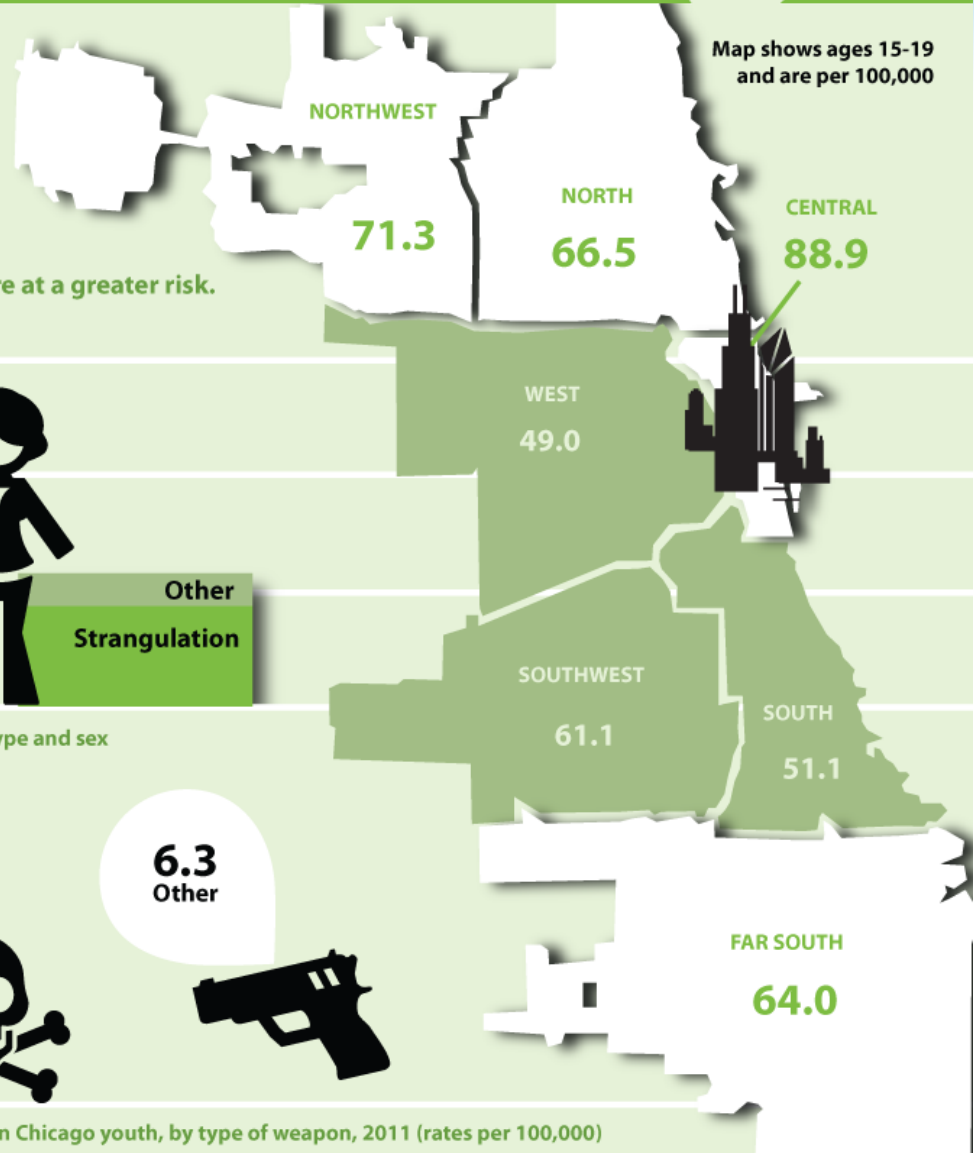
Suicide/Depression



Age group at highest risk:

Ages 15-19

Adolescent boys aged 15-19 are at the highest risk of suicide in Chicago. Adolescents in the Central, Northwest, North and Far South sides are at a greater risk.



Suicide/Depression

- Center for Childhood Resilience
 - School mental health
 - Trauma training
 - Implementation science and evaluation (e.g., Working on Womanhood evaluation)
 - Pre-professional mental health training
 - Advocacy and policy

Other Topics

Asthma & Other ACS* Conditions



Complex Chronic Conditions



Obesity, Nutrition & Physical Activity



Current and Future Activities

- 2016 CHNA
 - Additional injury prevention stakeholder on Committee
 - Considering organizing around poverty and racism
- JTDC Alternatives Collaborative
- Working Together to Reduce Underage Drinking Coalition