

CHANGING SYSTEMS TO IMPROVE CHILD HEALTH GENESIS

#ForKids Health Summit

#ForKids Health Summit

DISCLOSURES

I have no conflicts of interest or financial disclosures regarding the material presented today.

All patient and family names have been changed to maintain confidentiality.



INTRODUCTION VERONICA GUNN, MD, MPH, FAAP

Role: Parent, partner, pediatrician, public health professional, CEO

Organization: Genesis Health

Consulting

Pronouns: She/Her

Description: Tall woman, brown skin,

50's, salt & pepper hair



OBJECTIVES

 Understand how to identify systems changes that can improve child health.

 Understand ways individuals, communities and organizations can advance child health through systems change.





SYSTEMS AT WORK

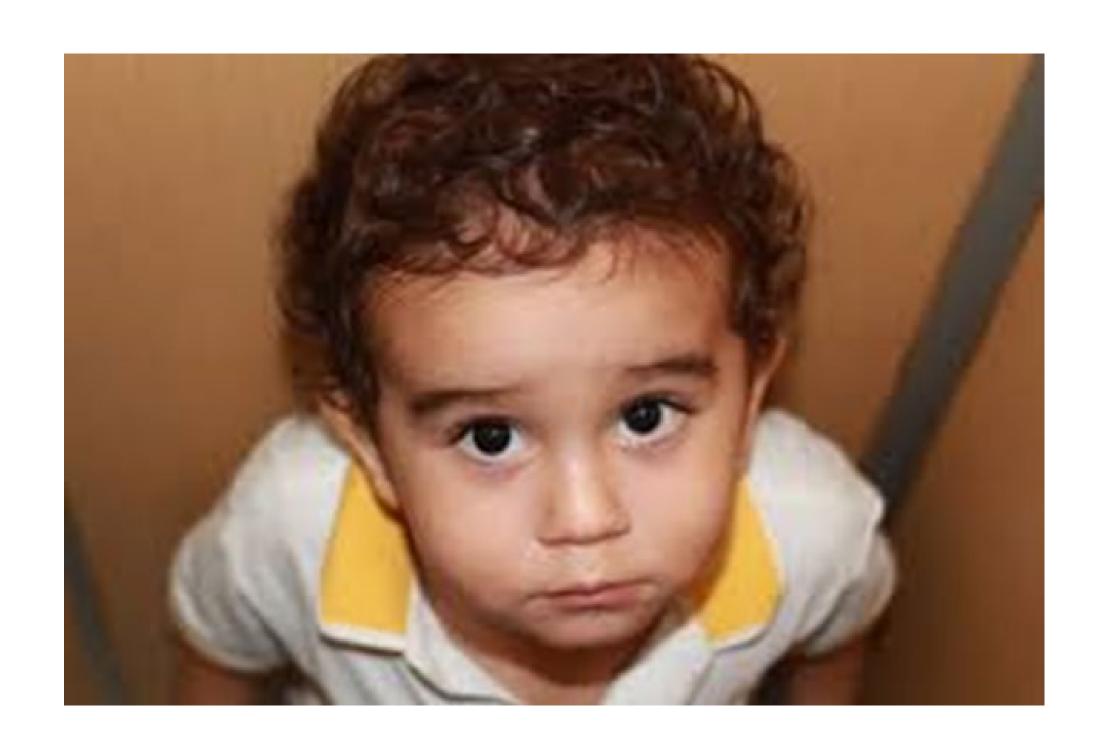
DEFINITIONS

 System – An interconnected set of elements designed in a way to achieve a specific function or purpose.

 Systems change – Intentional efforts to shift or transform system elements, their interconnections, and/or their function or purpose to create positive and sustainable outcomes.



CRIS





ADAM & LILLIAN



PHOTO CREDIT: Ebony. https://www.ebony.com/sunday-manifest-a-letter-to-black-fathers/



STEPHANIE



PHOTO CREDIT: Nip It In the Bud.org. https://nipinthebud.org/films-for-parents-carers/anxiety-in-children-information-film/



REFLECTION

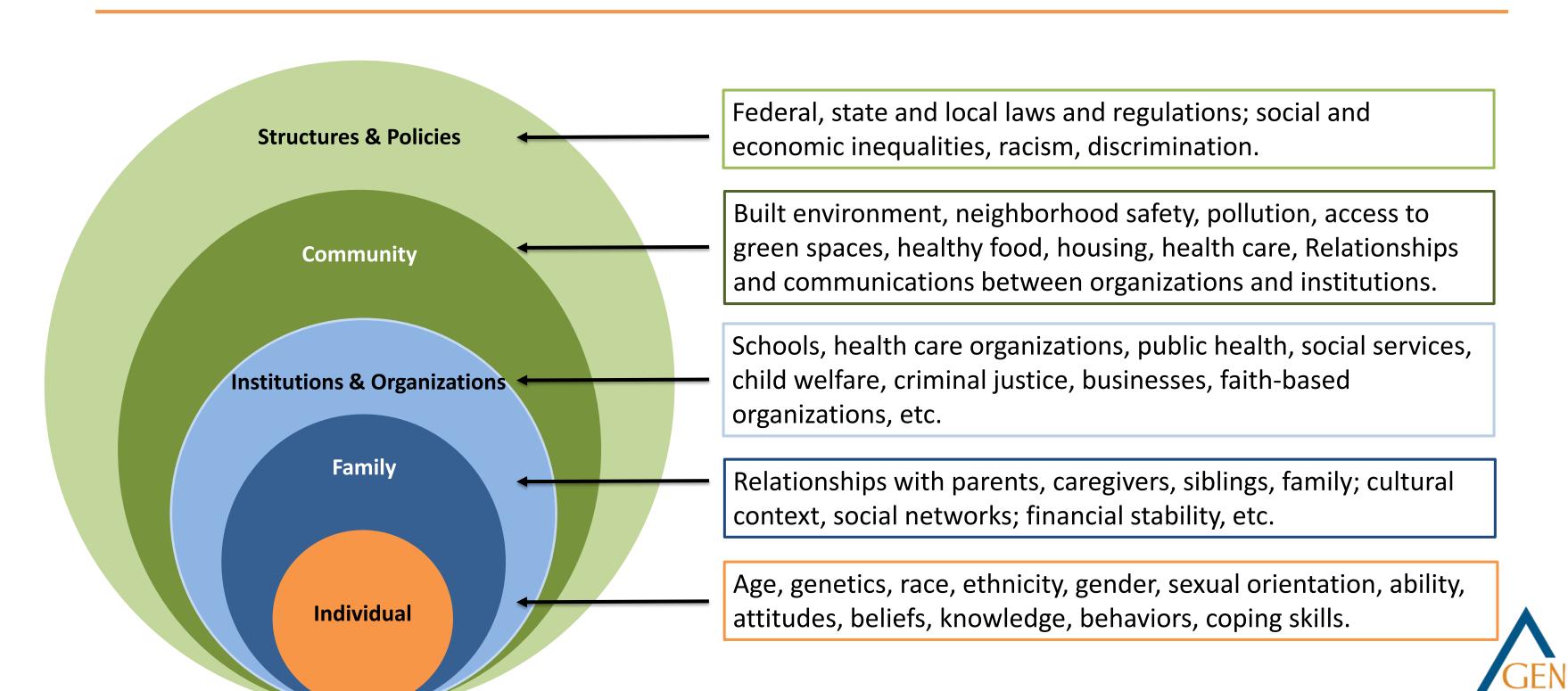


What are some of the systems that Cris' family, Adam and Lillian, and Stephanie interacted with?

How did these systems work for these children and families?



SOCIO-ECOLOGICAL MODEL OF HEALTH

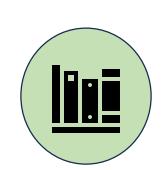


NOT INTEGRATED SYSTEMS



























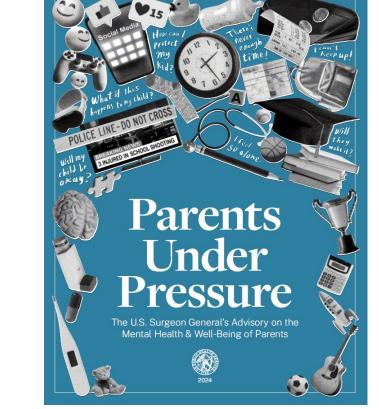






IMPLICATIONS OF CURRENT SYSTEMS

- Stubbornly suboptimal child health indicators
 - Anxiety, depression, asthma, poverty
- Persistent inequities in child health
 - Infant mortality rate (IMR)
 - Non-Hispanic Black IMR 3x
 - American Indian or Alaska native 1.5x
 - Firearm deaths
 - WI average (4.7) is better than US (5.3)
 - Black children 8.7x from 2018-2020; disparity increased to 12.3x from 2019-2021
- Negative impacts on parents, caregivers



SOURCES: WI Department of Health Services, Infant Mortality Dashboard, 2020-2022. CDC WONDER, Multiple Cause of Death Files, 2019-2021. Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents. 2024.



REFLECTION



What might a functioning system to improve child health look like?



SYSTEMS ORIENTED FOR CHILD HEALTH





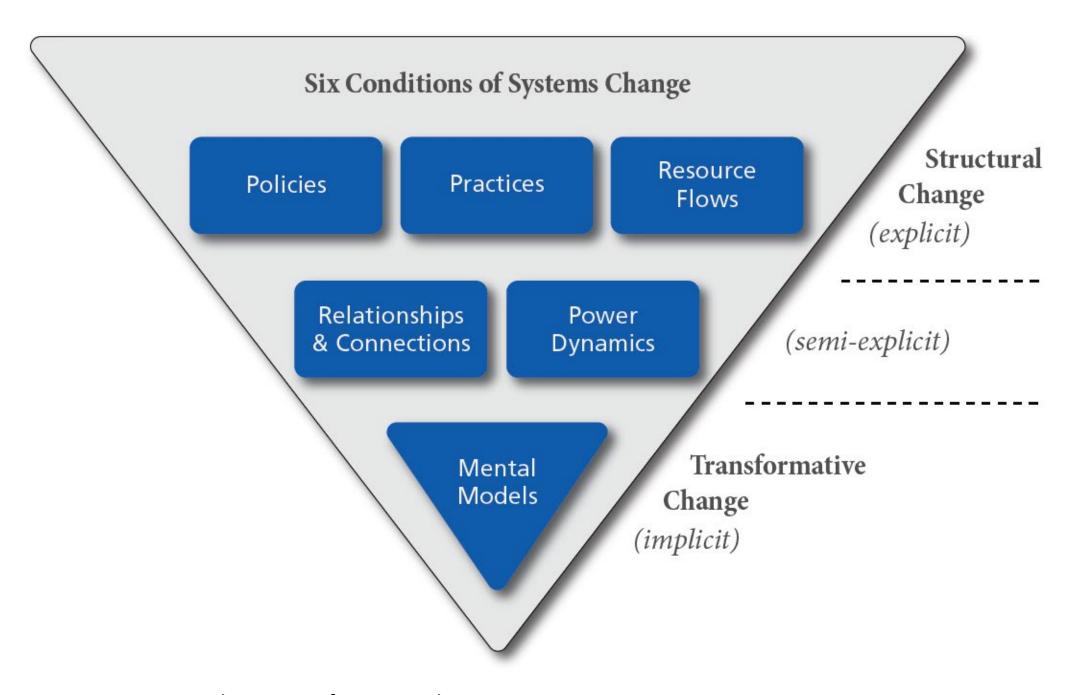


CHILD HEALTH

"It is not necessary to change. Survival is not mandatory"

W. Edwards Deming

CHANGING SYSTEMS FOR CHILD HEALTH



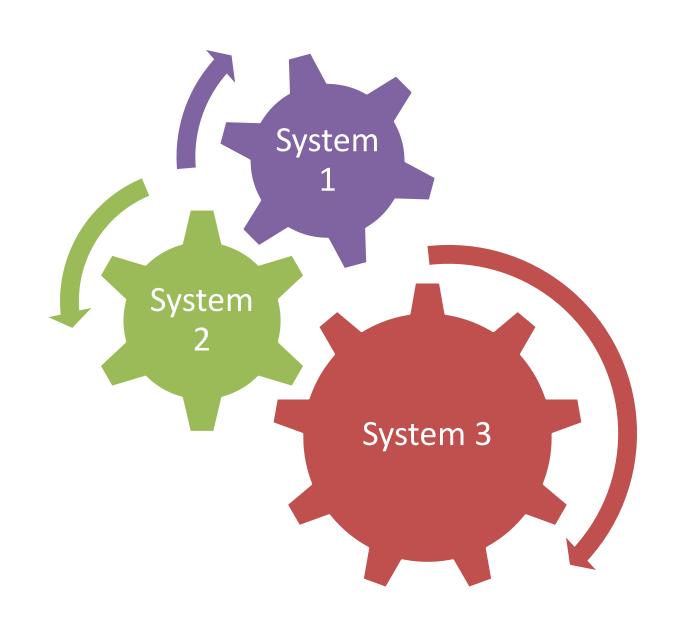
SOURCE: John Kania, Mark Kramer, Peter Senge. The Water of Systems Change. FSG. June 2018.



CHANGING SYSTEMS FOR CHILD HEALTH

- Understand WHAT needs to change
- Understand WHY the system is not working
- Understand HOW the system is changed
- Create connections and alignment
- Understand leverage points







CHANGING SYSTEMS FOR CHILD HEALTH: WHAT NEEDS TO CHANGE

Questions to consider:

- What child health outcomes are worsening or perpetually poor?
- What disparities in health outcomes persist?
- What are "ripe" opportunities for systems change among the options identified?
 - E.g., readiness, champions, resources, etc.



CHANGING SYSTEMS FOR CHILD HEALTH: WHY THE SYSTEM IS NOT WORKING

Questions to consider:

- Why does the system currently operate this way?
- What are the systemic "drivers"?
- How did this system evolve to work in this manner?
 - o What are the incentives?
 - o What are the mental models?



CHANGING SYSTEMS FOR CHILD HEALTH: HOW IS THE SYSTEM CHANGED

Questions to consider:

- What changes have been attempted over time?
- What worked? What didn't, and why?



Creator: Andrew Genn. Credit: Getty Images/iStockphoto



CHANGING SYSTEMS FOR CHILD HEALTH: CREATING CONNECTION & ALIGNMENT

Questions to consider:

- What does the output of a systems mapping exercise tell you about interrelated systems and implications?
- Have you identified intended and unintended impacts/consequences of existing child health efforts within your system?
- How might the impact on child health be improved by connecting your system's efforts with others?
- Have you established a clear and shared purpose and distinct roles for the change?



CHANGING SYSTEMS FOR CHILD HEALTH: UNDERSTANDING LEVERAGE POINTS

Questions to consider:

- What are the shifts that will be most effective to bring about systemwide change?
- What change support is necessary to implement and sustain the change?







WHAT ELSE CAN INDIVIDUALS, COMMUNITIES AND ORGANIZATIONS DO TO CHANGE SYSTEMS TO IMPROVE CHILD HEALTH?

INDIVIDUALS

Parent or caregiver

- Share your experiences and observations as a parent or caregiver.
- Unique insight into defining what needs to change.
- Illuminate unintended consequences of current systems and potential systems changes.
- Inform potential opportunities for alignment across sectors.

Working within organizations

- Make changes within your sphere of control; lead by example.
- Build a network of collaborators to spread change.
- Consider proposing a <u>process</u> change rather than a <u>solution</u>.
- Consider asking for forgiveness rather than permission.



COMMUNITIES

- Contribute historical knowledge on the impact of current systems on child health outcomes.
- Aid in priority setting for what change needs to happen first.
- Identify other stakeholders and organizations with potential alignment.
- Enlist diverse voices and perspectives from the community to inform systems changes.



ORGANIZATIONS

- Consider ways in which your system might re-orient to improve child health outcomes and intentionally focus on disparity elimination.
- Consider how connecting your work with that of others might improve your impact.
- Examine to what extent your change addresses key leverage points, e.g., structures, practices, mental models.
- Commit to engaging diverse perspectives throughout the process parents, caregivers, children, persons with and without power within the organization, and those outside of your organization.



ALL OF US!

Election Day is Tuesday, November 5, 2024. Register and have a plan to vote.









CHANGING SYSTEMS TO IMPROVE CHILD HEALTH: CASE STUDIES

CHANGING SYSTEMS FOR CHILD HEALTH: EXAMPLE: CARE4KIDS

- Multi-stakeholder collaborative representing child welfare, health insurance, healthcare, and mental health systems
 - Over 40 participating entities
- Create medical home model for children in foster care in Wisconsin
- Four previous attempts failed
- Collaborative design process over 18 months
- Started with establishing shared understanding of purpose of the initiative
- Implemented 2014, currently serving ~3,000 children in foster care in WI.







CHANGING SYSTEMS FOR CHILD HEALTH: EXAMPLE: EVERY CHILD THRIVES

- Collective action initiative in Watertown, WI
 - Vision to ensure every child has the opportunity to thrive in health, learning and life
- Inclusive of early childhood, education, health care, public health, economic development, policy makers, and others
 - 60+ community partners
- Greater Watertown Community Health Foundation backbone agency
- Established in 2017
- Demonstrating improvements in prenatal care adequacy,
 kindergarten readiness, school success and child maltreatment





REFLECTION



What might a functioning system to improve child health look like?

What steps will you take to advance child health through systems change?



KEY POINTS

- Systems and policies create the environments in which children live, learn, grow and play, and most operate as they were designed.
- Systems were not created to improve child health outcomes, but systems can be changed to improve child health and reduce disparities.
- Incremental and transformative changes can be beneficial.
- Systems can be changed to improve child health by understanding what needs to change, why the system exists as it currently does, and how change has happened previously; creating connections and alignments for change, and understanding leverage points.
- Individuals, communities and organizations all have opportunities to support systems changes to improve child health.



FOR MORE INFORMATION

Veronica Gunn, MD, MPH, FAAP CEO Genesis Health Consulting

Veronica@GenesisHealthConsulting.com

https://www.genesishealthconsulting.com

@GHC_Ideas







