Addressing Social Determinants of Health for Children in Rural Communities

*Wednesday, August 20th*

Thank you for attending this webinar!
It will begin shortly at 3:00 pm E.T.
Addressing Social Determinants of Health for Children in Rural Communities

August 20, 2014

Presenters:
Joyce Sebian, MS Ed.
Cassandra Joubert, Sc.D.
Karen Francis, Ph.D.
Objectives

Participants will:

• Learn about the social determinants of health and their impact on the behavioral health and well-being of children, youth and families living in rural communities;

• Learn practical strategies for the implementation of a public health framework in effectively addressing those social determinants impacting children's behavioral health and well-being and in reducing disparities;

• Learn about work in a rural community that has successfully implemented a Regional Infant-Family and Early Childhood Mental Health Training Program that addresses health determinants.
Karen B. Francis, Ph.D.

Senior Researcher,
American Institutes for Research
Polling Question #1

In what region of the US is your community located?

- Northeast/Mid Atlantic
- Midwest
- South/Southeast
- West/Northwest/Mountain
- Southwest
- Alaska/Hawaii
- Territories
Polling Question #2

What is your role in your program/community?

- Management/Administration
- Clinician/Service Provider
- Family/Youth
- Community-Based Provider
- Federal, State, or Local Policy Maker
- Advocacy/Community Coalition
- Other
Defining Social Determinants

Social determinants of health *(to include behavioral health)* are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Selected Social Determinants Influencing Behavioral Health in Rural Communities

- Geographic isolation
- Transportation barriers
- Limited access to and availability of health care
- Social exclusion

- Trauma-violence
- Education status
- Higher poverty rates-working poor
- Housing safety
- Food shortages and safety
Four Broad Kinds of Rural Places in the 21st Century

- Amenity Rich
- Declining resource-dependent rural America
- Chronically poor rural America
- Amenity/decline rural America

Carsey Institute: 2010
Polling Question #3

How would you describe your rural community?

• Amenity Rich

• Declining resource-dependent rural America

• Chronically poor rural America

• Amenity/decline rural America

• A combination of the above
A Case for the Public Health Approach

Make a real change in the way we approach children’s mental, emotional, and behavioral health.
Population-Based Strategies for the Behavioral Health of the Nation

• Have a focus based on entire populations possessing similar health concerns or characteristics.
• Are based on an assessment of community needs.
• Addresses the broad determinants of health.
• Considers multiple levels of practice.
• Considers multiple levels of prevention with preference for primary prevention.
• No one level of practice is more important than another; in fact, most public health problems are addressed at all three levels, often simultaneously.


Public Health Wheel

3 CORE Functions And
10 Essential Elements

http://www.health.gov/phfunctions/public.htm
A Conceptual Framework for a Public Health Approach to Children’s Mental Health

**Assessing**
Gathering and Analyzing Data to Drive Decisions

**Ensuring**
Quality, Access, and Sustainability

**Intervening**

- **Assessing**
  - Quality, Access, and Sustainability
  - 5 Guiding Principles
    - Emphasis on creating supportive environments and building skills
    - Local adaptation
    - Balanced focus between children’s mental health problems and positive mental health

- **Intervening**
  - Does Not Consider Identified Problem
  - Considers Identified Problem

- **Assessing**
  - Does Not Consider Identified Problem
  - Considers Identified Problem

- **Intervening**
  - Does Not Consider Identified Problem
  - Considers Identified Problem

**Values**

- **Promoting Health**
  - Optimize (and Measure) Positive Health

- **Preventing Problems**
  - Reduce (and Measure) Health Problems

- **Treating Problems**
  - Reduce (and Measure) Health Problems

- **Reclaiming Health**
  - Optimize (and Measure) Positive Health
A Health Disparity...

• Is a particular type of health difference that is closely linked with social or economic disadvantages.

• Adversely affects groups of people who have systematically experienced greater social and economic obstacles to health based on their:

  – *racial or ethnic groups, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.*

Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, (2008).
Disparities within Disparities in Rural America

Race/Ethnicity

Political Orientation/Affiliation

Tribal Affiliation/Clan

Religion & Spiritual Views

Socioeconomic Status/Class

Sexual Orientation & Gender Expression

Language

Adapted from Jackson, 2008, NCCC
Focus on Prevention and Wellness

- Well-designed prevention interventions work.
- Prevention and wellness interventions can have multiple benefits that extend beyond a single disorder.
- Key is to identify factors that may increase a child’s risk of Mental, Emotional and Behavioral Health (MEB) disorders, including substance abuse.

www.national-academies.org
www.nap.edu
Core Concepts of Prevention

1. Prevention requires a paradigm shift.
2. Behavioral health and physical health are inseparable.
3. Successful prevention is inherently interdisciplin ary.
4. MEB disorders are developmental.
5. Coordinated community level systems are needed to support young people.
6. Developmental perspective is key.
Increased Emphasis on Promotion

• The field needs to move “from thinking that youth problems are merely the principal barriers to youth development to thinking that, youth development serves as the most effective strategy for the prevention of youth problems” (Pittman and Fleming, 1991).
Cassandra Joubert, Sc.D.

Director, Central California Children's Institute,
Professor, College of Health and Human Services
California State University, Fresno
Polling Question #4

How knowledgeable are you about the field of infant mental health?

• Not at all knowledgeable
• Somewhat knowledgeable
• Knowledgeable
• Very knowledgeable
Mental Health Promotion Must Begin in the Early Years

Infant-Parent Mental Health is the:

“…healthy social and emotional development of a child from birth to 3 years…a field devoted to the promotion of healthy social and emotional development; prevention of mental health problems; and treatment of the mental health problems of very young children in the context of their families.”
Foundations of Infant and Early Childhood Mental Health Training Program

- Community-based promotion and prevention-oriented training program launched in 2011 in Central California.
- Three hundred twenty (320) births to five practitioners, were trained across six rural counties over a two-year period.
- Program highlighted the role of social determinants of health in its design and implementation.
About the San Joaquin Valley of California

- **Population:** 3,951,814
- **Long strip bordered by the Sierra Nevada and Sierra Madre mountain ranges**
- **Race/Ethnicity:**
  - Hispanic (48.5%)
  - White (38.2%)
  - Asian (5.7%)
- **Young population:**
  - Ages 0-17 (30%)
  - Ages 18+ (70%)
More About the San Joaquin Valley

- Largest agriculture-producing region in the US.
- Heavily dependent on low-wage, immigrant labor.
- Among worst air quality regions in the nation.

- Central Valley is about 500 square miles long, very rural with limited access to many needed services and resources.
Educational Attainment in San Joaquin Valley, 2009

Source: U.S. Census Bureau 2009, American Community Survey
Note: Other includes Two or More Races, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some Other Race. Racial groups include Non-Hispanic population only; Hispanic can include any racial group.
Poverty by Race, Ethnicity and Nativity in San Joaquin Valley, 2009

Source: U.S. Census Bureau, 2009 American Community Survey
Note: Racial groups include Non-Hispanic population only; Hispanic can include any racial group.
Child Abuse and Neglect

![Bar chart showing substantiated cases of child abuse and neglect for children ages 0-17, 2010. The chart compares different counties in California, with San Joaquin Valley having the highest rate at 10.9 per 1,000 children, followed by Kern at 18.5, Kings at 5.4, Madera at 10.3, Merced at 9.5, San Joaquin at 7.3, Stanislaus at 14.4, and Tulare at 6.5. California state average is 9.6.](http://cssr.berkeley.edu/ucb_childwelfare)
Curricular Topics Emphasized
Mental Health Promotion and Prevention

- The impact of early relationships on brain development.
- The effects of maternal depression on early relationships.
- Sensory profiles of infants and relationships.
- Impact of trauma and toxic stress on early brain development and relationships.
- Influence of culture on relationships.
Most Vulnerable Groups Based on ACES* Research

Children who have experienced trauma due to:

- Parental mental illness or substance abuse
- Parental absence or incarceration
- Children in foster care
- Children experiencing domestic or neighborhood violence, including abuse and neglect

*Adverse childhood experiences (Vincent Felliti)
Participant Recruitment Strategy
Maximized Diversity and Collaboration

- 160 participants per year were drawn from each of six counties (total of 320).
- Participants demographics matched the racial/ethnic profile of each county.
- There was an emphasis on multi-disciplinary and major sector participation from the large public agencies (early childhood, public health, social services, developmental disabilities, etc.).
- Enrollment was by application and acceptance only.
Reflective Learning Pods Were a Vehicle for Cross-Systems Change

• Participants were assigned and remained with the same learning pod for the entire eight months.

• Pods were multi-county, multi-disciplinary and multi-agency.

• Pods provided a safe environment for discussing complex cases.
Broad Project Outcomes

• Provided access to a high quality training for a broad range of diverse individuals.

• Insured inclusion and diversity through its recruitment strategy.

• Facilitated collaborative working relationships across county, across agency and across disciplines.

• Provided an opportunity to reflect and translate the information presented with a facilitator.
Impact

• Birth to five practitioners will deliver higher quality, relationship-based services that address root causes/SDOH.

• Increases in the racial and ethnic diversity of the infant mental health work force.

• The critical role of the early years for promoting lifelong mental health will be better understood.

• Child well being outcomes improved.
Thank You!

Joyce K. Sebian, MA
Public Health Advisor
Mental Health Promotion Branch
240-276-1846
joyce.sebian@samhsa.hhs.gov

Karen Francis, Ph.D.
Senior Researcher
American Institutes for Research
202-403-5000
kfrancis@air.com

Cassandra Joubert, Sc.D.
Professor and Director
Central California Children’s Institute
California State University, Fresno
559-228-2166
cjoubert@csufresno.edu

Don’t forget to visit the Rural Behavioral Health website!
http://ruralbehavioralhealth.org/
References


A Short Survey…

We would greatly appreciate your participation in this short survey about your webinar experience today:

https://www.surveymonkey.com/s/rbhsocialdeterminants