

# Exploring the Role of UCEDDs as Partners in Localized Community Equity Initiatives



2019 AUCD Conference  
Monday, November 18<sup>th</sup> 3:30-4:45PM



# AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

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Association of Maternal & Child Health Programs

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# What to Expect:



- Overview of AMCHP, Title V, and SPHARC
- Why are we here today?
- Panel discussion

# After this session, we hope you will...



- Have an enhanced understanding of the importance of community-centered work as a strategy for equity
- Be able to discuss examples of the role of UCEDDs in state-local partnerships



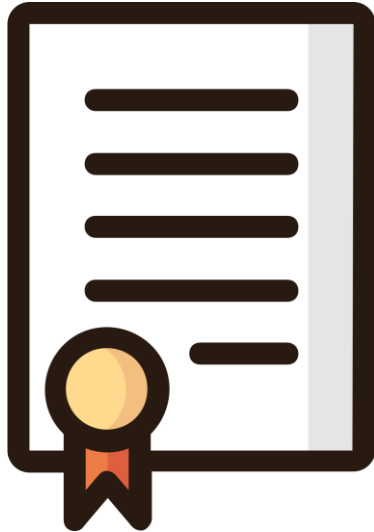
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AMCHP is national resource, partner, and advocate for state public health leaders and others **working to improve the health of women, children, youth and families, including those with special health care needs.**

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# What is Title V....?



The nation's longest standing public health legislation focused solely on improving the health of all mothers and children, including children with special health care needs

# ...and why is Title V relevant?



## Three (directly) relevant National Performance Measures:

% of CSHCN having  
a medical home

% of children receiving a  
developmental screen using a  
parent-completed tool

% of children who receive  
necessary services for  
transition to adult health care



# SPHARC

## State Public Health Autism Resource Center

SPHARC is a comprehensive web-based resource center for state programs, including Title V with a goal of increasing state capacity to implement systems of care for children and youth with ASD/DD

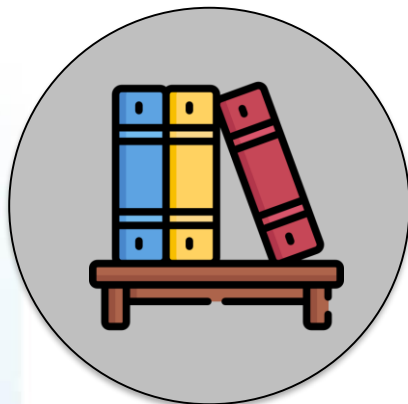
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# SPHARC

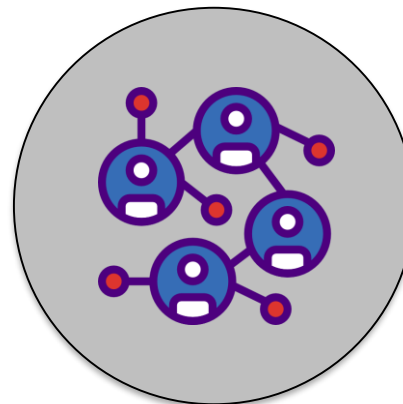
State Public Health Autism Resource Center



**Resource  
Development**



**Technical  
Assistance**



**Peer  
Learning**

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# SPHARC

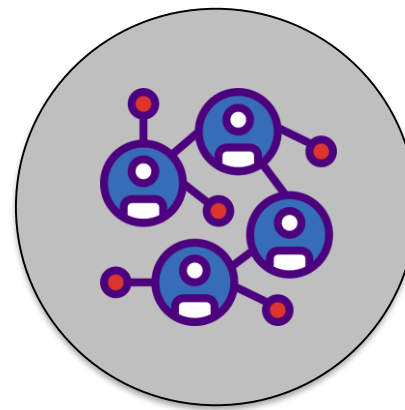
State Public Health Autism Resource Center



**Resource  
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# Peer-to-Peer Exchange Model



## Meeting Preparation

- Peer leaders develop focus topic & agenda
- AMCHP supports meeting logistics and facilitation

## In-Person Meeting

- Peer leaders
- Community leaders
- Exchange states

## Post-Meeting

- Resource development (lessons learned)
- Peer site visits and follow-up calls

**SPHARC**  
State Public Health Autism Resource Center

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# Peer-to-Peer Exchange 2019



- **Focus:** Using data and quality improvement to advance health equity
- **Meeting Objective (1 of 3):** Generate new ideas for including individuals impacted by inequities in creating innovative solutions to inequities

**AMCIP**

WELCOMES you to the

**2019 PEER TO PEER EXCHANGE**

USING DATA & QUALITY IMPROVEMENT TO ADVANCE HEALTH EQUITY

**WHO** is in the room?

Minnesota

HOW DO OTHER STATES COLLECT DATA & THEN IMPLEMENT IT INTO POLICY?

2 slide list

Maryland

**WHAT** DO YOU HOPE TO TAKE AWAY?

WASHINGTON

DATA COLLECTION AROUND SUSTAINABILITY POST-GRANT

Delaware

GEORGIA

THE SIZE OF OUR STATE IS SO SMALL... THAT PRESENTS CHALLENGES...

WISCONSIN

APRIL 16 & 17, 2019 MADISON, WI



INKYBRITANY.COM



WHAT DO **DISPARITIES** LOOK LIKE IN OUR STATE?

SIGNIFICANT DEPRIVATION

Did you know **MILWAUKEE** is the most segregated city?

CONTEXT

systematic **RACISM**

= **LACK OF TRUST**

**MILWAUKEE**



IN THE BLACK POPULATION, MANY ARE NOT BEING IDENTIFIED AS HAVING **AUTISM** UNTIL THEY'RE SCHOOL AGE

→ Can't get intense **THERAPY** IF YOU WAIT UNTIL THEN

THERE'S A REAL **LACK OF CAPACITY** TO DIAGNOSE...



MANY OF THE ONES **QUALIFIED** TO DO IT LIVE IN THE **SUBURBS**



GE

# 2019 P2P Exchange Takeaways



- It is crucial to critically analyze the ways in which we collect and interpret data in order to inform our equity work
- Partnering locally is key!
  - Communities already have their own solutions
  - Stories from lived experience add important context to our data

# Why Partner Locally?



RESEARCH ARTICLE

Open Access

## The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis

Alison O'Mara-Eves<sup>1\*</sup>, Ginny Brunton<sup>1</sup>, Sandy Oliver<sup>1</sup>, Josephine Kavanagh<sup>1</sup>, Farah Jamal<sup>2</sup> and James Thomas<sup>1</sup>

### Abstract

**Background:** Inequalities in health are acknowledged in many developed countries, whereby disadvantaged groups systematically suffer from worse health outcomes such as lower life expectancy than non-disadvantaged groups. Engaging members of disadvantaged communities in public health initiatives has been suggested as a way to reduce health inequities. This systematic review was conducted to evaluate the effectiveness of public health interventions that engage the community on a range of health outcomes across diverse health issues.

**Methods:** We searched the following sources for systematic reviews of public health interventions: Cochrane CDSR and CENTRAL, Campbell Library, DARE, NIHR HTA programme website, HTA database, and DoPHER. Through the identified reviews, we collated a database of primary studies that appeared to be relevant, and screened the full-text documents of those primary studies against our inclusion criteria. In parallel, we searched the NHS EED and TroPHI databases for additional primary studies. For the purposes of these analyses, study design was limited to randomised and non-randomised controlled trials. Only interventions conducted in OECD countries and published since 1990 were included. We conducted a random effects meta-analysis of health behaviour, health consequences, self-efficacy, and social support outcomes, and a narrative summary of community outcomes. We tested a range of moderator variables, with a particular emphasis on the model of community engagement.

**Results:** Of the 9,467 primary studies scanned, we identified 131 for inclusion in the meta-analysis. The overall effect size for health behaviour outcomes is  $d = .33$  (95% CI .26, .40). The interventions were also effective in increasing health consequences ( $d = .16$ , 95% CI .06, .27); health behaviour self-efficacy ( $d = .41$ , 95% CI .16, .65) and perceived social support ( $d = .41$ , 95% CI .23, .65). Although the type of community engagement was not a significant moderator of effect, we identified some trends across studies.

**Conclusions:** There is solid evidence that community engagement interventions have a positive impact on a range of health outcomes across various conditions. There is insufficient evidence to determine whether one particular model of community engagement is more effective than any other.

**Keywords:** Community engagement, Community participation, Community development, Systematic review, Meta-analysis, Meta-regression, Theoretical model, Public health, Evaluation, Intervention

“Solid evidence” that community engagement is effective in increasing:

- ✓ Positive health behavior outcomes
- ✓ Positive health consequences
- ✓ Health behavior self-efficacy
- ✓ Perceived social support

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# Panel Time!



## **Martin Blair**

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## **Celia Schloemer**

*U of Cincinnati, UCEDD/LEND  
(Cincinnati, OH)*

## **Ida Winters**

*Mental Health America  
(Milwaukee, WI)*

## **Gail Chodron**

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# Thank you!



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