Strengthening Quality Improvement and Innovation through Family Engagement in Collaborative Improvement and Innovation Networks (CoINs)

March 11, 2019
4:30PM – 5:30PM
Workshop Objectives

• Understand the value of investing in family engagement in the CoIIIN model to test and drive improvements.

• Identify examples of how to engage families in all levels of the CoIIIN – community, state and national collaborative levels

• Explore continuums of family engagement

• Identify at least 1 strategy or learning you can apply to your work
Meet the Panel!
Christy Blakely

Parent Partner, Expert and Faculty Member; NICHQ-led Early Childhood Comprehensive Systems CoILN (Moderator)
Christy’s grandchildren
Sherry Santa, Texas CMC CoIN State Team Family Leader; Texas Parent to Parent, Medical Education Program Coordinator, Family-to-Family Health Information Center Coordinator
Deepa Srinivasavaradan

State Parent Lead for NJ Help Me Grow/ECCS Impact/HV CoIN 2.0 Initiatives; CDC’s “Learn the Signs. Act Early.” Ambassador to NJ
Trina Evans Williams, ScD, MPH, State Program Coordinator, Louisiana Healthy Homes and Childhood Lead Prevention Program and Adjunct Professor at Tulane School of Public Health and Tropical Medicine
Overview

**Transactional**
- "Community Investment"
- Ex: Public Report Card Release, Information/Training sessions, Awareness Campaigns, Social Media
- Communication: One-way partnership to community
- Sample Metrics: Number of audiences reached; Number of reports written and distributed; Number of mediums used for media outreach

**Transitional**
- "Community Involvement"
- Ex: Community Advisory Committees, Community Conversations, Community Calls to Action, Social Media (if done well)
- Communication: Two-way mostly partnership to community
- Sample Metrics: Active participation, turnover, and retention; # of activities to involve members; Increased accountability by decision-makers to affected groups

**Transformational**
- "Community Integration"
- Ex: Issue Specific Workgroups, Joint decision-making, Co-ownership of outcomes
- Communication: Two-way, equal partnership to community and community to partnership
- Sample Metrics: Depth of engagement; Ownership of the Partnership and work; Willingness of members to take action; Transcending organizational interests for long-term collective interests

**Ease of Measurement**

**People Involved**

**Depth of Engagement**

**Active Engagement**

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Content adapted from Bowen et al, When Suits Meet Roots. 2010
Sample Metrics adapted from Pastor et al, TRANSACTIONS, TRANSFORMATIONS, TRANSLATIONS: Metrics That Matter for Building, Scaling, and Funding Social Movements. 2011
Maternal & Child Environmental Health CoILN – Highlighting Family Engagement at the Community Level

Trina Evans Williams, ScD, MPH, State Program Coordinator, Louisiana Healthy Homes and Childhood Lead Prevention Program
Maternal and Child Environmental Health (MCEH) CoILIN

• **Goal:** to increase in the number of infants and children that have access to a system of coordinated care to address their needs due to lead exposure.
Who is involved?

9 State Teams:

- Alabama
- Illinois
- Iowa
- Louisiana
- Michigan
- Mississippi
- Missouri
- New Jersey
- Pennsylvania
Key Partners

AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

NICHQ National Institute for Children’s Health Quality

NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION

Green & Healthy Homes Initiative®

NASHP NATIONAL ACADEMY FOR STATE HEALTH POLICY
MCEH CoILN Aim & Objectives

• **Global Aim:** Decrease exposure to lead from major sources and/or increase access to systems of care in order to:

  1. Decrease by 10% blood lead levels (BLL) in children ages 0-<72 months
  2. Increase by 25% the # of children that receive a screening test for BLL
  3. Increase by 25% the # of children with confirmed elevated BLL that receive care in a medical home
  4. Increase by 25% the # of providers following the CDC recommendations for follow-up of children with confirmed elevated BLL
State Name: Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP) and WIC Clinic Community Partners!
Our Team

- Amy Zapata - Director, Bureau of Family Health
- Gail Gibson, Clinical Services Manager
- Cheryl Harris – Program Administrator/Program Director
- **Dr. Trina Evans Williams**–Program Coordinator/Program Manager
- Ann Johnson Bludswa–Case Manager/Environmental Coordinator
- Ngoc Huynh – Surveillance Epidemiologist/Data Manager
- Chelsea Carter–Data Collection Specialist/Regional Outreach Specialist
- Jonathan Whipple–Data Collection Specialist/Contractor Relations Specialist
- Key Partner-LaNaya Carter, ECS Integration Specialist, MIECHV
- **Key Partner-Mary Schulthies, Crescent City WIC Program**
- Key Partner-Stephenie Marshal, Daughters of Charity Health Services of New Orleans-WIC Program
- Kahree Wahid-Louisiana Head Start Collaborative
- Mary Williams-Dillard Deep South Environmental Justice Program
- Dr. Howard Mielke-Tulane University Environmental Scientist
- Ashley Politz-Louisiana Chapter of the American Academy of Pediatricians
Our Aim

• Over the next 18 months, we want to........

*Improve screening in children ages 0-6 by 25*%. 
Transactional:
“Community Investment!”

• Examples:
  ❖ Awareness Campaigns
  ❖ Social Media
  ❖ Training Sessions

• Communication
  ❖ One-way partnership to community

• Sample Metrics
  ❖ # of audiences reached
  ❖ # of materials distributed
  ❖ # of mediums used during media outreach

• 2018 National Lead Poisoning Prevention Week-LHHCLPPP Observances and Activities
  ❖ Awareness Campaign: Raise awareness about healthy homes and lead hazards and its effects on human health by participating in radio show interviews, presentations, neighborhood association meetings, fire department community canvassing activities to engage families, area WIC clinics events, partner with other state agencies and community-based organizations that serve families.
  ❖ Partner with the Bureau of Family Health’s (BFH) Maternal Infants and Early Childhood Home Visiting (MIECHV) Program, and Safe Sleep Campaign to raise awareness
  ❖ Partner with Crescent City WIC Program to increase lead testing of children ages one and two and to train WIC Staff and WIC Parents on the latest childhood lead poisoning facts and ways to prevent childhood lead poisoning (i.e. LEAD TESTING DAYS);
  ❖ Train medical providers at the LSUHSC and Ochsner Health System Grand Rounds on the importance of healthy homes and lead poisoning prevention;
  ❖ Work with housing partners to promote the Lead Based Paint Hazard Control Grant activities in targeted parishes.
Working with our Community Partners to Engage Families!
Transitional: “Community Involvement!”

- **Examples:**
  - Community Advisory Committee
  - Community Conversations

- **Communication**
  - Two-way partnership to community

- **Sample Metrics**
  - Active participation
  - # of activities to involve members
  - Increased accountability by decision-makers to affected groups

- **Activities Include:**
  - Advisory Team Leads
  - Plan for Lead Week event (Feedback)
  - Feedback on PDSA’s
  - Parent Champions for MCEH CoIIN
  - Input on Issues in Community
  - Facilitate ways to actively engage more parents
    - Parent Focus Groups
    - WIC Parent Form
  - Speakers at Local, State and National Events and Conferences
Transformational
“Community Integration!”

Key Partnership Building Activities

• What went well:
  ✓ Multiple planning meetings between the WIC Clinic Director and Assistant Director (Key Community Partner-Crescent City WIC Program) and the Lead Program Manager and Regional Outreach Specialist.
  ✓ Worked well together to determine how and when testing will happen, by who and what resources were needed.
  ✓ Worked well to develop a detailed plan of action to test children at high attendance time when parents received WIC vouchers.

• Examples:
  ❖ Joint Decision Making
  ❖ Co-Ownership of Outcomes

• Communication
  ❖ Two-way equal partnership to community and community to partnership

• Sample Metrics
  ❖ Depth of engagement
  ❖ Ownership of the Partnership and Work
  ❖ Willingness of members to Take Action
  ❖ Transcending organizational interests for Long-term Collective Interests
Changes we have tested and/or implemented so far...

• **List changes tested:**
  • *Lead Team and the* WIC Clinic Director and staff scheduled specified lead testing dates on **Tuesdays and Thursdays** starting in September and this will continue throughout the duration of the MCEH CoIIN.

• Resources were coordinated in order to promote the Lead Testing Days. The Lead Team distributed lead poisoning prevention educational materials and National Lead Poisoning Prevention Week awareness packets to parents at the Crescent City WIC Clinic.
Changes we have tested and/or implemented so far...

- **List changes implemented**
  - Parents were trained on the importance of childhood lead testing and ways to prevent childhood lead poisoning.
  - WIC Clinic staff were trained on importance of childhood lead testing and ways to prevent childhood lead poisoning.
  - Lead Staff created a spreadsheet of all training events that occurred in September and October and events that occurred during National Lead Poisoning Prevention Week.
    - This spreadsheet was a tool that was used to track the following:
      - Number of people educated
      - Number of educational materials distributed
      - Number of children tested for lead poisoning during the months of September and October.
Since we started the collaborative we have learned . . .

• We learned that at the beginning and end of the month is a much busier time when more parental visits occur due to Voucher Pick-Ups at the WIC Clinic.

• We have learned that Tuesdays and Thursdays are the days when most parents come to the WIC Clinic during the week.

• We learned that adding incentives, distributing awareness packets, incorporating Ted the Lead Care Bear kept parents engaged during educational training events and it increased the number of children tested for lead at this WIC Clinic.
Since we started the collaborative we have learned

• **LHHCLPPP Answer:** Consider next step to ask participating Parents for additional feedback (i.e., Parent Survey and Focus Groups) on what would help draw more Parents to get their child lead testing.

• **Things to Consider for next cycle.** Data, feedback and observations will be compared to the predictions, learning will be summarized into a report and the theory about the objective of the cycle will be updated on an on-going basis throughout this PDSA cycle.

• **Success of this Initiative:** Goal was to reach 25 children tested for lead per month starting in September through January which would have equaled 125 children tested. We have doubled this amount by reaching a total of **263 children who were tested for lead** between September through January.
A Local Family Story and the Coordinated System of Care Approach!

- **This is our Local Family Story.** After this child was tested for lead, her test results showed that she had been exposed to lead poisoning. These results were sent to our Case Manager who assigned one of our certified risk assessors to go to the home to do a full visual assessment of the lead hazards. Then because this family qualified for our Lead Abatement Services Program, our program provided this service at the home where this child resided.

- **What went well:** Before our lead abatement work was done, this child’s lead results were 16 µg/dl (venous). The success of this story was that after our program did the lead abatement work at their home, this child’s lead levels have dropped to 5 µg/dl. These are the before and after pictures of this child’s home where the lead abatement work was done.

![Home before lead abatement](image1.jpg)  ![Home after lead abatement](image2.jpg)
Louisiana Children Are At the Heart of the Matter!
Working Together with Communities in Louisiana!
Our Message is Lead Free Kids For A Healthy Future!
One Child At a Time! One Family At A Time!
One Community At A Time!
Early Childhood Comprehensive Systems CoIIN – Highlighting Family Engagement at the State Level

Deepa Srinivasavaradan, State Parent Lead for NJ Help Me Grow/ECCS Impact/HV CoIIN 2.0 Initiatives; CDC’s “Learn the Signs. Act Early.” Ambassador to NJ
Highlighting Family Engagement at the State Level – NJ Perspective

Deepa Srinivasavaradan
State Parent Lead for NJ Help Me Grow, ECCS Impact, HV CoIIN 2.0
CDC’s “Learn the Signs. Act Early.” Ambassador to NJ

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ECCS CoILN Aim: achieve a 25% increase in age appropriate developmental skills of three-year-old children by 2021
Project Aims

• Strengthen leadership in *continuous quality improvement (CQI) and innovation*;

• Strengthen knowledge and skill level in using the *collective impact framework*;

• Assist with the development of two-generation approaches (parent-child dyad) to drive integration of early childhood services vertically (i.e., within a sector) and horizontally (i.e., across sectors);

• Facilitate the development and adoption of core sets of *early childhood indicators*;

• Facilitate the testing of innovative early childhood systems change ideas, development of *spread strategies* and adoption of *new early childhood policies* for sustaining the systems at the state/territory, county and community levels
Who? 12 ECCS CollN teams
Partners in Improvement

Backbone Organizations

NICHQ
National Institute for Children’s Health Quality

Key Partners

Zero to Three
Early connections last a lifetime

AMCHP
Association of Maternal & Child Health Programs

Aem

ECCS Collin

HRSA
Maternal & Child Health

NICHQ
Help Me Grow
ECCS Impact
NJ Department of Children and Families
PDSAs
Collective Impact
Quality Improvement
State Policy Development

Central Intake
Consumers & Families
Learn the Signs. Act Early. Ambassador & Materials
Home Visiting
CoLIn

CAMDEN
Prenatal Care Providers
Community-Based Agencies
Parent Leaders
Child Developmental Passports
County Councils
NJ 2-1-1

PASSAIC
Primary Care Providers

MIDDLESEX
PDSAs
Collective Impact

ESSEX
Help Me Grow
ECCS Impact
NJ Department of Children and Families

Learn the Signs. Act Early. Ambassador & Materials

New Jersey Department of Children and Families
Enhancing Early Childhood Systems in New Jersey

Help Me Grow New Jersey
Learn the Signs. Act Early.

ECCS COLIN
PROJECT LAUNCH
CENTER FOR THE STUDY OF SOCIAL POLICY
A PROTECTIVE FACTORS FRAMEWORK
strenghening families

Helping children grow
Promoting Developmental Health for Young Children and their Families in New Jersey

Ericka Dickerson, ECCS Impact/HMG Program Manager, NJ DCF & Deepa Srinivasavaradan, CDC’s LTSAE Ambassador & State Parent Lead, SPAN

Developmental Health Promotion

What?
Developmental Health promotion supports and ensures development of physical, cognitive, and social and emotional health in young children.

Why?
➢ 1 in 59 children nationally and 1 in 34 children in NJ is affected by autism.
➢ 1 in 6 children aged 3–17 has a developmental disability.
➢ Many children with a developmental disability are not identified until after entering school.
➢ Early intervention can have a significant impact on a child’s ability to learn new skills as well as reduce the need for costly interventions over time.

CDC’s “Learn the Signs. Act Early.” Ambassador
Helps to Improve early identification of children with developmental delays and disabilities by promoting parent-engaged developmental monitoring and facilitating early action on concerns using evidence-based and family-friendly resources.

Help Me Grow Initiative
Helps unify and coordinate efforts to address the needs of pregnant women, infants, young children, and families by aligning early childhood efforts across Departments of Health, Human Services, Education, and Children & Families.

Help Me Grow Initiative

ECCS Impact
Helps builds and enhance NJ’s state and local partnerships as well as its comprehensive, coordinated, preventive health system to demonstrate improved outcomes in population-based indicators that reflect children’s developmental health and family well-being.

Work of the Place Based Communities

Developmental Health Promotion Activities:
Camden – Child Care Center and Early Intervention
Cumberland – Library, Federally Qualified Health Center, Pediatrician, and Early Intervention
Essex – Ages & Stages Family Access Portal and Books, Balls, and Blocks events
Middlesex – Community Baby Showers and Family Success Centers
Passaic – WIC and Support Group at St Joseph’s Hospital

Family Engagement
➢ Leadership development supported by all 3 initiatives
➢ Creation of Child Developmental Passports
➢ Planning and Implementation of Ages & Stages Family Access Portals
➢ Developmental Health Promotion Champions
Transactional

Community Investment: One-way communication

Collaborative Community

• Examples of Transactional Activities
  ➢ Developmental Health Promotion
  ➢ Receiving Information
    – Books Balls and Block events
    – Family Tool Kits
  ➢ Family Surveys
  ➢ Parent Education Workshops or Trainings
  ➢ Participation in Parent Cafés
Transitional Community Investment: Two-way communication

Collaborative  Community

• Examples of Transactional Activities
  ➢ Advisory Team Leads
  ➢ Plan for BBB event (Feedback)
  ➢ Feedback on Parent Survey Development
  ➢ Feedback on PDSA’s
  ➢ Parent Champions for Act Early/Developmental Promotion
  ➢ Input on Issues in Community
  ➢ Facilitate Parent Café
  ➢ Speakers at Events/Conferences
Transformational

Community Integration: Two-way equal Communication

Collaborative ↔ Community

- **Examples of Transformational Activities: Systems**
  - Linking Protocol Workgroup
    - Plan for Family Access Portal Implementation
  - Development of Resources
    - HMG Child Developmental Passports
    - Presentations/Posters/Articles/Flyers/Tip Sheets
    - Developmental Health Promotion Webinar/Toolkit
    - NICHQ Blogs/Videos
  - Co-Develop and Facilitate Trainings
  - Represent Team at Meetings/Conferences
  - Employment within/by the System
  - Encourage Connections and Collaborate on Grant Opportunities
  - Participate and present on Network level Family Engagement Community of Practice calls
  - Effect change in Policy
Pathway to Parent Leadership Development

**Critical Supports:**

- **Focus on Empowerment**
  - Educate
  - Engage
  - Enhance effectiveness
- **Contact with other parents in leadership roles**
- **Opportunities to take on leadership roles, however small, and safe settings to practice them**
- **Relationship with respected and trusted person who provides feedback and support**
Family Engagement:
Key Points to Remember

• Build:
  ➢ Trust
  ➢ Self-confidence
  ➢ Self-efficacy
  ➢ Relationships
  ➢ Support networks

• Listen for the heart, with the heart

• Communicate with honesty

• Start where families are, help them identify where they want to go

• Help families recognize strengths

• Lead together
  ➢ See every parent as a leader
  ➢ Make space for new leaders
Thank you!
Children with Medical Complexity
CoIIN – Highlighting Family Engagement at the National Collaborative/Network level

Sherry Santa, Texas CMC CoIIN State Team Family Leader
Texas Parent to Parent, Medical Education Program Coordinator, Family-to-Family Health Information Center Coordinator
CMC CoILN Project Goals

Overall Project Goals:
• Improve the quality of life for children with medical complexity
• Improve the well-being of their families
• Increase the cost-effectiveness of their care

Project Objectives:
• Increase by 50%
  • Cohort-enrolled CMC who have a single locus of care in a medical home and a shared plan of care
  • Families of cohort-enrolled CMC who report family engagement on individual clinical level
• Increase by 25%
  • Families of cohort-enrolled CMC who report previously unmet needs being met
• 25% of state teams will have piloted an innovative payment model
CMC CoLiN Project Structure

**Center for Innovation in Social Work and Health at Boston University**
Meg Comeau, PI
Bethlyn Houlihan, Senior Project Director
Nandini Choudury, Research Assistant

**Evaluation Team**
Christopher Louis, BU
Randall Ellis, BU
Stephen Fitton, Health Management Associates

**National Advisory Committee**
Leadership Subcommittee

**Collaborative Partners**
Population Health Improvement Partners
Association of Maternal and Child Health Programs
American Academy of Pediatrics
Health Management Associates
Family Voices

**Ten State Teams**
AL, CO, IN, KY, MA, MN, OR, TX, WA, WI
CMC CoLLIN: Collaborative and Network Level Family Partnership

- National Advisory Committee and leadership sub-committee
- Family-Led orgs as Collaborative Partners
- “Mini Family leader CoLLIN”
- Measurement Workgroup
  - Focus Group Work Group
- eNewsletter
- Participation on state teams - clarity and expectations
- Push to partner “outside the box”
Thank you!

Contact Information
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Questions? Comments?
Thank You!

For more information:

- CMC CoIIN: [https://ciswh.org/project/CoIIN-CMC](https://ciswh.org/project/CoIIN-CMC)
- MCEH CoIIN: [http://www.amchp.org/programsandtopics/CHILD-HEALTH/projects/Pages/Lead.aspx](http://www.amchp.org/programsandtopics/CHILD-HEALTH/projects/Pages/Lead.aspx)