

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

March 11, 2019 4:30PM – 5:30PM

Workshop Objectives

- Understand the value of investing in family engagement in the CollN model to test and drive improvements.
- Identify examples of how to engage families in all levels of the CollN – 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 CollN (Moderator)

Christy's grandchildren





Sherry Santa, Texas CMC CoIIN 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 CoIIN 2.0 Initiatives; CDC's "Learn the Signs. Act Early." Ambassador to NJ

Dr. Trina Evans Williams



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

10

"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

PEOPLE INVOLVED

ACTIVE ENGAGEMENT

© Strive 2012 Content adapted from Bowen et all, 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 CollN – 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) CollN

 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?



Maternal Child Environmental Health COLLABORATIVE IMPROVEMENT

Key Partners AM

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

NICHO National Institute for Children's Health Quality

National Institute Health Quality







Green & Healthy Homes Initiative®





MCEH CollN Aim & Objectives

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

Decrease by 10% blood lead levels (BLL) in children ages 0- <72 months

Increase by 25% the # of children that receive a screening test for BLL

Increase by 25% the # of children with confirmed elevated BLL that receive care in a medical home

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 Bludsaw–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 CommitteeCommunity 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 CollN
 - 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!"

• 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

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.

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 CollN.
- 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 <u>263 children who were tested for lead</u> between September through January.

A Local Family Story and the Coordinated System of Care Approach!

- <u>This is our Local Family Story</u>. 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.
- <u>What went well</u>: Before our lead abatement work was done, this child's lead results were 16 μ g/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 μ g/dl. These are the before and after pictures of this child's home where the lead abatement work was done.



Home **before** lead abatement



Home after lead abatement









Louisiana Children Are At the <u>Heart</u> 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 CollN – 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

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH3MC30335, Early Childhood Comprehensive Systems, \$5,448,239 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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





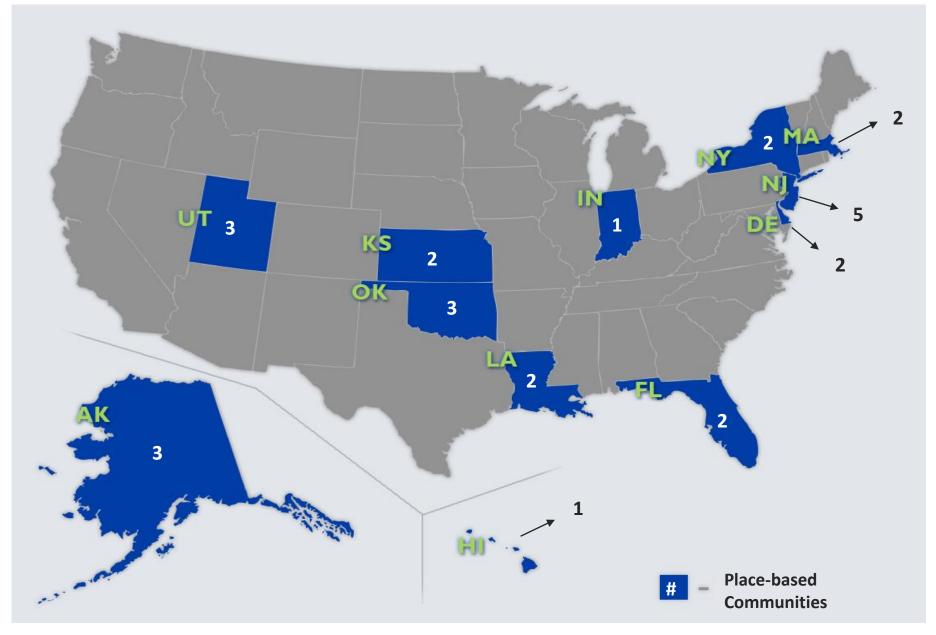
Project Aims

- 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





Key Partners





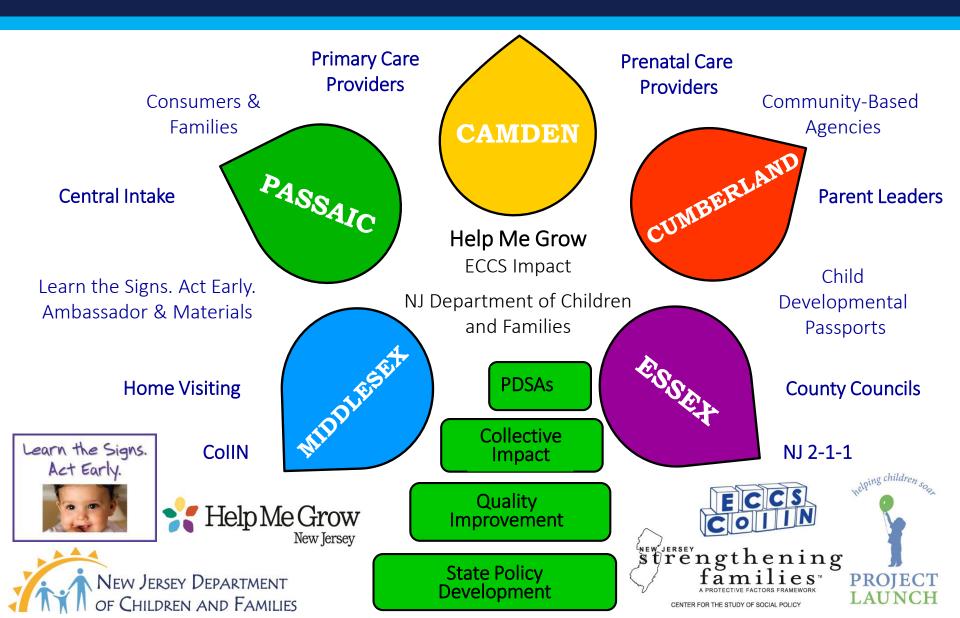








Enhancing Early Childhood Systems in New Jersey



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 parentengaged developmental monitoring and facilitating early action on concerns using evidencebased 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.



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



Developmental Health Promotion Activities:

Camden – Child Care Center and Early Intervention

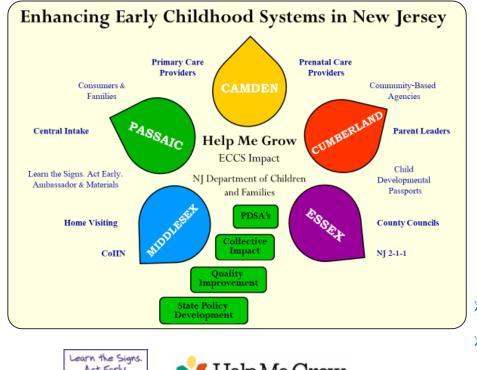
Cumberland – Library, Federally Qualified Health Center, Pediatrician, and Early Intervention

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





NEW JERSEY DEPARTMENT

OF CHILDREN AND FAMILIES



Parent Advocacy Network



Transactional

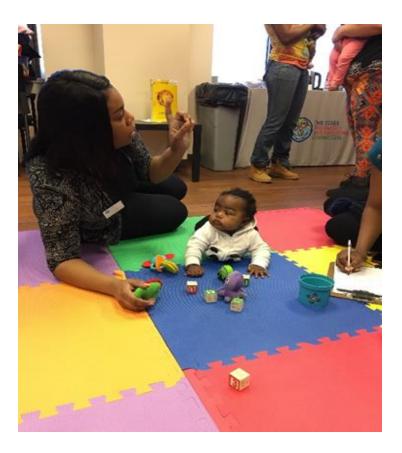
Community Investment: One-way communication

Collaborative

Community

• Examples of Transactional Activities

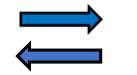
- Developmental Health Promotion
- Receiving Information
 - Books Balls and Block events
 - Family Tool Kits
- Family Surveys
- Parent Education Workshops or Trainings
- Participation in Parent Cafés



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 CommunicationCollaborativeCommunity

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 CollN – Highlighting Family Engagement at the National Collaborative/Network level

Sherry Santa, Texas CMC CollN State Team Family Leader

Texas Parent to Parent, Medical Education Program Coordinator, Family-to-Family Health Information Center Coordinator

CMC CollN 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 CollN Project Structure

Center for Innovation in Social Work and Health

at Boston University

Meg Comeau, Pl

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

Collaborative Partners

Ten State Teams

AL, CO, IN, KY, MA, MN, OR, TX, WA, WI



CMC CollN: Collaborative and Network Level Family Partnership



- National Advisory Committee and leadership sub-committee
- Family-Led orgs as Collaborative Partners
- "Mini Family leader CollN"
- 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 CollN: https://ciswh.org/project/CollN-CMC
- ECCS CollN: <u>https://www.nichq.org/project/early-childhood-</u> <u>comprehensive-systems-collaborative-improvement-and-</u> <u>innovation-network-eccs</u>
- MCEH CollN: <u>http://www.amchp.org/programsandtopics/CHILD-</u> <u>HEALTH/projects/Pages/Lead.aspx</u>

