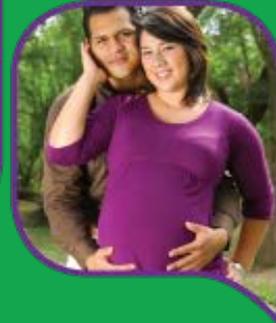


Capturing Lessons Learned from the Field: Healthy Start Town Hall



May 16, 2017

Welcome



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Agenda

Discussion Items		
3:10 PM	Purpose of the Town Hall	Maria Lourdes Reyes, HS CoIIN Co-Chair
3:20 PM	Webinar Logistics	Megan Hiltner, EPIC Center Training Team
3:30 PM	Input from the Field to Inform Planning for the Healthy Start Program: Process and Timeline <ul style="list-style-type: none">• Overview of data collection timeline• Overview of data inputs for lessons learned framework	HS CoIIN Co-Chairs
4:00 PM	Questions/Discussion	Mary Alexander, HS CoIIN Co-Chair
4:15 PM	Lessons Learned Check-In Polls	HS CoIIN Co-Chairs
4:30 PM	Closing and Next Steps	Mary Alexander HS CoIIN Co-Chair

Lessons Learned Check-In

Poll:

Are you preparing yourself for the next funding cycle?

- A. Yes
- B. No
- C. Not sure

Capturing Lessons Learned from the Field: Suggested Timeline and Process Overview

Activity	Timeline
Step One: First Virtual Town Hall	May 16, 3-4:30 ET
Gather CoIN and Grantees input: lessons learned qualitative format	May 17 to June 17
Step Two: CoIN to prioritize issues from Practical Vision session at Spring meeting and build into lessons learned framework	May 20-30
Present preliminary results to CoIN	June 6
EPIC CoIN Team to organize results into themes and priorities	June 17-30
Step Three: CoIN Face to Face Meeting: NOLA	July 6-7
Final virtual Town Hall with all HS grantees to present final recommendations	July 20
Provide final draft to CoIN and grantees before it is submitted	July 28
Co-Chairs submit final recommendations	July 31

Capturing Lessons Learned from the Field: Steps One and Two

Step One: First Virtual Town Hall

- May 16, 3-4:30 ET

Gather CoIN and Grantees input: lessons learned qualitative format

- May 17 to June 17

Step Two: CoIN to prioritize issues from Practical Vision session at Spring meeting and build into lessons learned framework

- May 20 – 30

Present to CoIN preliminary results

- June 6th CoIN call



Capturing Lessons Learned from the Field: Step Three

EPIC to organize qualitative input and priorities into themes

- June 17-30

Step Three: Present to ColIN

- ColIN reviews all programs' input and develops priorities and recommendations
- Face to face meeting: NOLA, July 6-7
- Final virtual town hall to all HS grantees: July 20

Provide final draft to ColIN and grantees before it is submitted

- July 28

Co-Chairs submit final recommendations to the DHSPS

- July 31

Process for Submission of Feedback

Capturing lessons learned
period: May 17- June 17

- The survey link will be distributed to the Project Director of each Healthy Start Program.
- We encourage you to engage a broad range of staff and other stakeholders.
- One comment form (via SurveyMonkey) per grantee.



Questions/Discussion



Lessons Learned Check-In

Poll:

Which of the 5 Healthy Start approaches did you find the most challenging to address?

- A. Improve Women's Health
- B. Promote Quality
- C. Strengthen Family Resilience
- D. Achieve Collective Impact
- E. Increase Accountability

Improve Women's Health

The life course perspective, MCH research and experience from the field all point to the importance of improving women's health before, during and after pregnancy as a means to improve perinatal outcomes and reduce infant mortality. To improve women's health Healthy Start programs assess participants' needs and work to ensure their access to comprehensive medical, social, behavioral, educational, and support services. Healthy Start also supports prevention and health promotion for women and families, including access to clinical preventive services, attention to pre/interconception health and reproductive life planning, and provision of health education.

Benchmarks

- **Health Insurance**

Increase the proportion of Healthy Start women and child participants with health insurance to 90% (reduce uninsured to less than 10%).

- **Postpartum Visit**

Increase the proportion of Healthy Start women participants who receive a postpartum visit to 80%.

- **Reproductive Life Plan**

Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%

- **Usual Source of Care**

Increase proportion of Healthy Start women and child participants who have a usual source of medical care 80%.

- **Well Woman Visits**

Increase proportion of Healthy Start women participants that receive a well-woman visit to 80%.



Lessons Learned Check-In

Poll: Improve Women's Health Related Benchmarks

With regard to improving women's health, which benchmark did you have the most difficulty in addressing?

Benchmarks:

- A. Health Insurance
- B. Postpartum Visit
- C. Reproductive Life Plan
- D. Usual Source of Care
- E. Well Woman Visits

Promote Quality Services

Healthy Start works to ensure access to and delivery of high quality health and social services to women, infants and families by providing case management and care coordination to participants, and supporting systems integration on the community level. Healthy Start programs utilize evidence-based curricula and interventions to provide health education and health promotion in the required areas of breastfeeding, immunization, safe sleep, family planning and tobacco cessation, well-woman and well-child care.

Benchmarks

- **Birth Spacing**

Reduce the proportion of Healthy Start women participants who conceive within 18 months of a previous birth to 30%.

- **Initiating Breastfeeding**

Increase proportion of Healthy Start child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82%.

- **Safe Sleep**

Increase proportion of Healthy Start women participants who engage in safe sleep practices to 80%.

- **Smoking Abstinence**

Increase the proportion of pregnant Healthy Start participants that abstain from cigarette smoking to 90%.

- **Sustaining Breastfeeding**

Increase proportion of Healthy Start child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months to 61%.

- **Well Child Visits**

Increase proportion of Healthy Start child participants who receive the last age-appropriate recommended well child visit based on AAP schedule to 90%.



Lessons Learned Check-In

Poll: Promote Quality Services Related Benchmarks

With regard to promoting quality, which benchmark did you have the most difficulty in addressing?

Benchmarks

- A. Birth Spacing
- B. Initiating Breastfeeding
- C. Safe Sleep
- D. Smoking Abstinence
- E. Sustaining Breastfeeding
- F. Well Child Visits

Strengthen Family Resilience

A focus on engaging both parents in the future of their child, and on strengthening family resilience helps address to some degree the toxic stress that underlies many disparities in birth outcomes. Healthy Start programs promote father involvement both before and after the baby is born, provide parenting support and education, utilize a trauma-informed approach to care, and strive to support the mental and behavioral health of mothers and families.

Benchmarks

- **Father/Partner Parenting Involvement**

Increase proportion of Healthy Start women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/child care) with their child participant to 80%.

- **Father/Partner Prenatal Involvement**

Increase the proportion of HS grantees that demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/child care) during pregnancy to 90%

- **Intimate Partner Violence**

Increase proportion of Healthy Start women participants who receive intimate partner violence (IPV) screening to 100%.

- **Perinatal Depression Screening**

Increase proportion of HS participants who receive perinatal depression screening and referral to 100%.

- **Reading to Child Daily**

Increase the proportion of Healthy Start child participants aged <24 months who are read to by a parent or family member 3 or more times per week to 50%.



Lessons Learned Check-In

Poll: Strengthen Family Resilience Related Benchmarks

With regard to strengthening family resilience, which benchmark did you have the most difficulty in addressing?

Benchmarks

- A. Father/Prtnr Parenting Inv.
- B. Father/Prtnr Prenatal Inv.
- C. Intimate Partner Violence
- D. Perinatal Depression Screening
- E. Reading to Child Daily

Achieve Collective Impact

Healthy Start programs lead and participate in community collaboration, information sharing and advocacy through Community Action Networks (CAN) which involve Healthy Start participants, community-based organizations, providers and community leaders in efforts to strengthen community service systems and address social determinants of health. The Collective Impact framework is used to facilitate community collaboration to address specific social problems.

Benchmark

- CAN Implementation

Increase the proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.



Lessons Learned Check-In

Poll: Achieve Collective Impact

Benchmark: Increase the proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.

Does your program have a fully implemented Community Action Network (CAN)?

- A. No
- B. Lots of work still to do
- C. Almost there
- D. Yes

Increase Accountability through Quality Improvement, Performance Monitoring, and Evaluation

Healthy Start programs work to enhance their services and increase their impact on participant health outcomes by systematically monitoring their performance, and engaging in quality improvement efforts informed by participant-level, program-level and community-level data.

Benchmark

- Quality Improvement/Evaluation

Increase the proportion of HS grantees who establish a quality improvement and performance monitoring process to 100%.



Lessons Learned Check-In

Poll: Increase Accountability through Quality Improvement, Performance Monitoring, and Evaluation

Benchmark: Increase the proportion of HS grantees who establish a quality improvement and performance monitoring process to 100%.

Does your program have a quality improvement and performance monitoring process in place?

- A. No
- B. Lots of work still to do
- C. Almost there
- D. Yes

Next Steps

Capturing lessons learned
period: May 17- June 17

- The survey link will be distributed to the Project Director of each Healthy Start Program.
- We encourage you to engage a broad range of staff and other stakeholders.
- One comment form (via SurveyMonkey) per grantee.



Closing



Megan Hiltner, EPIC Center