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Megan: Hello everyone, and welcome to the Healthy Start CoIIN town hall, Healthy Start CoIIN 2014 to 2019 reflections and insights for the next Healthy Start CoIIN. I'm Megan Hiltner with the Healthy Start EPIC Center and we have approximately 60 minutes set aside for this Webinar. It is being recorded and the recording along with the transcript and the slides will be posted to the EPIC Center's website following this Webinar. We'll chat in the link for that website here in a second. We really want your participation in this town hall, so if at any point you have a question or a comment, please jot them in at the bottom left corner of your screen. We will only be taking questions through the chat box and we also want your feedback. So at the end of this event, you'll have a survey that will pop up on your screen. If you can take a moment and provide your feedback, we really do appreciate that and we really do make note of that to improve on future webinars.

Here's an agenda for what we're gonna cover for, cover today. After our welcome and some introductions, we're gonna have a quick refresher on the assessment and the methodology of the work of the Healthy Start CoIIN. Next, we're gonna share some findings including the successes and opportunities and insights for the next Healthy Start CoIIN. And in the spirit of a virtual town hall, we really do invite you to listen in and share your thoughts and provide your comments. So now I'm gonna turn it over to Commander Mary Emanuele, Senior Public Health Analyst with the division of Healthy Start in perinatal services for a welcome. Mary, over to you.

Mary: Thank you, Megan. Good afternoon and welcome. During this Webinar we'll share results from the Healthy Start CoIIN assessment, which identified areas of success of the current Healthy Start CoIIN opportunities for strengthening the next HF CoIIN. Our current Healthy Start CoIIN will be transitioning in the funding cycle as a robust Healthy Start CoIIN collaborative innovation network. I look forward to building upon all the fruit and successes you've accomplished these past five years. So now I'd like to briefly introduce our presenters for today. In the interest of time, I'm gonna give a brief intro of each of these individuals, and as you can see, we're posting their pictures so you can match a face with their voice and name. You will likely recognize them as your current Healthy Start co-chairs, which they've been in leadership since October, 2018. Dianne Brown, PhD, is a certified family life educator. She's a Project Director for Camden Healthy Start at the Southern New Jersey Perinatal Cooperative. And we also have with us today Lisa M. Matthews, MBA. She's a Project Director for MomsFirst in the Cleveland Department of Health.

Megan: Thank you so much for those intros, Mary. And now, group, we are gonna kick things with a poll. And so if you can take a moment and give us a sense of your awareness and knowledge and participation in various Healthy

Start and other CoIIN activities. So if you can click on any of the buttons here listed on your screen in response to this question. Did you attend any of the following Healthy Start CoIIN hosted webinars? cCeck all that apply. The first option is the screening tool launch that was held on January 11th, 2016 there was a joint Healthy Start home visiting infant mortality CoIIN Webinar on April 16th, 2016. There is a Healthy Start lessons learned town hall in May of 2017, and another Healthy Start CoIINs Lesson Learned town hall in July of 2017, then the Sustainability and transition planning Webinar a couple of months ago, January 17th of 2019, or none of the above. If you can go ahead and click in on some of those responses, that way we can really have a sense of where you've...how much you've engaged with Healthy Start CoIIN in order to tailor some of the remarks today.

Okay. I see folks have done it. Let's go ahead and skip to our results. Okay. Folks, including our co-chairs is here, it looks like we've had quite a bit of engagement. The majority of folks that are on the Webinar right now looks like over 70% of them were on the Lessons Learned webinars and then the Sustainability Webinar. So that's really important, and it looks like one person hasn't heard any of those webinars' activities thus far. So good information and so thanks for, for weighing in. So now I'm gonna turn it over to Dianne Brown to kick off the town hall. Dianne, over you.

Dianne: Thank you very much. The purpose of the Healthy Start CoIIN was to sponsor and provide partnership with Healthy Start grantees dedicated to strengthening the Healthy Start services and systems. The sponsor of the Healthy Start CoIIN is HRSA, the Maternal and Child Health division of Healthy Start and Perinatal Services Healthy Start program, and the CoIIN met monthly including a day long face-to-face sessions twice a year with conference calls in the interim to CoIIN members served as co-chairs rotating in six month terms, and the Healthy Start EPIC Center provided support to plan and facilitate meetings. The Healthy Start CoIIN was designed to build a stronger Healthy Start program through standardization. And in the two circles you see, some of what was involved in that thinking identified components of the Healthy Start program for standardizing across the Healthy Start community and to promote implementation of the standardized components across the community. So our rationale for standardization was to provide a consistent, predictable and replicable experience for Healthy Start participants designed to achieve positive health outcomes, and was based on the best we know today, and was a foundation for improvement. The CoIIN also recognized the diversity of approaches of Healthy Start programs, which reinforced the need for standardizing certain components while honoring the uniqueness of each program.

This slide is very colorful, but let me take you through the colors and write down what the Healthy Start CoIIN priorities were in terms of our progress. So before we go into the findings for the CoIIN assessments, we look first at the blue section which says identify standardization as a priority, which happened in 2015. An initial day long planning meeting was conducted with CoIIN members on March 25th. The Healthy Start CoIIN members recognized the importance of articulating a conceptual framework and science base for long term sustainability of the Healthy Start program. In response, Healthy Start CoIIN members expressed a majority interest in focusing Healthy Start CoIIN efforts when identifying opportunities for standardizing elements of the program. The Healthy Start CoIIN members prioritized components of the Healthy Start program that would benefit from standardization to include a portfolio of screening tools, data collection and consistent tracking of data and care coordination and case management.

Now as we move into the light green section, you will see that the screening tool development began. Screening has always been a fundamental component of Healthy Start services and serves as a starting point for Healthy Start's case management approach with participants. This initiative was prioritized because a common standardized screening approach will help to ensure a comprehensive and consistent assessment of participants' needs across all Healthy Start programs. The Healthy Start CoIIN developed piloting, received OMB approval for the six screening tools. These tools served as a consistent and comprehensive assessment of Healthy Start participants' needs to inform care coordination and case management. The next section being down data collection and reporting. It's red. And in that section, the screening tools would serve as a dual purpose to capture data required to inform benchmark data reporting. Paper screening tools could be automated by aligning data reporting for national evaluation with intake, with the intake process.

The CoIIN got the opportunity to align the screening tools with other evaluation and reporting data collection as it emerged. A working group composed of members of the healthy CoIIN was convened to review and provide recommendations for the screening tools, ensuring that the tools were fully aligned with all reporting requirements, which included Healthy Start benchmarks reporting, federal Healthy Start monitoring and evaluation, which was the three Ps, and the DGIS performance measures. The next color is purple and it's case management and care coordination. And you can see as you look across the chart that that particular task or that priority happened in several different intervals as the group continued to review and update and provide some level of continuity in the work around case management and care coordination. In consultation with the division regarding concerns shared by the grantees, the following recommended definition was submitted to the division

on June 11th, 2018 for consideration to inform the NOFO. Healthy Start Case Management and care coordination is a partnering process between a Healthy Start affiliated provider and Healthy Start enrolled participant and their family during which a strengths-based collaborative relationship is developed to support management of health and social needs including participant with screens, family needs assessments, establishment of care plans, providing needed services and health education and ensuring maintenance of referrals and follow up. Contact between the Healthy Start provider and Healthy Start participant may occur through a home visiting, face-to-face encounter and emerging care modalities that best meet the needs of the Healthy Start community. The core components of the Healthy Start case management and Care Coordination Service plan will document the following services: screening and intake, a comprehensive assessment protocol for each enrolled participant, creation of a service plan, identification and documentation of appropriate services, facilitation and documentation of linkages to additional services, monitoring of progress documented in the service plan, reassessment and responsiveness to changes as needed and case closure and the discharge plan.

The next color you see is turquoise, and it's from the Lessons Learned from the Field. In May 2017, the division requested the CoIINs efforts focused on documenting lessons learned from grantees to improve the Healthy Start program. On May 17th, 2017, the CoIIN launched the Capturing Lessons Learned from the Field's Healthy Start survey. The purpose of this survey was to provide Healthy Start programs the opportunity to provide perspectives from the field by sharing promising and best practices they had used to implement Healthy Start 3.0 and lessons learned from those experiences. The next color is orange, is screening tool review. On March, in March, 2018, the CoIIN called, the division raised the possibility of the CoIIN taking on the review and the revision of the screening tools in order to include an abbreviated version for the next NOFO. At the March 2018 in-person planning meeting, the CoIIN developed a plan and timelines for an iterative and comprehensive review of the tools by the CoIIN and all grantees. Information was disseminated for the opportunity for feedback during the conversation with the division Webinar in May, 2018. The CoIIN and Healthy Start grantees provided feedback at multiple points during the timeline. Feedback from Healthy Start grantees, as well as Dr. Shepherd, were integrated throughout the process. High level reviews were conducted at each monthly CoIIN call during April, May and June. The next color you see here is tan, Sustainability and Transition Planning. And at that point, we, the Healthy Start CoIIN provided packages to help grantees in addressing sustainability and transition planning at the current five-year period as well as providing a Webinar to discuss issues, challenges, challenges, and ways to address this planning. The last color is red. It's a little bit brighter than the other ones, and at that point, it's the CoIIN assessment, and

that's what we're focusing on in this particular webinar, so more information will be shared about that. At this point, I will turn it over to my colleague, Lisa.

Lisa: Thanks, Dianne, and welcome everyone. I'm gonna talk a little bit now about the purpose of the Healthy Start CoIIN assessment, which is to assess and document the effectiveness of the Healthy Start CoIIN's internal operations and the impact of the CoIIN on members and other stakeholders. Looking at the key factors that contribute to the CoIIN's success and challenges, the group process in developing lessons learned and insights for the future Healthy Start CoIIN, and strengths and accomplishments of the Healthy Start CoIIN. For the methodology, we're gonna review the four data sources. We just talked briefly on the prior slide about the CoIIN member survey. We discussed the purpose of that survey, and I just would like to point out that we had a cohort of 20 in that group and we received 19 responses due to shifts in the membership of one of the CoIIN members. But still, a very good response rate. Next you have the client and co-chair, survey and this survey served as a means to gain information to improve the quality and coordination of the CoIIN and support of the CoIIN co-chair cohorts.

We had a total 13 potential co-chair responses of which we received 10, and the three that we were missing were due to transition of membership in the co-chair role. On the right, you see the division survey, and the purpose of the division survey was to request feedback from the division staff, to gather constructive feedback on the following key points. We wanted to know if the CoIIN was meeting the division's expectations, the value of the CoIINs work to the program, we wanted to have identified how the CoIIN performed in this inaugural iteration and understand what worked well and what didn't during this period with the current cohort and ultimately to strengthen the CoIIN in the future. We surveyed five members from the division and we received five responses, 100%. And then we have the grantees lesson learned survey, and this was a part of the overall grantee lessons learned survey done where grantees were asked to respond to three questions asking them to provide their thoughts on the CoIIN membership composition, what is working for the CoIIN, and what could be improved. And you'll see here that we have 44 responses out of a total of 81 surveys. Okay. Next slide will be the framework. We explored the various dimensions of success across the domains of group development, which are listed here. First being relationship, which is the quality of the connections between the people engaged in the work, second, process, how the work or tasks are carried out, and results, goal or task accomplished. Now in terms of the data analysis, we reviewed both the quantitative and qualitative information. For the quantitative questions, we combined the top ratings of the top two, were strongly agree and agree, and then data points about group dynamics included various points in time. And for the qualitative data we

conducted a thematic approach for each area and summarized in a group different, you know, the similar patterns together. They also organized the quantitative and qualitative data around the topic areas of the survey, and there's some examples here of management in support of the Healthy Start CoIIN. And then all the findings were synthesized across the data sources. And, again, the, for data sources, we just reviewed what was included. Now we're ready for another poll, Megan.

Megan: That's right. Thanks so much, Lisa. All right everybody. Now, we're gonna check in with you all before we get started in sharing the results from the CoIIN assessment, we would like to get a sense of whether the work of the current Healthy Start CoIIN has influenced your work. So if you would respond to this question. How well do you agree with the following statement? The Healthy Start CoIIN has been influential on my organization's work. Would you select strongly agree, agree, somewhat agree, disagree, strongly disagree, sorry, or not sure? So take a moment and click one of those radio buttons. We'll give you all a moment. It looks like folks are clicking in. I'm gonna give it two more seconds here. All right, group. So it looks like there about almost 38% of folks agree that the Healthy Start CoIIN has been influential on your organization's work. There some folks that disagree, and there's some folks that are sort of in the either strongly agree or somewhat agree. This is really helpful folk, so we appreciate you taking a, taking a moment to give us your input here. So I'm gonna turn it over now to Dianne to then begin to share the findings in the successes and opportunities for strengthening Healthy Start CoIIN. Dianne?

Dianne: Thank you, Megan. So we start off with looking at the results of the findings for the group dynamics. Next slide. So the question was how would you rate the group dynamics, and it was a five point scale. So members were able to communicate among themselves as necessary, that was 4.47, use of member resources, 3.84, involvement or participation, 3.53, mutual trust and confidence. 4.16, and open communication, 4.26. So the CoIIN also had the opportunity to respond to open-ended questions, and some of the themes that came from the open-ended questions were related to a phone based forum, which is how we communicated most offers, member dedication and expertise, turnover and new members, leadership environment and opportunity to engage and additional comments. And there were 13 of those additional comments. in terms of responding to the open-ended questions. For each of these sections that we're gonna review now, there will be a set of open-ended questions that I'll also review. Next slide.

So the purpose, goals and strategies, roles and responsibilities. So overall, how would you rate the following areas for the Healthy Start CoIIN? And there were 19 respondents to this question, again, a five point scale. Is satisfied with the

way that CoIIN has implemented its plans, 4.32 was the result of that, shared understanding of member's roles and responsibilities, members, co-chairs and EPIC team all were part of this thinking, 4.32, in agreement on strategies to address purpose and/or goals, for example, screening tool development, contracting with select vendors, case management, care coordination. the group voted at a 4.11. General agreement with the purpose and the overall goals was with 4.26. And the open-ended question here brought up the phone themes, things related to the process, how standardization took place, the technical support received, the screening tools that were developed and HRSA-related issues, concerns, questions. And there were 10 additional comments on that one. Next slide.

So the efficiency and effectiveness of the CoIIN and the way in which we work. How would you rate the efficiency and effectiveness of the Healthy Start CoIIN? Again, 19 respondents to that question. Effective email communication among EPIC and CoIIN team, CoIIN leadership and members was effective at a 4.63. Effective quorum and consensus process, 4.42, members were involved in the decision making, 4.53. CoIIN had credibility within your organization's leadership, 4.21. CoIIN effectively used data, research findings and information to guide strategies, 4.32. CoIIN used members time efficiently, 4.16. CoIIN use member's time effectively, 4.16. Clear rules of operation, 4.42. So there was, the open-ended question brought up the following themes in terms of enhancing communication was important, areas of success and suggestions for improvement were also submitted. Next slide. So just, to a lot of us might resonate the most significant achievement of the CoIIN, and the CoIIN overwhelmingly, we've talked about the screening tools. The screening tools revision with easier for grantees, do their work, unified projects and aided in national evaluations, the achievement of discussing sustainability, standardizing the data collection, improved cross program evaluations, set expectations and aligned program, working with HRSA and the bureau communications, we garnered respect of the division. So I'm going to now ask Megan to facilitate the next section as we move on with the presentation.

Megan: Sure. Thanks, Dianne. All right, group. So after hearing Dianne summarize the assessment and looking at the findings here, what do you think has been the most significant achievement of the Healthy Start CoIIN? If you can use the chatbox function and chat in any thoughts right now, we would appreciate it. So the chat box is in the lower left corner of your screen. You're welcome to, you know, agree with something on here, add something new, any comments, questions, thoughts you have about the most significant achievement of the Healthy Start CoIIN, we welcome that right now.

[00:24:29]

[silence]
[00:24:44]

I'll give it another moment here. Oh, I see. Thank you so much. Lisa chatted in that working as an intermediary with HRSA MCHB. Thanks for sharing that. I can give it another second or two. And you know what folks? Too, as we continue with the presentation, if other things come up, that's stuff that welcome throughout the conversation, more agreement around working with HRSA and the bureau. Comment around all the work that was done regarding the screening tools. Screening tools again. Yeah. All right. Well, folks, as thoughts come up and ideas come up, please chat them into the chat box. We have more content to get to, so I'm gonna continue with the presentation here. And Dianne, I think it's continuing with you, Dianne, for the next slide. Or actually, this is over to Lisa. Sorry. Lisa, it's over to you.

Lisa: That's okay. So I'm gonna talk a bit more now in detail about the division survey that I mentioned earlier. And, again, the main sections of questions was around standardization priority, and the exact question was, how would you characterize the Healthy Start CoIIN's priority of standardization as it related to the division's overall vision? And, again, we had five people survey for this, 100% response rate and all a hundred, or and a 100% or all five said that that, the priority was in alignment with the division's overall vision, which was a great to hear. And the additional open-ended question or comments, excuse me, where that the assistance offered by Healthy Start CoIIN leadership to help in crafting the client data collection forms. The on-the-ground experience of the CoIIN members help to create documents that fully capture all components of phases of the Healthy Start client experience. The next set of questions related to the extent that the different Healthy Start CoIIN initiatives that we've completed over the course of this past five years helped shape the Healthy Start program. And again, on a scale of 5, you can see the development of the screening tools received a 4.6, the data collection and reporting, a 3.6, case management care coordination, 3.75, Lessons Learned survey and report, a 4.5, and review and revision of the screening tools, a 4.6. And the additional comment that we received in the open-ended was at the screening tool review has contributed to shaping the growth of the Healthy Start program. This question is related to the achievement of the CoIIN, and it's, is there something you would have like the CoIIN to do that was not done? And 20% said yes, meaning one of the five people said there was something else they would like done, or 80% said no. And the two additional comments you see here relate to that suggestion about being, I think it would be beneficial to see the CoIIN members interact with Healthy Start programs in their region more actively and to support the use of protocols and tools as outlined by HRSA. And the second division I have for the CoIIN is as the go-to resource for information that all

grantees seek to bounce ideas off of or provide information on ways to improve all aspects of their program.

And on the next slide, this is from the Healthy Start community Lessons Learned document. There was a question that talked about what is working about the current Healthy Start CoIIN composition. And these are the themes that emerged. Again, we had a response rate of 49 out of the, was it 81, I believe? But for some reason we had 50 responses on the areas to improve question. But, so that's why there's a difference here, but it's the same group that we surveyed essentially. And the themes that emerged in relation to what, what is working about the current Healthy Start CoIIN composition were structure and process, membership diversity, responsiveness, ongoing communication, outputs of the CoIIN, GSI, EPIC center support and expertise and knowledge base of the members. The additional comments that received, that we received in that area include, first of all, the consistency in group size. "While there hasn't been complete consistency, there have been a core set of members who have learned to trust each other's opinions and experience. The shared experience of working together has increased our investment in the Healthy Start model and expanded our network of expertise beyond our regional colleagues. If the CoIIN is too large, I doubt we'll, we would be able to develop the report needed to move projects forward." And another comment, "I think the current composition is a small enough group with programming experience. The group is able to get projects completed."

And on the right side of the graphic, you see the other question. "What could have been improved with the current Healthy Start CoIIN composition?" And themes that emerged, response to this question are better dissemination of information on CoIIN activities, better feedback mechanisms, structure and process of the CoIIN and a more diverse composition of members. And some additional comments related to those themes were that it should be more diverse with the cross section of grantees based on size, geography, age of Healthy Start program, meaning the number of years you've received Healthy Start funding, whether you're rural, urban, tribal or border, and having this diversity would ensure that all perspectives are represented. Another comment was that the size of the group can make discussions difficult, excuse me, can make discussions difficult and decision making processes unruly. Additionally, some discussions may be improved by ensuring that there is a balance between members with deep experience and new grantees, directors and novel and diverse contexts that can bring fresh perspective. So kind of having a blend there. Other comments. We are hopeful that there is some planned process for rotation of members, a more formalized process of communicating efforts and to offer a training on what Healthy Start CoIIN's purposes for the entire Healthy Start population. On the next slide, in terms of the co-chair assessment, the

question is, how would you respond to the following statements? Again, five point scale. The term length was adequate, 4.5. Supporting infrastructure provided opportunities for leadership, 4.6. Co-chair calls provided adequate planning, planning to prepare from monthly CoIIN calls and meetings, 4.5. Info and infrastructure prior to meetings prepared me to facilitate, 4.8, and understood the purpose of the CoIIN, 4.6. The barriers and opportunities for the CoIIN from the CoIIN co-chair assessment. The first question, "As co-chair, what barriers did you encounter that affected your participation?" And again, there was 10 of the 13 co-chairs that responded, and the two barriers noted were time and competing priorities, and then the other comment was no barriers. And also, "To what degree were you able to benefit from opportunities for leadership professional growth and networking through the CoIIN?" And the three themes were networking, developing facilitation skills and shared learning. And lastly, just a few open-ended excerpts from the CoIIN co-chair survey. You can see the comments around it being a valuable experience both personally and professionally, a raising the bar experience, another way to describe that. "Good. I had a strong active co-chair and I believe our personalities balanced each other. There was mutual respect and shared program history, which made it easy." And then lastly, "The relationship with my co-chair grew into a strength and partnership/relationship." All very positive feedback on that experience.

Megan: Thanks Lisa. And so folks, I see some folks who have been chatting in some comments and questions and thoughts. So I wanna encourage you all to keep doing that. And another action for you to do now is respond to another poll on what do you think? So, how well do you agree with the following statement? Healthy Start CoIIN implemented activities that have the potential to improve Healthy Start program outcomes. Would you strongly agree, agree, somewhat agree, disagree, strongly disagree or not sure? If you'll take a moment and consider that and click in your response. I'll give it another minute. All right. Well, it looks like it's between somewhat agree, agree and strongly agree that the Healthy Start CoIIN implemented activities that have the potential to improve the Healthy Start program outcome. All right, so continuing on with the presentation. Next we're gonna get two reflections and insights for the next Healthy Start pointing. And Dianne, I believe this is your section here.

Dianne: Yes it is. So as we think about the reflections and inside the members of the CoIIN discussed some of the things that might be helpful to the next point and some of you might notice that it has one eye and when Mary manually introduced it, she introduced it with innovation as opposed to improvement and innovation, which has two eyes. So our reflections on the, the strength for the group size supported if they can see and productivity intentional

about keeping identity of the Healthy Start, the standardization, informal networking and learning the EPIC support and support of the ta Group. Some of the limitations we found, um was the Healthy Start CoIIN was heavily weighted with level three grantees. So it's lack the structure of viewed it to ensure diversity. varying degrees of participation on the call. Some attendance was really high and a few other programs, not so much lack of standard standardized orientation. We had new members that said they had no clue until they came to the table. Feedback post meetings and evaluations. Not Everybody who submitted evaluations after the call to help learn how to improve and make changes and a strategic involvement of the national Healthy Start association was not part of the process.

The one, the next slide, we also offer our insights or process improvements. so formalized orientations. So for there to be a convening of a Healthy Start CoIIN members and grantees and DHS ps opportunity for really being familiar with what to do and how to do and the expectations for the CoIIN communication strengthen the communication. So that is a clear plan between Hersa and Healthy Start CoIIN for the entire five years of the funding, a clear communication for every level that's involved in the Healthy Start CoIIN. supporting engagement. Was the, is another important factor meeting to face to enhance the group engagement and travel funds? That would be, yeah. Well, to enable all of the CoIIN members to participate, there is math methods of soliciting feedback, which would encourage more participation, especially among new members.

So the next slide. So inside for optimizing health, we start CoIINing selection. We thought yes, there was an application. but in doing that identified diverse representation, consider geography, the size and the type of Healthy Start programs, consider a group size of the CoIIN of 20 to 25 participants will be a good idea to maintain a percentage of the original or nor girl Healthy Start CoIIN membership. and define a strategic or a formal role for the NAF National Healthy Start Association. So suggested focus areas for the Healthy Start CoIIN. I'm gonna turn this over to Megan

One side, this slide. What specific project, what would you like to see in the next house? He started CoIIN from the CoIIN existing CoIIN, we said communication, male involvement, sustainability and transition planning. Continued refinement of the screening tools, improved data collection capacity, new case management and care coordination standardization, seek evidence based status and conduct ROI or cost benefit analysis and ROI is Return on investment. So Megan, now to you.

Megan: So what do you all think on this list that Dianne just shared based on what the CoIIN, the findings from the CoIINs members of what they said that some focus areas could be. What do you all think? Do any of these resonate with you or are there any on here that anything not on here that you think the helping start CoIIN in the next round she focused on? Feel free to chat them into the chat box that's at the lower left corner of your screen. Yeah, Tamika just chat in. Thanks Tamika, improved data collection capacity and seeking evidence based status. Thank you. Thanks, Michelle. And I'll give it another minute. Data collection capacity. Great.

Why don't we segue in and care... Oh, good. Great. Few more coming in ROI and standardization, not only on case management care coordination but on a Healthy Start protocol. Also shout out for communication and also sustainability and transition planning.

Thanks. So folks, if there are other things that come to mind, comment, please check them into the chatbox. And now we're gonna open it up to everyone for some Q&A with the remaining 15 or so minutes we have left here. Do you have any questions or comments that you'd like to bring up now specific to what was shared now. I can go back, there was a comment that was brought up or recommendation earlier. And this was around a recommendation, opportunity for improvement around, I think the diversity of the CoIIN membership could also include different levels of staff. That's noted and also a great recommendation, Carol. Thank you for that.

And I know Mary Pal, you did point out that there were some overlaps in structure and process as well as diversity and output on one of the slides a while back and Yvonne did point out, Yvonne Hamby by the way to all that are joining the call now. She is one of the EPIC center support person that helps coordinate the Healthy Start CoIIN. She pointed out that this was just some of the distill themes that came out and there will be a report that will come out that can provide some more of the nuances in that. But I'd like to open that up right now for comment, either the co-chairs or even Yvonne if you wanna weigh in and Lee [inaudible 00:43:13] as well. You do you have any insights into the overlap in both of those columns? I can go back to that slide. I think I might've just skipped it.

Yvonne: So this is your line. Again, this, this was from the larger all grantee lessons learned. So there was a lot of responses across the two questions. One was 49 responses in one with 50. And these were all pretty much qualitative responses. So somewhat repeating what I said in my chat, but just to give it a little more detail. What you're seeing on the slide is really just a very distilled down condense synthesis of the qualitative input that people put in. And so

when you look at the report, you get all of that nuance across. So even though there might be some duplication across the two columns, when you see the actual, some of the qualitative quotes, it gives you a little more nuance as to what someone was talking about. And so it can show up in both areas, but they were sort of different perspectives around those.

Megan: And it's my understanding, correct me if I'm wrong, Co-chairs and Yvonne, that report that can be available to anyone that would like to read that report in more detail.

Yvonne: And it's currently on the Healthy Start EPIC website, the full report for the larger grantee lessons learned.

Megan: Any other questions or comments that anybody would like to chat in? I have a question for the co-chairs for Dianne and Lisa. I'm wondering if anything surprised you when you all looked at the findings from the assessment. Was there anything that surprised you when you got the feedback?

Lisa: Well, this is Lisa. There were the four different assessments that took place. I didn't feel that... I mean I was very pleased with the responses from...you know, the response rates for that. For the most part were all pretty good from each of the groups. And I thought the responses were all for the most part, favorable grouping the agree and the very much agreed the two highest ranking comments. Like, there was nothing that came out of left field at me. personally.

Megan: anything from you, Dianne, anything surprised you from the findings?

Dianne: So some of the group dynamics. I mean, we were quite often on the phone, so you can't really see people's expressions and not everybody participated. So to have a response rate of 4.16 in terms of mutual trust and confidence was very pleasant to see in terms of the fact that despite the distances between us, there was still that level of trust among the CoIIN members.

Megan: Good point. All right, well I'm just sort of holding on the chat box to see if anything else comes in. I'm not seeing any questions or comments here. Why don't I move to my...I'll move to my wrap up slide here and if any other questions or comments come in, we'll go ahead and address those otherwise we will adjourn the Webinar.

So just one webinar update that I'd like to remind everybody. There is a conversations with the division webinars. It's scheduled for March 28th. That's

Thursday, March 28 from 1:00 to 2:30 PM eastern time. You can find that registration for that Webinar on our website, healthystartEPIC.org. Just a note, that Webinar will focus on program closed out for current grantees. So grantees funded during the 2014, 2019 cycle. And so we're asking that anyone new we funded, not registered for that. It's really focused on the program close out. But as a reminder, all of the webinar transcripts, presentation slides, they're all available in the Healthy Start EPICs center's website. And I just wanna say two to the CoIIN co-chairs on the phone right now and to any of the other CoIIN members that are either joining the webinar, congratulations. And it's nice to see so much of all of your hard work reflected. I know on that slide that Dianne shared at the timeline at the beginning, it's one slide, but it really does illuminate all of the work that you all have done over the past five years. So Kudos to you all. I don't see any more questions in the chatbox. So with that, I guess this concludes our Webinar for the day and thank you for your participation. Hope you have a good rest of your day.