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Yvonne: Good afternoon everyone. This is Yvonne Hamby with the Healthy Start Ethics Center. Thank you for joining the webinar today. We're excited to have this as a first opportunity for us to learn about the three complementary CoIINs, the Healthy Start CoIIN, the Home Visiting CoIIN, and the Infant Mortality CoIIN. It's meant to provide a foundation on which to build ongoing sharing opportunities. And with that, I'm going to hand it over to Kimberly Sherman from the Division of Healthy Start and Perinatal Services for her to set us up and share with us what all we're going to cover today.

Kim: Thank you so much, Yvonne. Good afternoon, everyone, and thank you for joining us today. Before we start with the individual presentations, I wanted to provide you with just a little bit of context in case you're new to the CoIIN framework or interested in joining one of the groups. So as many of you know, improving maternal and child health is a very complex issue due to the number of sectors, systems, and organizations that are required to operate in a synchronous manner to effectively support the health, well-being, safety, and optimal development of the infused population. We all work with many partners, including agencies, academic institutions, community based organizations, and other stakeholders to really try to positively influence healthy behaviors and outcomes.

We know that coordination and collaboration among all these various partners is critical to the implementation and service provisions that many of the grant programs that MCHB funds and other organizations support. So one way to increase coordination and collaboration is through the effective implementation of collaborative improvement and innovation network, or CoIIN. At the very core, CoIINs are just one key strategy that we can use to drive change.

So working within the CoIIN framework, it really allows us to improve, innovate, and transform our thinking around existing problems. The MCHB sponsored CoIINs are comprised of MCH experts that are motivated to work together toward a collective vision to share ideas and information. These [inaudible 00:02:27] are really action oriented and have outlined message, aims, and clear strategies to address existing problems. As CoIIN framework also

allows us to bring partners together across geographic areas, sectors, and organizations to work together in a coordinated fashion to accelerate improvement and collaboration. CoIIN moved beyond our traditional meeting format by engaging participants from multiple sectors to implement change through sharing, testing, spreading, and scaling of ideas.

So today you're going to hear from three MCH CoIINs that are focusing on improvement and innovation to transform existing MCH issues. They each focus on achieving collective impact and use quality improvement strategies to achieve their collective aims. Our purpose today is to provide the MCH community with an overview of the work of the Healthy Start, Home Visiting, and Infant Mortality CoIINs, and then to discuss how our grantees and members of the infused community can get involved, share in the learning, and benefit from the work of each of the CoIIN teams.

I'd like to provide you with an overview of the session agenda and our meeting objectives. Next slide, please. So today you'll hear from the representatives from three of the CoIIN teams. Each presenter will provide you with an overview of their initiatives, highlight their goals, and outline their current areas of focus. The presentation will also include information about the current CoIIN members and a project timeline. The Home Visiting and Infant Mortality CoIIN will also discuss the connectedness of their initiatives to the Healthy Start program and describe how you can get involved. At the end of the program, we hope that our participants today will be able to describe the purpose and objectives of the three CoIINs highlighted here today and identify ways that you and your organizations can benefit and get involved with their activities.

So during the three presentations, please feel free to try put in any questions you have in the chat box. We have reserved time at the end of each presentation to answer those questions. And also when we close out, if there are any final remarks or comments, you'll be able to raise those at that time. So as those questions arise, please feel free to type them in.

Now I'd like to go ahead and introduce our presenters for today. Next slide. So we have wonderful speakers lined up for today. The first voice that you'll hear after mine is Miss Rise Ratney, who currently serves as a project director for Northwest Indiana Health Start in Gary, Indiana. Rise is a level one Healthy Start representative on the Healthy Start CoIIN and she began serving as one of the Healthy Start CoIIN co-chairs. Rise will also provide you with an overview of the current activities and focus of the Healthy Start CoIIN.

Our second presenter today is Mary McCrane. She is the project director for the Home Visiting CoIIN and currently works with the Education Development Center. Mary is also working on several other early childhood projects including [inaudible 00:05:38] Infant and Early Childhood Mental Consultation Center of Excellence and with HRSA's Home Visiting Technical Assistance Center and Design Options for Home Visiting Evaluation Initiatives.

Our third and final presenter today is Zandra Lovack. She serves as a senior project manager on the Collaborative Improvement and Innovation Network, or CoIIN, to review Infant Mortality. Prior to joining HQ to work on the Infant Mortality CoIIN, she worked as a program manager, clinical supervisor, and trainer at the Boston University School of Public Health and Boston Medical Center's Department of Pediatrics where she worked alongside community agencies such as an Early Intervention and Community Health Centers to build community capacity, develop support for maternal mental health. She also worked in the design and evaluation of Healthy Started housing, a one of a kind collaboration between the Boston Public Health Commission, the Boston Housing Authority, that addresses racial disparities in birth outcomes by focusing on housing, a known social determinant of health.

So I'm very excited to welcome all of our presenters today, and now I'd like to turn it over to Miss Rise Ratney, who will begin our discussion with an overview of the Healthy Start CoIIN. Rise?

Rise: Good afternoon. Thank you Kimberly. As stated, I'm going to give you the overview of the Healthy Start CoIIN. Our sponsorship for Healthy Start CoIIN is through HRSA Maternal Child Health Bureau, Division of Healthy Start, and [inaudible 00:07:06] services. Our goal is to strengthen Healthy Start services and systems by promoting implementation of standardized evidence based approaches to core elements of the Healthy Start program. And as you can see, we work on a five year grant cycle.

The CoIIN is currently composed of representatives from 20 Healthy Start programs, the vast majority of which are level 3. They represent the 100 Healthy Start grant communities and help to make decisions on behalf of all of the programs. They are provided with additional funding to serve on this group. I want to point out too that there is one level two and one level one Healthy Start project that is participating.

Now the Healthy Start CoIIN meets on a monthly basis and this also includes day to day, including day long face to face sessions two to three times per year. And we also have conference calls in the interim. Two CoIIN member services coaches who are rotating six month terms. The Healthy Start Ethics Center provides excellent support, and planning and facilitating meetings, identifying issues for us and information needs, and communicating findings to the larger Healthy Start grantee community. Again, just want to point out that there are the 20 Healthy Start CoIIN members that are serving, okay?

So recognizing the importance of articulating a conceptual framework and science based for the long term sustainability of the Healthy Start program. Healthy Start CoIIN members expressed the majority interest and focusing Healthy Start CoIIN efforts on identifying opportunities for standardizing elements of the program. Our first day long retreat which was held in March of 2015 focused on brainstorming components of the Healthy Start model to be standardized. Healthy Start CoIIN members began the discussion with consideration of the reasons for standardizing Healthy Start, specifically member considered the risk of not standardizing elements of Healthy Start and what could be gained by pursuing standardization.

Benefits of standardization include what's listed here on the slide, as well as some of these additional points, such as we wanted to capture the Healthy Start story for external stakeholders. Also we considered facilitating orientation and dissemination of Healthy Start expectations and program activities to new Healthy Start grantees. Also we considered aligning with opportunities for future reimbursement, which will require a causal relationship between Healthy Start approaches and participant outcomes. And we also looked at leveraging Healthy Start as an effective program with stakeholders and partners. And it would place Healthy Start among other programs that have recognized value because they have demonstrated a quantifiable impact, which can be replicated with fidelity. And lastly, we felt standardization would help to scale Healthy Start upward to serve more women and children in a concerted manner.

Okay, so again, why did we want to help to standardize Healthy Start? Well we wanted to be sure that we could provide a consistent, predictable, replicable experience for Healthy Start participants all designed to achieve positive health outcomes. At that spring CoIIN planning meeting, Healthy Start CoIIN members were tasked with brainstorming components of the Healthy Start program that individuals believed could benefit from standardization. So the members formed small workgroups, four small workgroups, to discuss and agree on elements to standardize. Now the three elements that had the most votes are listed on your screen, care coordination and case management, the risk screening tools, and data collection and the integration with the three Ps. Some of the other things that we considered were acuity assessment and referrals, standardization of consumer outreach and engagement, protocols for quality service and competencies, statistical assessment of community needs, and meaningful inclusion in services.

Okay, so we have a little poll here. And the poll is asking, did your Healthy Start program participate on the Screening to Rollout webinar in July, I'm sorry, in January of 2016? So if you could take a moment to answer that. Okay, I'll take just another second here because the responses are still coming in. Okay, so it looks like we had 20 responses and there were 15 that responded yes and 5

responded no. So that's great to see how many of you both participated in the...oh okay, I'm sorry. I did not to all for the questions, okay. Did your Healthy Start program provide feedback to the draft screening tools during the comment period? Okay. All right those responses are still coming in. All right, so we had 18 total responses, and 15 responded yes and 3 responded no. Okay, so that's really good. I'm happy to see that a lot of the projects both participated in the webinars and did provide feedback for the screening tools.

So the Healthy Start CoIIN really is committed to creating more opportunities for sharing our updates and engaging with all of the Healthy Start grantees for feedback as we move forward with the other standardization initiatives. So at this point, are there any questions?

Yvonne: Thank you Rise for a really nice overview of what the Healthy Start CoIIN, the purpose and the focus of the CoIIN has been over the last year. We do have one question that came in, which is can I join the Healthy Start CoIIN as a Healthy Start grantee?

Rise: Okay, so at this point the membership is set at the current level of grantees that we have, but we are looking at creating more opportunities. So like I said, we want to be able to share our updates so that we are sure that everyone knows what's going on with the CoIIN, so you'll be getting more and more feedback as we go along.

Yvonne: Thank you, thank you very much Rise. So another question that's come in is how many CoIINs are there? And I think it might be related to how many maternal child health related CoIINs are there in existence right now? That might also be a Kimberly Sherman question on behalf of the division.

Kim: Hi Yvonne, thank you for the question, whoever raised it. There are about eight or nine MCHB sponsored CoIINs that are currently in play, and we will list out the names of those CoIINs if you're interested. There are specific

CoIINs around different topics in the life course. And so we'll provide that in the FAQ so that you can see the list and the program contact in case you're interested in the outcomes of those CoIINs.

Yvonne: Thank you so much, Kimberly. Yes, we will be sure to capture all of those CoIINs and have those reflected in the FAQs that get posted along with the recording of the webinar. We have one last question. Two more questions. So is the Healthy Start CoIIN using the standard developed a few years ago by the National Healthy Start Association National Evaluation Team using COA standards in their work?

Rise: I think some of that has been integrated because I know that there was a great deal of work that was done at that time. So yeah, some of that has been integrated into what the CoIIN is currently doing.

Yvonne: Thank you, and then one last question. How has the Healthy Start CoIIN integrated with these other maternal child health related CoIINs?

Kim: This is Kimberly again. I'll speak for the division. We currently have formulated a coordinating committee where all the active MCHB sponsored CoIINs are meeting together to share lessons learned in their structure and format. And so that has been our first initiative. We've had several meetings and I'll provide the information, as I stated, in the FAQ. We are trying to integrate the work of all the CoIINs and so the first step has been to meet and to assess the different activities, and to share information across programs.

Yvonne: Thank you so much, both Rise and Kimberly, for responding to the questions. That's all the questions we have right now related to the Healthy Start CoIIN presentation. So I think we'll shift over to our next presentation for Mary McCrane with the Home Visiting CoIIN.

Mary: Great, thank you everybody. So hello, this is Mary McCrane, I'm the project director for the Home Visiting CoIIN. I'm very excited to be here to talk with all of you about the work of this Home Visiting CoIIN. I hope to hopefully demystify some of these terms that we're using, like I think somebody asked what is CoIIN anyway. And this CoIIN that we are doing for Home Visiting, we're in our third year now, which I'll explain in just a little bit. But this is the first CoIIN project that I've been a part of. And I remember when we first started, there was a lot of terminology, so I'm going to try to spell that out as I explain what it is we're doing in Home Visiting. And we hope that we can find some areas of overlap and synergy between all of the great work that all of us do, and we can learn from one another.

So just a little brief background here. The Home Visiting CoIIN is a three year cooperative agreement between the Maternal and Child Health Bureau and the Bureau's Division of Home Visiting and Early Childhood Systems, together with the agency that I work with, Education Development Center in Boston, Massachusetts. We began this effort in September of 2013, and we spent several months just getting ready and developing the content to launch this CoIIN project. We had our first cohort start in May of 2014. We went 15 months, and then there was a lot more learning to do. This quality improvement work we found, and this may be true for all of you too, was a steep learning curve for many. They hadn't yet applied these quality improvement methodology at the ground level. So the majority of our team, 80% said we want to continue this and go on with you into a second phase, refine our learning, and keep it going. So we're going to have a much more mature and robust set of changes and ideas to share with everybody nationally soon. So we're now in our second phase from September 2015 to August 2016. So we've got about five months left of learning.

So the Home Visiting CoIIN follows what's called the breakthrough series collaborative model. That's what you're looking at on the screen right now. So when I refer to breakthrough series, it's really a framework that helps us to organize every step that we take together in our collaborative. So this model was developed by the Institute for Health Care Improvement, which maybe many of you have heard about. This model has several decades of success

across health care, hospitals, so forth, and it's now being applied to child development projects in many settings worldwide, and now obviously in home visiting as well.

So the breakthrough series model is really a method of quality improvement to help us extend good ideas, adapt good ideas, and help us to achieve a common aim. So I'll explain a little bit what our aims are for this particular Home Visiting CoIIN. You may think of an aim as a goal basically. So it's designed to help home visiting programs like ours to learn from each other, learn from recognized experts in specific topic areas where they want to make improvements, and make them fast in real-time. So the idea is that we test, we test, we test, we adapt, and then we implement if it makes sense for our community versus adapting something agency-wide and then finding out six months or eight months later, this doesn't really work for our families. So in the long run, you save some time. So this really provides a structure for our cohort and their time limited work. So if you just follow along the illustration on the screen just quickly, you'll see that we pick topics for improvement that are what we call ripe for improvement, meaning there's evidence of practices that work, but they're not happening on the ground in daily practice.

So then we get expert faculty recruited to develop a framework for some evidence based changes, kind of like a menu that teams can test. And then we enroll participants. They attend three working meetings called learning sessions where they learn all of this deep topic knowledge and quality improvement methodology. So you get the content, what do we do, and the quality improvement, how do we put it into practice and know if it's working? So I hope that explains a little bit about the breakthrough series model.

So if we just follow that along, the first thing that happened in the Home Visiting CoIIN is topics were selected. So in September of 2013, the Maternal and Child Health Bureau Division of Home Visiting and Early Childhood Systems convened a group of national experts. They came together and they hashed out and validated, these are three topics where evidence is robust, there are improvements that we know we can make, and they are underway but

there's a gap at the ground level. And they included alleviating maternal depression and we aimed high. So I just want to say, we didn't want to just increase maternal depression screening rates. We wanted to make sure that moms that screen positive got referred and made it to at least one evidence based service, receipt of service.

For developmental surveillance and screening, we wanted to look at surveillance, screening, referral, and follow up. So not only do we refer kids that are at risk, we actually follow up to make sure that they get what they needed. And then looking at breastfeeding duration and initiation. So I'm wondering are these topics that are also...do they resonate with you? Are these topics you would love to get good ideas for? That's the question I would ask. I'm not asking you yet, but we will in a poll in just a few minutes.

So in those three improvement areas, this is the first I in a CoIIN, a Collaborative Improvement, so these are our three areas for improvement. Evidence exists, we can improve. And then the second I in our CoIIN stands for Innovation. We picked family engagement. This was a fourth area that was of huge interest for home visiting, but evidence is still thin, like there's not a lot of robust evidence that says, if you do these 10 things in your system of care, you are going to increase family engagement. But we knew that this Home Visiting CoIIN could provide new insights to us. We could test some innovative ideas and see if they stick, and see if they [inaudible 00:25:57]

The next step in the CoIIN was to move rapidly into developing our project management team and getting expert content developed. So we recruited experts in breastfeeding, depression, and development. You can see them there. And they helped us to develop our aims. So these are, really you can think of them as goals, what we're trying to accomplish for the CoIIN in the time that we have. Faculty helped to draft these very ambitious smart aims. I won't read them all to you. I think you will have access to the slides, but one example for maternal depression is that in our collaborative, teams will meet this aim in the time period that 85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks. So our teams are

now doing more than one maternal depression screening while moms are in the program, and it's been really helpful.

So once we have these aims, we had to give teams an idea of how to do it. So we developed something, what we call a Home Visiting CoIIN playbook for each topic. So we developed what's called a charter, which lays out what is the problem for each of these topics? What is the gap that we're trying to meet between science and practice? What are the expectations that we have from team?

Next we have developed what's called a key driver diagram, which illustrates our basic theory of change that in order to meet the aim, we need to have these drivers in place, and these are the changes you can test. In our change package, it includes those essential changes that we need teams to do to accomplish the mission. So it's a list of evidence based strategies, model practices, and credible expert opinions. So again, it's like teams get a menu, they process map, find out where their gaps are in a topic, and then they have ideas that they can go about and test. And we have over 700 plan, do, study, act cycles, or tests of change, on our website now that teams have tested. Some have been abandoned, but some have been adopted and are making real changes for children and families.

We also have a measurement system. All of our teams collect data and report it, and we share it monthly transparently. And these are matched or linked to the national benchmarks for home visiting in the best way that we could. There are some additional measures we thought were [inaudible 00:28:39]. So we have 12 states in tries, 33 local implementing agencies across 6 evidence based models, and 39 improvement teams. So some agencies have more than one team. Each team got to pick one topic to work on. And you might want to take a peek here and see if you see your state. Maybe you didn't know that the Home Visiting CoIIN was going on in a community in your state. So if you want even more detailed information about what local programs are involved, don't hesitate to contact me. I'll give you my contact information here at the end.

Just quickly, I'm not going to say a lot here, all of our teams attend these in-person working meetings called learning sessions where we share, steal shamelessly from one another, find out what's working. We got back and test, and get lots of coaching from improvement advisors and faculty. We come back together, do more learning, get a stride, do more testing, and then come back for a final meeting together. That's what's happening annually.

Just as an example, you can see that as teams test these changes from the menu, they really put in a lot of attention, planning it out, asking themselves what do we want to accomplish with this test? How are we going to know we're making an improvement and what are we actually going to do? And then once they start it, they study the results and they decide what to do next. So like I said, we have over 700 of these plans that have been tested in our database.

We do provide intentional support and technical assistance as requested and monthly via topic calls. So let's say that somebody's interested in, or in the family engagement collaborative, there's a 90 minute call every month where we do. We share results and get specialized teaching and so forth. All of these calls are archived and recorded if others were interested in learning more.

So is it working? I would say we're super excited with our success. For example, in maternal depression, 87% of moms screening positive are now referred in a timely manner to evidence based services, and of those referred, 82% are accepting a referral and getting receipt of a service, which is amazing from where we started. There's lots of other statistics I could give you. I just wanted to share a few of our wins. 89% of children are now being screened within periodicity schedules. 92% of kids at risk are being provided promotion in the home, 79% referred to early intervention within 7 days, and 88% of home visitors know the outcome of that referral. So you can, I might be a little over my time here, so you can read the rest of these great successes so far. We've got work to do. We've still got five months. We're close to meeting some of our outcomes already, but we still got a way to go in some. So we're anxious to share this information. We hope some of it will be helpful to all of you.

And I'd like to get a little more information from you all listening today. When you heard about those topics, maternal depression, developmental screening, breastfeeding, and family engagement, are these topic areas of interest in your work to improve outcomes for children and families? So just give us a quick rating, are these important topics for you all on the line as well? Oh gosh, nobody said no. We've got 19 yeses. That's excellent. Okay good, so if we have a follow up webinar, it looks like those are good topics that we might go to. So we'd like to dive a little bit deeper, and of these topics, are there one, two, or three that resonate the most with you. Which one really stands out that you think you'd like to learn more about, maybe get some ideas for testing? Okay, we'll just give it another few seconds here.

All right, let's go to the results. Wow, okay, oops. Oh there they are. Okay, so breastfeeding, almost 65% and then family engagement is a close second, maternal depression, and then developmental surveillance and screening. So, good. It looks like these are topics that we can share some learning in. So that's really exciting. One more question, I know that this was quick and these are maybe new terms for some, but of the key resources, are there any in particular that you might want to steal shamelessly and borrow and use, or learn about? Maybe the key driver diagram that layout our theory of change, or those plan, do, study, act examples? Data? Let's take a moment to respond here. Okay, we'll just give it a few more seconds. All right. PDSA examples are the most popular, 75%, that's great. They're so useful, and then key driver diagrams run chart data and charters, so great.

Just to wrap up this part of the presentation...oops, I want to go to that slide. There we go. The current playbooks, articles, and information on the Home Visiting CoIIN are located on our website here on this particular slide. And please don't hesitate to contact me for more information, but most of everything I shared today is available and accessible on our website. So thank you everybody.

Yvonne: Thank you so much, Mary. That was such a nice overview of what the Home Visiting CoIIN is addressing and how it's comprised of its membership. I just wanted to make a brief statement before we go to this Q&A for your particular content, Mary. Just to remind everyone that the slides, along with the transcript and recording of this webinar, will be posted to the Healthy Start EPIC Center website following the webinar. And along with all of the Q&A questions that we've been doing, they'll be typed up with the questions and the answer, along with the transcript. So all of this will be at your fingertips in the next day or so for you to reference if you need to.

So we do have one question, Mary, that has come in. How are the CoIINs considering size of caseloads for Healthy Start projects in comparison to other evidence based programs in terms of service provision and home visiting?

Mary: I'm not sure if the division representative wants to answer that. I know for us, we're looking at meeting enrollment requirements, and we are doing some testing around that across different evidence based models. But I don't think that we're getting at exactly what your question is getting at. So I'm not sure if somebody else might want to take that question.

Kim: Hi Yvonne, thank you Mary for your response. Can we get some clarification around the question? I'm not sure exactly what's being asked.

Yvonne: Sure, certainly Kimberly. So for the person that chatted this question in, would you mind chatting in a little bit more clarification for what you were hoping the clarification you were hoping to get with this question, and we'll add that to the question and see if we can get an answer for you. But in the meantime, would you mind, Kimberly, just going over a little bit from your initial overview of the CoIIN concept and in terms of your definition, just because we did get a question that was chatted in about that as well, just to remind everyone what the definition of a CoIIN is for those who have not participated on a CoIIN before. And you did such a nice overview at the beginning.

Kimberly: Oh no problem, Yvonne, sure. For those of you who joined just a little bit late, we tried to provide a little bit of background on what a CoIIN is. And the CoIIN stands for Collaborative Improvement and Innovation Network, so it's C-O-I-I-N, with the focus on improvement and innovation. And one of the main reasons why we're having this webinar is just to show you that CoIIN is not a one sized spit ball model. There is a framework and a structure being that most CoIIN teams are working across organizations, across sectors, even across state lines. So to come together, bring the knowledge base together to address an issue.

So in the instances provided here, the Health Start CoIIN gathered to address some persistent issues that we face in implementing Healthy Start grants. So they have focused on standardization of the screening process for their first activities. We have just heard from the Home Visiting CoIIN, and then you'll hear about the Infant Mortality CoIIN. But again, it's just a framework to bring essentially virtual team together, but they, as for instance with the Healthy Start CoIIN, we also have the opportunity to meet in person to share, to identify an issue, have a collective aim or collective goal, and then to bring all of the ideas to the table. So there's a lot of vetting and voting so that everyone, every voice is heard, which is not a typical meeting format when you have various leaders at play. So everyone has a voice in the CoIIN framework, and you come together to implement quality improvement processes to achieve a collective impact. So we're all working together on the same activity. We have the same focus, and we're trying to implement different strategies, or identify a strategy that will tackle that issue, make an impact on that issue.

And CoIINs are in use for all types of things, not just MCH problems specifically. That's what this webinar is focused on, but in the bureau review of CoIIN to work on program integrity activities. How do we strengthen program implementation and management? So it's just a very unique framework to bring partners together to implement small changes, assess those changes to see if they actually have an impact, evaluate, and then to adapt those changes that they need if you find that what you've implemented works, but it could be

further improved. You can do another cycle of improvement. So that is just a brief overview about the framework. We do have other webinars that can look, if you look back in the fall, there are some CoIIN webinars that really do go, provide a deep dive into the framework and how you get together and identify your aims and the time periods, and things of that nature. This was really to provide an overview of the work of these three current CoIINs. So I'll stop there and Yvonne, if we have some clarification around that caseload question, I'd love to try my best to respond to. If we can't get you an answer, it will be answered and published in our frequently asked questions once the webinar is recorded and archived.

Yvonne: Thank you so much, Kimberly. That was a wonderful overview and reminder as a foundation. We do not have a clarification, so I think we'll move on. We just have one last question for Mary in the Home Visiting CoIIN. In terms of your playbook, they look really awesome and the person was wanting to know if they cost anything to access the playbooks.

Mary: No, they're absolutely free. You could go on the website tonight and download and take a look. And if you have questions, make sure that you reach out. I'd love to spend time explaining a little bit about how to use them and what they mean, and how we got to where we got. Share the learning.

Yvonne: Great, thank you so much. We're going to transition to our next presenter, our final presenter for the Infant Mortality CoIIN. Zandra, I will hand it over to you.

Zandra: Thank you so much, and generally thank you so much for inviting us to share an update on the Infant Mortality CoIIN. It really is a perfect match for us to be here given the mission of Healthy Start and the work that you guys do in different communities to really make sure that infant mortality is reduced, but also to take care of the family and the community based organizations of the whole. So we just think it's so perfect, and it actually is really perfect to go after

Mary, because she said some of the things that I'll be sharing, so we might go a little bit quicker, so thanks Mary for setting me up so nicely.

So for those of you that are not familiar with the CoIIN, before we get started and I got into telling you too much about it, I would love to see who here in the audience is involved in their state's Infant Mortality CoIIN team. And while that's happening, for those of you that are not familiar because I'm seeing some nos coming in and right now we're at equal points, it is a multinational movement designed to reduce Infant Mortality as the name suggests, but also disparities in birth outcomes. And we're doing so by providing states with a mechanism for working together jointly on key strategy areas. Through collaboration and partnership in diverse stakeholders and using quality improvement which is huge, and Mary really emphasized, and as well as innovation, teams can test solutions and use data to track results. And we here at NICHQ, the National Institute for Children's Health Quality, are the backbone organization for that.

So we did have a question, and thank you so much to Kimberly for sharing a little bit of information around what is exactly does a CoIIN do. And here are main bullets for the Infant Mortality CoIIN. We really fostered collaboration, we cataloged work through highly motivated volunteers, we enhance value of data to inform state strategy, we emphasize attention on infant mortality at the state level, making it a real issue and a priority for state governments so policy can informed, enhance productivity with a state driven approach and building support around state leaders.

And what the framework that we use to really set up the Infant Mortality CoIIN is collective impact. And I'm sure many of you have heard about collective impact, given that it's a new buzz framework and everybody's talking about it, but I want to put this table up there because my talks today will really be framed around this, so we're talking about a common agenda, a shared measurement, mutually reinforcing activities, continuous communication, and backbone support. And don't worry about having to read this table. We'll go ahead and explain some of this as we go through.

But what's really important is that as we look at the different, as you saw in my previous slide, what makes up a CoIIN is really this idea of catalyzing work through highly motivated individuals, especially volunteers, because in an environment where resources are constrained, which I know can be true for many of us across the country, the Infant Mortality CoIIN, and really all of the CoIINs that we're hearing about, it's an opportunity to synergize collectively to maximize our impact towards optimizing infant and maternal health, and that's huge. I think that if I put a poll question out there and asked who here is interested in improving maternal and child health, I'm pretty sure I've got 100%, so that's really the main point here.

And here we go. So, our common agenda. We're talking about a shared vision for change, a common understanding of the problem, and a joint approach to solve it. Here it's quite simple in our group, and as we saw, we had a number of people in our audience who are also part of the Infant Mortality CoIIN, and that's so exciting to see. I actually recognized some of the names on our list of attendees. And really our main goal is to make sure that as many babies make it to their first birthdays and beyond as possible, that our infant mortality rate is reduced.

And why is that so very important? Well, to answer the question is really about understanding and making sure that we're all on the same page and understanding the problem. The US continues to be one of the worst infant mortality rates of all industrialized nations. And I know that this issue, and this is a very important and priority, what really drives all of us in our passion towards this work.

And when we're talking about how do we make sure that people know problem, that we're all on the same page, and this common agenda, we really have to look at the what need is. And unfortunately, there's some disturbing numbers. For every thousand babies born in the US in 2013, almost six of them died before their first birthday. That's almost 24,000 babies. To make it a little more

real, that's about a thousand kindergarten classrooms of children that will never be filled. And that's just unacceptable.

To make matters, when we take a deeper look and we look at what exactly has been happening for different populations in our country, we notice that minorities are disproportionately affected. And for you guys who are working on Healthy Start and are really driving this incredible program forward, this is real. You see it firsthand. These are the communities, and moms, and dads, and families that you're working with every day. Babies born to black mothers in the US die at more than twice of babies born to white mothers, and I know that I'm not saying, unfortunately, I'm not saying anything new today. But it's really just about making sure that when we think about the work that we're doing, we're really all set ourselves in the center and think about what drives us and how we can improve.

So needless to say that we don't need to reduce this disparity, that we can all agree that we really must eliminate it. So how does the Infant Mortality CoIIN do that? Well you see here, which can be a tad bit overwhelming, and don't worry about reading it, and if you're interested and intrigued to be able to read all these little boxes, and don't have your reading glasses on you, I'm happy to share and invite you over to our Infant Mortality online space. But this is really to tell you a little bit about our process.

A key component of a common agenda is providing a joint approach to address this complex problem. And Mary, you mentioned this as did Rise at the beginning, that we really can't solve these maternal child health issues with one answer because of the complexity, and also the different risk factors that are included. So the IM CoIIN framework, what you see here, was developed to support state with key objectives. Very simple, what infant mortality reduction strategy to prioritize based on existing initiatives, resources, and level of readiness. And two, to help states determine the appropriate [inaudible 00:48:45] engagement and potential strategic priorities to most effectively reduce infant mortality. So in more simpler words, that means where are we?

What are we ready to target? What does the data tell us? And what we going to prioritize next?

Who did this, prior to moving to the next slide, who was involved in this and putting this together and all happening in both virtual and in person meeting, it was really bringing together a number of experts, as well as previous regents who have done infant mortality CoIINs. So this was regions four, six, and five, and based on their research, based on their experiences as well as the content and the advice of different expert faculty, we were able to arrive at this.

So when we look at what collective impact says, we had just talked about a common agenda. Now let's talk about mutually reinforcing activities because the CoIIN really emphasizes the concept of a CoIIN, and in this case, the Infant Mortality CoIIN, really emphasizes of not recreating the wheel. Let's look at the incredible things that are already being done, and let's talk about how we can leverage those. How can we focus on mutually reinforcing activities to really accomplish our aim? So here we're talking about activities that differentiated, yet still coordinated, and engaging stakeholders to really get a sense of what's happening on the ground and how do we get a dynamic and complex system.

So for the Infant Mortality CoIIN, we're a bit large. As the name indicates on this slide, it's nationwide. Currently we have 51 states and jurisdictions and territories participating on the Infant Mortality CoIIN. So when we look at the framework that I'm about to present to you, it's really thinking about our collaborative interest network. Who's that? That's anybody and everybody who's working to improve birth outcomes and reduce infant mortality. This may be a student who wants to learn more or Healthy Start communities and those that are not involved formally with the CoIIN, but are working to reduce infant mortality and working to improve maternal health.

The Infant Mortality CoIIN team now brings together all these different experts in the different states, and narrows it down given the data and the priorities of the country. What exactly are we working on? And that's where we're at now,

six collaborative learning networks. So these are the topic areas for the CoIIN, and I'll be slashing these in a much friendlier visually pleasing slide later, but really are six. And then when we talk about innovation. What role does innovation play here? Well, that's the CoIIN with one I, that's where this was derived from. And these are members already of those six networks talking to each other and making sure that they can test and improve innovation. So perhaps within the same sleep, we have a couple of hospitals who really want to try something innovative, and get together, and try it in different, small scales. And that's what this really is about.

So like I mentioned before, our Infant Mortality CoIIN has six different areas of focus, and you see those here. And the numbers that you see here, and from the number of the states who have identified themselves as working on these strategic priorities. So we have a wide range, anywhere from 40 in our states sleep all the way down to 12 in our risk appropriate perinatal care. And those of you who said you were involved in the Infant Mortality CoIIN, you're probably are very familiar with our action period calls, our monthly content calls, and have seen this slide over and over again. And this is always a moving target because membership to these groups is really about what is this state ready to work on? What is your organization in your community ready to work on?

So what does the Infant Mortality CoIIN offer? We have virtual learning sessions, systematic webinars, and really thinking about engaging stakeholders with multiple perspectives and providing multiple avenues to leverage reinforcement activities. So we hear in NICHQ provide the platform for states to come together and to make sure that the different work that they're doing, and the different learnings, are shared across the country, and one another can benefit from each other. So our virtual learning sessions, systematic webinars, we do as well as Mary, the Home Visiting CoIIN, we do also follow the breakthrough series. And I'll make a little more mention of that later, but we have in-person meetings, we have an online space, we have monthly learning network calls, and we have technical assistance available from our quality improvement advisors, and other content experts.

So that gets to another pillar of collective impact is the importance of share measurements. And I know that I don't have to tell this group just how important data is, because like Mary mentioned, it's really learning in the moment about what's working, testing small and seeing what can learn from one another to make sure that we are rolling out and implementing effective interventions. We actually were proud to say we have a tremendous engagement from states when it comes to data reporting, and right now we have across the learning networks and also with our CoIIN-wide measures around a 57% reporting rate. And within that, we have about 56 pilot sites. And I looked before our call as I was preparing, and another exciting thing is that out of those 56 pilot sites, we have about 17 representatives from different Healthy Start chapters across the country working with our Infant Mortality CoIIN team, so that's really phenomenal.

I know that we don't have time for this today, but it is noteworthy to mention and in a future call that each of the learning networks have their own measurement strategy inclusive of outcome and process measures, very much in line with what Mary shared from the Home Visiting CoIIN. And at this level, states are also like I mentioned, engaging pilot sites. So you're a Healthy Start site is not involved with your state's pilot team, and after hearing us chat about this today, you're wondering how you can get involved, let me know. We're happy to help you.

Again, this is another one of those slides that's very small, but I think it definitely will be disseminated after the call with the FAQs and we took an opportunity to grab all of the Infant Mortality CoIIN aims, and put them next to the Healthy Start benchmarks so that you can see the great alignment that exists and how wonderful it is to be able to work together and really leverage our work.

One of the last pillars is continuous communication, and this is truly being key in making sure that the work of our states is moving forward. This about open communication, so that's our online community, which we have available for any and all to join, so that's a collaboratory. Our weekly newsletters are

customizable communication tools that we actually build for states. So this will be PowerPoint or press releases that we have available for states to use to be able to disseminate their work. Blog posts, so if you are a Healthy Start chapter, you want to share with the rest of the Infant Mortality CoIIN what you're doing any be able to have access to that national audience, we encourage you to contact us. We want to hear the improvements that you're making. And if you're an avid social media user and you wanted to follow us and give us your stories that way, we're there as well. And we also have a number of videos narrating the progress of the initiative.

Integrating state driven TA needs. We're always there to listen to the states, and that includes all of you. And so any time that you are wondering where can I get more information, whether it's family engagement, whether it's quality improvement. I know some of you answered to Mary saying you'd be interested in knowing more about PDSAs, please know that our curriculum with Infant Mortality CoIIN is obviously open to all of you, and we know that we will be able to collaborate with both JSIN, Mary, with the Home Visiting CoIIN, to make sure that you have access to the different tools and resources.

So I want to end by letting you know that us here at NICHQ as well as HRSA are the backbone support for the Infant Mortality CoIIN, but we can't do this alone. We have number of partners, and I see my slide got a little funky, but you can see that in the middle there you'll see the National Healthy Start Association, which is a great support to you all. So again, I want to reiterate that any time that you are looking for TA support or are wondering what others are doing across the country, we welcome you. And our support core methods are around collaborative learning, so learning from one another, collaborative innovation, making sure we're trying new things, and quality improvement, and I cannot emphasize enough that quality improvement. And in fact, one of our improvement advisors has joined me to end our call, and she would be asking me to say it over and over again. So that's huge, and that has been and that is a huge emphasis and a key point of success for the CoIINs. Supporting data needs, communications and facilitating connections.

So again, another one that you're like, oh I can't read that, but that's okay. It's not our expectation that you will I think. I just want to drive home the point that quality improvement is one of our core methods, and as such, we've created core documents much like Mary mentioned, so it's just really fantastic that she went through all of that. So we're talking about driver diagrams, change of concept, and that we also in fact mentioned before follow the breakthrough series.

So specifically here, you'll see the aims statements for the pre and early term birth learning network, and the change package which you don't see here, but would also be included. So after listening to me, and I'm definitely over time, how do you get involved? How do I get in contact with you? CEN was about connecting with your state Infant Mortality team, joining us on the collaboratory, and sharing your success as your trials and your stories on our monthly calls. You're always welcome. So if you would like assistance with connecting to your IM CoIIN team, please let me know and chat in your email address or name, and I'd be happy to connect with you. I'll let that happen for a little longer and then I'll wrap it up and turn it back over to our moderators. Great. And with that, I'll take any question that you may have.

Yvonne: Thank you, Zandra, for that really nice overview of the Infant Mortality CoIIN. One of the questions we, and I think you kind of hit on it, but it never hurts to reiterate. What steps would one take to join the Infant Mortality CoIIN?

Zandra: That's a great question. What I'll do is I'll share with you our registration link, and that will give you access to both our online space, but also to all of our communication. So I'll make sure to include that and you can go ahead and fill that in, and you'll have access to everything. The more the merrier so please, everybody join us.

Yvonne: So follow up question to that is do I have to submit data in order to participate on the Infant Mortality CoIIN?

Zandra: That's also a great question. Ideally we would want to say yes to everybody, but again, one of the main things about the Infant Mortality CoIIN, and I'm pretty sure for all of the CoIINs, is making sure that we're meeting people where they're at in the different levels or readiness. So no, you do not. And usually if you're with your Healthy Start chapter working with your state, you may be one of those pilot sites, they may be asking you for that data. So you as a Healthy Start chapter would be the one entering that data.

Yvonne: And then one other question is getting a little more clarification of what kinds of programs are being tested and piloted?

Zandra: Oh yeah, and I will just give you...there's tons. So I'll give you a little bit of taste across the six different learning networks. In our safe sleep, we yesterday had a call where we heard states sharing about a different trialing their cards in the NICU to improve education for parents around safe sleep measures. We also have heard from pre and early term, especially around 17 progesterone, looking at how to work with home visiting programs to administer 17P in the home. When we think about prenatal conception, I'm sure all of you have probably at least heard, if not read, a lot about the successes in Colorado with Lark. And although we can't say that all of these successes are attributed to the CoIIN obviously, one of the areas of focus is access to long acting reversal of contraception. So looking at how that can be available throughout 11. Social determinance of health, which is a big topic. Health equity, I know that all of you are very interested in giving the volume of populations that you work with, are working on how to increase Wisconsin, how to increase knowledge around earned income tax credit who help people pull themselves above the poverty line, among many other things. I can on and on and on. I think perinatal regionalization, working on transport and how to make the baby is not born in the appropriate facility, can make it to one that is, and the different projects that are available there.

Yvonne: Wonderful, thank you so much. We actually got someone chatting in that they now have a clear understanding. For example, now clarifying that the state's Leap CoIIN is part of the Infant Mortality CoIIN, if that had been confusing initially, but now she has a very clear understanding of how the state sleep work counts under the Infant Mortality CoIIN. So that was a wonderful explanation.

Zandra: I bet. That's what we're here for.

Yvonne: So there's one other question we got chatted in is how do you, the Infant Mortality CoIIN, engaged families and communities in your work?

Zandra: That's a great question. We do at different levels. For example, on our advisory boards, so our projects that people who are faculty experts who help inform the project design and it's [inaudible 01:03:08] to say that any changes we make and any decisions, it's coming from the feedback from the states but we do have a parent and family engagement advisor on that board. So she's a parent, and she's worked a great deal with different communities. So at that level, at the project design level, we have somebody. Then it's continuously making sure that our curriculum across the six learning networks, so the different topics and webinars that we promote and actually deliver, always has presentations from parents. And also it's by when we're helping states recruit their different Infant Mortality CoIIN teams. So for example, the person that's editing their part of the [inaudible 01:03:47] CoIIN, and now understand better that it's under the Infant Mortality CoIIN. If you're part of the safe sleep CoIIN in say, I don't know, Massachusetts, which is where I'm located, we strongly suggest and advise that those teams always have parent and family representation. And when we go further than that, it's always engaging our partners who hold as a priority. For example, the Healthy Start Association or any one of our major organizations like [inaudible 01:04:14], who really makes that that's always at the forefront of the conversation.

Yvonne: Wonderful, thank you so much. So we are a little bit ahead of time from at the point that we were planning to be in the webinar. So I just wanted to check in with the audience and see if there are any other questions that you were hoping to be asked that haven't been asked yet of any of our three presenters. Please chat them in and we do have time for Q&A. And I have one closing question that I would like to ask the audience, but before we transition to that, are there any other pieces of information that our presenters would like to share with the audience today that you didn't get to in your presentation?

Zandra: If I can just, this is Zandra from the Infant Mortality CoIIN, if I can just once again just put the bug out there that we know that you all in the different Healthy Start chapters are doing incredible work with families and in your communities, and we want to hear about it and share across the country your learnings and how you engage families and how important that is to us. We would love to hear from you. You'll have access to my contact information. We would love to write stories and help you really disseminate it and/or connect it to other who are doing similar work. So really, really encourage you to connect with us.

Yvonne: Well thank you so much. Before I hit our closing points that we want to make to share with everyone before we sign off today, I wanted to ask the question and again, this was really a first step we hope for these three CoIINs in particular to come together and share information that really cuts across all of our particular focus areas and helps us really achieve better birth outcomes, which is the core focus of all of our CoIINs, three CoIINs that are on the call today. So we really want to have this be a regular webinar that we have in the spring and the fall, and really hopefully do a deeper dive in these particular topics and issues that cut across the three CoIINs and really share with our Healthy Start grantees how they can apply lessons learned from all three of these CoIINs as we move forward.

So in order to do that, we were hoping to take a moment today before we sign off and are there particular topics areas that our presenters hit on today that you would really like to have a little bit of a deeper presentation in the fall for our

fall join CoIIN webinar. If there are, as we're closing and wrapping up the webinar, please chat those in and we'll capture those or certainly submit those to our Ethics Center website, and we'll definitely keep a running list and that will help us plan future joint webinars with our Healthy Start, Home Visiting, and Infant Mortality CoIINs as we move forward. So just as a reminder before we end, we just want to have you all mark your calendars for three upcoming webinars this month. So we have a webinar coming up on April 12th from 3:00 to 4:00 PM Eastern Time, focusing on parenting strengths and partnering with medical homes. This webinar will cover the recommended guidelines for child development and parenting education using the soon to be released Bright Future Guidelines, Fourth Edition.

And at the beginning of May, we have our quarterly conversation with the division from 2:00 to 3:30 Eastern Time, and we know that everyone is always really intrigued and excited to be able to participate on this webinar, and this one will aim to provide Healthy Start grantees with an overview of breastfeeding training certification and professional development opportunities for staff to support breastfeeding among their program participants.

And then the final webinar...oh, I'm sorry. I made a mistake. So the breastfeeding webinar that I read the description, is on May 17th from 3:00 to 4:30 Eastern Time. Sorry for the confusion on that. You can get the registration information for webinars from the latest Ethic Center training alert that hopefully you all are getting on a regular basis, or go to the Ethic Center website, which is on the slide, and register for these webinars, and get the information to help you determine which of your staff would be the most appropriate staff to participate. And also speaking of our website, it contains all of the recorded webinar information, transcripts, slide presentations from webinars, that have taken place, not only this one, but any of our previous ones that we've had, as well as again, a compilation of our FAQs.

So I do not see any other questions that have been chatted in, so with that, we'll conclude our webinar for today. We really appreciate the presenters that joined

us to share more information about our CoIINs and how we can benefit from that work. Thank you for your participation and have a great day.