Ohio Collaborative to Prevent Infant Mortality (OCPIM) Quarterly Meeting
Thursday, November 7th 2019
10:00 AM to 1:00 PM

Cleveland Public Auditorium
500 Lakeside Avenue East | Cleveland, Ohio
Kenn L. Harris, Senior Project Director
Changing Systems, Changing Lives

During the past 20 years, we’ve led over 80 initiatives and reached millions of children and families. Our unique approach to improving children’s health systems gives more families access to care and coordinated services, and helps more children achieve better outcomes. Together with our partners, our work has helped the country achieve real changes in children’s health.
Mission
To be our nation's voice in providing leadership and advocacy for health equity, services, and interventions that improve birth outcomes and family wellbeing.

Vision Statement
To be a recognized leader in and advocate for reducing infant and maternal mortality and perinatal disparities and the hub for maternal and child health programs and services.

Serving as the membership organization for Healthy Projects since 1998
SHSPP: Program Purpose

✓ Promote **consistency in service delivery** across Healthy Start (HS) programs

✓ Support HS grant recipients in providing **effective, evidenced-based service delivery**

✓ Assist in strengthening the implementation of HS activities by providing **capacity building assistance** (CBA)
Our Core Values

✓ Commitment to addressing the social determinants of health and equity
✓ Application of a life course approach
✓ Use of QI methodology and data to drive ongoing improvement in service delivery
✓ Engagement of consumers, family and community
✓ Focus on systems change and sustainability
The SHSPP will:

1) Improve the consistency and quality for content of HS services delivered through CBA for HS staff in the core competencies and concepts central to the four HS approaches;

2) Increase the delivery of evidence-based services and those based on best practices;

3) Ensure that the HS workforce has appropriate knowledge, demonstrable skills and competencies to provide services;

4) Increase data collection and data use for QI, performance monitoring and local evaluation;

5) Promote synergy among HS grant recipients through meaningful collaborations that are aimed at improving perinatal outcomes and reducing disparities; and

6) Support programs in the development of specific, measurable, attainable, realistic and timely (SMART) objectives, as well as sustainability and succession plan.
Ohio

Children’s Hospital Medical Center  
*(Cincinnati)*

City of Cleveland  
*(Cleveland)*

City of Columbus  
*(Columbus)*

County of Lucas  
*(Toledo)*

Five Rivers Health Centers  
*(Dayton)*
LOOK BACK

15 HS Projects

1991-1997
“HS MCH”

2001-2005
“IC & Maternal Depression”

2009-2014
“Evidence-based Practice & Workforce Development”

1997-2001
“Replication and 9 Core Services”

2005-2009
“Lifecourse”

2014-2019
“Collective Impact & Community Health Workers/Fatherhood”

101 HS Projects

2019-2024
“Innovation/Transformation/SDOH&E Fatherhood/ Maternal Mortality”

2024

LOOK BEYOND

NICHQ
Too many, too small, too soon

Problem persists!

2 ½

Black IMR
Healthy Start Performance Grant
SHSPP

Healthy Start TA Center
(Technical Assistance and Capacity Building Assistance)

Increased capacity of Healthy Start programs to implement, align and measure effectiveness of service delivery

IMPROVED OUTCOMES IN HEALTH AND WELL-BEING
Design and Delivery of CBA

Needs Assessment

Capacity Building Assistance

- Technology transfer: innovations and best practices captured and shared across HS network
- Information transfer: National, regional, and local dissemination efforts
- Training for HS program staff: 4 HS approaches; leadership; quality improvement, data/measurement
- Technical assistance: 4 HS approaches and high-priority topics to meet 19 benchmarks (e.g. fatherhood, breastfeeding)

Expert Faculty

Program Performance Evaluation
Needs Assessment

• Purpose: Identify needs to inform capacity-building assistance approach

• Will include:
  ➢ Review of existing materials from previous round of funding
  ➢ Survey administered to all HS grantees
    – QI Capacity, Partnerships, Content needs, Technical support needs
  ➢ In-person focus groups

• Baseline data to measure progress throughout the project period.
### What Does Success Look Like?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>100%</td>
<td>of HS programs develop plans to achieve their SMART objectives</td>
</tr>
<tr>
<td>100%</td>
<td>of HS programs have a fully implemented Community Action Network (CAN) (BM17)</td>
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<tr>
<td>25%</td>
<td>increase in number of HS programs with at least 25% of community members/program participants serving as members of CAN (BM18)</td>
</tr>
<tr>
<td>100%</td>
<td>of HS programs have a QI and performance monitoring process (BM19)</td>
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<tr>
<td>100%</td>
<td>of HS programs achieve reduction in infant mortality and morbidity</td>
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Improved Perinatal Outcomes for Families

20 percent or greater increases in:
• Breastfeeding
• Smoking cessation
• Father and/or partner involvement
• Additional outcomes, as appropriate
The Healthy Start EPIC Center provides free training and technical assistance (TA) to support Healthy Start grantees in achieving program goals to reduce infant mortality, reduce health disparities, and improve birth outcomes. Training and TA are mutually reinforcing capacity building activities. Training strives to build staff core competencies and organizational capacities to effectively provide Healthy Start services. TA provides for free, in-depth assistance in a focused area to an individual grantee or group of grantees, with an eye toward practical application of evidence-based practices targeting Healthy Start performance measures. Training and TA are offered through various modalities, including conferences, regional meetings, webinars, phone consultations, Communities of Practice, and Learning Collaboratives.
Thanks!