

# Healthy Start Collaborative Improvement and Innovation Network 2015-2019: Reflections and Insights

HS CoIIN  
Assessment Report

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# Healthy Start Collaborative Improvement and Innovation Network (HS CoIIN) Assessment Report

## Introduction

### Purpose of HS CoIIN Assessment

This report documents findings from an assessment of successes, challenges and outcomes of the inaugural HS CoIIN through the 5-year funding period: March 2014-March 2019. The assessment gathered data from a range of stakeholders, and focused on internal operations of the innovative Healthy Start CoIIN structure and function, and its impact on members and other stakeholders. The assessment and this report aim to inform the Division of Healthy Start and Perinatal Services (DHSPS), other internal Maternal Child Health Bureau (MCHB) and external stakeholders regarding:

- key factors that contribute to the CoIIN's successes and challenges;
- group process in developing lessons learned and recommendations for future HS CoIINs; and
- strengths and accomplishments of the HS CoIIN.

It also provides documentation of the inaugural HS CoIIN implementation, key priorities, achievements and lessons learned.

## Definition of CoIIN

The MCHB adopted a collaborative approach to systems improvement by harnessing the collective expertise of front-line service providers and program managers through establishing CoIINs. The Reduce Infant Mortality (IM) CoIIN and Home Visiting (HV) CoIIN were established in 2012 and 2013, respectively, while the HS (HS) CoIIN was established through a Funding Opportunity Announcement (FOA) in 2014. These three CoIINs are separate initiatives with a common aim to share lessons learned for improving MCH practice to improve birth outcomes and reduce perinatal health disparities. They differ distinctly in form, function, and process, each targeting improvements at different system levels and focus areas. The IM CoIIN convenes learning collaboratives of diverse state-level partners targeting state-level policy change. The HV CoIIN works at the program level to achieve breakthrough improvements in select measures, including benchmarks mandated for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The HS CoIIN worked at the program level to advance program goals to reduce infant mortality and improve birth outcomes by strengthening HS services and systems.

A CoIIN is a public-private partnership to reduce infant mortality and improve birth outcomes. Participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks. Teams use common priorities in a collaborative way using evidence-based strategies that facilitate collaborative learning and adoption of quality improvement (QI) principles and practices (HRSA, MCHB FOA, 2014).



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## Introduction

### Purpose of HS ColIN

The HS ColIN was charged with establishing common priorities and using evidence-based strategies, facilitated collaborative learning, and adoption of quality improvement (QI) principles and practices across participating HS sites to reduce infant mortality and improve birth outcomes.

### Structure of the HS ColIN

The HS ColIN, established in March 2015, was a partnership of HS grantees dedicated to strengthening HS services and systems in order to advance program goals to reduce infant mortality and improve birth outcomes. The HS ColIN functioned as an Expert Panel to the DHSPS and the HS EPIC Center, the training and technical assistance (TA) provider for the HS program. The HS ColIN is a closed membership composed of representatives from twenty HS programs. The majority were Level 3 grantees (n=18); as membership in the ColIN was a requirement of Level 3 grant funding. The HS ColIN elected to expand its membership to include one grantee from Level 1 and one from Level 2 so all levels were represented.

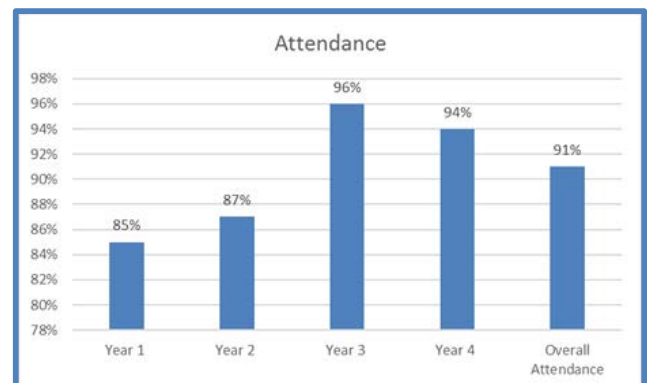
HS ColIN PRIMARY MEMBER LIST		
PROGRAM NAME	NAME	LOCATION
Alameda County Healthy Start Initiative	Anna Gruver	Leandro, CA
Baltimore City Healthy Start	Maxine Vance	Baltimore, MD
Birmingham Healthy Start Plus	Rickey Green	Birmingham, AL
Boston Healthy Start Initiative	Katie Keating	Boston, MA
California Boarder Healthy Start	Lisa Bain	National City, CA
Camden Healthy Start	Dianne Browne	Pennsauken, NJ
Central Hillsborough Healthy Start	Lo Berry	Tampa, FLA
DC Healthy Start	Kristal Dail	Washington, DC
Detroit Healthy Start	Gwendolyn Daniels	Detroit, MI
Greater Harlem Healthy Start	Delores Passmore	New York, NY
Healthy Start Brooklyn	Mary-Powel Thomas	Brooklyn, NY
Healthy Start of New Orleans	Mary Alexander	New Orleans, LA
Healthy Start Inc. Pittsburgh	Jada Shirriel	Pittsburgh, PA
Midwest Healthy Start Initiative	Christopher Chavez	Chicago, IL
Moms First	Lisa Matthews	Cleveland, OH
NC Baby Love Plus	Tonya Daniels	Raleigh, NC
Northwest Indiana Healthy Start	Risë Ratney	Hammond, IN
PDPH Healthy Start	Tracey Morris	Philadelphia, PA
San Antonio Healthy Start	Kori Eberle	San Antonio, TX
South Phoenix Healthy Start	Meloney Baty	Phoenix, AZ

## HS ColIN Processes and Operating Structure

The HS ColIN established a structure with two ColIN members serving as Co-Chairs, for rotating six-month terms. Over the course of the five year period, there were eight HS Co-Chair cohorts, with responsibility for setting the agenda and facilitating meetings. The HS EPIC team provided support to plan and facilitate meetings, identified issues and information needs, and communicated findings to the larger HS grantee community.

HS ColIN members met monthly to conduct ColIN business. Two face-to-face meetings were scheduled per year and the remaining meetings were conducted virtually.

HS ColIN members actively participated with a consistent member representing their organization on monthly calls and bi-annual meetings, maintaining at least 80% participation rate. Each program had a primary and a secondary member to ensure consistent attendance.





# Healthy Start Collaborative Improvement and Innovation Network (HS CoIIN) Assessment Report

## Introduction

### HS CoIIN Processes and Operating Structure

#### Decision Making Process

In 2017 the HS CoIIN agreed upon a process for decision-making, specifying only one vote per member organization. In order to open an issue up for a decision, a 90% quorum (n=18) was required, and for consensus 90% (n=16) would need to be in agreement.

#### HS CoIIN Communication Strategy

The HS CoIIN developed communication goals in collaboration with the DHSPS to support HS CoIIN members' ability to:

- communicate key issues related to the role of the HS CoIIN, topics discussed and decisions made in a consistent manner; and
- solicit input and feedback from all HS programs and colleagues to inform HS CoIIN discussions.

### HS CoIIN Goals and Objectives

The HS CoIIN articulated best practices and QI guidance based on state-of-science and rooted in grantee experience serving HS participants. Through a series of ongoing discussion forums on prioritized topics, HS grantees across the country shared elements for success and implementation challenges with each other, and fed their findings to the HS CoIIN. The HS CoIIN in turn reviewed, distilled and integrated these findings to make recommendations for standards of practice for HS programs. Once approved by DHSPS, these recommendations were disseminated by the HS CoIIN to all HS grantees.

Through a structured process of best practices review and discussion, the HS CoIIN sought to identify and promote implementation of standardized evidence-based and field-tested approaches to essential HS components such as perinatal risk assessment, care coordination, participant engagement and empowerment.

The specific objectives of the HS CoIIN were to:

- promote communication among/between grantees, DHSPS and HS EPIC Center to ensure all grantees have a voice in setting the direction for HS;
- brainstorm and test opportunities to strengthen the program especially related to standardizing components of the HS model;
- disseminate lessons learned to the HS community; and
- promote HS as an effective and vital community based resource in all communities to ensure the long-term success of HS.

#### HS CoIIN Goal:

To strengthen Healthy Start (HS) services and systems, by promoting implementation of standardized evidence-informed/based approaches to core elements of the HS program (Program level improvement and innovation).



# Healthy Start Collaborative Improvement and Innovation Network (HS CoIIN) Assessment Report

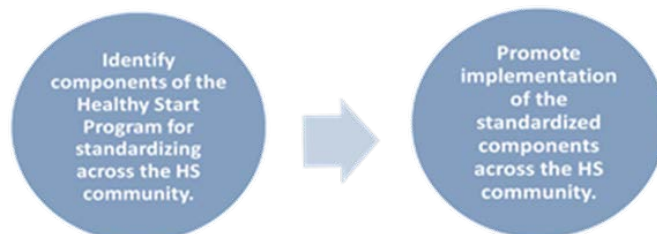
## Introduction

### HS CoIIN Priorities

The HS CoIIN recognized the importance of honoring the diversity of approaches of Healthy Start programs and reinforcing the need for standardizing certain components while honoring the uniqueness of each program.

HS CoIIN members prioritized components of the Healthy Start Program that would benefit from standardization and addressed through year four of the program:

1. Portfolio of screening tools
2. Data collection and consistent tracking of data
3. Case management and care coordination
4. Lessons Learned from the Field
5. Review and revision of screening tools



*Why standardize Healthy Start?  
Provides a consistent, predictable, and replicable experience for Healthy Start participants designed to achieve positive health outcomes.*

In the final year of the program, the HS CoIIN in collaboration with the DHSPS agreed upon a list of final initiatives which the HS CoIIN addressed:

- close-out the Case Management/Care Coordination (CM/CC) recommendations reflecting the 2019 Notice of Funding Opportunity (NOFO) guidance.
- compiled lessons learned for the HS CoIIN as a group (effective and not effective) to provide the next HS CoIIN.
- sustainability and transition planning guidance.

## HS CoIIN Initiatives and Deliverables

### Initiative 1: Screening Tools

The HS CoIIN engaged in an inclusive process to develop a comprehensive screening process for HS participants. As a fundamental component of HS services, screening served as the starting point for Healthy Start's case management approach with participants. This initiative was prioritized because a common, standardized screening approach would help to ensure comprehensive and consistent assessment of participants' needs across all Healthy Start programs.

The HS CoIIN developed and piloted six screening tools, Incorporating feedback from the HS community, which received OMB approval in November 2016 (OMB Number: 0915-0338, expiration 11/30/2019). These tools served as a consistent and comprehensive assessment of HS participants' needs to inform CM/CC.

### HS CoIIN Initiatives

	2015	2016	2017	2018	2019
Developed Screening Tools					
Data Collection and Reporting					
CM/CC					
Lessons Learned from the Field					
Screening Tool Review					
Sustainability and Transition Planning Tools					
CoIIN Assessment					

Demographic Tool  
Past Pregnancy History Tool  
Preconception  
Prenatal  
Postpartum  
Parenting/Interconception



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## Introduction

### HS ColIN Initiatives and Deliverables

#### **Initiative 2: Data Collection and Reporting**

Screening tools served a dual purpose to capture data required to inform benchmark data reporting. Paper screening tools were automated by aligning data reporting for national evaluation with intake process. When an opportunity arose to align the screening tools with other evaluation and reporting data collection, a working group of HS ColIN members convened to review and provide recommendations for the screening tools, ensuring that the current tools are fully aligned with all reporting requirements:

- Healthy Start Benchmark Reporting (20+1)
- Federal Healthy Start Monitoring + Evaluation (3Ps)
- MCHB Discretionary Grant Information System (DGIS) Performance Measures

To support the HS ColIN's efforts to align the screening tools with evaluator and reporting requirements, HS EPIC Center facilitated a working group to draft succinct definitions for numerators and denominators for all HS performance measures. A user manual was approved in December 2016. Grantees were instructed to use the performance measure definitions to report starting January 2017. EPIC Center coordinated the development of data definitions with MCHB's efforts to revise the DGIS measures such that they are consistent.

#### **Initiative 3: Case Management and Care Coordination**

The HS ColIN began initial planning for Care Coordination and Case Management (CM/CC) standardization in 2016, by establishing guiding principles for the development of a standardization approach to care coordination:

- establish a shared understanding of CM/CC across the HS ColIN;
- ensure program sustainability in order to mobilize more communities to create more equity for our families in need; and
- ensure CM/CC are rooted in the community, are multidisciplinary: address linkages and referrals; include a family centered approach; incorporate advocacy and a cultural focus.

In consultation with the DHSPS regarding concerns shared by grantees, the final recommended definition was submitted to the Division on June 11, 2018 for consideration to inform the NOFO.

Healthy Start's Case Management/Care Coordination (CM/CC) is a partnering process between a Healthy Start affiliated provider and a 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 risk screens, family needs assessments, establishment of care plans, providing needed services and health education, and ensuring maintenance of referrals and follow-up. Contacts between the Healthy Start provider and the Healthy Start participant may occur through home visiting, face-to-face encounters, and emerging care modalities that best meet the needs of the Healthy Start community.



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## Introduction

### HS ColIN Initiatives and Deliverables

The purpose of defining standards for core HS services was to demonstrate the commonality, effectiveness and value of HS as a comprehensive, flexible and holistic mixed-provider model that enhances the portfolio of programs and services designed to improve maternal and child health. One goal of this effort was to establish HS program effectiveness and efficiencies in achieving beneficial birth, child health, and maternal life-course outcomes.

The core components of Healthy Start CM/CC service delivery plan should document the following services:

- screening and intake;
- a comprehensive assessment protocol for each enrolled participant;
- creation of a service care 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 final CM/CC guidance package included 5 sections:

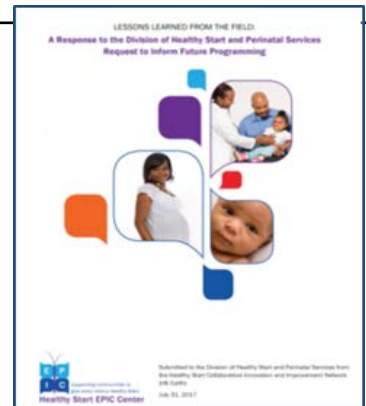
1. Purpose of the guidance
2. CM/CC definition
3. Core components of CM/CC
4. Best practices and lessons learned
5. Standards and Performance Measures Checklist

### Initiative 4: HS Grantee Lessons Learned

The HS ColIN launched the Capturing Lessons Learned from the Field: Healthy Start survey in May and June 2017 to create a compendium of promising and best practices used by HS programs to implement Healthy Start 3.0 and lessons learned from those experiences.

Eighty-four percent of all HS The programs were represented in the findings.

Results of the survey were summarized in a final report submitted to the Division by the HS ColIN Co-Chairs on 7/31/17.



### Initiative 5: Healthy Start Screening Tool Review and Revision

At the request of the Division, the HS ColIN led one of three review processes of the HS screening tools. Feedback was received on behalf of programs, individuals within programs and contractors to programs, which included high-level and specific and detailed feedback. Forty responses representing 32 programs were reflected in the draft recommendations, which informed the final recommendations submitted to the Division. The overall reduction in the number of questions was 46 questions: initial number of questions: 309 to final number of questions: 263. The revision recommendation package was submitted to the Division on June 11, 2018 for consideration to inform the NOFO.



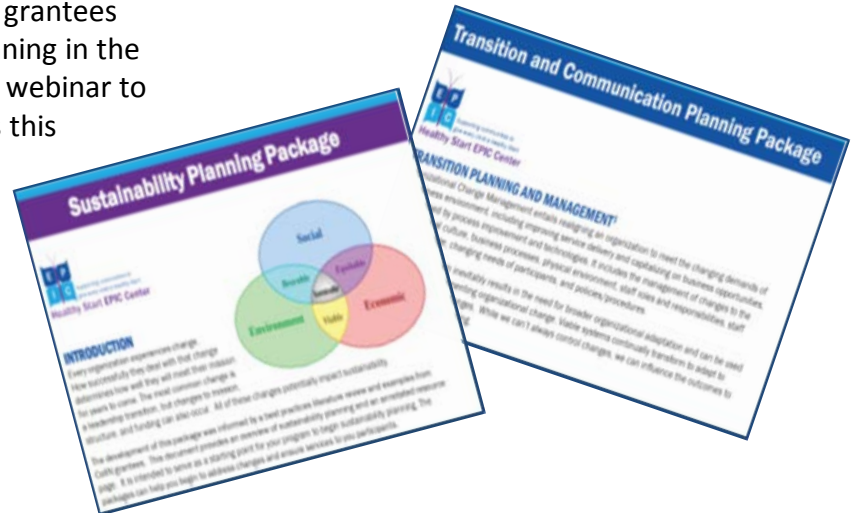
# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## Introduction

### HS ColIN Initiatives and Deliverables

#### Initiative 6: Sustainability and Transition Planning Package

The HS ColIN provided packages to help guide grantees in addressing sustainability and transition planning in the current five year period, as well as providing a webinar to discuss issues, challenges and ways to address this planning.



#### By the Numbers: Summary Snapshot of Activities and Accomplishments

43	Virtual meetings
9	Face-to-face meetings
5	HS ColIN sponsored webinars
5	Formal requests for input from HS community
1	Package of 6 Screening tools
2	Sustainability and transition planning packages
1	HS grantee lessons learned report
1	CM/CC guidance package
1	HS ColIN Reflections and Insights

#### Initiative 7: HS ColIN Assessment

The purpose of assessment was to gather diverse perspectives about and document the effectiveness of the HS ColIN's internal operations and the impact of the HS ColIN on members and other stakeholders. Assessment findings provide documentation of the innovative HS ColIN including:

- key factors contributing to the HS ColIN's successes and challenges;
- group process to develop lessons learned and recommendations for future HS ColINs; and
- strengths and accomplishments of the HS ColIN.



# Healthy Start Collaborative Improvement and Innovation Network (HS CoIIN) Assessment Report

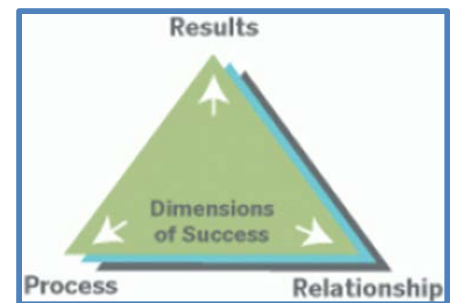
## HS CoIIN Assessment Methodology

### Assessment Framework

The HS CoIIN explored dimensions of success across the domains of group development<sup>1</sup>:

- relationship: quality of connections between the people engaged in the work
- process: how the work or tasks are carried out
- results: goal or task accomplished

The surveys informing the assessment were organized around this framework, and they are described below. The data provide insight into the dimensions of the framework related to the HS CoIIN from diverse perspectives, and documents areas of success for the inaugural HS CoIIN and lessons learned to share with the next cohort of HS CoIIN members for the 2019-2024 funding period.

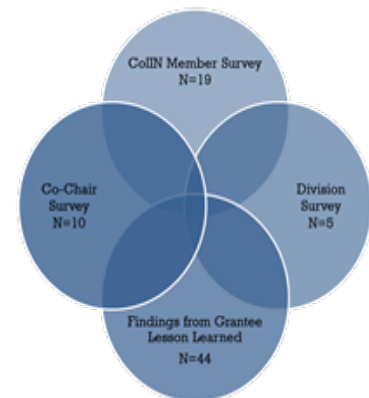


### Assessment Data Sources

All data sources utilized a mixed methods approach for data collection via an on line survey with quantitative and qualitative data (open-ended questions). Questions on the HS CoIIN and HS CoIIN Co-Chair Surveys were adapted from previously developed tools.<sup>2-5</sup>

#### HS Grantee Lessons Learned Survey:

This mixed methods study reflected findings from a subset of responses from a survey conducted in May-June 2017 that included qualitative and quantitative data. Qualitative data analysis applied a two-step iterative process. First, the EPIC Center team identified themes, which were then used to code the data. The HS CoIIN validated the themes, and developed recommendations based on the findings. Survey respondents (n=84, 84% response rate) represented grantees from each funding level, included a range of organizational settings, and incorporated perspectives from diverse community partners. The survey included three questions specific to the HS CoIIN composition, including what is working and what could be improved.





# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## HS ColIN Assessment Methodology

### Assessment Data Sources

#### **HS ColIN Survey:**

This survey served as a means to gain information to improve the quality and coordination of the HS ColIN. The 19-question HS ColIN Survey was administered via Survey Monkey January 5-15, 2019, with a 95% response rate (19/20).<sup>+</sup>

#### **HS ColIN Co-Chair Survey:**

A separate quantitative and qualitative on-line survey were distributed to HS ColIN members who served as Co-Chairs over the 5-year period of the inaugural term of the HS ColIN. This survey served as a means to gain information to improve the quality and support of the Co-Chair cohorts. The Co-Chair survey was embedded in the HS ColIN Survey. Of the nineteen HS ColIN members responding to the survey, 65% (n=13) had served as Co-Chairs during the 5-year funding period. Due to attrition of members who served as Co-Chairs, there were 10 remaining members of which 100% completed an additional 10 questions specific to their experiences as Co-Chairs.

#### **Division Survey:**

The purpose of requesting feedback from the Division staff was to gather constructive feedback on the following key points:

- HS ColIN meeting the Division's expectations
- value of the HS ColIN's work to the program
- identify how the HS ColIN performed in the inaugural iteration

The 21-item survey was conducted in February 2019. The Division Survey was targeted specifically to five Division staff who have been directly involved with the HS ColIN: Leadership (n=3) and HS ColIN Liaisons (n=2), with a 100% response rate.

<sup>+</sup>One HS ColIN member did not respond, as she was new to her role and felt she did not have the requisite experience or context to provide meaningful responses.

### Data Analysis

The EPIC Center team provided the initial analysis of each data source and reviewed quantitative questions and combined the top ratings (ie: strongly agree and agree);

For the qualitative data, the EPIC center conducted a thematic analysis for each area and summarized emerging patterns. HS ColIN members reviewed and analyzed quantitative and qualitative data around the topic areas of each data source (ie: management and support of the HS ColIN) in small groups to further identify themes, key findings, impact and insights.

Finally, findings were synthesized across data sources.



# Healthy Start Collaborative Improvement and Innovation Network (HS CoIIN) Assessment Report

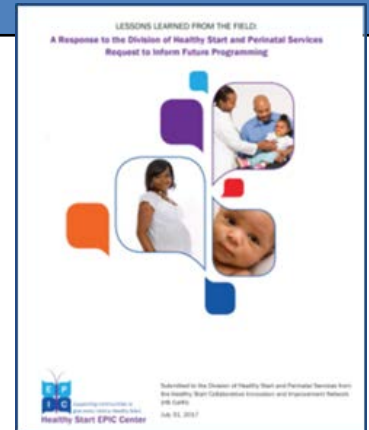
## HS CoIIN Assessment Findings

Findings aligned across data sources, with a significant focus on the structure and processes of the inaugural HS CoIIN, and a common emphasis on communication and engagement. The following sections highlight what worked as well as opportunities for improvement that inform suggestions for the next HS CoIIN.

## Healthy Start Lessons Learned from the Field Survey

The salient theme that emerged through analysis of the open-ended responses (n=44) centered on diversity of HS CoIIN membership: by grantee levels, gender, racial and geography, as well as inclusion of the National Healthy Start Association (NHSA), and program participants.

*"Membership should be based on the expertise of the participants and not on the level of funding which, in turn, is currently based on the number of clients served. ... I think it is critical that the National HS Association be represented as well due to its long history of serving HS, the extensive work it has done with HS (leadership training, mentoring, evaluation and standards, tool-kit development, fatherhood programs, conferences, etc.) and in-depth knowledge of HS."*



With regard to what is working about the current HS CoIIN composition, respondents (n=49) identified structure and process, responsiveness, on-going communication, outputs of the HS CoIIN, JSI/EPIC Center support, and expertise and knowledge base of the members.

*"Participants are knowledgeable about maternal and child health. The roles of members differ in their respective programs, i.e., project directors, evaluators, administrators, state -level personnel, etc. EPIC is a great support for meeting preparations including: mentoring and guiding co-chairs, keeping members on track of tasks, and communicating with HS CoIIN members outside of meetings. The size of the group at 20 seems to move forward with tasks at a steady pace."*

In terms of what could be improved, HS grantees (n=50) mentioned better dissemination of information on HS CoIIN activities, better feedback mechanisms, structure and process of the HS CoIIN and a more diverse composition of members.

*"It should be more diverse, with a cross-section of grantees based on size, geography, age of HS program (number of years receiving HS funding), rural/urban/tribal/border, etc. This would ensure that all perspectives are represented."*



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## HS ColIN Assessment Findings

### HS ColIN Survey

HS ColIN members rated ColIN structure, process and outcomes in the following areas, and provided qualitative responses to each of the categories noted in below:

#### Summary of HS ColIN Survey Scores

Category	Content Areas	Weighted Average on a 5-point scale (SD)
Group Dynamics	Communication, mutual trust, involvement/participation, use of member resources	4.1 (0.4)
Purpose & Goals, Strategies & Roles, and Responsibilities	Purpose, strategies, shared understanding of roles, and satisfaction with implementation of plans	4.3 (0.1)
Efficiency and Effectiveness	Clear rules of operation, efficient use of time, effective use of resources (time, data, information), member involvement in decision-making, communication	4.4 (0.2)
Management and Support of the ColIN	Communication among ColIN members and JSI/EPIC Center, adequate resources, feedback mechanisms and incorporation of feedback, orientation of new members	4.5 (0.5)
Co-Chair Structure	Facilitated and supported team building, maximize group strengths, built involvement and sustained engagement	4.2 (0.05)
Activities, Products and Achievements <sup>a</sup>	Products potential to improve HS, wouldn't have otherwise happened, vendor negotiations, Lessons Learned from the Field, CM/CC definition and components, review and revision of screening tools, ColIN influence on programs	4.3 (0.14) OR 4.1 (0.5)

<sup>a</sup>Weighted averages for this category reflect exclusion (4.3) or inclusion (4.1) of vendor negotiation response.

Note: Responses were captured on a 5-point scale ranging from 'strongly disagree' to 'strongly agree' for questions in all categories except Management and Support of the ColIN, which used a 5-point scale ranging from 'poor' to 'excellent'.

The weighted average score in all areas was at least 4.1 on a 5-point scale. Analyses of categories with scores with widest variations (SD>0.2) are provided below, and include group dynamics, management and support of the ColIN, and activities, products and achievements.

#### Group Dynamics:

Communication was open and effective, and mutual trust and confidence existed between members. However, the HS ColIN scored lower in terms of broad participation versus domination by a few members and full use of member resources pertaining to member's knowledge, abilities and experience. Qualitative responses indicated that although "some people dominated at times, the outcome was always positive".

*"Even though for the most part this is a closed group, when it is necessary that a new member come on board due to change in a program staffing there should be information that [is] shared with that person to bring them up to speed. Members are great at welcoming new members but this will make the new person better able to jump right in."*

*"... it might be helpful to develop more mechanisms for encouraging feedback from all. I thought having rotating co-chairs was an excellent innovation, and on-line surveys during phone meetings helped."*



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## HS ColIN Assessment Findings

### HS ColIN Survey

#### Management and Support of HS ColIN:

Aggregate scores were high for management and support of the HS ColIN. However, two items account for the wide variation in responses: providing timely orientation to new members and effective mechanisms for providing feedback on operations. One member indicated that they did not recall receiving an orientation; three reported that they did not know about HS ColIN member orientation (one rated that question as average, one stated “I would have chosen N/A if that had been an option”, one merely stated that they didn’t know and did not indicate which score they assigned). HS ColIN members offered no specific comments or recommendations in this section regarding feedback mechanisms.

*“Whereas we shared the lessons learned with executive and program staff, it was a means to exposing the executive level of our organization to the tasks of CHS.”*

*“Lessons learned from the Field Report and HS Screening were used to write the new NOFO.”*

*“Rotating Co-Chairs assured management activities were carried forward from different leadership and administrative styles so that workload was equally distributed among the ColIN members.”*

*“The Management and Support provided was top-notch. Everything from scheduling meetings, polling members, preparing materials, etc. was handled very timely and professionally. Expertise was shared freely and discussion welcomed.”*

#### Activities, Products and Achievements:

Variation in responses for this section is attributable to the item regarding selection of vendor negotiations to integrate screening tools. However, although 19 HS ColIN members responded, only 21% (n=4) were involved with the negotiations, indicating that this score is skewed. The two scores reported in table 1 reflect aggregate weighted averages with vendor negotiations included (4.1, SD 0.5) and omitted (4.3, SD 0.14). In general, HS ColIN members felt that the HS ColIN implemented activities with the potential to improve the HS program, and was responsible for activities and products that would not otherwise have occurred.

#### Most Significant HS ColIN Achievement as Perceived by HS ColIN Members

HS ColIN members were asked to identify the most significant achievement of the HS ColIN. Responses fell into four categories. Specific reasons for selecting the category were indicated for Screening Tools and Standardizing Data Collection.

##### Screening Tools

- Revision: easier for HS grantees to do their work
- Unify projects and aid in national evaluation

##### Sustainability

##### Standardizing Data Collection

- Improved cross-program evaluation
- Set expectations and aligned programs

##### Working with HRSA/Bureau-Communication



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## HS ColIN Assessment Findings

### Co-Chair Survey

Of the ten Co-Chairs responding to the survey, 90% (n=9) had been involved with the HS ColIN since its inception. All HS ColIN Co-Chairs received an orientation to the role. Co-Chairs felt that the structure and support provided adequate planning and opportunities for leadership (mean 4.6/5.0, SD 0.12).

Communication in general was good to excellent between JSI/EPIC Center, Co-Chairs and HS ColIN (weighted average 4.75, SD 0.13); communication between HS ColIN and Division and HS ColIN and other HS programs was rated lower (weighted average 3.75, SD 0.35). Co-Chairs (n=6) identified time and competing priorities as the only barriers affecting their participation, although four co-chairs stated that they encountered no barriers. Benefits to serving as HS ColIN co-chair included networking, development of facilitation skills and shared learning. HS ColIN Co-Chairs also valued the opportunity to work closely with the Division through this role. Each of the ten Co-Chairs reported a positive co-chair experience.

The only suggestion for improvement related to preparing alternate members for Co-chair role:

- Include both primary and an alternate that way the alternate is prepared from the get go to assume the primary role as needed.

*"The experience was of great benefit...I appreciated the opportunity to interact with my peers in a setting that would serve to move the overall project forward. I further appreciated the ability to communicate with the Division staff in a non-threatening, co-creative manner. I think this is valuable on both sides to get perspective on how to turn ideas into actions or why it's not so easy to do so."*

*"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."*

*"Very meaningful, enjoyable, educational, growth producing, reflective, insightful - A raising the bar experience."*

### Division Survey

Four of the five Division respondents have been engaged with HS for more than five years; one was involved less than a year. Most (n=4) have attended monthly HS ColIN calls on a regular basis, with one attending intermittently, although attendance at HS ColIN meetings was less consistent with two attending regularly, one intermittently, and two never having attended. All the respondents attended HS ColIN-hosted webinars, with at least two Division staff attending each one.



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## HS ColIN Assessment Findings

### Division Survey

#### HS ColIN Outcomes

All five Division staff:

- **characterized the HS ColIN's priority of standardization in alignment** with the Division's overall vision.
- indicated that the **HS ColIN met the Division's expectations**

*"The assistance offered by ColIN Leadership helped in crafting the client data collection forms. The on the ground experience of the ColIN members helped to create documents that fully capture all components of phases of the Healthy Start client experience."*

*"Screening Tools were a large undertaking that was completed strategically and has shaped the HS ColIN program to improve and measure future outcomes."*

#### To what extent did these HS ColIN initiatives help shape the Healthy Start program?

	Weighted Average
Developed screening tools	4.6
Data collection and reporting	3.6
Case management/care coordination	3.75
Lessons learned survey and report	4.5
Review and revision of screening tools	4.6

#### HS ColIN Function:

In terms of communication, the survey asked questions about the how the HS ColIN shared lessons learned with grantees, and the effectiveness of the HS ColIN as a conduit for communication between the Division and HS grantees.

Four Division staff indicated that the HS ColIN:

- disseminated lessons learned to the HS grantee community to some degree or a great degree (one responded "don't know").
- represented the broader HS grantee community to the Division to some degree or a great degree (one responded "don't know").

*"I found the relationship and linkage between HS ColIN leaders and Division staff to be very effective. The platform served as forum to discuss program components, and then to facilitate that information to every Healthy Start region and program."*

*"My experience is that either the Grantees default to the HS ColIN to provide the Division with input. I have not been informed of the HS ColIN communicating information with grantees not directly involved in the ColIN."*

Division staff indicated that the HS ColIN was somewhat effective (n=2) or effective (N=3) as a conduit for communication between the Division and HS grantees.



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## HS ColIN Assessment Findings

### Division Survey

In terms of reliability in following through on commitments, all Division staff rated the HS ColIN as good or excellent (Weighted average of 4.8 on a 5-point scale).

*"The HS ColIN team and specifically, the HS ColIN Co-Chairs, provided clear direction, projects, and communication on activities throughout the life of the HS ColIN."*

*"Based on decisions made via the HS ColIN voting methods to change and or adjust agendas, the reliability is rated at excellent."*

### Moving Forward:

*"I think it would be beneficial to see the HS ColIN members interact with HS Programs in their region more actively, and to support the use of protocols and tools as outlined by HRSA."*

*"The vision I have for the HS ColIN is as the go to resource for information that all grantees seek to bounce ideas off or provide information on ways to improve all aspects of their program."*

## Conclusions

### What Worked Well?

As a group, the HS ColIN agreed that the inaugural HS ColIN was an efficient, effective and productive core group, with substantive knowledge and expertise.

*"HS ColIN did a great job with consistency, commitment, being visionary and getting stuff done."*

*"The HS ColIN helped me to learn about HS: it's mission, how it fulfills that mission, embracing the diversity of ... grantees."*

*"Use of survey tools, agenda, electronic messaging, notes, recording meetings media from JSI contributed to the efficiency and effectiveness of HS ColIN work."*

## Limitations/Opportunities for Improvement

In general, it was noted that responses to the Division, HS ColIN and Grantee surveys were subject to limitation based on the length and degree of engagement with the ColIN as it relates to understanding the HS ColIN's purpose and activities. Each data source identified specific opportunities for improvement. Overarching areas centered on lack of diversity of HS ColIN members and communications issues.



# Healthy Start Collaborative Improvement and Innovation Network (HS ColIN) Assessment Report

## HS ColIN Assessment Findings

### Limitations/Opportunities for Improvement

Communication issues, identified by the HS ColIN, the Division, and HS grantees, were tied to a lack of clear understanding of the role or purpose of the HS ColIN and the Division's expectations. As noted in Purpose of HS ColIN section, although the HS ColIN developed several products, feedback indicated that the Division and HS grantees were not always aware of them.

In addition, varying participation on calls as well as low response rates for meeting evaluations indicated limited engagement by some HS ColIN members. Turnover among HS ColIN members resulted in knowledge gaps related to expectations and time commitment required for HS ColIN activities.

### Value of the Inaugural HS ColIN

The establishment of the inaugural HS ColIN provided a formal mechanism for partnering, informing and advising, and enhanced interaction with the Division through frequent, consistent, and ongoing communication.

Standardizing screening tools serves as a starting point for case management, as the first participant interaction with HS, and sets the foundation for ensuring consistent, predictable, and replicable experiences for HS participants. Standardized screening provides a means for common data collection across programs that enables evaluation of the impact of HS, and provides the data needed for quality improvement at the program level. The HS ColIN applied a grounded approach to this initiative by blending standardization while recognizing the diversity across HS programs, and honoring the unique context of each community and program.

The HS ColIN was accountable for advancing the Program, and disseminated information about the standardization processes through status updates at regional meetings, webinars with the HS grantee community throughout the funding period, and presentations at national conferences such as APHA, CityMatch and AMCHP.

Participation in the HS ColIN provided opportunities for networking among HS ColIN members and fostered professional development.

*"...the consistency and 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 HS model and expanded our network of expertise beyond our regional colleagues. If the HS ColIN is too large, I doubt we would be able to develop the rapport needed to move projects forward."*

*"One of the greatest achievements of the HS ColIN was its role as an intermediary between HS grantees and the Division."*

*"Participating in the HS ColIN has been the best experience that I've had in my 20-year career."*



## Healthy Start Collaborative Improvement and Innovation Network (HS CoIN) Assessment Report

### Reflections and Insights for the Next HS CoIN

Based on experience and input from data sources, the HS CoIN identified considerations to address the limitations noted above. Suggestions for establishing the next HS CoIN fell across three major areas, which are further described below:

1. HS CoIN Selection Process and Structure
2. Processes for Operationalizing the HS CoIN
3. Potential Future Focus Areas for HS CoIN

#### HS CoIN Selection Process and Structure

The HS CoIN has its best opportunity for success through establishing an application process for HS CoIN membership, which includes a clear timeline. HS CoIN members should reflect the diversity of geography, organization type, and size of funded HS grantees, as well as level of staff. In addition, there should be a formal role in the HS CoIN for the NHSA. The joint Co-Chair structure has worked well and should continue. Based on our experience, a CoIN of 20-25 members is optimal. The HS CoIN body should also include a percentage of inaugural HS CoIN members to promote stability, consistency and preservation/transmission of institutional knowledge

*“Rotating Co-Chairs assured management activities were carried forward from different leadership and administrative styles so that workload was equally distributed among the HS CoIN members.”*

#### Processes for Operationalizing the HS CoIN

Suggestions for improving processes related to communication, orientation and engagement:

##### **Communication:**

Optimizing communication between HS CoIN and all stakeholders is critical. An opportunity exists to build upon and enhance the initial communication strategy developed in collaboration with DHSPS and implemented by the inaugural HS CoIN: to communicate key issues related to the role of the HS CoIN, the topics discussed and decisions made in a consistent manner, and to solicit input and feedback from all Healthy Start programs to inform HS CoIN discussions.

The HS CoIN should develop at the beginning a clear communication plan between HRSA and HS CoIN that spans the entire five year funding period. The plan should ensure regular and consistent communication with HS grantees, including frequency of communications, and who is responsible for it.

Strategies:

- Include HS CoIN update on the PO Call Form
- Document expectations
- Establish a clear and confirmed purpose



# Healthy Start Collaborative Improvement and Innovation Network (HS CoIN) Assessment Report

## Reflections and Insights for the Next HS CoIN

### Processes for Operationalizing the HS CoIN

#### Orientation:

The importance of orientation for all stakeholders was consistent across data sources. Although the orientation process for rotating HS CoIN Co-Chairs was effective, the importance of ensuring that all stakeholders are oriented to the mission and processes of the HS CoIN: the Division, HS grantees, HS CoIN, and newcomers to HS CoIN through staff turnover. The HS CoIN has its best opportunity for success if it establishes formal orientation practices tailored to the specific stakeholder type that include post-orientation evaluations. Orientation should include the HS CoIN's expectations of its members, and Division's expectations of the HS CoIN.

#### Engagement:

Strategies for fostering improved HS CoIN member engagement are tied to suggestions for communication and orientation: Building upon HS CoIN members having a clear understanding of their roles, implementing multiple modalities for participation, and establishing mechanisms for providing feedback.

### Potential HS CoIN Focus Areas over the Next 1-3 Years

Suggestions from the Division, the HS CoIN, and HS grantees:

- Communication
- Male Involvement
- Sustainability and Transition Planning
- Further Refinement of Screening Tools
- Update CM/CC Checklist to reflect 2019-2024 Screening Tools
- Improve Data Collection Capacity
- Seek Evidence-Based Status
- Conduct ROI/Cost Benefit Analysis

### In Summary

The inaugural HS CoIN was task-oriented and driven, established a priority for standardization that aligned with the Division's vision, met the Division's expectations, and successfully laid the groundwork and processes for future HS CoINs.

### References

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- <sup>3</sup>Preskill H, Jones N. A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions. Robert Wood Johnson Foundation Evaluation Series. 2009.
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- <sup>5</sup>Clark NM, Doctor LJ, Friedman AR, et al. Community coalitions to control chronic disease: Allies against asthma as a model and case study. *Health Promotion Practice*. Apr 2006;7(2 Suppl):14S-22S.

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