The Satcher Health Leadership Institute

SHLI

MOREHOUSE SCHOOL OF MEDICINE

Trans-disciplinary Collaborative Center (TCC)
for Health Disparities Research: Informing
and Influencing Policy and Practice

Playbook on:

Collaborative Action for Child Equity (CACE): Research, Policy & Practice

Acknowledgments

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This Playbook is developed by the Division of Behavioral Health, of the Satcher Health Leadership Institute, responsible for the Sub Project 1 aimed at reducing early childhood disparities in health.

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About This Playbook

This Playbook contains information to help our Collaborative member States and organizations to facilitate a local trans-disciplinary collaborative designed to close the disparity gaps in early childhood through meaningful policies, programs and practices. It consists of four sections, plus appendices: Introduction, Collaborative Framework, Change Package and Concept, and Pre-work Activities.

- The **Introduction** sets the stage by giving some background on the Project and the Collaboratives.
- The **Collaborative Framework** section contains the charter, the problem statement specific to early childhood disparities and quality parenting; defines the overall mission, goals, methods of the Collaborative, and outlines expectations for Collaborative participants.
- The Collaborative **Change Package and Concept** section contains the change package, which is a model of intervention to be replicated and tested further in varied settings for improvements and expected outcomes. A change concept is a broad topic that will be tested for emerging strategies, which will result into the development of a 'change package' for replication. There is also a Driver diagram in the change package with strategic factors that will drive the actions and adaptable measures to accomplish set aims. This process allows the collaborative members to adopt, adapt, test and report emerging results from their community.
- The **Pre-work Activities** section describes activities that participating States and organizations should begin to do as 'Teams' before a conference call with the Division of Behavioral Health at SHLI on the Playbook, and to prepare for the first learning session, to be held by July 31, 2013.

What is the Purpose of this Playbook?

This Playbook is designed to help facilitate collaboratives to reduce health disparities in early childhood by doing two things (i) increase the protective and resilience factors for vulnerable children through quality parenting delivered via 'Smart and Secure Children (SSC)' and (ii) inform as well as influence early childhood policy to reduce disparities. Participating States and organizations in this collaborative will conduct an early childhood policy scan; establish their local collaborative Team, and choose to implement the SSC change package or Policy concepts or work on both topics. The SHLI will establish the TCC on early childhood to support and engage the participating 13 States in CACE.

1. Session

Introduction of the Project

The Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine (MSM) received a research center grant (U54) entitled "Transdisciplinary Collaborative Center (TCC) for Health Disparities Research: Informing and Influencing Health Policy and Practice". The U54 research initiative was funded by the National Institute of Minority Health and Health Disparities (2012 – 2017) under the leadership of Dr. David Satcher, U.S. 16th Surgeon General. "Collaborative Action for Child Equity (CACE): Research, Policy and Practice Collaborative" is part of sub-project 1 of the U54 initiative. This project seeks to help close the health disparity gaps in early childhood through policy and quality parenting practice at 13 participating States through local collaborative. It is designed to address the following three Aims:

1. Use quality parenting as an intervention for mitigating childhood obesity and mental health inequities.
2. Assess the extent to which existing early childhood policies (i.e. federal and state) and their implemented programs in the participating 13 States ensure that (i) all children receive healthy early child development and are school ready at 5 years, and (ii) parents are actively engaged in informing and influencing early childhood policy formation and the program implementation.

   Support implementation of SSC in the 13 States based on interest, willingness and readiness to utilize the SSC change package as an intervention for increasing protective factors; age appropriate development [i.e. physical, cognitive, social-emotional and spiritual], and school readiness of children 0-5 years, thereby reducing disparities among vulnerable populations.

Background on Collaboratives

Collaborative Action for Child Equity (CACE): Research, Policy and Practice will utilize a Breakthrough Series (BTS) Collaborative approach, which is a systematic approach to facilitating quality improvements in which organizations and providers test and measure practice innovations and then share their experiences in an effort to accelerate learning and widespread implementation of best practices. The Institute for Healthcare Improvement (IHI) held the first BTS Collaborative in 1995. Since then, there have been more than a 1000 teams from mainly health care organizations that have participated in BTS Collaboratives globally. We are modeling the Collaborative Action for Child Equity (CACE): Research, Policy and Practice Collaborative after the BTS collaborative practice and will adapt the process to fit our aim and mission.

Collaborative Action for Child Equity (CACE)

The Collaborative Action for Child Equity (CACE): Research, Policy and Practice will hereafter be referred to as the 'CACE'. This CACE will involve participants from the following 13 States: AL, FL, GA, KY, MD, MN, MS, MO, NC, OR, SC, TN, and TX working together for approximately 12 months to individually test system changes aimed at improving early childhood equity by increasing health, wellbeing and school readiness of children 0-5 years, especially those that are vulnerable and from disparate population. CACE aims to achieve its purpose through quality parenting as well as informing and influencing relevant early childhood policies and practice. The participants will also collectively share learning and accelerate actions on child health equity through the collaborative efforts.

Four main components of CACE are: pre-work activities, learning sessions, action periods, and the outcomes rally.

1. **Pre-work** is the period between receipt of this Playbook and Learning Session 1 (July 31, 2013). During this time, the participants have several important tasks to accomplish to prepare for the first learning session. Section IV of this Playbook describes pre-work activities and provides a worksheet to be used as a preparation guide and/or documentation of activities as Appendix A, including early childhood policy assessment tool consisting of your State's policy scan with a link to web-based survey).

2. **Learning sessions** are the major interactive events of this CACE. Through plenary sessions, small group discussions, interactive learning exercises, and team activities, participants will:
   - learn from faculty and colleagues,
   - receive individual coaching and technical assistance,
   - gather knowledge and resources on SSC change package,
   - discover practice-based evidence, process/policy improvements and evidence based practice,
   - develop local transdisciplinary collaborative based on your chosen topic (s)- [Section IV is a guide],
   - share experiences and collaborate on improvement plans, research, policy and practice, and
   - problem-solve barriers to improve solutions to closing early childhood health disparity gaps.

3. **Action periods** are the time between learning sessions where participants and their Teams:
   - test and implement changes aimed at improving early childhood equity through SSC and policy,
   - share the results of their improvement efforts in monthly reports, and
   - participate in shared learning through an electronic mailing list, conference calls and web sites.

4. **Outcomes Rally** in July 2014, all Collaborative States and organizations will share findings and achievements at an outcomes rally to celebrate the accomplishments of the teams and learn about changes that effectively improve early childhood equity through both SSC and Policy, and disseminate predictive practices resulting in expected outcomes.

Note: Appendix B contains a glossary of other Collaborative terms.

Schedule of sequence of upcoming events for the Collaborative is as follows:

- Pre-work begins May, 2013
- Pre-work Conference call or webinar discussion of Collaborative Playbook
- Learning Session 1 to occur by July 31, 2013

Note: Appendix C contains our Collaborative Calendar of scheduled activities and Timelines, FYI and attention. This proposed timeline will be further discussed during our 1st Collaborative conference call.

2. Collaborative Framework

Charter

Summary

The vision of CACE is to reduce disparities in health, wellbeing and school readiness for every child age 0-5 years, in order to advance health equity. Our charter is therefore to empower the families/parents with quality parenting knowledge and skills and contribute to bridging early childhood policy and program gaps for disparate and vulnerable families to have their children healthy, well and school ready at 5 years. CACE targets two impact areas: (i) the replication of an evidence based quality parenting and leadership program that empowers parents as the 1st teachers of their children to improve their parenting knowledge and competency and lead in transforming parenting culture of their communities; and (ii) to test concepts, strategies and practices, to surface promising 'game changer' actions in early childhood policy formation and practice implementation that could contribute to reduction in health disparity gaps. Participants may select one or both impact areas to focus on based on their interest, willingness, needs and resources.

Mission

The mission of CACE is to achieve, in approximately 12 months, a breakthrough improvement that contributes to reducing disparities in health, wellbeing and school readiness of children 0-5 years old. The primary emphasis of this Collaborative is to reduce childhood obesity, mental health problems and increase school readiness. Our two predictions on how to accomplish this mission are to: (i) train and support parents/families to use quality parenting skills to increase their children's age-appropriate development of physical, cognitive, social-emotional well-being; school readiness and mental health status, and (ii) inform and influence early childhood policy formation and implementation by actively engaging families and parents of children who are disproportionately experiencing high burdens of disparities in the decision-making process to help close the disparity gaps, including childhood obesity and mental health.

The mission encourages participating States and organizations to adopt and adapt their existing policy, programs and practice to drive a health equity culture. A health equity culture within the early childhood arena is the product of individual, family and group values, beliefs, attitudes, competencies, and patterns of behaviors that determine the commitment to and proficiency of ensuring that every child is given an equal opportunity to be physically, emotionally, cognitively and socially healthy and ready for school at age five. This culture is characterized by communications founded on respect, mutual trust, shared perceptions of the importance of an early childhood foundation, shared values on the protective and predictive factors of quality parenting, and confidence in the efficacy of evidence and practice centered measures. The CACE faculty will consists of both SHLI staff, representatives from the 13 participating States and subject matter experts. The CACE faculty will help the 13 participating States to achieve CACE mission based on their assets and needs by supporting and working closely with the representatives of the 13 States. These representatives will be members of the overarching TCC on early childhood. The TCC on early childhood is the sub-project 1 component of the overall U54 TCC.

Through CACE, we will engage the 13 collaborative States and organization members by sharing the best available research and practices about creating improvements that focus on learning and applying scientific methods to achieve our expected results and outcome.

Goals

The overall aim statement of CACE is to improve quality parenting among vulnerable families with children and early childhood policy aimed at reducing health disparities. The goals to be accomplished through CACE include but are not limited to:

- 70 percent of participating State, organization or individual teams will choose one or two of the improvement areas to impact through their local collaborative efforts
- 90 percent of participating State, organization or individual teams will conduct an assessment on their early childhood policy and program (Use your state early childhood policy scan as a guide)
- 100 percent of children whose parents participated in SSC will experience at least one positive change in their nutrition and physical activity
- 100 percent of children whose parents participated in SSC will experience at least one positive change in their social and emotional wellbeing
- 100 percent of children whose parents participated in SSC will experience at least one positive change in their school readiness
- 90 percent of parents who participated in SSC will increase their knowledge in quality parenting
- 90 percent of parents who participated in SSC will increase their skills and competence in quality parenting
- 90 percent of parents who participated in SSC will increase their mental health
- 100 percent of the participating State, organization or individual teams that chose to test the policy concept will provide at least one contribution to help develop our Collaborative predictions and policy change package.

Methods

Each participating State, organization or individual team is expected to develop an aim statement for reducing health disparity gaps in early childhood through quality parenting and/or policy that includes specific goals relating to childhood obesity, school readiness, child neglect/wellbeing and mental health. CASE participants are encouraged to come up with an authentic sub-aim statement based on the context of your local communities. Participants should begin by assessing their local interests, strengths/asset, needs, and identify a specific population (pilot population), community or program to start their initial effort, with the ultimate goal to spread improvements throughout their defined areas of influence/system.

Both process and outcome measurement strategies are used to assess progress toward achieving CACE goals. Balancing measures will also be used to assess system's impact. CACE participants will learn an improvement strategy and technique that include facilitating deeper learning and change that sticks; breakthrough goals; and a method to develop, test, and implement changes to their systems. Participants are expected to collect well-defined data that relate to their aim at least, monthly and to plot these data over time during the CACE learning experience. An annotated time series is used to assess the impact of

changes. Participants will benefit from shared learning and improvements from other collaborative members and can leverage emerging opportunities and coaching from faculty members as they develop and coach their local collaborative champions to lead the change efforts.

Expectations

The CACE faculty – This includes representatives from our participating 13 States, subject matter experts and key Collaborative staff identified in this Playbook. The CACE faculty will:

- present knowledge on the subject matter, application strategies, and methods for facilitating change that will stick, and process improvement, both during and between learning sessions;
- offer coaching to teams to facilitate policy, practice and system changes;
- provide appropriate communication venues for shared learning;
- provide summary information on the status of teams;
- assess progress and provide feedback to teams monthly;
- plan and implement the learning sessions and outcomes rally; and
- maintain and safeguard the confidentiality of privileged data or information—whether written, photographed, or electronically recorded and whether generated or acquired by the team—which can be used to identify an individual participating in this research and improvement efforts.

CACE Participants are expected to:

- perform pre-work activities as outlined in Section IV of this Playbook;
- connect the goals of CACE work to a strategic initiative at the State and organization levels;
- provide a senior leader to sponsor the collaborative and actively support the local team;
- provide the resources to support their local team, including resources necessary for action periods, learning sessions and time to devote to this effort;
- participate in each learning session (participation by all core team members is highly recommended, and participation in the rally that concludes the Collaborative is desirable);
- define the performance measures that the team is going to target;
- plan, design and implement plan-do-study-act (PDSA) improvement cycles, as applicable, to meet the targeted measures and outcomes;
- submit monthly reports on progress of implemented efforts to the local team's senior leader and the CACE Principal Investigator (PI);
- create storyboards for presentation at each learning session;
- share information with the CACE Team, including details of changes made and data to support these changes, both during and between learning sessions; and
- maintain and safeguard the confidentiality of privileged data or information—whether written, photographed, or electronically recorded and whether generated or acquired by the team—which can be used to identify an individual participating in these research and improvement this effort.

Conditions for CACE as a collaborative

There are conditions that are conducive and supportive of our charter and expectations to run a successful collaborative to reduce health disparity gaps in early childhood.
According to the Institute of Healthcare Improvement (IHI), the following are conditions conducive to a (traditional) collaborative:

- Multiple independent teams willing to devote time and energy to improvement
- Teams agree to pursue a single broad topic important in their industry.
- Multiple tested change concepts exist that teams can adapt
- Proven prototype ideas exist to launch a change
- Teams have autonomy to test and implement changes based on specific problems/ opportunities at their site
- Teams have desire to learn and agree to share process changes, results and lessons learned with each other
- Friendly peer pressure exists between collaborative teams
- Teams are accountable and supported by leadership at their site, and
- Resources are available to support the administrative side of conducting a collaborative.

CACE is structured to create the above conducive conditions for our collective success. The change package we are to test and replicate consist of a proven prototype quality parenting known as Smart and Secure Children (SSC). The concept change on policy improvement to reduce disparities in early childhood is based on evidence of health disparities and opportunities to contribute to closing the disparity gaps for children. The SSC is a 'change package' that contains key changes and methods proven to predict specific expected outcomes. The policy improvement is a 'change concept' that will evoke multiple specific ideas to be tested by the participants who will adopt this topic and come up with specific strategies and proposed 'change package' and measures to be adapted and tested by others.

Staffing the CACE

To effectively facilitate our successful collaborative, we must have the following key personnel performing the specified roles:

The **Collaborative Director** is Dr. Martha Okafor. She will direct the overall collaborative and has expertise in BTS with understanding of improvements processes. She is the Principal Investigator of the project and will be supported by a co-director who will be one of the 13 States' representative. Dr. Okafor will:

- be responsible for the BTS process of this Collaborative
- manage the overall Collaborative activities and research compliance
- coaches the Chair and Planning Group in the Breakthrough Series methodology
- coach research team and ensure effective management of collaborative efforts
- direct the Prework development, recruiting, Q&A, team reviews
- create and facilitate meetings and conference call agendas
- work with Improvement Advisor or Project Manager to track teams' and overall Collaborative progress

- supervise the compilations and review organizations' monthly reports, and
- coach organizations at Learning Sessions and during Action Periods

The **Collaborative Improvement Advisor** (IA) will have expertise in improvement theory, research theory, methods and practices that are required for the expected outcomes. The IA will be asked to devote three – four days/month time commit- ment. The U54 Research Core Director, Dr. Robert Mayberry, will function as the overall Improvement Advisor while the SHLI Research Assistant will be the CACE Improvement Advisor (IA). His responsibilities will include at least the following:

- provide improvement theory and methods – responsible for demonstrating expected outcomes
- devote more time required to provide support to the teams
- coordinate the development of the theory for the topic (aim, measures, changes)
- package changes, improvements and research assumptions and hypotheses emerging from the testing and cycles of improvements
- design a measurement system and address issues regarding measurement
- teach, facilitate and coach Planning Group and teams on application of the Model for Improvement in their efforts
- assess progress and recommend strategies to achieve Collaborative goals, and
- write as well as edit correspondence, meeting materials, marketing materials.

The **Collaborative Manager/Coordinator** will have expertise in project management and be responsible for managing and administering the collaborative operations to achieve expected outcomes. Ms. Aneeqah Ferguson who is a staff of SHLI staff will perform this role and her responsibilities include the following:

- devote more time required to provide support to the teams as they test and replicate the SSC change package and the new policy concept with emerging topics and strategies
- provide administration, including project timeline, contracting, and financial management for CACE
- coordinate and provide needed support from the Teams throughout the collaborative process
- research and manage the change package, change concepts, improvements emerging from the testing
- write and edit correspondence, meeting materials, marketing materials
- manage marketing, enrollment, prework activities
- manage Action Period activities: mail, electronic mail, fax, conference calls, reporting process
- manage registration, payments, and project membership support/services, and
- coordinate learning session's operations and compliance with all Continuing Education requirements and logistics.

The CACE **Systems Leader** will be responsible for all the improvement performance. This role will be performed by Dr. David Satcher, Director of SHLI. H e will provide executive leadership, review and guide the Collaborative plan. He will be asked to devote half a day worth of time in a month to guide the establishment of CACE Charter, mission, goals, and resources to guide and support the Collaborative States/ organization, CACE staff and faculty, and 13 CACE Team leaders participating in the Collaborative.

The **Collaborative Chair** will be a noted authority in the early childhood policy and family studies aimed at addressing disparities. S/he can also have expertise in parenting, child and youth development. The Chair will be asked to devote two days/month time commitment and his/her responsibility will include at least the following:

- create a shared vision and provides intellectual leadership for the topic
- help form and guide Planning Group
- assist with research, the Improvement methods and enhancement of the SSC change package and guide the development of the policy change concept
- provide leadership to the Improvement Advisor in developing measurement system
- chair, teach and facilitate Learning Sessions
- coach and mentor the CACE participants leaders to achieve goals
- work closely with the CACE's Collaborative Director and SHLI research Team. and
- review CACE progress and make suggestions for project improvement.

The Collaborative will need **Subject Matter Experts** that will be part of our faculty and construct the planning group. They will be asked to devote a one day/month time commitment. At the initial stage, their time commitment may increase but not exceed two days/month. The following are the Subject Matter Experts: (i) Dr. Virginia Floyd; (ii) Dr. Flavio Marsiglia and (iii) Dr. Loretta Jemmott.

The responsibilities of the Subject Matter Experts will include at least the following:

- viewed as credible experts in the selected topic (accomplished significant results)….. the "Dream Team"
- represent multiple disciplines, related research portfolio and publications, and diverse organizational and system structures – examples are: thought and State leaders, researchers…
- specify goals, high leverage changes, teams for Prework
- teach, facilitate and coach at Learning Sessions and during Action Periods
- advise the Chair and Director of teams' progress, and
- Often volunteer in Collaborative Action for Child Equity BTS system

Collaborative Readiness

The Satcher Health Leadership Institute's Smart and Secure Children (SSC) parent leadership program will work each participant to determine their State or organization or Team's readiness. A Collaborative Participating site/entity's readiness will include but is not limited to the following:

- Engaging local key stakeholders to identify and select one or two of the impact area (s)
- Recruiting senior leaders to sponsor and support impact area (s) and help determine sub aims and strategic partnership to achieve success (describing what success meant for the Team)
- Define pilot population, strengths, needs and opportunity areas to influence and impact
- Develop a plan for implementing chosen change package [SSC] or/and change concept [policy],
- Establish a local collaborative Team, conduct pre-work and obtain SHLI approval of proposed plan.

3. Change Package & Change Concept

Smart and Secure Children as a Change Package

Introduction

Evidence from Adverse Childhood Experience [ACE] studies show that history of exposure to adverse experiences such as violence and maltreatment in childhood, particularly early childhood, is associated with health risks such as smoking, alcohol and drug use, risky sexual behavior, obesity, diabetes, heart disease, sexually transmitted diseases, mental health problems and attempted suicide (Foege, 1998). According to Marmot's Fair Society Health Lives (2010), "inequities in health arise because of inequities in society – in the conditions in which people are born, grow, live, work, and age." Neuroscience and early childhood development research has shown that early childhood, particularly a child's first five years, lays the foundation necessary for the complex skills they will need as adults to become successfully employed, lawful, cooperative and productive (Harvard University Center on the Developing Child, 2007). We have evidence from studies showing a strong association between poverty and health disparities, including mental health, education and child outcomes (Carter & Briggs-Gowan, 2005 ; CDC Injury 2009-2018). In addition, evidence from research studies reveal strong associations between poverty and health disparities that can be mitigated using quality parenting strategies delivered in a secure and supportive participatory learning process (Carter et al, 2005; Morgan, P. 2009; Princeton: Future of Children).

Background

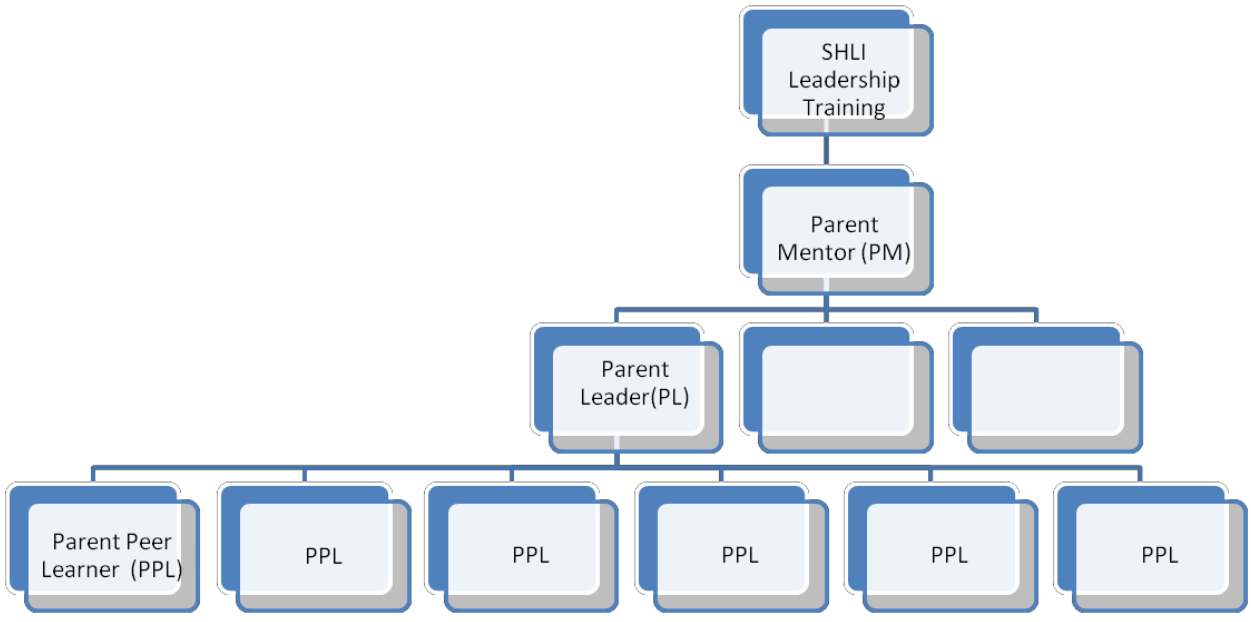
In 2010, the SHLI/MSM was funded by the National Institute of Minority Health and Health Disparities (NIHMD) of the National Institutes of Health to research and learn from communities on how to effectively reduce childhood disparities, particularly in the area of mental health. SHLI conducted a community based participatory research (CBPR) whereby some of the most disadvantaged communities in metro Atlanta with highest negative child outcomes identified 'quality parenting' as a preventative approach for closing the disparity gaps. SHLI worked with the community representatives and researchers to develop a unique parent leadership model, designed to be delivered in their natural learning style for members of their communities. In 2011, the Substance Abuse and Mental Health Services Administration funded SHLI to test the extent to which 'parents' if empowered as 'leaders' could change their parenting behaviors to protect and nurture resilient children, as well as lead in changing parenting culture of their communities. This parent leadership pilot phase was evaluated by an independent evaluator. Results showed evidence of effective parenting, leadership, personal development, employment, and increase in mental health. Building on this promising evidence, SHLI received another NIMHD grant to test the extent to which the SSC initiative can increase parenting knowledge, skills and mental health as well as their children's social emotional and school readiness outcomes. This demonstration project is being conducted in metro Atlanta. The U54 Collaborative is another NIMHD grant that aims to test and replicate the SSC model to determine the extent to which this model will work in other states. It also tests the extent to which parents whose children experience disproportionate burden of childhood disparities, if developed and empowered using SSC leadership methods, can inform and influence relevant policies, programs and practices to help close the disparity gaps. This paradigm change is crucial to help close the different world views between the policy makers and those impacted by the policy and program delivery systems.

Process for Testing and Implementing SSC

The U54 Team at Morehouse School of Medicine/SHLI will release a Request For Proposal for 'mini grants' in the second year of this grant, i.e. August 2013 – July 2014. The 13 States and organizations participating in CACE will respond to this competitive process by submitting their proposal to implement SSC in their local settings. CACE staff will work with participating members interested in competing for this funding to develop strong proposals that respond to the 'purpose' of this impact area. In addition, participating State/ organization is encouraged to identify and leverage relevant existing resources and infrastructure in your local settings to adapt, test, and implement SSC to achieve authentic results.

SSC Organizational Structure

SCC is a social supportive learning experience that involves a parent leader facilitating structured conversations around quality parenting for 12 weeks with five to six parents who are called parent peer-learners. The 1st week is onboarding session and the last week is integration of lessons learned and celebration session. The parent leader (PL) is developed and coached on leadership and conversational learning known as the 'conversepedia' approach and the SSC curriculum. The parent leader is also supported by a parent mentor in the community who is trained in leadership, mentoring, child development, change and stakeholders' management. The following is the organizational structure of a full SSC network:



SCC Curriculum

The SCC curriculum has ten sessions covering the main topics below:

- How The Brain DevelopsSession 1
- What Makes A Child's Brain Develop and Grow?Session 2
- Watch Them Grow: Developmental MilestonesSession 3
- Ways to Help Your Child's Brain Thrive & Come AliveSession 4
- Ways to Watch TV TogetherSession 5
- Defining Social and Emotional HealthSession 6
- Critical Needs of Socially and Emotionally Healthy ChildrenSession 7
- Ten Things to Do at Home Towards Social and Emotional Health Session 8
- Parents' Self-Care and NurturingSession 9
- Working with Challenging Behaviors Through Positive DisciplineSession 10

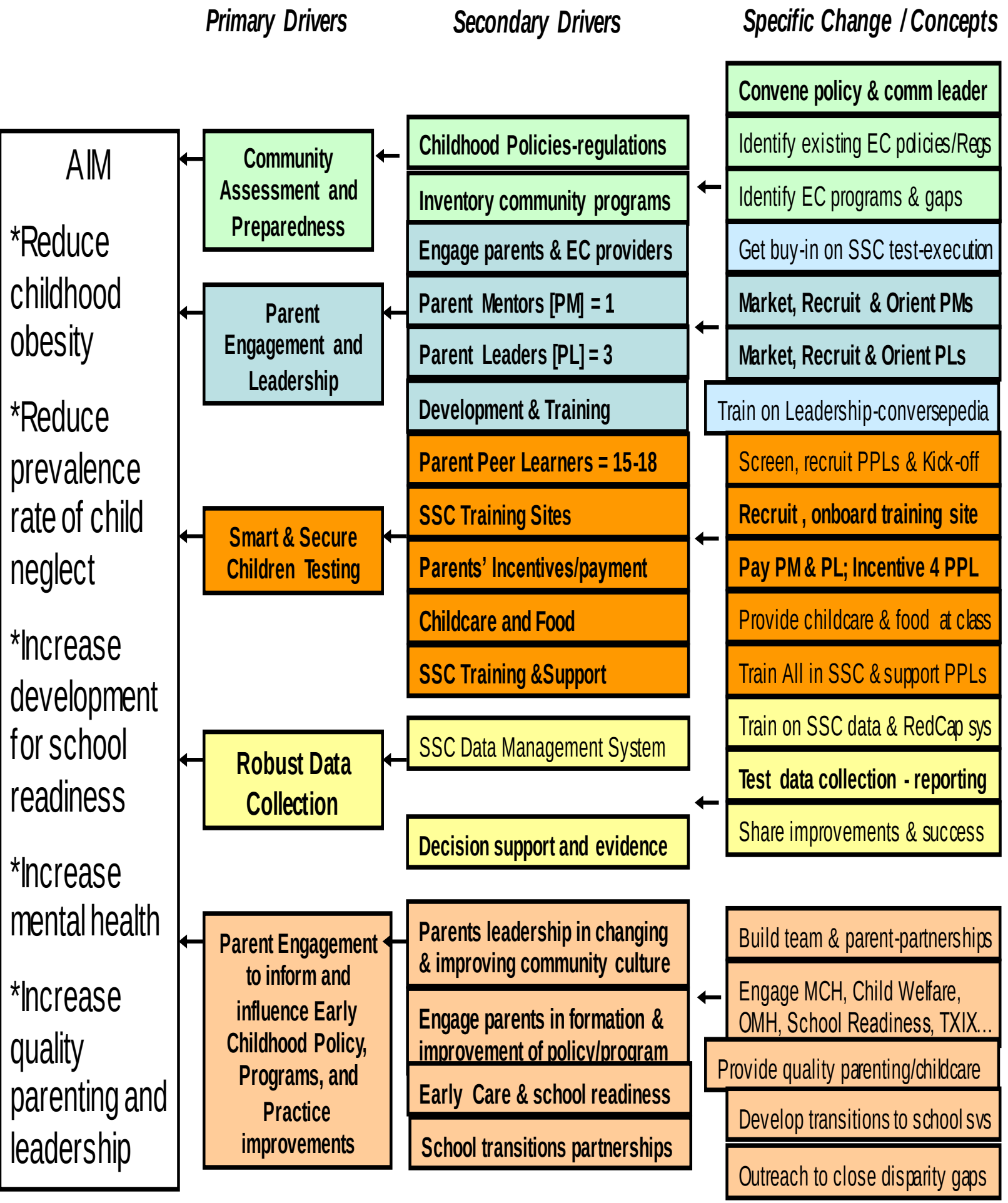
Driver Diagram

A Driver Diagram is an improvement tool used to organize theories and ideas in an improvement effort. It displays visually potential areas we can change to improve quality parenting through SSC. This driver diagram seeks to describe the change package for SSC and clarify the plan for reaching the aim.

Primary Drivers are major processes, operating rules, or structures that will contribute to moving towards the aim. The Secondary Drivers are elements of the primary drivers and the components necessary in order to impact primary drivers, and thus reach project aim. The Specific change /concepts are concrete action-able ideas to take and test. Collaborative teams may identify other change concepts during the test.

Driver Diagram

Reducing disparities in childhood obesity & mental health through Parenting & Policy



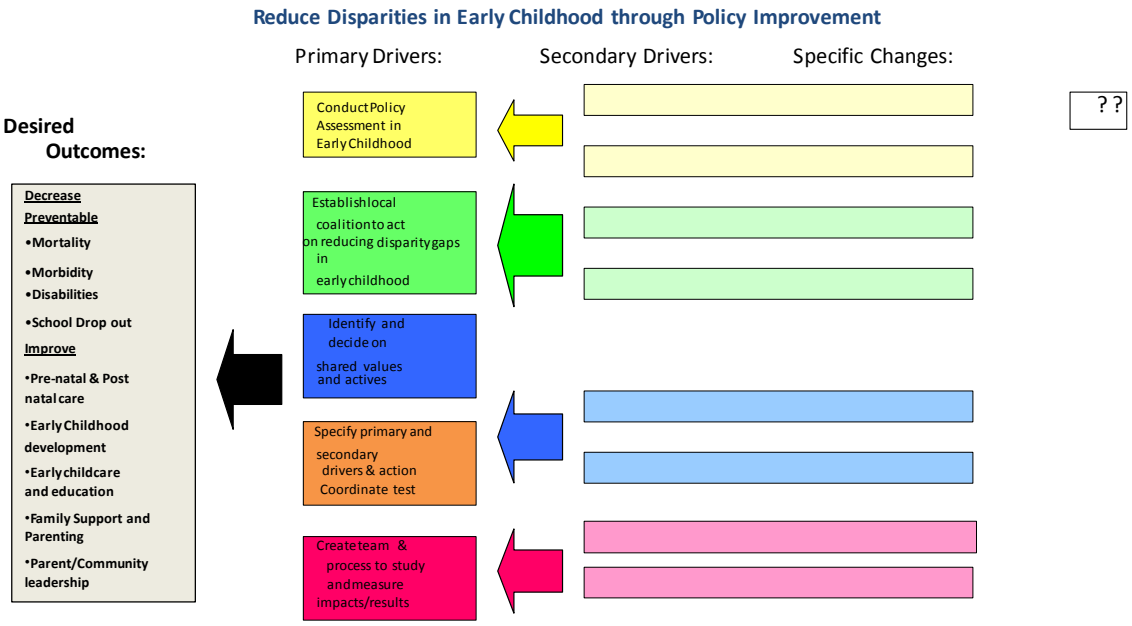
Early Childhood Policy Change Concept

The improvement of early childhood policy by actively engaging families/parents who experience disproportionate burden of disparities to help close the gaps is a broad concept of change for our Collaborative. To reduce health disparities, we have to focus on the determining factors, social, economic and cultural, that contribute to the inequities. Implications of childhood inequities are profound since they create conditions whereby some infants and children are privileged to develop and function optimally and others are deprived of the conditions to enable them to develop and function optimally. The scale and intensity of the impacts of health inequities in early childhood cannot be fully understood and addressed without an integrated strategy of policy, programs, and practice that support equal access to quality pre-natal to post-natal, healthy early childhood development, school readiness and family support. Given that every State has a unique context, we envision this impact area as a 'change concept'.

Participating States and/or organization that choose to adopt and test this concept to develop key actions needed to meaningfully reduce health inequities in early childhood will be supported with an average of $12,000 to fund their local collaborative strengthened by a collective impact approach to advance equity.

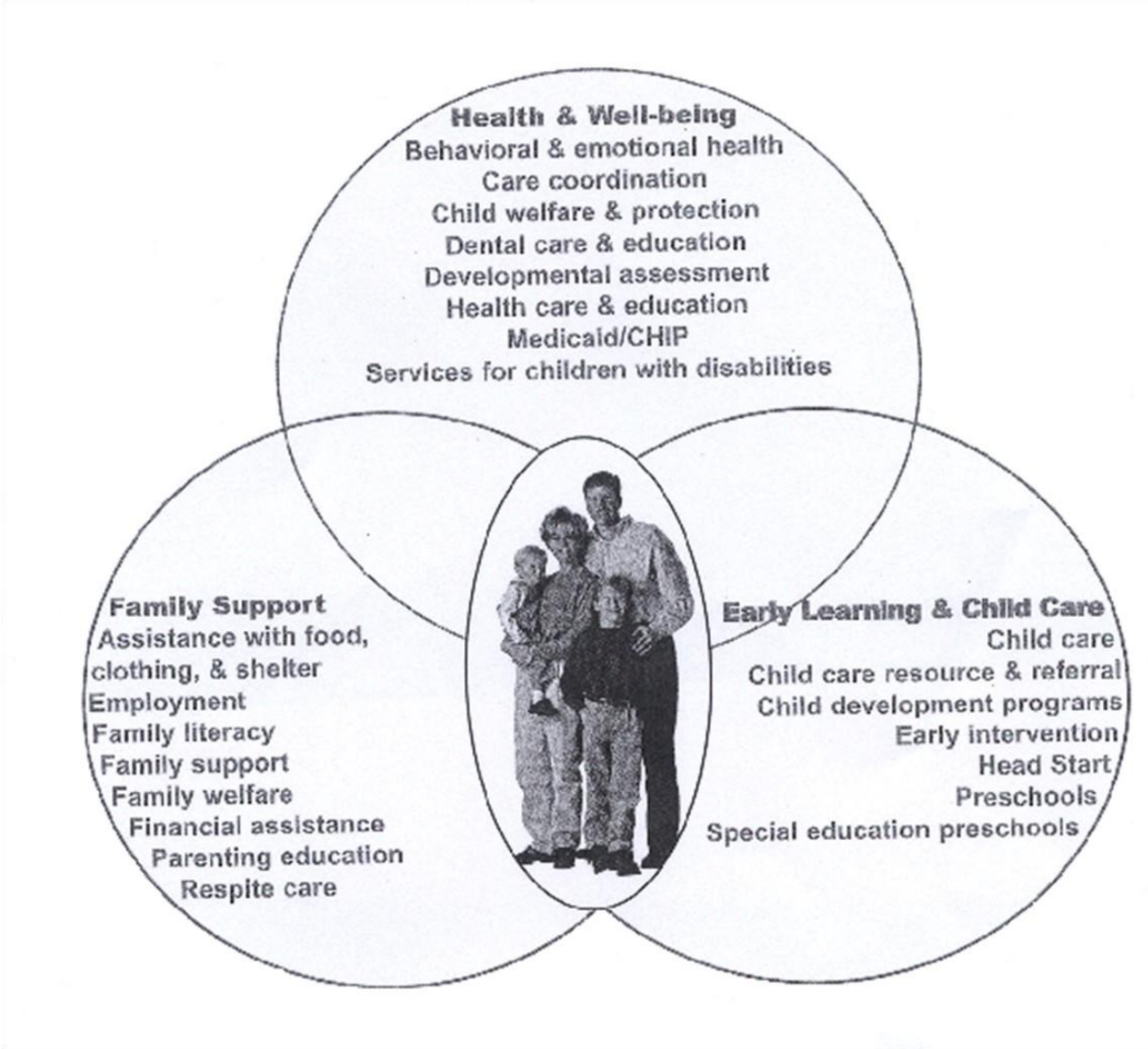
The process for developing and testing the policy change concept will be structured as a Continuous Quality Improvement [CQI] process of 'Plan, Do, Study, Act [PDSA]. This process will allow you to plan and identify specific action that matters most to you, implement the changes, observe its impact, collect data and analyze it as you determine next action to take to continuously reduce disparity gaps.

The following is the driver diagram for the Policy 'change concept' to be developed by our early adopters:



The above diagram indicates areas of opportunities for testing the policy concept. The BTS collaborative methods will be used by early adopters of this change concept to emerge strategic and predicted secondary drivers and specific changes to be further tested by other members of the CACE collaborative.

The following diagram depict a systemic sample of conditions that support equity in early childhood:



The improvement of early childhood policy by participating CACE members is very crucial to eliminating health inequities. States/organization will adapt the picture above and create their own picture/story. To be successful, participating members will actively engage families/parents who experience disproportionate burdens of disparities to help close the gaps and sustain the Collaborative improvement.

4. Pre-work Activities

Checklist for completing Pre-work Activities

To prepare for Learning Session 1 of the Collaborative in July, 2013, each participating team should complete the tasks listed below:

- Form a team.
- Register for Learning Session 1 and arrange for travel and lodging if applicable.
- Schedule a conference call with SHLI.
- Complete the appropriate pre-work activities worksheet(s) in this section:
- Develop an aim statement,
- Define (or identify) a pilot site and population,
- Define measures, and begin to collect baseline data.
- Prepare storyboard for Learning Session 1.

1. Forming a team

Each participating team needs to form a team to test and implement either a SSC change package or/and an early childhood policy as a change concept in order to contribute towards the reduction and ultimate elimination of health disparities. At least three members should be in a typical team with a maximum of 12 members. The Collaborative Action on Child Equity team at the local levels could build on existing related team, such as the Early Childhood Comprehensive Systems (ECCS) work, Maternal and Child Health (MCH) work, Governor's Early Childhood Advisory Council's, federal Home Visiting program, Voices For Children, Family Voices, Office of Child Advocacy and Office of Minority Health efforts, to mention a few examples. Not all team members will need to travel to Atlanta for the learning sessions. Teams should include people from departments and work areas affected by the changes. This will ensure that the team understands the system it is trying to redesign and to promote buy-in for the changes. Collaborative teams are allowed to form their local advisory and steering teams as applicable.

Getting the right people on your team is critical to a successful improvement effort. Teams vary in size and composition, with each State, county, organization or individual teams, the key is to build teams to suit your needs.

Suggestions for effective team activities:

- meet weekly or once in 2 weeks to organize work and to share information, at the initial stage
- assign specific tasks and responsibilities, and
- display visible efforts to promote project and gain support for changes being tested (e.g. posters, charts).

Selecting team leaders

Team activities are guided by members in leadership roles. Individuals in these roles represent the team at the learning sessions, the outcomes rally, and they share their learning with other members of the team. Team members will report progress to a **senior leader** at the participating State, county/local government or an organization/entity. The ideal senior leader:

- has ultimate authority to allocate the time and resources to achieve the team's aim,
- has ultimate authority or can effectively influence key areas affected by the change, and
- will champion the spread of successful changes throughout the State, county, organization, etc.

The team should also have **champion** (s) who is an opinion leader and respected by peers, understands the early childhood policy, programs, parenting and theories and practice to eliminate disparities. The champion should have a good working relationship with colleagues and want to drive improvements in the system.

In addition to team leaders, the team includes members from potentially affected areas of changes related to early childhood and disparities elimination. During the Collaborative Introduction meeting at More-house School of Medicine, participants identified the following as potential key stakeholders:

- government agencies (city, county, state, region and national, examples: Public Health, Education, Healthcare, Human and Social Services, Child Welfare, state/local coalitions, Children's cabinets
- hospital systems, HMOs, state healthcare insurance providers
- school districts, colleges/universities, and coordinated school health.
- Early care and education providers, e.g. Head Start, and child advocacy programs/associations
- elected officials: mayor, school board, legislators, county or city officials
- media leaders, community leaders, including natural leaders, youth leaders
- Community Based Organizations, Faith Based Organizations, state data analytic center, and
- Foundations and Non-Profit organizations and Business/Private organizations.

Checklist for selecting team members

An effective team has members who work well together and who have a combination of skills, styles, and competencies. An effective team has members who

- are leaders,
- are team players,
- have specific skills and technical proficiencies relevant to the mission and subject matter,
- possess excellent listening skills,
- communicate well verbally,
- are problem-solvers,
- are motivated to improve current systems and processes, and
- are creative, innovative, and enthusiastic.

Scheduling a conference call

SHLI staff will facilitate a conference call to discuss this Playbook and next steps.

Preparing a Storyboard

Each Learning Session is designed to create an environment conducive to sharing and learning. At the first Learning Session in July, there will be a storyboard session. Your audience will be the other participating teams and Collaborative Faculty who are not familiar with your organization and aims of your team. Therefore, your storyboard should be as clear and concise as possible.

Your storyboard must fit into a space approximately 4 feet high and 4 feet wide. It may be created from a collection of letter-sized sheets or one large poster. Boards, push-pins and other supplies will be provided at the Learning Session.

Storyboard Outline:
✓Provide a brief description of your organization with the name of your organization shown prominently.
✓Note site of participating team, with team members and their titles.
✓List the principle **aims** of your team.
✓Graph the initial data you have collected during Prework. Limit your storyboard to *graphs of the one or two measures* that are most important to your aims. If you have baseline or historical data on these measures, please include it. Pictures and Graphs should have titles that are brief but explain the significance of the data. Remember to label your pictures, graphs and information.

Appendix A: Worksheet for Documentation

Worksheet for Policy Concept Change Collaborative

(a preparation guide for documenting state/local collaborative Team improvement efforts)

General information

a. Name of State _____
b. Name of Improvement Project_____
c. Site Address _____
d. Number of participants_____

Team members of (Name) (Title)

a. Senior leader/Sponsor _____
b. System leader _____
c. Champion _____
d. Collaborative Chair _____
e. Other team members _____

1. Working draft of your aim statement

2. Definition of your pilot population

Please describe your pilot population i.e., parents, policy makers, and minority populations, e.g. African Americans, Latinos, Rural population for which you will test changes and impact their outcomes. You may add estimate of targeted population per month, quarter or annual.

3. Working list of measures selected for your project

(You may use your identified measures based on your data or use your State policy assessment report including examples from early childhood measures proposed by National Center on Children Poverty).

4. Required goal (s) that matters for your Team

(this is a goal that your Team sees as a 'must do' and without doing it, nothing else matters in your collaborative). Limit this goal to one or at most two in one PDSA cycle. Determine what makes this goal to matters the most and why? Choose measures that will help you track your progress (process, output, outcome & balance) towards accomplishing this set goal.

5. Potential issues in collecting data for the required goal and measures

(Discuss and identify data you need; what data are available, where, how and the accessibility; accuracy, completeness and usability, etc). Determine your baseline data prior to implementing any practice or/and concept change.

Worksheet for the Smart and Secure Children

(a preparation guide for State or organization team use)

General information

a. Name of State _____

b. Name of Project _____

c. Site (s) Address _____

d. Number of participants _____

Team members of SSC (Name) (Title)

a. Senior leader/Sponsor _____

b. System leader _____

c. Champion _____

d. SSC Coordinator _____

e. SSC Parent Leadership [Parent Mentors and Parent Leaders] team members _____

1. Adopting SSC aim statement see Driver Diagram

(Participant may increase the aim statement to include more outcomes based on the priorities or leveraging opportunity in your State or community)

2. Definition of SSC pilot population

(Population could be of different demography with established risks and vulnerability to be mitigated through quality parenting intervention). Include an estimated target.

3. Working list of selected primary and secondary drivers for SSC implementation

(Feel free to adopt and/or adapt what is in the Driver Diagram and include additional drivers and strategies including relevant "Measurement strategy" based on your unique environment).

4. Required measures for SSC

Tested measures will be given to you by SHLI to be replicated in your program, including baseline/pre-test, mid progress and post-test assessment tools. You can add to these standard measures.

Existing measures test parental knowledge, skills, competency, leadership and mental health as well as child's development, social-emotional health, obesity, risk of child neglect.

Documentation of planning, process of implementation and changes made, and discovering of new ideas and improvement strategies for future testing and spread.

5. Potential issues in collecting data for the required measures

(Participants will inform and influence data collection based on lessons learned from their projects to improve future collaborative initiatives).

NOTE – You will receive an email with your State Early Childhood policy assessment reports in the public domain and a link to an online survey tool for you to complete the policy assessment scan.

Appendix B: Collaborative Glossary

action period

The time between learning sessions when teams work on improvement in their home organizations. They are supported by the Collaborative leadership team and faculty, and they are connected to other Collaborative team members.

aim, or aim statement

A written, measurable, and time-sensitive statement of the accomplishments a team expects to make from its improvement effort. The aim statement contains a general description of the work, the pilot population, and the numerical goals.

annotated run chart, or annotated time series

A line graph showing results of improvement efforts plotted over time. The changes made are also noted on the line chart at the time they occur, allowing the viewer to connect changes made with specific results.

assessment scale

A numerical scale used to assess the progress of participating teams toward reaching their aim. 1 = forming team, and 5 = outstanding, sustainable improvement. In each Collaborative, Collaborative faculty assesses teams and also asks them to evaluate their own progress using this scale. The expected level of attainment by the end of the Collaborative is a 4 (significant progress).

champion

An individual in the State, county or organization/entity who believes strongly in the improvements and is willing to try them and work with others to learn them. Teams need at least one policy champion on their team. Champions in other disciplines who work on the process are important as well.

change concept

A general idea for changing a process. Change concepts are usually at a high level of abstraction, but evoke multiple specific ideas for how to change processes. “Simplify,” “reduce handoffs,” “consider all parties as part of the same system,” are all examples of change concepts.

change package

A collection of change concepts and key changes that are tested and developed for application and improvement process to strengthen evidence of impact and discover testable changes.

Collaborative

A time-limited effort (usually 6–13 months) made by multiple organizations that come together with faculty to learn about and create improved processes on a specific topic. The expectation is that the teams share expertise and data with each other; thus, “Everyone learns, everyone teaches.”

Collaborative team

All individuals from the State, county, organization/entity that drive and participate in the improvement process. A core team of up to three individuals may attend the learning sessions, but a larger team of up to six to eight people, often from various disciplines, participates in the local improvement process/effort.

coordinator

The person/staff responsible for the day-to-day activities of the Collaborative, including meetings, materials, phone calls, Web site, reports, and information management.

cycle

See PDSA cycle.

director

The person accountable for ensuring that a Collaborative works successfully and engages with the faculty, teaches and coaches teams, and plans and executes learning session and action period activities.

early adopter

In the improvement process, the opinion leader within the State or organization who brings in new ideas from the outside, tries them, and uses positive results to persuade others in the organization to adopt the successful changes.

electronic mailing list, or e-mail list

A communication system that allows teams to stay connected with the leadership team and each other during the action periods. Sharing information, getting questions answered, and solving problems are all part of e-mail list activity.

Playbook

Pages containing a complete description of the Collaborative, along with expectations and activities to complete before the first meeting of the Collaborative.

implementation

Taking a change and making it a permanent part of the system. A change may be tested first and then implemented throughout the organization.

Improvement advisor

The expert in process improvement and measurement who assists the chair and director in guiding the Collaborative work and coaching teams.

improvement cycle

See PDSA cycle.

IS

Refers to the information system of an organization, usually the computerized information system.

key changes

The list of essential process changes that will help lead to breakthrough improvement, usually developed by the leadership team and chair based on literature and their experiences.

leadership team

The small group of experts on the topic who assists the chair and director in teaching and coaching participating teams. Usually the leadership team contains representatives from all the disciplines who are involved in the change process.

learning session

An extended meeting during which team members meet f to f or via WebEx technology with faculty and collaborate to learn key changes in the topic area, including how to implement changes, accelerate improvement, and overcome obstacles. Teams leave these meetings with new knowledge, skills, and materials that prepare them to make immediate changes.

manager

The person responsible for the day-to-day activities of the Collaborative, including learning sessions, change package management, improvement management and logistics of collaborative.

measure

A focused, reportable, unit that will help a team monitor its progress toward achieving its aim.

Model for Improvement

An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes.

outcomes rally

A large public meeting at the end of the Collaborative during which the best practices in the topic area are presented to others interested in making improvements in the area.

PDSA cycle

A structured trial of a process change. Drawn from the Shewhart cycle, this effort includes the following steps:

- plan—a specific planning phase;
- do—a time to try the change and observe what happens;
- study—sometimes called "check," an analysis of the results of the trial; and
- act—devising next steps based on the analysis.

This PDSA cycle will naturally lead to the "plan" and are called "rapid cycles" or "improvement cycles."

Pilot population, or population of focus

A designated set of population who will be tracked to determine whether changes have resulted in improvements.

Pilot site

The location where changes are tested. After implementation and refinement, the changes will be spread to additional locations.

Pre-work period

The time before the first learning session when teams prepare for their work in the Collaborative. Pre-work activities include selecting team members, registering for the first learning session, scheduling initial meetings, preparing an aim statement, defining a pilot population, selecting measures, and initiating data collection.

Process change

A specific change in a process in an organization. More focused and detailed than a change concept, a process change describes what specific changes should occur.

Rapid cycle

See PDSA cycle.

Run chart

See "annotated time series."

Sampling plan

A specific description of the data to be collected, the interval of data collection, and the subjects from whom the data will be collected. The sampling plan is included on all senior leader reports. It emphasizes the importance of gathering samples of data to obtain "just enough" information.

Senior leader

The executive in the organization who supports the team and controls the resources employed in the processes to be changed. The senior leader works to connect the team's aim to the organization's mission, provides resources for the team, and promotes the spread of the team's work to others.

Senior leader report

The standard reporting format for monthly progress updates in a Collaborative. This concise, two-page report includes an aim statement, measures to be used, a sampling plan, a listing of the changes made, and the results displayed graphically on run charts. The pilot team prepares the report and sends it to the senior leader at their local Collaborative Action for Child Equity, as well as posting it to the electronic mailing list. SHLI staff review and summarize monthly reports

Spread

The intentional and methodical expansion of the number and type of people, units, or organizations that use the improvements. The theory and application of spread comes from the literature on diffusion of innovation.

System leader

The team member who has direct authority to allocate the time and resources to achieve the team's aim, has direct authority over the particular systems affecting the change, and will champion the spread of successful changes to other patient populations.

Technical expert

The team member in the organization who has a strong understanding of the process to be improved and changes to be made. A technical expert may also provide expertise in process improvement, data collection and analysis, and team function.

Test

A small-scale trial of a new approach or a new process. A test is designed to learn if the change results in improvement and to fine-tune the change to fit the State, county, or organization/entity and their targeted population and priority. Tests are carried out using one or more PDSA cycles.

Appendix C: Proposed Collaborative Activities' Timeline

The following is a proposed timeline for CACE activities. Dates will be coordinated and finalized with the Team:

Tasks	Dates	Responsible Person(s)
2013		
Market and enroll Collaborative teams	Jan – March 2013	SHLI – SSC
Convene Collaborative teams to Introduce TCC-SCC and Early Childhood Policy Council	March 2013	SHLI – SSC
Coordinating Calls to respond to Collaborative Teams' inquiries and provide support and engagement	March – July 2013	SHLI – SSC
Draft Collaborative Charter for review	April 2013	SHLI - SSC [Martha]
Develop Governance and Change Drivers and Concepts	April-May 2013	SHLI - SSC [Martha]
Send out Collaborative Playbook	May 31, 2013	SHLI – SSC
Obtain inputs on the Collaborative Playbook from Collaborators/partners	June 15, 2013	SHLI – SSC
Coordinating Calls to support and help develop Capacity for the Collaborative Teams (SHLI)	June – July 2013	SHLI – SSC [Aneeqah]
Identify potential Chair and Technical Expert	June – July 2013	13 States
Identify and invite potential Planning Group & Experts as Faculty	June 2013	SHLI – SSC [Aneeqah]
Scheduling of Learning Session dates, planning group and expert meeting dates	June 2013	13 States
Finalize Planning group/Expert meeting dates and Learning Session dates	June 2013	SHLI – SSC [Yvonne]
Solicit and confirm staffing of key Collaborative Roles and leadership positions	June – July 2013	13 States
Coordinating Planning Group Call to develop Prework for the Collaborative Teams (SHLI)	June – July 2013	SHLI – SSC [Martha & Aneeqah]
Coordinating Planning Group Call to identify the Collaborative Teams option for change project	June – July 2013	SHLI – SSC
Last Draft of Prework	July 15, 2013	13 States [local Team]
Finalize Prework and distribute to teams [send a copy to SHLI]	July 20, 2013	13 States [local Team]
Draft Learning Session 1 Agenda	1st week of July	SHLI – SSC [Yvonne]

CACE Learning Session 1 Planning Group call Calls (All Eastern Time) – Tentative Agenda: 1. Orientation, Prework and Changes 2. Changes and Measurement 3. Learning Session 1 date setting 4. Learning Session 1 Agenda 5. Others	July 7, 2013	CACE Team SHLI – SSC to facilitate
Meeting with Chair and Technical Experts	June – July 2013	SHLI – SSC
Learning Session 1 - Collaborative Academy Technical Support Meeting in Atlanta	July 31, 2013 [?]	CACE Team
Second Year August 2013 – 2014		
Pre-Learning Session 2 calls (all Eastern Time) with participants (small groups of less than 4)		
Establish dates for next two meetings and Planning Group Meeting		
Finalize Learning Session 2 Agenda		
Final Change Package and Measurement Strategy		
Set up Early Adopters Prep calls		
Request for Storyboard to Teams		
Draft Pre-work communication for Collaborative Teams to do in preparation for Learning Session 2		
All Learning Session materials for SHLI Approval		
All approved Learning Session 2 materials for printing		
Convene Expert/Planning Group Finalize Agenda, Changes and Measurement—to Change package and Measurement Strategy		
Collaborative Learning Session 2		
Facilitate discussion on Listserv		
Planning Group Call to Debrief from Learning Session 2 and review team plans from Learning Session 2 Planning Group Calls: Review one-page reports due in October and November--follow up with teams as needed, and plan Learning Session (All Eastern Time)		
Extranet Training Calls (All Eastern Time)		
Area specific conference calls on topics and dates with Collaborative teams between Learning Session 2 and Learning Session 3	Date/Time Date/Time Date/Time	
Coordinating Group Call (Eastern Time)		
Conference call to plan agenda for Learning Session 3		

Draft Learning Session 3 Agenda		
Milestone call- Review overall Collaborative progress and plan necessary interventions		
Request for Storyboard to Teams		
Planning Group Meeting (Pacific Time)		
Finalize Learning Session 3 Agenda		
Coordinating Group Call from Collaborative Teams		
All Learning Session 3 materials to SHLI for copying		
Learning Session 3		
Facilitate discussion on Listserv		
Planning Group Call: Debrief from Learning Session 3 and review team follow-up plans	Date/Time Date/Time	
All-Collaborative conference calls with Collaborative teams between Learning Session 3 and Learning Session 4		
Area specific conference calls with Collaborative Teams between Learning Session 3 and Learning Session 4		
Milestone- Review overall Collaborative progress and plan necessary interventions		
Draft Agenda for Learning Session 4 –		
Request for Storyboard to Teams		
Finalize Learning Session 4 Agenda		
Materials for LS4 to SHLI		
Learning Session 4		
Planning Group Call to Debrief from Learning Session 4 and review team follow-up plans Planning Group Calls: Review one-page reports due in October and November--follow up with teams as needed, and plan Learning Session (All Eastern Time)		
Plan the Collaborative Rally Schedule a conference call Develop Agenda Logistics Prepare for Rally & Reports on Collaborative work Provide TA & Support to13 States		
Host Face-to-Face Collaborative Rally		