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THINKERS
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REAL-WORLD
IMPACT**

Implementing Evidence-Informed Practices in Maternal and Child Health

**Webinar
August 20, 2020**



August 20, 2020
Abt Associates

Implementing Evidence-Informed Practices in Maternal and Child Health: Bridging Domestic and International Methods

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Carolina Global Breastfeeding Institute

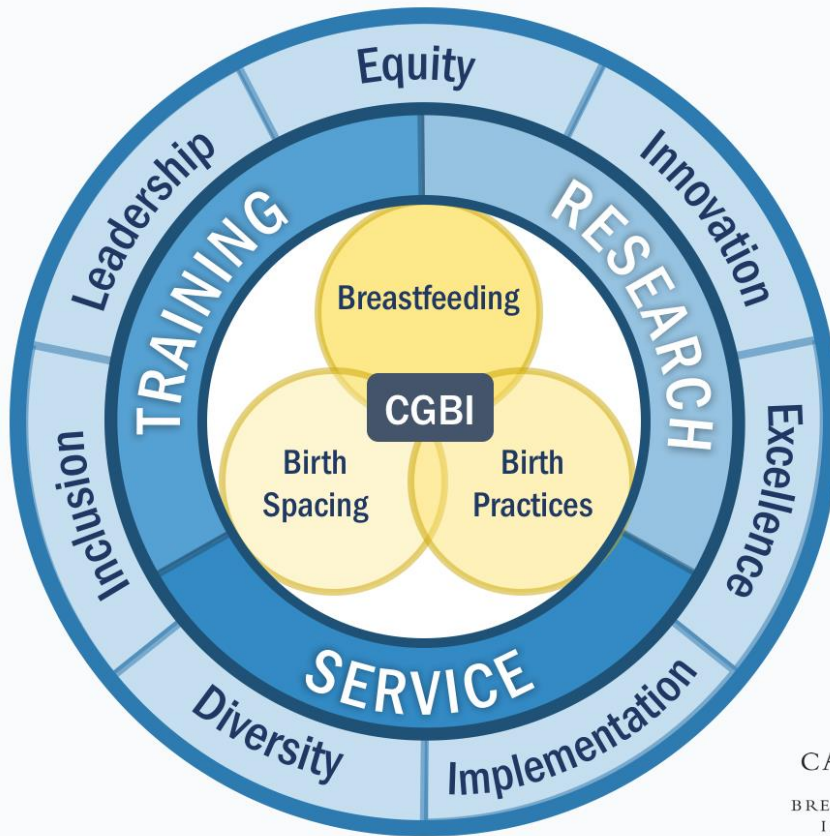


GILLINGS SCHOOL OF
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Topic: Hospital-based quality improvement initiatives focused on evidence-based maternity practices supporting optimal infant nutrition

A photograph of a forest scene. A large, thick, gnarled tree branch arches from the left side of the frame towards the right, forming a natural archway. The branch is dark brown with visible bark texture and some lighter, possibly damaged or peeling areas. Below the arch, a dirt path leads into the distance, flanked by dense green foliage and trees. The background is filled with vibrant green leaves and branches, creating a thick canopy. The lighting is bright, suggesting a sunny day, with dappled light filtering through the leaves.

Feeling Bent? Cracked?
**We are bent but not completely
broken...**



CAROLINA
GLOBAL
BREASTFEEDING
INSTITUTE

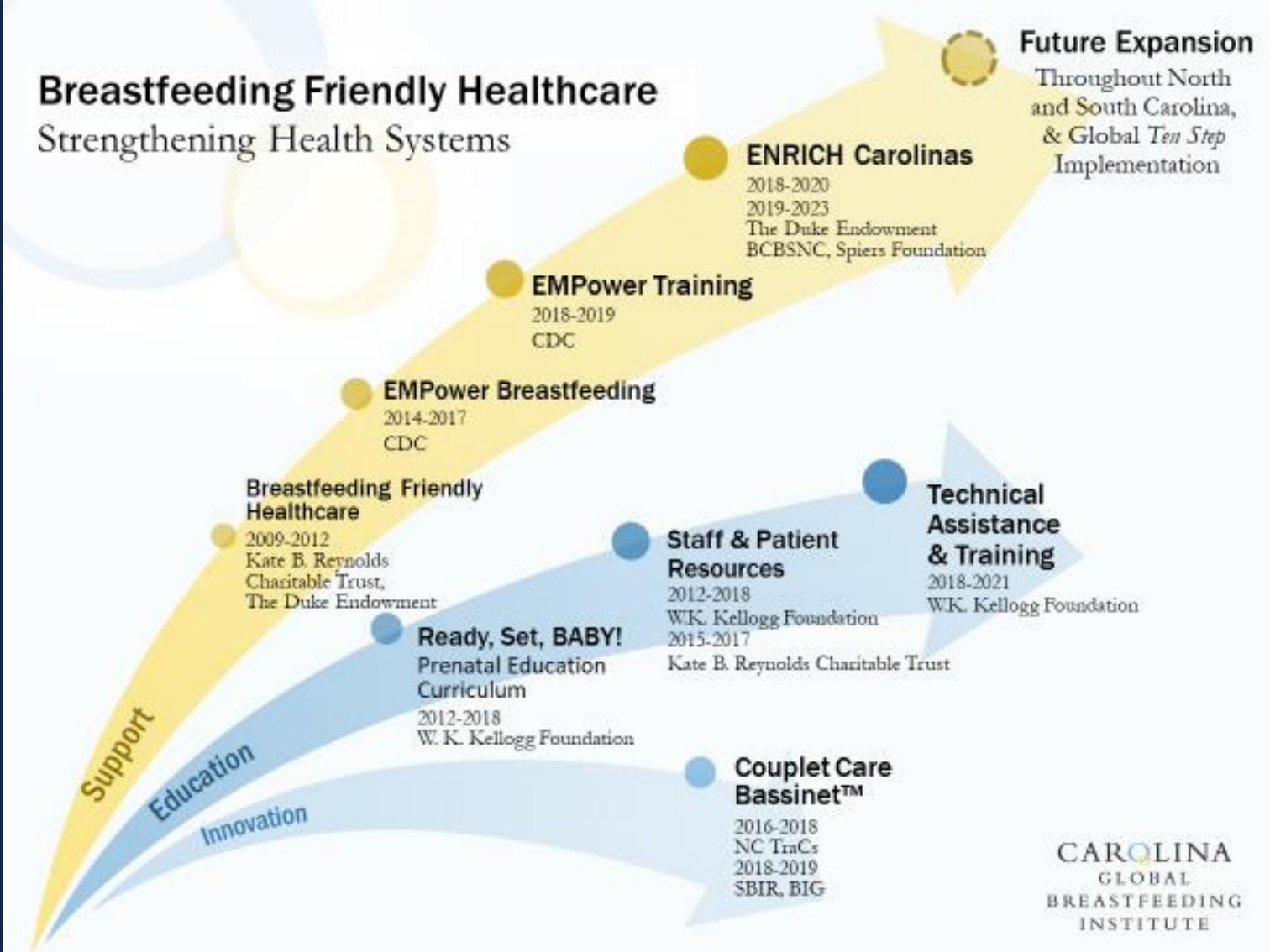


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ACKNOWLEDGEMENT: CGBI TEAM



Breastfeeding Friendly Healthcare Strengthening Health Systems



EMPower Breastfeeding



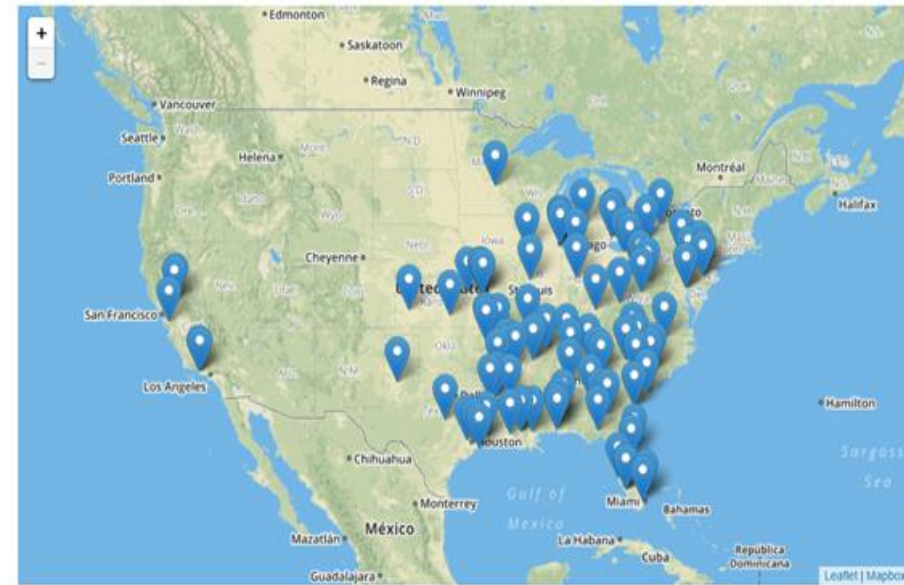
- **Abt Associates (PRIME)**
- **Carolina Global Breastfeeding Institute**
- **Population Health Improvement Partners**



Recruited EMPower hospitals



- Over 90 hospitals in 24 states with the potential to reach up to 200,000 babies annually
- Represent geographic, socio-economic and racial/ethnic disparities in breastfeeding rates
- Include military hospital, university hospitals, large urban hospitals, and rural community hospitals



EMPower Breastfeeding 2014-2017

Recruit

- Recruit and enroll hospitals to adopt the *Ten Steps* and seek Baby Friendly USA Designation
- Focus on states with lowest breastfeeding rates and low mPINC scores, serving most vulnerable populations

Support

- Provide technical assistance/coaching team in Quality Improvement methods and breastfeeding clinical guidelines
- Staff training to support safe implementation of maternity care practices
- Host Learning Collaborative Meetings in Y1 and Y3 for group learning
- Cost sharing for staff training and BFUSA designation fees (D3 and D4)

Monitor

- Technical assistance implementation
- Identify best practices
- Monitor breastfeeding rates

Results

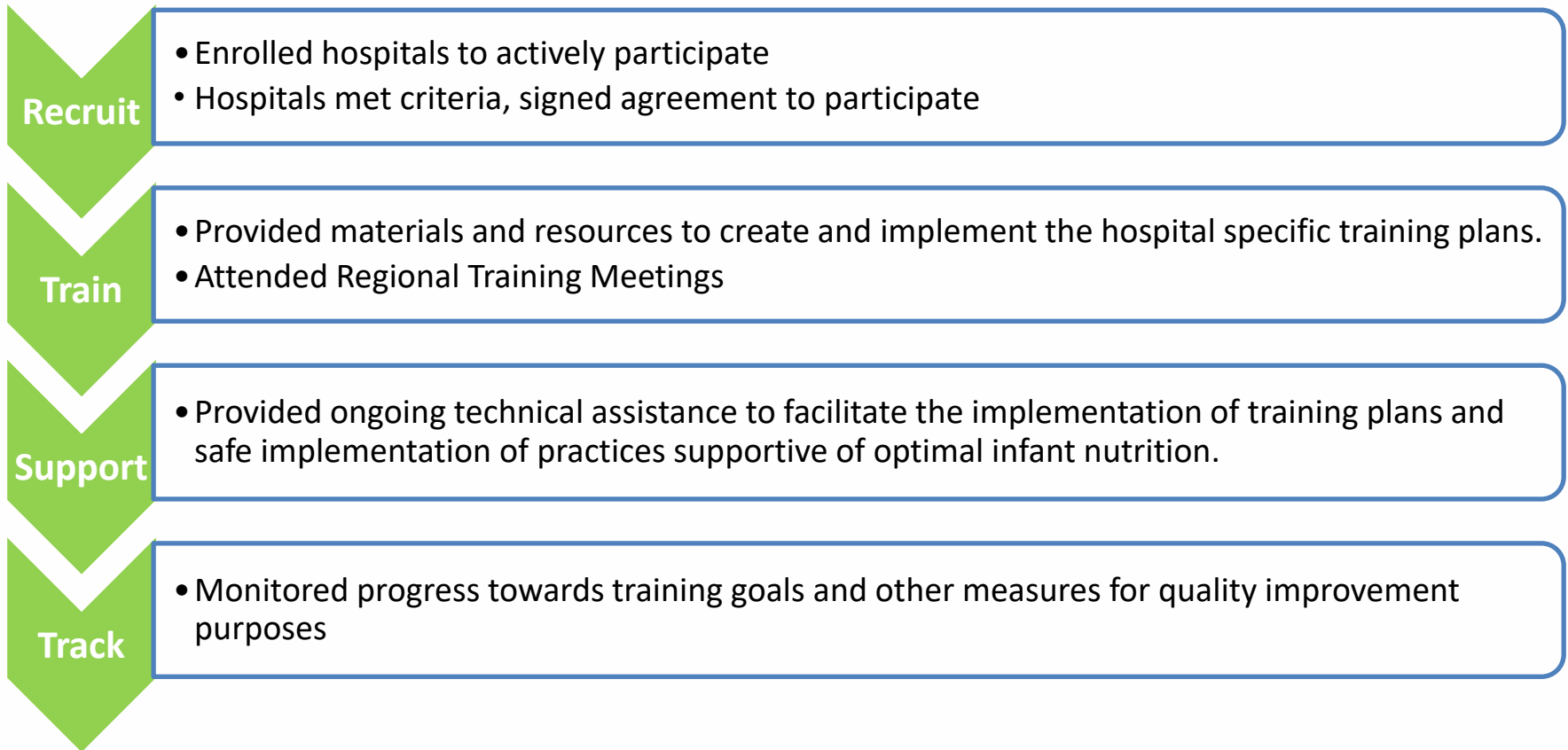
- **75 hospitals designated as Baby-Friendly!**
- 77 made it to the last phase by October of 2017

What is EMPower Training?

- Aimed at improving the capacity of hospital staff to implement evidence-based maternity care practices supportive of optimal infant nutrition
- Provide hospitals with the materials and resources needed for them to create sustainable training plans
- Ongoing technical assistance to support implementation of the plan
- CDC funded from 9/2017-8/2019

*CDC/DNPAO-funded initiative Funded by contract # 200-2014061267-0004

Methods



Project Timeline

Challenges &
Opportunities

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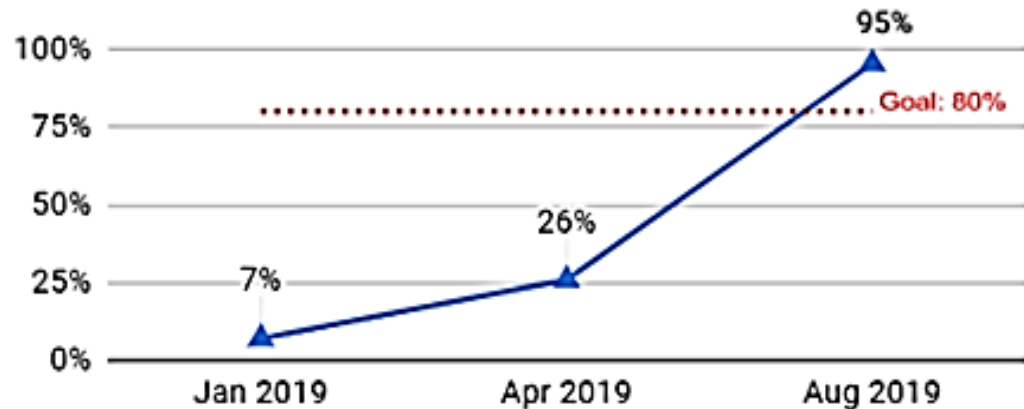
- **Planning:** September 2017-March 2018
- **Recruitment:** February 2018-May 2018
- **Training of Trainers:** July 2018- August 2018
- **Hospital Training Implementation:** August 2018-September 2019

Training Progress

Results

- 81/85 hospitals met/exceeded goal of 80% trained
- 3719 staff trained
- Average of 85% of staff trained for the initiative

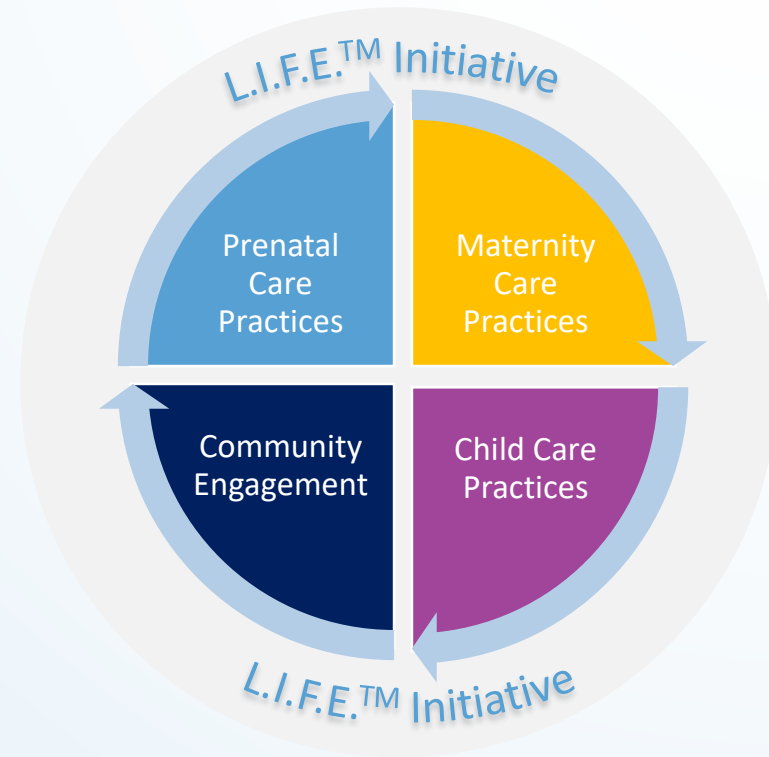
EMPower Training: Percent of Hospitals 80% Trained On All 5 Hours
(N = 85 Hospitals)



<https://sph.unc.edu/cgbi/empower-training-initiative/>

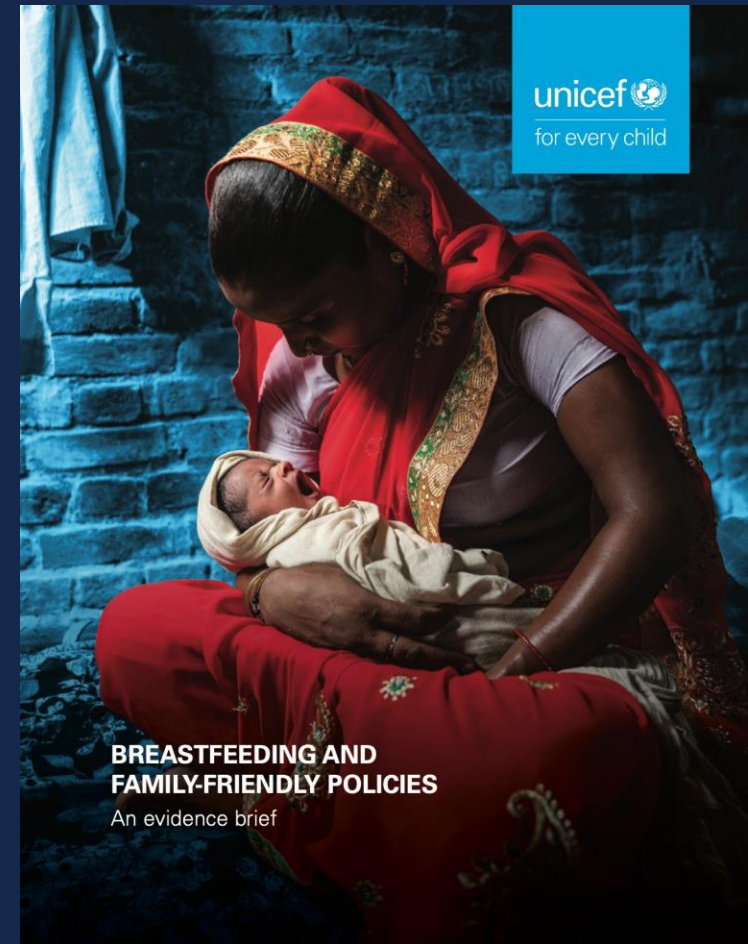
ENRICH Carolinas

- Technical Assistance
- Materials
- Resources
- Training
- Networking



Global Policy & Advocacy

- UNICEF & WHO Global Breastfeeding Collective
- Infant Feeding in Emergencies Core Group
- CORE Group Humanitarian-Development Nexus Taskforce



L.I.F.E.™ SUPPORT FOR COVID-19

The Carolina Global Breastfeeding Institute, Lactation and Infant Feeding in Emergencies (L.I.F.E.™) Initiative is a hub for research, technical assistance, health communications, policy, advocacy, and training for infant and young child feeding in emergencies at the Gillings School.



Information on **Breastfeeding, Community, Mental Health, and Child Care** may be found by clicking through the tabs below.

[Click here for CGBI infographics and webinars.](#)

BREASTFEEDING

COMMUNITY

MENTAL HEALTH

CHILD CARE

KEY LINKS TO INTERIM GUIDANCE ON BREASTFEEDING AND COVID-19

Information about perinatal COVID-19 transmission is changing rapidly. These resources linked below contain key messages for the protection, promotion, and support of breastfeeding, use of donor human milk, and safer use of breastmilk substitutes for COVID-19. We recommend that organizations draw upon these key messages to design tailored health communications materials appropriate for their patient populations, communities, and other audiences.

Centering Equity as Core

- Project Team Cross Training
- Racial Equity Institute Training
- Measures and Evaluation
- Observations and Interviews (TA)
- Learning Collaborative Meetings
- Whiteness at Work Series
- Lending Library/Independent Study





Infant Mortality Collaborative Improvement & Innovation Network (IM CoIN)

“Implementing Evidence-Informed Practices in Maternal and Child Health: Bridging Domestic and International Methods” Webinar

August 20, 2020

Vanessa Lee, MPH

Public Health Analyst, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Genesis of the MCHB “CoIIN”

A Collaborative Innovation Network (COIN)

is a team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.¹



In 2012, MCHB adapted concept to reflect a focus on *both innovation and improvement* yielding a ***Collaborative Improvement & Innovation Network (CoIIN)***.

¹ Gloor PA. *Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks*. New York: Oxford University Press, 2006.

What is a CoIIN?

Collaborative **I**mprovement and **I**nnovation **N**etwork

Is a...

platform and *methodology*

for participants to engage in *collaborative learning* together

as *virtual* 'cyberteams',

around a *common aim*,

applying *quality improvement* methods,

to *spread and scale* policy and program innovation

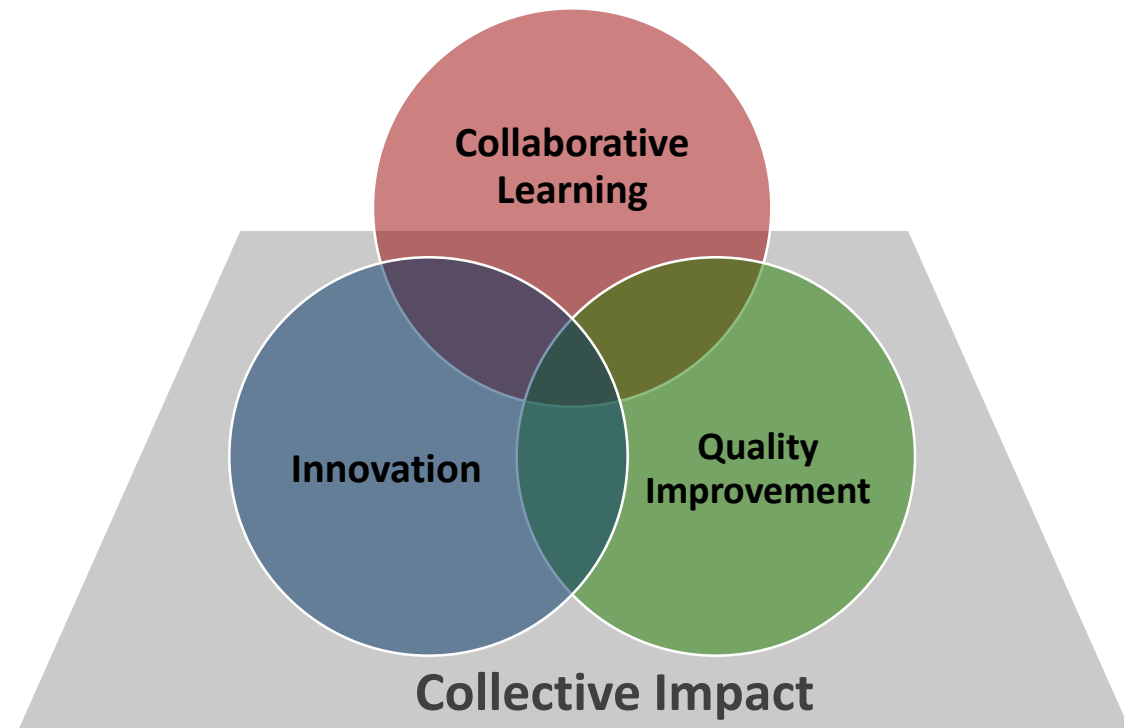
- which in turn *accelerates improvement* in strategies that contribute to desired outcomes.



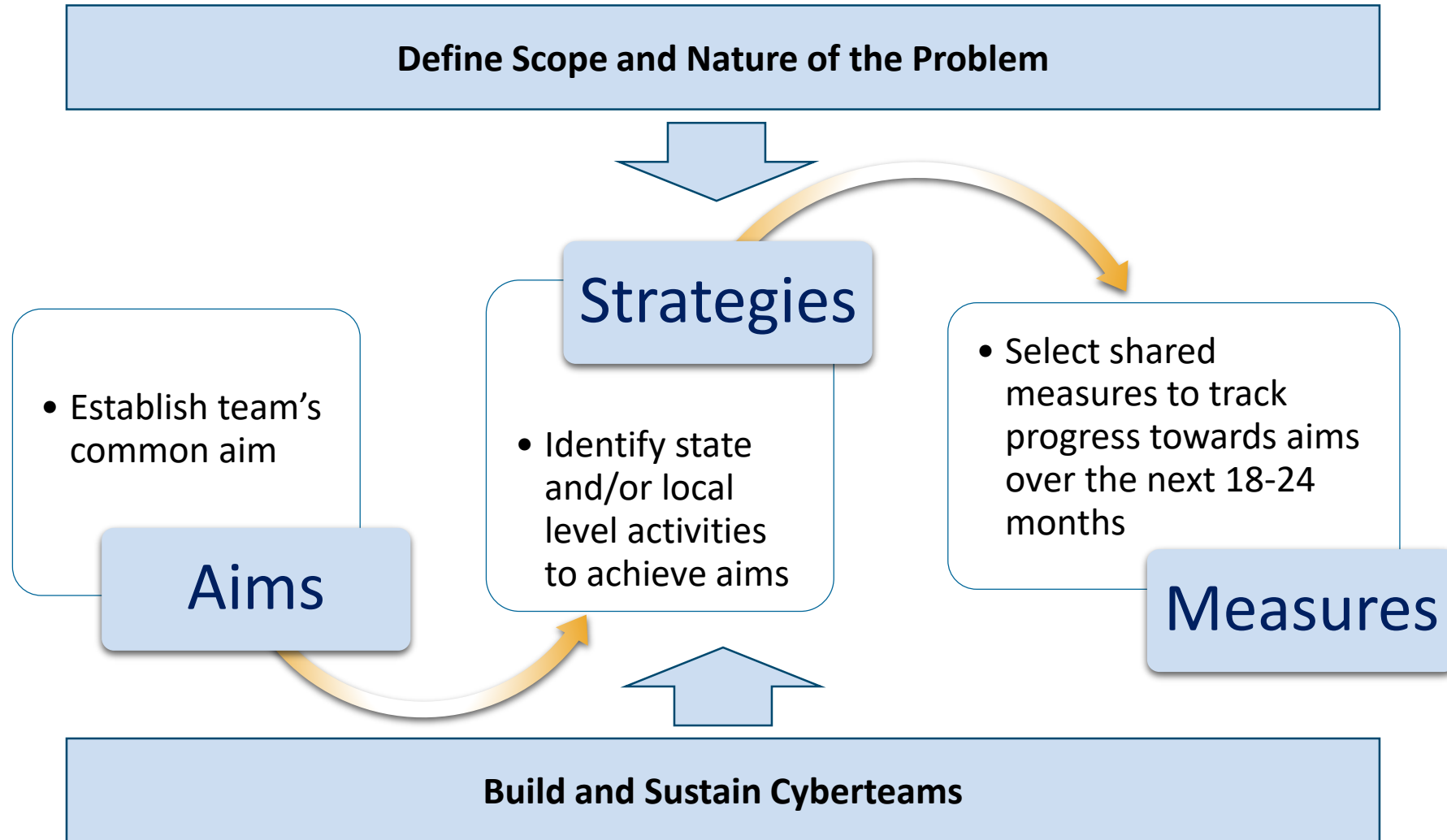
CoIIN Framework & Core Methods

Collective Impact:

1. Common Agenda
2. Mutually Reinforcing Activities
3. Shared Measurement
4. Continuous Communication
5. Backbone Support



CoIIN: Designed for Action



Infant Mortality CoIIN

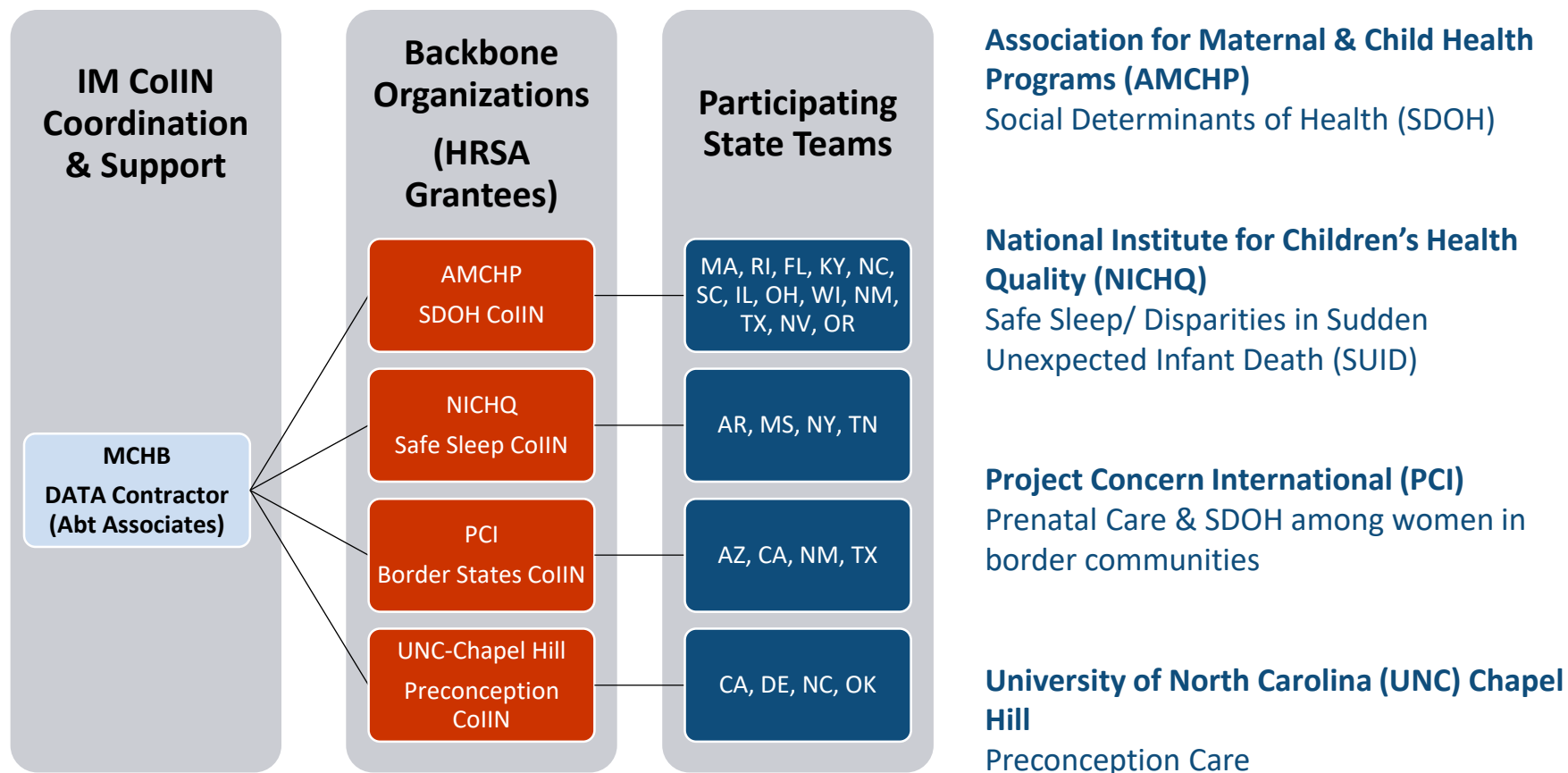
Purpose: to reduce infant mortality in areas with high annual rates, as well as disparities in infant mortality and related perinatal outcomes, through 1) collaborative improvement, 2) collaborative innovation, and 3) the spread and scale of best practices.

Specific aims/objectives of IM CoIIN are to:

- 1) Achieve measurable improvements in specific aims, as defined by the CoIIN teams during the project period
- 2) Accelerate the development and/or discovery of innovations and new evidence to reduce infant mortality, as well as disparities in infant mortality and related perinatal outcomes
- 3) Support dissemination, spread, and scale of best practices to stakeholders in all states/jurisdictions



Summary of Infant Mortality CoIIN



IM CoIIN Grantees:



Border States CoIIN

Backbone Organization	PCI United States
Aim Statement	By 2020, increase early prenatal care utilization by 10% among women in targeted impact areas with poor social determinants of health measures through the development of place-based improvement strategies.
State Teams	AZ, CA, NM, TX
CoIIN Team Measure	First trimester prenatal care Adequate prenatal care (optional)



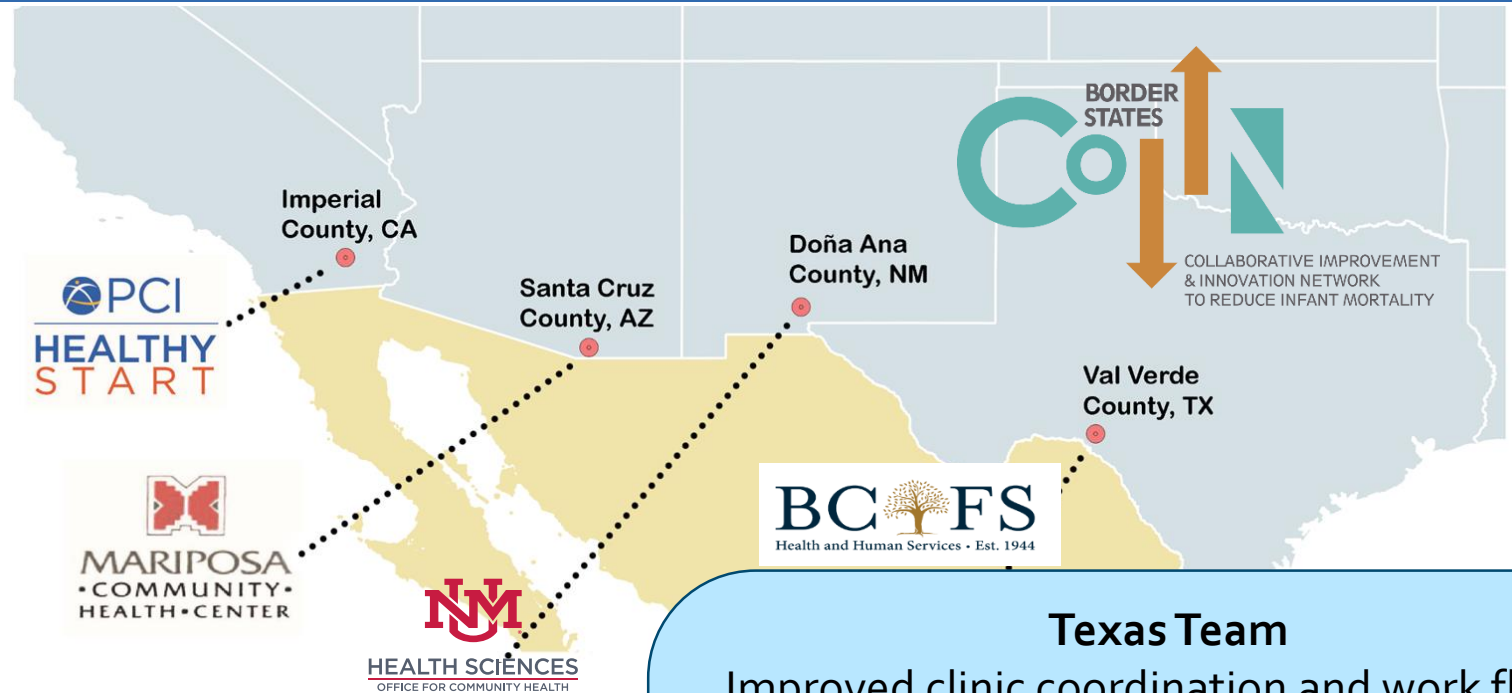
Highlighted Successes by State

California Team

- ColIN efforts led to updated CDC / NCHS national guidance on recording foreign PNC in birth certificate
- Conducted borderwide study on PNC recording practices.

Arizona Team

- Chatbot offers free, confidential information on pregnancy testing, STDs and PNC; co-designed, tested and branded by youth users (YoSShi)
- Youth Advisory Board formed to manage bot, launched in schools and community settings in 2020.



New Mexico Team

UNM develop updated CHW prenatal / preconception curriculum for state of New Mexico CHW certification programs, driven by HCD approaches.

Texas Team

Improved clinic coordination and work flow for pregnancy testing visits at UMC clinics resulted in:

- Prenatal care scheduling delays cut in half (16 to 8 days)
- Enrollments in Medicaid among prenatal clients have doubled
- **First trimester PNC has nearly doubled (29% to 56%) since first quarter 2018.**

IM CoIIN Grantees:



Preconception CoIIN	
Backbone Organization	University of North Carolina at Chapel Hill (UNC)
Aim Statement	<p>By 2020, four states, in collaboration with the core CoIIN team and clinic partners, will develop an adaptable model to effectively integrate preconception care into preventive care visits by:</p> <ol style="list-style-type: none">1) working with clinics, consumers and communities to co-create and implement screening tool(s) and response strategies2) enhancing state capacity to support implementation and preconception wellness3) disseminating the model(s) statewide and nationally
State Teams	CA, DE, OK, NC
CoIIN Team Measure	Proportion of non-pregnant reproductive age women asked about their pregnancy intentions



Preconception CoIN Team: Lessons and Strategies

- The concept of an annual preventive visit is not well understood.
- Providers need to understand how the community sees them and invest in helping women feel welcome and seen.
- It is frustrating for providers when there aren't resources available to help their patients/clients achieve their health and wellbeing goals.
- Providers are very receptive to training about implicit bias and about contraceptives.
- Graphic facilitation is a great tool for virtual complex thinking.
- Co-designed short screening tools can enhance a preventive visit.
- Co-designing patient educational materials will provide needed supports for the visit.
- Specialty care providers need to play a greater role in asking about pregnancy intention and providing preconception care.



IM CoIIN SDOH

Backbone Organization	Association of Maternal & Child Health Programs (AMCHP)
Aim Statement	By Spring 2020, all state teams will develop, adopt, or improve at least two policies and/or practices at the state or local level which will directly impact social determinants of health.
State Teams	FL, IL, KY, MA, NV, NM, NC, OH, OR, SC, TX, RI, WI
CoIIN Team Measure	Policy/Practice Change Process Measures

SDOH CoIN Team: State Team Activities

About half of the state teams are working to incorporate health equity into the infrastructure of their organizations; the other half are focused on innovative partnerships to address SDOH externally with local and community partners



Safe Sleep CoIIN to Reduce Infant Mortality

Backbone Organization	National Institute for Children's Health Quality (NICHQ)
Aim Statement	<ul style="list-style-type: none">• By 2020, decrease by >10% SUID across 4 states by increasing adoption of the ABCs of safe sleep.• States reporting racial disparities among sleep-related deaths at baseline will reduce disparity by > 5%.
State Teams	AR, TN, MS, NY
CoIIN Team Measure	Quarterly (Provisional) SUID Mortality Rate Overall and by Race/Ethnicity

IM CoIIN Initiative – Expected Outcomes

- IM CoIIN Outcome Measures (overall and by race/ethnicity)
 - Infant mortality rate
 - Neonatal mortality rate
 - Post-neonatal mortality rate
 - Preterm-Related Mortality Rate
 - Sudden Unexpected Infant Death (SUID) mortality rate
 - Preterm birth rate
- CoIIN Team-Specific Measures
 - SUID mortality rate
 - First trimester prenatal care
 - Adequate prenatal care (optional)
 - Proportion of non-pregnant reproductive age women asked about their pregnancy intentions

THANK YOU!

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Advancing Quality of Care Interventions for Neonatal and Child Health (NN/CH) in the Private Health Sector:

Lessons from Nepal

James White, R.N.

Clinical Advisor, SHOPS Plus, Abt
Associates

August 2020





Advancing Health Outcomes Through the Private Health Sector

- SHOPS Plus: is USAID's flagship initiative in private sector health
- The private health sector as all non-state entities:
 - for-profit; non-profit; faith-based; parastatal; associations; networks and more
- Increasingly acknowledged that private health sector has a critical role to play in achieving key health outcomes and SDGs



The private health sector is a key source of care worldwide

- **Important source of ANC, NN, and CH services** in numerous global settings
- Scoping Review (2018) : **paucity of evidence exploring the scale and quality of these services**
- In some settings, **private POC possess advanced technologies, expert HRH, and can promote advanced outcomes**
- In other settings, **constrained by health system challenges, not engaged by government, unknown quality of care (QoC) and outcomes**
- Systematic global approaches **need to explore the complex contextual factors** defining private health sector QoC



Rationale for Private Sector Engagement in Nepal

Why should the PHS be engaged?

- Current NN and CH mortality rates suggest need for service extension
- Current caregiver health seeking demonstrates private sector use
- Anecdotal evidence suggests inadequate referral patterns / options

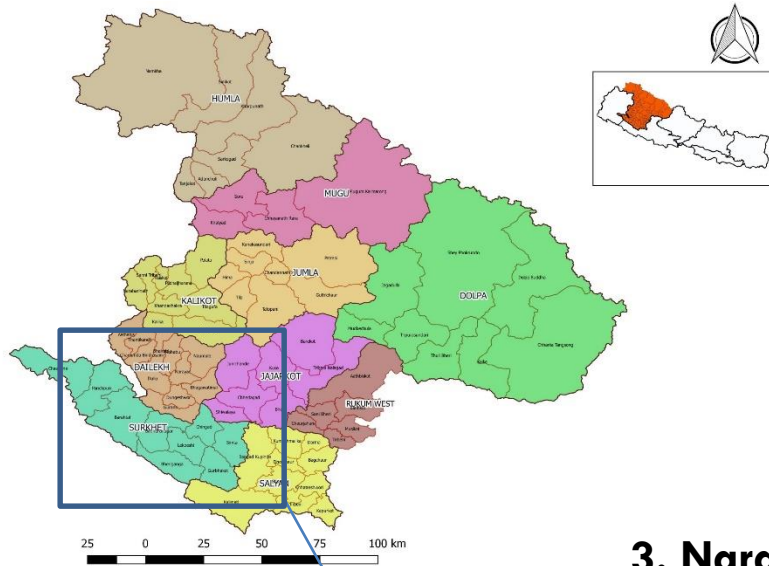
Why haven't they been engaged to date?

- Hesitation among public sector health officials
- Lack of successful examples and no clarity on 'how'

What would be needed to scale NN/CH services in the PHS?

- Clarify levels of registration, certification, and approval for NN/CH service delivery
- Assess and increase NN/CH clinical knowledge and QoC interventions
- Clarify interaction between private and public POC

Karnali Province: Municipality Focus



- Catchment area of public sector's Surkhet Provincial Hospital
- Broad range of private facility and provider types

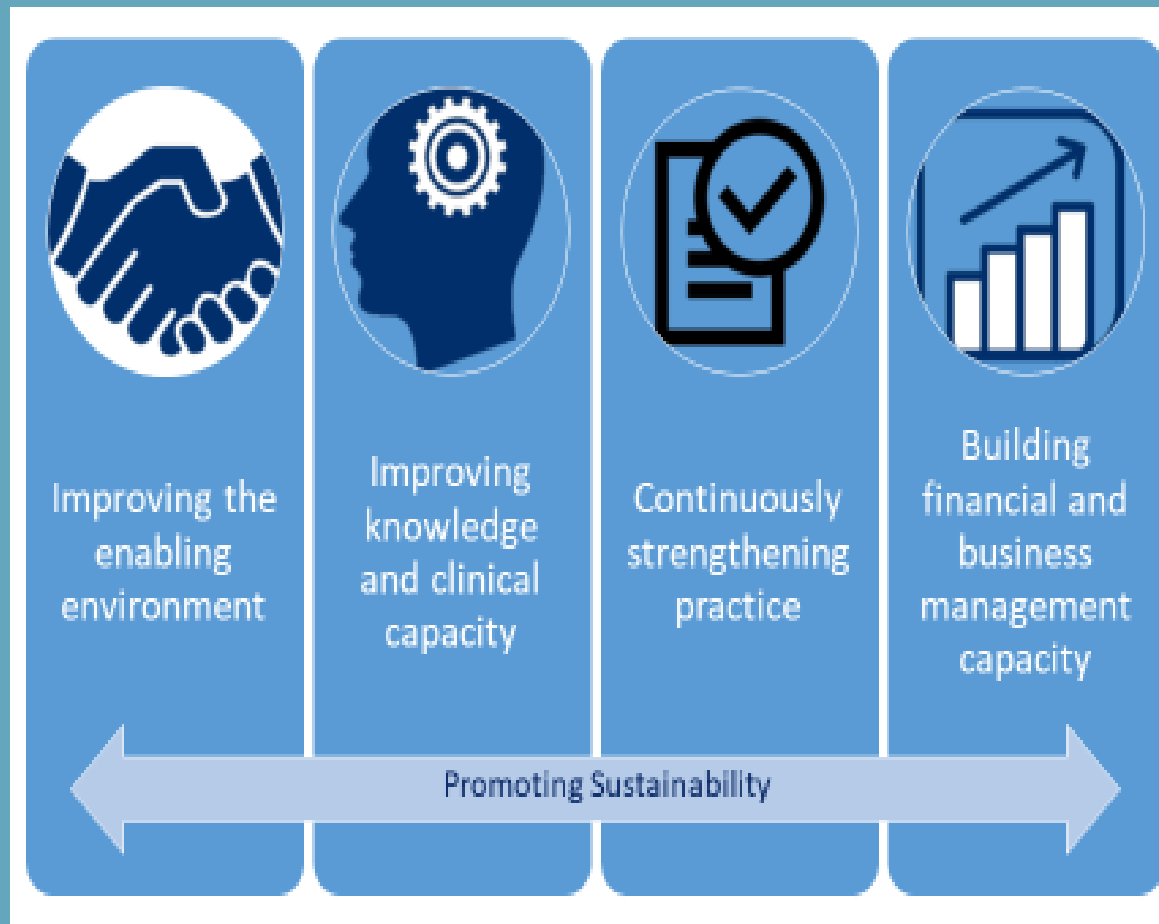
3. Narayan Municipality

1. Barahtal Municipality



2. Birendranagar Municipality

Assessing QA/QI Profiles of Facilities



Levels of private facilities engaged

Higher level

Polyclinic

- Registered on the basis of prevailing law and providing more than five health services such as out-patient service, laboratory service, immunization service, family planning service, physiotherapy service, radio imaging service etc.

Hospital and Nursing Home

- Hospital and nursing homes are not different in providing health services, they provide inpatient services in addition to the services provided at polyclinic level

Lower level

Medical Hall/ Pharmacy

- Facility that dispenses drugs as authorized by Department of Drug Administration (DDA). Provides no clinical services

Clinic

- Registered on the basis of prevailing law; providing less than five health services such as out-patient service, laboratory service, immunization service, family planning service, physiotherapy service, radio imaging service etc.



Improving the enabling environment

- Segmentation of private health entities is critical to advancing dialogue and partnership
- Segmentation of legal, health, business, and certification status as part of any PSE effort
- Look at the diverse range of private facility types and private provider types
- Segmentation is critical to designing interventions; but can also advance buy-in for 'approved' facilities



Improving knowledge and clinical capacity

- Private sector access to public hosted CB-IMNCI and other trainings is a known and major historical challenge
- Host private trainings where possible and invite public sector clinicians to foster linkages
- Explore ways for USAID IPs to hire government trainers to ensure compliance with Rules and Regs, ensuring it is recognized



Continuously strengthening the practice environment

- Knowledge enhancement interventions will not be actualized without equipment and sound practice environment
- Private facilities are (and should be) expected to source their inputs for services but NN/CH may require more targeted solutions
- Explore ways to provide strategic equipment resourcing, placement, or 'starter kits' as part of trainings



Building management and operational capacity

- Disseminate HMIS forms and train private providers on 'short-form' public reporting
- Invest in longitudinal tracking of referral patterns and patient outcomes for NN and CH clients in diverse private sector settings
- Invest in Private Association involvement in reporting interventions in order to reach more facilities

Questions and Further Information



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We will now have a Q&A Session with
the Panelists.

Please add your questions for the
panelists to the chat.

Thank you in advance for your input.

Thank you!



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