



**PRECONCEPTION
IN PROGRESS
WEBINAR SERIES**



Patient and Community Engagement
Brandi Collins-Calhoun
and Tara Bristol Rouse, MA
April 6, 2018, 12pm ET

Preconception Health+Health Care Initiative
A National Public-Private Partnership

#SHOWYOURLOVETODAY

This webinar is being recorded.

- This webinar will be archived on BeforeandBeyond.org, under Program > “Preconception IM CoIIN” tab.
- Stay tuned for information about accessing this recording and the next webinar in this series.
- Please provide feedback to today’s webinar:
<https://www.surveymonkey.com/r/2MXP5NH>



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OBJECTIVES

Participants will be able to:

- Identify multiple strategies for clinics to engage with patients and community organizations/partners
- Articulate practical strategies for true patient/consumer engagement, particularly at the clinic and/or health system level




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Reducing Infant Mortality by Improving Women's Health: Preconception CoIIN

OUR GOAL

This Preconception CoIIN will develop, implement, and disseminate a **woman-centered, clinician-engaged, community-involved** approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.



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Community Based Programs - Clinic Partnerships

Brandi Collins-Calhoun
Director of Maternal and Reproductive Health
BCalhoun@ywcagsonc.org
April 6th, 2018



"Coming together is a beginning, staying together is progress, and working together is success." – Henry Ford

Objectives

- Webinar participants will be able to:
- Encourage patients and their communities to be involved in practical planning to improve programs and activities
- Eliminate barriers faced by community based programs, clinical preventive services and pertinent medical treatment to encourage healthy behaviors and effective preconception care
- Build and strengthen partnerships and relationships between clinical and community based networks and address the gaps in needed services



Involving Community Programming and Clinic Based Partners

- Build a list of vital community programs that can be of service to your clients.

COMMUNITY

- Local Health Departments
- Non Profits
- Community Centers
- LGBTQ Centers
- Public Libraries
- Farmers Markets
- Faith Based Communities

CLINICAL

- Nurses
- Physicians
- Behavioral counselors
- Nutritionist
- Pharmacist
- Medical Schools

Building Community and Clinical Resource List

- Clinics and community programs should build a resource list of existing services and resources they are able to provide
- Organize a list of different services each clinic/agency can provide and include a description with key information
- Establish an official understanding of the scope and nature of the services that are being offered
- Partner with listed agencies to conduct community outreach

Matrix of Strategies for Working Together SM				
	Networking	Coordinating	Cooperating	Collaborating
Definition	Exchanging information for mutual benefit	Exchanging information for mutual benefit, and altering activities to achieve a common purpose	Exchanging information for mutual benefit, and altering activities and sharing resources to achieve a common purpose	Exchanging information for mutual benefit, and altering activities and sharing resources, and enhancing the capacity of another to achieve a common purpose
Relationship	Informal	Formal	Formal	Formal
Characteristics	Minimal time commitments, limited levels of trust, and no necessity to share turf; information exchange is the primary focus	Moderate time commitments, moderate levels of trust, and no necessity to share turf; making access to services or resources more user-friendly is the primary focus	Substantial time commitments, high levels of trust, and significant access to each other's turf; sharing of resources to achieve a common purpose is the primary focus	Extensive time commitments, very high levels of trust and extensive areas of common turf enhancing each other's capacity to achieve a common purpose is the primary focus
Resources	No mutual sharing of resources necessary	No or minimal mutual sharing of resources necessary	Moderate to extensive mutual sharing of resources and some sharing of risks, responsibilities and rewards	Full sharing of resources, and full sharing of risks, responsibilities and rewards

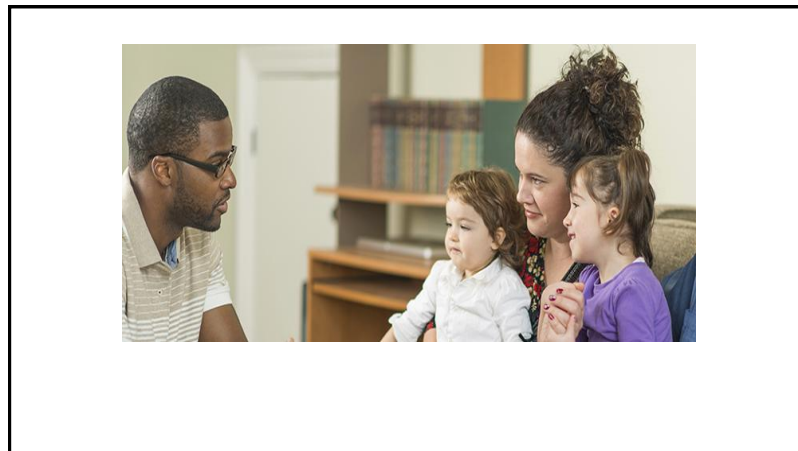
https://www.sophe.org/wp-content/uploads/2017/07/National-WIC-Association_final2.pdf

Barriers

- Determine what barriers community based programs are experiencing with the populations your clinic serves and express what gaps you are finding in the care being provided at your practice
- Contact community agencies, programs and services to establish a referral process and resources for clients to be connected with
- Confirm what barriers the community programs might be experiencing
- Based on surveys, assessments and programming, gather feedback from the community program providers to assess their referral process and demands

REFERRAL SYSTEMS			
LEVEL OF RESOURCES	PROS	CONS	EXAMPLES
More Resource Availability (often uses a formal process)	<ul style="list-style-type: none"> May have access to systems like an EHR that are already a natural part of a health care provider's workflow Can establish a new system if one does not exist Provides flexibility in providing various types of referral resources to clients 	<ul style="list-style-type: none"> Modifying EHR may require substantial technical assistance or contractors each time a change is necessary or required The timeline required to update an EHR can be lengthy and referral programs or screening questions may change before the EHR update takes effect Resources may be needed to be used on other tasks 	<p>When resources are more available in the linkage, it can be easier to refer individuals to various programs based on electronic health records. For example, if a patient smokes and a physician documents that on the record, then a note could appear when compiling discharge papers. This note could signal and remind the health facility that a smoking cessation program is needed post-discharge.</p>
Minimal Resources (often uses an informal process)	<ul style="list-style-type: none"> Requires more innovation to develop referral programs with minimal resources Uses already established resources May take a more interpersonal approach to referring individuals to programs 	<ul style="list-style-type: none"> May require substantial training of clinical staff or place burden on already over-worked employees to implement Difficult to track the number of referrals or other outcomes to measure the success of referral programs 	<p>Minimal resource referral systems may rely on paper-based templates, such as health promotion flyers given to targeted patients or prescription pad referral programs</p> <ul style="list-style-type: none"> a patient that smokes is given a flyer for a local health department smoking cessation class a sedentary patient is prescribed a YMCA exercise program

https://www.sophe.org/wp-content/uploads/2017/07/National-WIC-Association_final2.pdf



Community Feedback

How effective are the partnerships and updates?

- Survey the community needs, barriers, and resource access
- Reviews of the referral/resource system
- Involve both community agency and clinical partners' feedback of the system updates



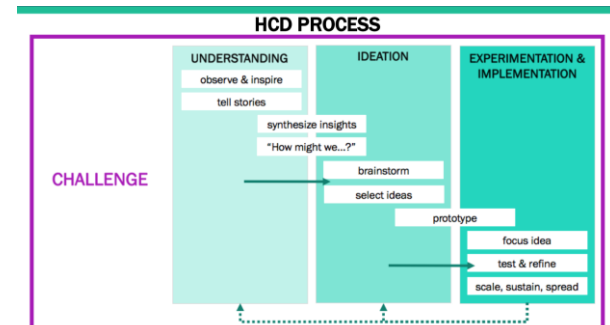
“No one can whistle a symphony. It takes a whole orchestra to play it.” –
H.E. Luccock

Engaging Patients and Families in Improvement: The Who, What and How to Get You Started

Tara Bristol Rouse, MA

Patient and Family Engagement Consultant

Tara.Bristol@gmail.com



Source: Berkowitz, R., Vechakul, J., Patel Shirmali, B., & Anderson, T. (in press). Human-Centered Design in S. Verbiest (Ed.), Translating Life Course Theory into Practice: Improving Health and Well-Being Across Generations, 1st Ed. Washington, D.C.: American Public Health Association.



The Role of Patients and Family Members in Organizational Improvement

Role of Patients and Family Members in Organizational Improvement

- Provide individual feedback or participate in discussion groups
- Revise or help create educational or informational materials for patients and families
- Assist with piloting or testing new materials
- Participate in information/data gathering
- Assist with education
- Serve on your Preconception CoIN team

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The Role of the Staff Liaison in Engaging Patients and Families

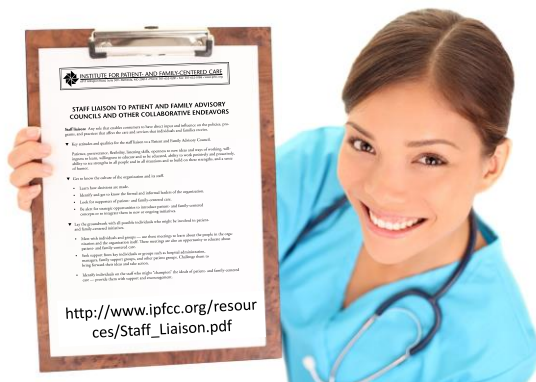




Staff and Physician Education Tools: AHRQ Guide to Patient and Family Engagement

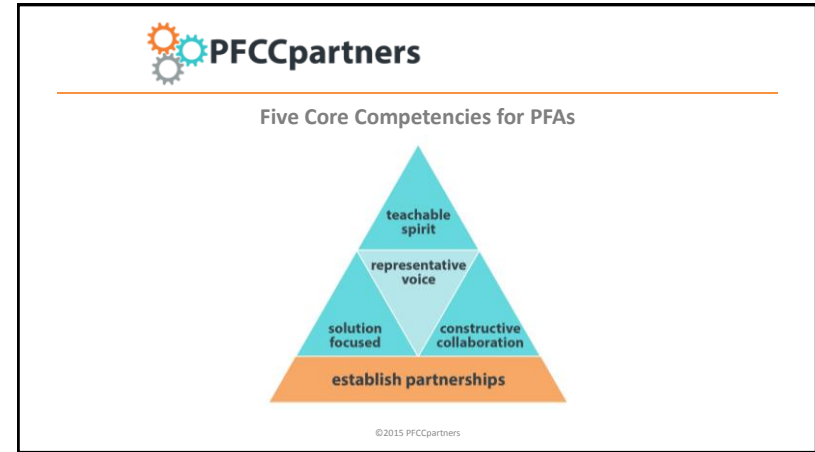


<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/>

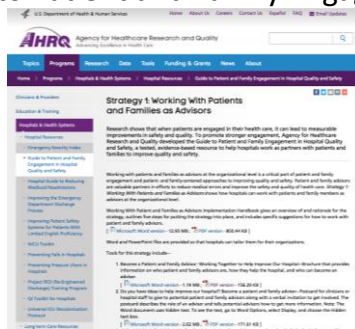


http://www.ipfcc.org/resources/Staff_Liaison.pdf

Identifying and Recruiting Patient and Family Partners



Staff and Physician Education Tools: AHRQ Guide to Patient and Family Engagement



<https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy1/index.html>

*Hope is not a plan.
“Some” is not a number.
“Soon” is not a time.*

-Don Berwick

1 Year
=
365 Opportunities



PRECONCEPTION COIIN
woman-centered, clinician-engaged, community-involved

ABOUT HRSA IM COIIN PRECONCEPTION PROJECT: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U54MC31239-Providing Support For The Collaborative Improvement and Innovation Network (COIIN) To Reduce Infant Mortality. The grant amount totals \$1,494,953. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Please share your feedback from this webinar. Click here:
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PRECONCEPTION HEALTH CARE IN THE NETHERLANDS

PROFESSORS ERIC
STEEGERS
& RÉGINE STEEGERS-
THEUNISSEN
MD, PhD, Dept of ObGyn,
Erasmus University Medical Centre

APRIL 16
1-2PM ET

Open-Access Webinar Link Below

Learn what is happening in Rotterdam, Netherlands to advance preconception health care. Professor Eric Steegers and professor Régine Steegers-Theunissen will share best practices to advance the quality of women's care.

Open-Access: everywoman.adobeconnect.com/pchneth
Email SuzanneW@med.unc.edu with any questions.

May 9th at 1pm EST: "Centering Sexual Health Advocacy from the Margins"

PRECONCEPTION HEALTH EQUITY IN CONTEXT

CORNELL P. WRIGHT, MPA
EXECUTIVE DIRECTOR, OFFICE OF
MINORITY HEALTH AND HEALTH
DISPARITIES, NORTH CAROLINA
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

APRIL 17
1-2PM ET

Open Access Webinar:
everywoman.adobeconnect.com/pchincontext/

Cornell is a contextualist.

He is leading the nation in discussions about health equity in context. During this presentation, Cornell will be applying this concept to our work in advancing preconception health care across the nation. How can we better frame preconception health messages in a way that resonates with minority and marginalized populations? He will share what is being done this Minority Health Awareness Month to bring these topics forward.

No registration necessary. Email SuzanneW@med.unc.edu with any questions.

#BMHW18 – April 11-17



SOCIAL MEDIA: Join the prelaunch chat on April 10th from 3:00-4:00pm ET and a finale chat on April 17th from 3:00-4:00pm ET. Official Hashtags: #BlackMaternalHealthWeek, #BMHW18, and #BlackMamasMatter.

Thunderclap: Stand up for Black maternal health and let everyone know that Black mamas matter! [Join the Thunderclap.](#)

WEBINAR: Get informed on a Black Maternal Health Week webinar on April 11th at 12:00pm ET. Learn more and register [HERE](#).

WEBINAR: Discuss what Black women want and need around safe and respectful care by attending an online discussion about "Best Practices in Black Mama Care Work". For more information or to register, click [HERE](#).

FILM: Join Black Mamas Matter for a screening of "Death By Delivery" in Atlanta on April 12th.