

THE MONTANA CHILDREN'S HEALTH DATA PARTNERSHIP PROJECT Summary & Strategic Plan Spring 2019



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The Montana Coalition

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GRANT PARTICIPANTS

The organizations and early childhood coalition coordinators and members that participated in this planning grant:



BlueCross BlueShield of Montana



United Way of Yellowstone County



ORGANIZATIONS

- Healthy Mothers, Healthy Babies
- The Montana Institute
- The Office of the Governor of the State of Montana
- The Montana Department of Public Health and Human Services
- The Montana Children's Trust Fund
- The Montana State University Early Childhood Project
- Kelley Family Foundation
- The Montana Healthcare Foundation
- The Montana Office of Public Instruction
- BlueCross BlueShield of Montana
- Pacific Source
- Montana Hospital Association
- Montana KidsCount
- The Montana Department of Justice
- St. Vincent Healthcare
- Rocky Mountain Tribal Epidemiology Center
- The Headwaters Foundation
- The Federal Reserve Bank of Minneapolis Helena Branch
- SciGaia
- ChildWise Institute



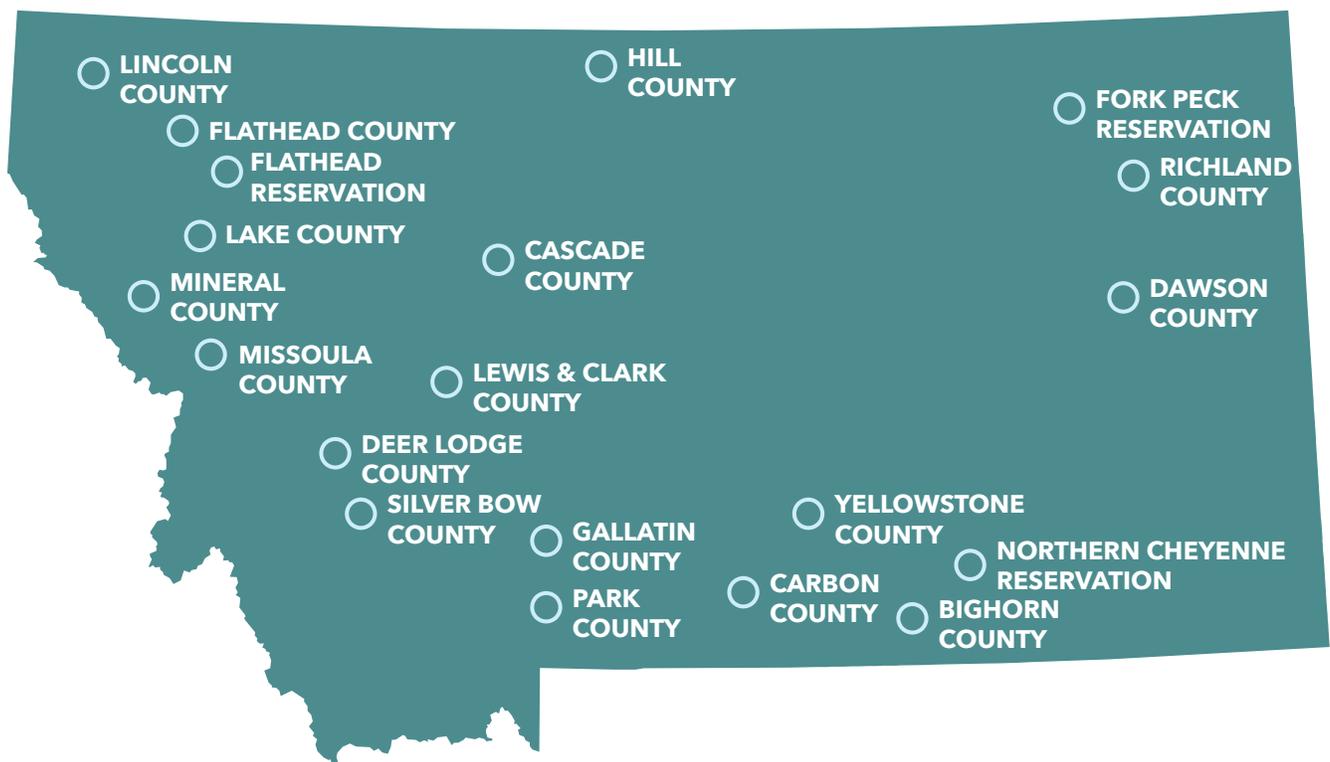
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GRANT PARTICIPANTS (cont.)

EARLY CHILDHOOD COALITIONS

Across the state of Montana, there are more than twenty coalitions that focus on early childhood. These groups are sometimes called Early Childhood Coalitions or Best Beginnings Community Councils. They can represent counties, reservations, or cities and may be coordinated out of public health departments, tribal governments, or non-profit organizations. These groups are a coalition of people working to improve the health and wellbeing of kids and families in their area and beyond.



- Anaconda Deer Lodge County Best Beginnings Coalition
- Big Horn County Best Beginnings Community Coalition
- Butte 4C's (Silver Bow County)
- Dawson County Community Best Beginnings Community Coalition
- Flathead Best Beginnings Community Council
- Greater Gallatin Early Childhood Community Coalition
- Early Childhood Investment Team of Hill County
- Best Beginnings Children's Partnership serving Flathead Reservation and Lake County
- Early Childhood Coalition of the Greater Helena Area
- Healthy Start Missoula
- Park County Early Childhood Coalition
- Richland County Best Beginnings Coalition
- Best Beginnings of Yellowstone County
- Healthy Communities Coalition of Mineral County
- Best Beginnings Community Council for Fort Peck Tribes
- Best Beginnings Early Childhood Coalition of the Northern Cheyenne Nation
- Lincoln County Best Beginnings Council
- Great Falls Early Childhood Coalition (Cascade County)
- Red Lodge Early Childhood Coalition (Carbon County)



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OVERVIEW



In 2016, Healthy Mothers, Healthy Babies, The Montana Coalition Inc. (HMHB), a nonprofit with a focus on improving health, safety and well-being of children ages 0-3 and their caregivers, began working with local early childhood coalitions (ECCs) from across the State of Montana. The coordinators of these ECCs began meeting as a group to discuss how local coalitions could work together to better achieve their shared goals and objectives.

These meetings continued throughout 2017, including a training by Deb Halliday, Halliday & Associates, on the Collective Impact Framework that occurred that summer. This training provided the ECC coordinators an opportunity to consider whether this framework could be used to develop a common agenda in order to increase their ability to impact system change and alignment on a statewide level.

As the group continued to learn about the Collective Impact Framework, it became clear that an important first step would be to develop shared measures of early childhood health that could be used to measure the impact of the work these ECCs are doing in their local communities. Therefore, HMHB applied for a grant from the Montana Healthcare Foundation to bring local ECC coordinators together with key stakeholders to agree upon such shared measures in order to advance the use of the Collective Impact Framework.

In February 2018, HMHB convened a group of public and private early childhood health stakeholders and local ECC coordinators to kick off the Montana Children's Health Data Partnership Project, a year-long effort with the goal of selecting approximately ten shared measures to use for a data dashboard that would allow ECCs and stakeholders across Montana to track these outcomes and demonstrate the impact of their work. Participating ECCs led discussions within their coalitions to inform what measures would be most useful for their communities. The results of these local meetings were presented at one of several in-person meetings of the entire group and were vital in the determination of the final list of measures. Participants developed criteria for measurement selection. The child health data measures selected were determined to be the most impactful, accessible, actionable, high-quality, and culturally relevant. Participants agreed to provide

“

I appreciate the way the data project consistently integrated local boots-on-the-ground voices with input from experts. The inclusive process fostered local awareness and ownership, and the result is a dashboard useful for local decision making. Can't wait to have it up and running!”

Kristen Lundgren
Director of Impact
United Way of Yellowstone County



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“

Montana is leading the pack nationally in a transformational shift by utilizing cutting-edge research on HOPE (Healthy Outcomes from Positive Experiences) to measure health outcomes for children. This could be a national model. I can't wait to see the dashboard!”

Robert Sege, MD, PhD
Tufts Medical Center

their data and to collaborate with public and private sector practitioners to imbed the identified measures into Montana's early childhood system. In addition, the group invited Dr. Robert Sege and Dr. Jeff Linkenbach to consult and guide the work based on their publications and efforts related to measuring healthy outcomes from positive experiences, or HOPE measures. The group made the decision to incorporate measures of HOPE into the shared measurement list, instead of only risk measures, in order to balance hope with concern when looking at improving health outcomes for children. The inclusion of HOPE measures also allowed the group to incorporate the impact of resilience in early childhood.

The selected shared measures are presented in this report. In addition, the group developed a strategic plan to implement and sustain the use of these shared measures by creating a Montana Early Childhood Data Dashboard, similar to those in several other states. When implemented, Montana will be the first state that has intentionally included HOPE measures in such a dashboard. Execution of the strategic plan will allow Montana to become a national leader in using the Collective Impact Framework to ensure that the important work being done by local ECCs is measurable and the statewide impacts are increased.

“It is a privilege and honor to be a trusted partner in working with Healthy Mothers, Healthy Babies of Montana in the Montana Children's Health Data Partnership Project. As a provider and representative of BCBSMT, being surrounded by and sharing ideas with health care professionals of all specialties and backgrounds brings light to the importance of investing in our future, our children, and the family and community that surround them. We were able to hone in on the challenges in our State, and the discussions were impeccably collegial and fun resulting in exciting, innovative, interventions, and solutions. Looking forward to the improved health outcomes in our State that will result from this project.”

Dr. JP Maganito
Chief Medical Officer
BlueCross BlueShield of Montana



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OUR PROCESS

STAKEHOLDER MEETINGS

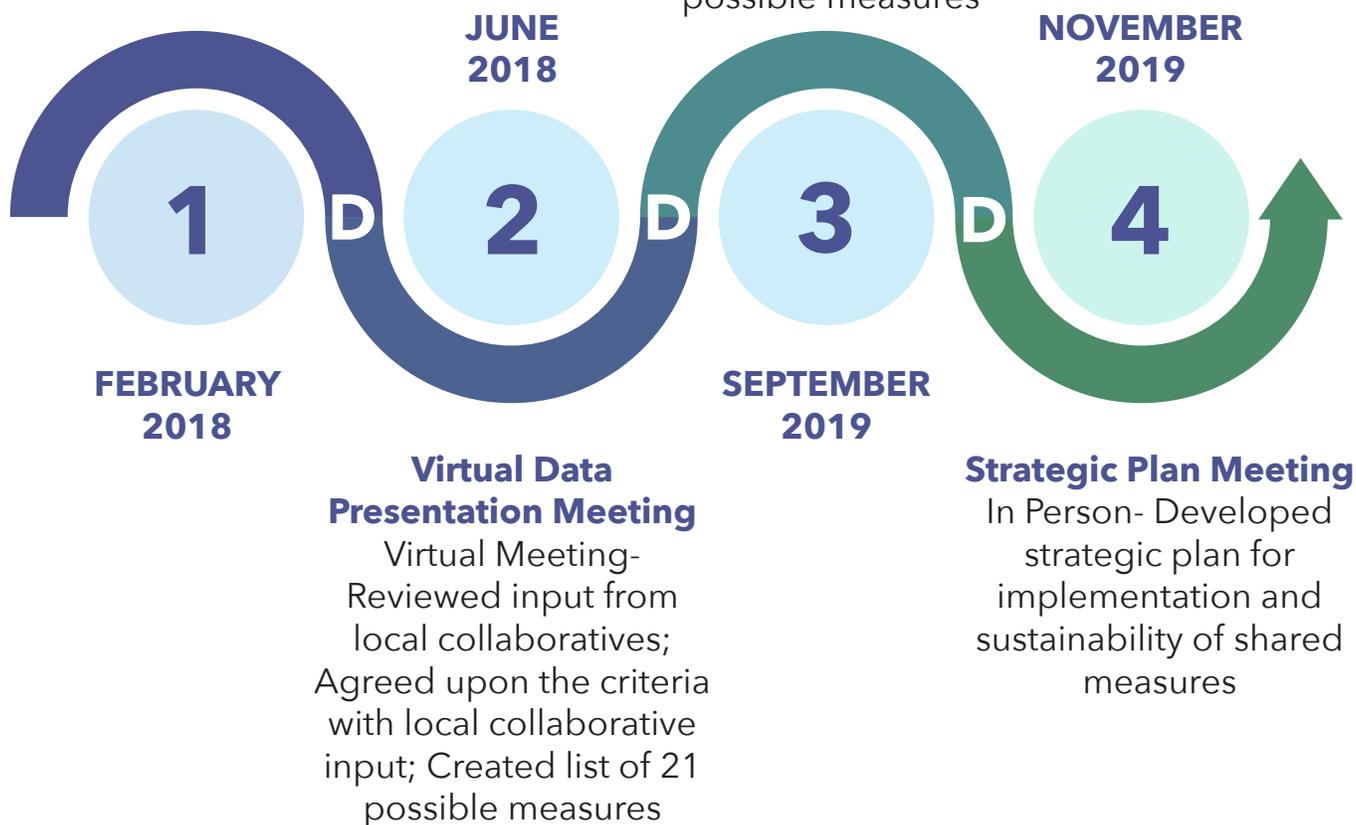
Consensus-based, Collaborative, Locally Informed

Kickoff Meeting

In Person- Identified potential measures based on criteria

Measures Meeting

In Person- Group selected final list of shared measures possible measures



D Design Team: Met between meetings to make decisions on what to advance to the full group



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OUR CRITERIA

Criteria were developed and agreed upon by the stakeholder group through an iterative process.

IMPACT ON CHILDREN

Aligns with purpose of the project; outcome-focused; includes both risk and protective (HOPE) measures; includes domains of family well-being

ACCESSIBLE

Easy to collect; already being collected; able to monitor

ACTIONABLE

Relevant to urban and rural communities; community coalitions can affect

HIGH-QUALITY

Valid sources; can be used to establish baseline; replicable (can follow over time)

CULTURALLY RELEVANT

Definitions and measures are relevant to all populations, particularly American Indian; allow for disaggregation by race where possible



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SELECTED SHARED MEASURES

The following are the 10 agreed upon measures. The definitions and data source of each measure still need to be refined and identified in the next phase, but preliminary discussions and research were done to ensure data availability.



Percentage of women who initiated prenatal care in their first trimester



Quality well-child check rates



Percentage of low birth weight babies



Number of children who attend quality child care and/or early education



Percentage of women who have a post-partum visit within 60 days



3rd grade reading proficiency levels



Percentage of 2-year-olds who receive immunizations on-time



Foster care rates for children ages 0 to 5



Number of children receiving evidence-based home visiting services



WIC rates for children ages 0 to 5



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STRATEGIC PLAN YEAR 1

Montana Children's Health Data Partnership Project Strategic Plan					
TASKS	SUBTASKS	YEAR 1 TIMELINE			
YEAR 1		Q1	Q2	Q3	Q4
Goal 1: Implement shared measures data dashboard					
Task 1: Shared measures and dashboard defined and designed					
	1a. Define each measure as specifically as necessary – work groups formed as needed for identified individual measures	X	X		
	1b. Identify for each fully defined shared measure: data source(s); whether data agreement needed; contact person and frequency of collection		X	X	
	1c. Define how data will be presented and platform on which dashboard will be built			X	
	1d. Develop any necessary policies related to disaggregated data and privacy			X	X
Task 2: Communication regarding the implementation of the shared measures and data dashboard					
	2a. Create a communication work group		X		
	2b. Develop communication plan – internal and external partners included			X	
	2c. Distribute communication materials per communication plan			X	
Task 3: Technical assistance (TA) with implementation of shared measures					
	3a. Survey local early childhood coalitions and stakeholders	X			
	3b. Develop plan to meet the identified TA needs within the capacity of the project and provide TA in accordance with plan		X	X	X
Task 4: Identify funding sources to support implementation of strategic plan					
	4a. Work with work groups, ECCs, and stakeholders to identify funding sources		X	X	X
	4b. Complete grant applications and/or funding from identified sources			X	X



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STRATEGIC PLAN YEAR 2

Montana Children’s Health Data Partnership Project Strategic Plan					
TASKS	SUBTASKS	YEAR 2 TIMELINE			
YEAR 2		Q1	Q2	Q3	Q4
Goal 2: Sustain the use of shared measures and data dashboard					
Task 1: Dashboard management and upkeep					
	1a. Update measures in accordance with the data maintenance schedule	X	X	X	X
	1b. Develop process for how the list of shared measures may be modified and changed, if necessary	X	X		
Task 2: Use of measures within collective impact framework to create change					
	2a. Ongoing meetings of this group or other group	X	X	X	X
	2b. Highlighting the “bright spots”		X	X	X
	2c. Develop trend data to show changes over time				X
Task 3: Communication regarding ongoing sustainability					
	3a. Develop communication plan regarding sustainability plans for data dashboard with work group from Goal 2, Task 2a		X		
	3b. Implement ongoing communication plan			X	X
Task 4: Technical assistance for sustainability					
	4a. Survey early childhood coalitions and stakeholders regarding needs for TA for sustainability	X			
	4b. Provide TA as needed within the capacity of the project		X	X	X
Task 5: Identify sustainable funding sources					
	5a. Work with work groups, ECCs, and stakeholders to identify funding sources	X	X		
	5b. Complete grant applications and/or funding from identified sources		X	X	X



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PROPOSED NEXT STEPS

With this unique project, HMHB endeavored to advance Montana's efforts to improve maternal and child health and early childhood development by increasing access to data that is impactful, accessible, actionable, high-quality, and culturally relevant at a local and state level. The collection of population-level data on health care access by pregnant women and children, from both private and public insurance payors, combined with measurements of poverty and school readiness, will provide a comprehensive early childhood data picture that is not currently available for the Montana public. Additionally, the strategy of building in resilience measures, or healthy outcomes from positive experiences (HOPE), was embraced by participants in the process. Healthy outcomes from positive experiences mitigate the effects of adverse childhood experience (ACEs), therefore it is important to identify HOPE in Montana and measure its growth.

The development of shared measures that are relevant and actionable at the grass-roots level supports local efforts to improve maternal and child health. Either by way of local community health improvement assessment and planning (CHA/CHIP), or by way of identifying strategies on-the-ground to invest in programmatically, use of shared measurements across the health and early care and education systems will allow Montana to highlight its successes in improving child outcomes, as well as identify needs for intensive focus, leading to better systems alignments, policy changes, and program innovations. These shared measures may create additional opportunity for multi-sector collaborations and new partnership development.

The future of Montana Children's Health Data

Partnership Project relies upon the successful engagement of stakeholders in the ongoing implementation of this strategic plan. Healthy Mothers, Healthy Babies is aligned with key partners who have already integrated this work into their systems. Two successes of these partnerships include:

Montana Behavioral Risk Factor Surveillance System (BRFSS):

HMHB and DPHHS partnered to include HOPE measures into the 2019 BRFSS survey. This will provide population-level data on resiliency and family engagement in Montana, available in 2020.

The Montana Children's Trust Fund:

In their most recent round of funding, the Montana Children's Trust Fund required applicants to incorporate at least one of the shared measures identified by this project into their evaluation plan. This commitment to the use of shared measures in grant-making, will contribute to statewide alignment of work to improve maternal and child health.

HMHB will continue to plan for and advocate for all stakeholders in our early childhood health and education system to integrate the Montana Children's Health Data Partnership Project efforts into ongoing plans to improve the lives of children in Montana. Fundraising efforts are ongoing to implement the strategic plan and to build the data dashboard.



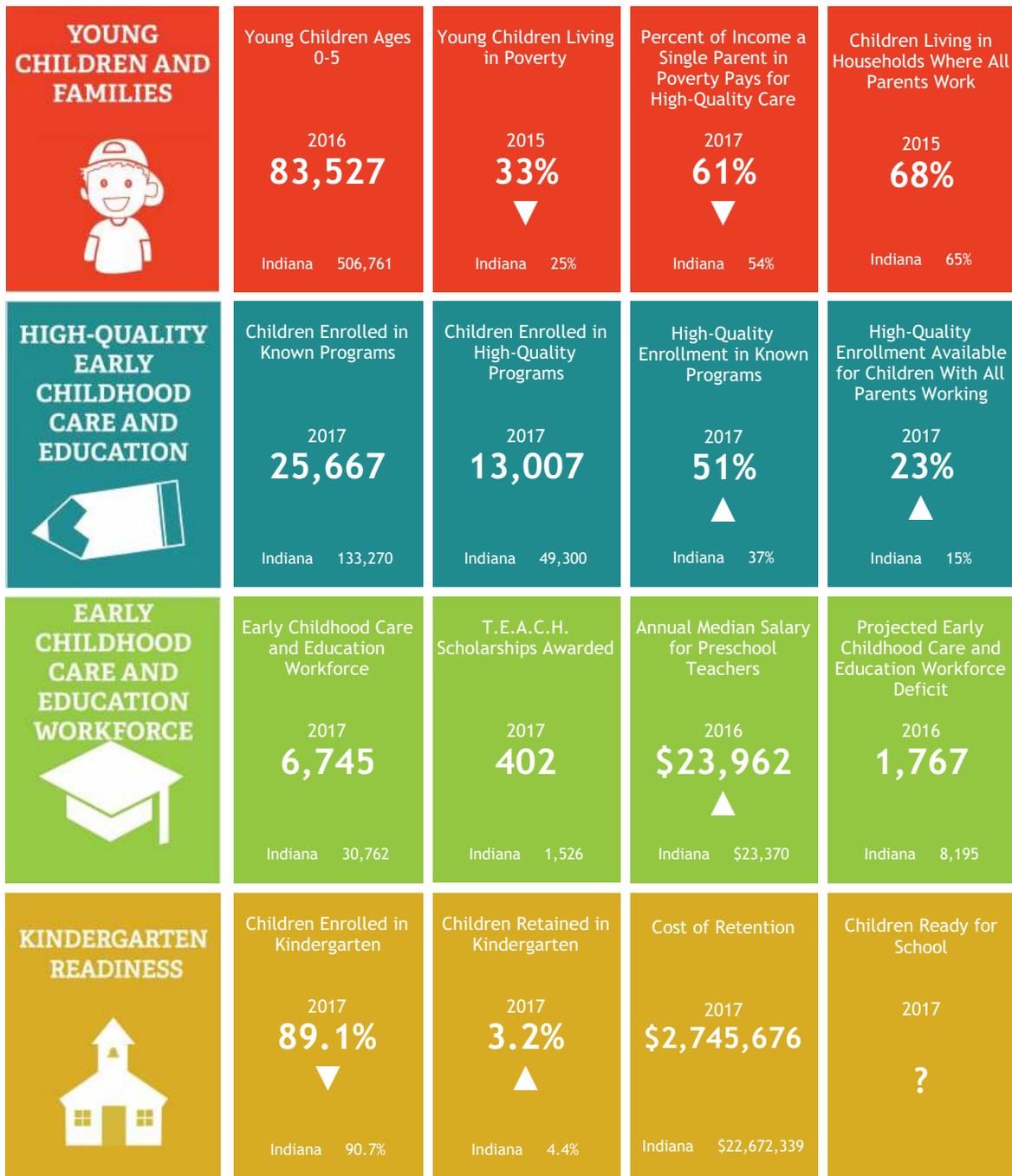
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DASHBOARD EXAMPLE

2018 ELAC Dashboard Marion County Profile

Better ▲ Worse ▼
(Compared to State)



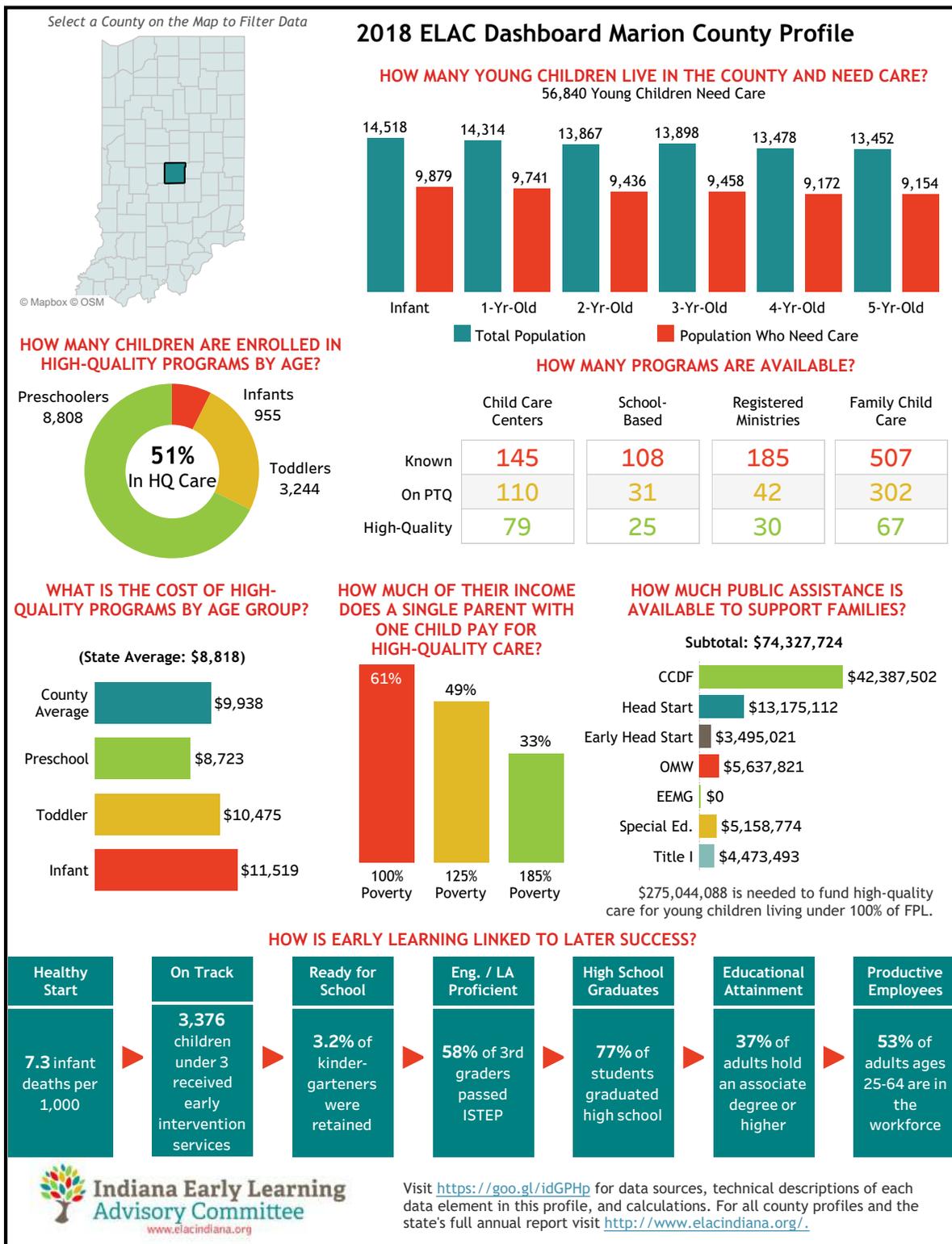
Visit <https://goo.gl/idGPHp> for data sources, technical descriptions of each data element in this profile, and calculations. For all county profiles and the state's full annual report visit <http://www.elacindiana.org/>.



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DASHBOARD EXAMPLE



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APPENDIX A:

The Montana Children's Health Data Partnership Project chose to have a balance of both risk- based and hope-based measures. Using the 2014 article by Dr. Jeff Linkenbach and Dr. Robert Sege, both of whom participated in the Data Partnership Project, the group chose to broaden the focus on children's health to include Healthy Outcomes from Positive Experiences (HOPE).

ACKNOWLEDGMENTS:

Facilitation provided by Deb Halliday of Halliday & Associates and Sarah Corbally of CSCL, LLC. Consultation on HOPE and Risk Measures provided by Robert Sege, MD, PhD of Tufts Medical Center and Jeffrey W. Linkenbach, EdD of The Montana Institute. Facilities and meals were generously provided by BlueCross, BlueShield of Montana.

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Disclaimer: The statements and conclusions of The Montana Children's Health Data Partnership Project are those of Healthy Mothers, Healthy Babies, The Montana Coalition, Inc., and not necessarily those of the Montana Healthcare Foundation. The Montana Healthcare Foundation makes no warranties, express or implied, and assumes no liability for the information contained in the succeeding text.



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Essentials for Childhood: Promoting Healthy Outcomes From Positive Experiences

Robert Sege and Jeff Linkenbach

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PEDIATRICS PERSPECTIVES

Essentials for Childhood: Promoting Healthy Outcomes From Positive Experiences

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KEY WORDS

child abuse, early childhood, public health, promotion, collective impact

ABBREVIATIONS

CDC—Centers for Disease Control and Prevention

SSNRs—safe, stable, nurturing relationships

Dr Sege conceptualized and designed this article consultation with Dr Linkenbach, wrote the first draft, submitted it for review and revision by Dr Linkenbach, and prepared the final draft for submission; Dr Linkenbach participated in the conceptualization and design of this commentary and reviewed and revised the manuscript; and both authors approved the final manuscript as submitted.

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The field of child maltreatment prevention is undergoing a transformation. Clinical practice is moving toward the promotion of factors that support optimal child development and broadening its focus to include the healthy outcomes that arise from positive childhood experiences. In January 2014, the Centers for Disease Control held a kickoff meeting in Atlanta to begin state-level implementation of *Essentials for Childhood: Steps to Creating Safe, Stable, Nurturing Relationships*,¹ a strategy designed to promote the development of family environments in which children thrive. We were members of a working group that advised the CDC on *Essentials*. This Perspective will highlight the new strength-based approach that guided its development.

By focusing on the key role of safe, stable, nurturing relationships (SSNRs), *Essentials* highlights the health effects of positive experiences in childhood. This emphasis reflects the evolution in the field from prevention of maltreatment to promotion of family health.

Essentials relies on 2 types of evidence that support this change. First, citing recent surveys,² *Essentials* notes that “many, if not most, [cases of abuse] are never reported to social service agencies or the police.” This realization calls for broad-based campaigns to reduce maltreatment, because narrowly focused risk-based efforts may leave out many children and families. We also know that abuse affects the growing brain³ and has lifelong health consequences.^{4,5}

Second, the presence of SSNRs helps reduce the incidence of child maltreatment and also improves child health and development. All families benefit from efforts to support these relationships, laying the foundation for a broad-based, universally applicable public health approach.

Essentials begins with a vision of ensuring that all children experience SSNRs. In departing from approaches that sought to identify and serve at-risk people, *Essentials* endorses the use of frameworks that emphasize the development of family strengths⁶ as the key to both preventing maltreatment and promoting child health. Helping parents understand their child’s development, learn effective parenting strategies, and experience the joys of child-raising now form the foundation of both *Bright Futures*⁷ and efforts that, like *Essentials*, seek to reduce child maltreatment.

Essentials identifies 4 main goals:

- Raise awareness and commitment to promote SSNRs and prevent child maltreatment.

- Use data to inform actions.
- Create the context for healthy children and families through norm change and programs.
- Create the context for healthy children and families through policies.

Clinicians have important roles to play in reaching these goals. Primary care for children directly aligns with the first *Essentials* goal of promoting SSNRs. *Essentials* next calls for development of data systems to monitor progress; these same systems may help broaden the evidence base for primary care.

Physicians can influence the development of community norms, commonly defined as values, beliefs, attitudes, and behaviors shared by most people in a group. Physicians' connections with families with young children allow us to support the development of social norms related to SSNRs. Public health departments can develop and implement large-scale public education campaigns that promote health at the community level. As physicians, we can relate these campaigns to each family we serve. Anticipatory guidance encompasses a broad range of advice intended to address injuries, illness, and the new morbidities⁸ that share psychosocial etiologies. Beyond screening for and treating problems, clinicians have a role to play in cultivating an environment for positive childhood experiences that are the centerpiece of *Essentials*. When physicians promote back-to-sleep messages, encourage breastfeeding, and explain the need for

car seats, we reinforce emerging social norms that have reduced the incidence of sudden unexpected infant death, increased the rate of breastfeeding, and decreased child passenger deaths.

Essentials calls for alignment of programmatic efforts to support SSNRs. Specific programs (including not only health care but also maternal–infant child home visiting and early intervention) offer crucial assistance to families with young children. However effective, each program on its own may be insufficient to create an overall context in which children thrive. *Essentials* calls for developing a shared vision of child and family support that will better align programs that differ in whom they serve and the services they offer. This approach also suggests that we can expand from programs that react to specific needs to include those that create conditions that will prevent some of those needs from arising. *Essentials* offers strategies that promote child health and create a positive context in which SSNRs can be cultivated.

Child health care is central to the CDC's vision for *Essentials*. Nearly universal access to health care for infants and children allows the patient-centered medical home to play a key role in the promotion of SSNRs. Although their plans differ, each state is responsible for organizing a small group of local leaders who will form a backbone agency to align state efforts. This leadership team, in turn, will establish a large collective action team to develop messages, coordinate

efforts, and work collaboratively to shift social norms and adopt policies that favor the development of strong families. Each state's chapter of the American Academy of Pediatrics is a key component of the leadership and action teams. American Academy of Pediatrics chapters bring a commitment to the health of children and families, an understanding of the science of early brain development, and practical knowledge of how to work within complex, data-driven systems. Physicians reach families of infants and young children long before they enroll in school and are often the only professionals they interact with during infancy and early childhood.

The take-home lesson for physicians is simple yet profound: Health outcomes from positive experiences may be just as important as toxic outcomes from adverse experiences. SSNRs may promote one and prevent the other. Transforming clinical practice toward the promotion of factors that support optimal child development allows us to work collaboratively with families and communities and increases opportunities to align health care with other early childhood programs and policies. *Essentials* harnesses the public health approach to bridge the gap between harm prevention and health promotion. More research is needed on how we can continue to improve child health and well-being by focusing on the healthy outcomes of positive experiences. This is a transformation that physicians and the families we serve can work toward collaboratively.

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