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HEALTHY BIRTHS INITIATIVE

Interview & Observational Data Report

Major Findings & Implications

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First 5 LA

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MAJOR FINDINGS & IMPLICATIONS

This section presents what were the most common opinions, concerns and issues identified through NHF's interviews and observations. Opinions and issues from each group interviewed--Health leaders and BBC administrators, case managers, and clients--and from observations of the HBLCs are presented in five sub-sections. The major findings in each sub-section are numbered with their related implications bulleted beneath.

A. HEALTH LEADERS

1. HBI's design and approach were highly regarded by health leaders, but they wanted to better understand how its component parts fit together and what the HBLCs and BBCs are expected to do and accomplish.
 - Several of these health leaders want to be ambassadors for HBI, but without sufficient and accurate information, they cannot. The Los Angeles Best Babies Network's (LABBN's) communication challenge is to give them this information simply and succinctly.
2. The two most common critiques about HBI are the absence of a public education campaign and what is seen as First 5 LA's apprehension about pre-conception care despite evidence of its impact on birth outcomes.
 - Because it has no overall public education campaign, the success of HBI-related policy work could be limited. Simplifying information about the complex and highly emotional issues surrounding discussions of poor birth outcomes among different ethnic groups requires the expertise of policy communications specialists. Health leaders perceived First 5 LA as exactly the kind of organization that should be supporting work on this issue.
 - First 5 LA's apprehension about pre-conception care has, presumably, resulted in HBI's inter-conception care focus. Given the importance of pre- and inter-conception care to HBI achieving its goals, it seems that First 5 LA is not fully supporting its Initiative.
 - In addition, several health leaders suggested that the ultimate test for HBI, and crucial to its eventual success, is how well it is integrated with other First 5 LA Initiatives both programmatically and fiscally.
3. LABBN was highly valued, particularly its inclusive and collaborative approach, and because of this approach, the names "LABBN" and "Network" are becoming conceptualized as much more than simply LABBN's Board and staff.
 - If the "Network" can expand and all participants remain informed and "on the same page" on issues and policies, LA County's entire perinatal service system will benefit. In particular, the system could benefit from being recognized as having an infrastructure that allows the community to work with academic centers.
4. The Perinatal Summit Proposed Action Plan 2005-2007 (Action Plan) includes recommendations that address the most important issues facing perinatal health in Los Angeles County. Unsurprisingly, health leaders not responsible

for implementing these recommendations tended to think this would be “simple” or “easy” for several of them. However, those responsible for implementation have identified several unanticipated challenges. There was complete agreement that recommendations #s 1, 4, and 5 will be extremely difficult to implement.

- Because the recommendations address chronic problems in the perinatal health field, their successful implementation could directly affect HBI achieving its goals. Without First 5 LA’s unequivocal and long-term support, these recommendations may not be implemented and HBI’s goals may not be achieved.

B. BBC ADMINISTRATORS

1. While some BBCs thrived almost from the beginning of the planning phase, others did not and were still not functioning when the implementation phase began. This was because relationships vital to sharing resources and progression towards the common goals had not been fully developed.
 - First 5 LA and LABBN might want to review whether and how to maximize the success of the “undeveloped” BBCs. Technical assistance is needed on various issues. For example, team building, leadership development, and perhaps more direct intervention by LABBN is also required.
 - Future funding of collaborative activities could be improved by having a more detailed understanding of existing community networks. With such information, funding could support processes that build upon existing relationships rather than forcing collaboration.
2. Only one BBC had actively marketed itself thereby significantly increasing its visibility to local governments and businesses. Other BBCs knew such recognition is important to achieving long-term changes in local perinatal health policies and have attempted to “brand” themselves despite objections from some key partners (see #4 below). These BBCs explained they did not have sufficient resources or expertise to be successful.
 - BBCs wanted First 5 LA to focus some media resources on them by launching local public service announcements.
 - BBCs also wanted First 5 LA and LABBN to train staffs in all the Collaboratives on publicity and media relations.
3. Most BBCs had established channels for laterally disseminating information about available services and resources in their communities. In two BBCs, these channels have penetrated beyond their own staffs to staffs at non-member organizations.
 - To leverage BBC funding beyond BBC grantees, First 5 LA and LABBN might want to expand the communications models to other BBCs.
4. BBCs, and sometimes individual organizations within them, disagreed on whether these Collaboratives should be promoted as distinct participants in the local continuum of care; as one stated “ultimate success [of the BBC] depends on whether or not the women think this collaborative is a good idea.” Others argued that their clients should be seamlessly integrated into the existing system of care.

- This is a basic philosophical disagreement. Lack of a common understanding about funder expectations could severely hinder future communications.
5. Administrators from all the BBCs reported that the Data Collection and Reporting System (DCAR) is useful in sharing detailed client information, making inter-organization referrals, and reporting to First 5 LA. They also valued the web based case management, seeing it as a collective, and therefore unique, data source and believing it will reduce workload if it can be fully integrated into existing organization systems. Data from this system, along with population data, should be able to be used to assess whether HBI's long-term goals have been met.
 - First 5 LA must continue to be actively involved in assuring this data system achieves its full potential. This will require continued process improvements, data quality monitoring, and ongoing introductory and "refresher" trainings.
 - LABBN faces considerable staffing challenges if it is to provide technical assistance to all BBCs on how to constructively monitor their programs, raise funds, and educate local stakeholders.
 6. BBCs recognized and valued LABBN's role as the HBI central coordinator; they reported its most important role is to facilitate cross-BBC communications.
 - The BBCs and HBI would benefit from LABBN conducting a thorough assessment of various BBCs' successes and failures and establishing ways for them to communicate both in general and about specific issues. For example, by hosting meetings (issue specific and educational) and by facilitating mentoring relationships both within and across BBCs.
 7. Most BBC and HBLC interactions were limited. While a few organizations in individual BBCs were actively involved with their HBLCs, overall BBCs and HBLCs were unaware of each other's purpose or progress.
 - The original HBI model of multi-level, integrated activities all focused on the same outcomes is fragmenting into its component parts. First 5 LA and LABBN may need to develop and implement some strategies to prevent further fragmentation.

C. BBC CASE MANAGERS

1. Since becoming part of a BBC, case managers reported that relations between organizations have become exaggerated: previously good relationships have become stronger and previously bad relationships have become more difficult now they must collaborate.
 - First 5 LA needs more detailed and nuanced data about existing relationships before funding collaborative activities.
 - If future Collaboratives are formed, past relationships should be taken into account.
2. All BBCs and most organizations providing case management within them had difficulties getting women into appropriate services. Case managers identified service barriers (e.g., transportation and provider communication

barriers) and service shortages (e.g., housing/shelters, food, and domestic violence services).

- LABBN may be able to address most service barriers and some service shortages by increasing information exchange within and between BBCs; for example, organizing regular forums for which case managers set the agenda.
 - First 5 LA may be able to address some service shortages through its other initiatives or policy projects.
3. Three BBCs reported that their high risk clients were receiving high risk medical care; at the fourth, case managers struggled to get these clients into appropriate care.
 - The lack of high risk medical care presents a systems level problem that is beyond the scope of HBI. This fourth Collaborative will not achieve its goals if this problem is not addressed.
 4. In general, case managers reported making referrals based on convenience. Those in larger organizations that offer a broad range of medical and psychosocial services refer in-house. Those in case management focused organizations refer to wherever is most convenient for the client, regardless of BBC affiliation.
 - First 5 LA needs to be aware that interagency referrals may not fully capture services women are receiving, especially if disproportionate numbers are being referred to non-member organizations.
 - First 5 LA could design future Collaboratives with this finding in mind. For example, smaller organizations could be coupled with larger organizations in close proximity to increase likelihood that smaller organizations will keep referrals within the BBC.
 5. Most case managers had high expectations for DCAR and appreciate JMPT's willingness to allow them to customize the system, but many had not yet begun to use it and some were concerned about the amount of time needed to collect and enter data.
 - To assure high quality data, First 5 LA and JMPT need to provide case managers with ongoing trainings.
 - First 5 LA might consider funding data entry positions.
 6. Across all BBCs, new case managers were not "up to speed" about BBC services and resources.
 - Especially in areas where there is high staff turnover, the LABBN, and BBC administrators need to work together to provide new case managers with appropriate resource trainings.
 7. Most case managers were unaware of the recommendations generated by the Perinatal Summit, the HBLCs and some were unaware of the LABBN.
 - Based on the assumption that HBI and the Action Plan will need ambassadors at every level of the perinatal health service system if it is to be successful, the LABBN and BBC administrators need to develop strategies for helping case managers understand these components and their roles in them, particularly in relation to the HBLCs.

D. BBC CLIENTS

1. An overwhelming majority of clients reported being dissatisfied with their medical care providers, some of which were not BBC members.
 - This issue appears to be beyond the scope of HBI, but might be relevant for First 5 LA's internal discussions.
2. Many case managers reported offering clients unconditional support by providing, for example, personal phone numbers, transportation, and in-home visits over several years.
 - Successful case management appears to be based on establishing close, personal relationships between the client and case manager. In order to avoid dependency, First 5 LA and/or LABBN could provide case managers with appropriate trainings.
3. Although many case managers reported informing them of their participation in the Initiative, most clients were unaware of their BBC and HBI.
 - First 5 LA must decide how much visibility HBI should have at the client and community levels, and if necessary, work with LABBN and BBC administrators to achieve it.

E. HEALTHY BIRTHS LEARNING COLLABORATIVES

1. The structure and functioning of HBLCs that started in 2003 ("established" HBLCs) and those started in 2005 ("new" HBLCs) are quite different. Consequently, their technical support needs are also quite different.
 - The staffing challenge to LABBN, to provide different training and technical assistance to "new" and "established" HBLCs, is considerable. "New" HBLCs need, for example, team building and leadership training and, perhaps, more direct intervention. "Established" HBLCs, on the other hand, need problem solving and marketing support. LABBN staff to be participants, not leaders.
2. As a result of First 5 LA funding two overlapping BBCs in one SPA, one "established" HBLC has been severely weakened; it may not recover.
 - First 5 LA's reputation was not enhanced as a result and several lessons could probably be learned from this experience for future funding strategies.
3. Most HBLCs did not understand how their activities fit into and support HBI achieving its goals and successful implementation of the Action Plan.
 - LABBN needs to develop and distribute a "one-pager" that simply describes HBI and its various components. Note: the Healthy Births Initiative Logic Model (Outcomes Schematic) could be adapted to meet this need.
4. Across all HBLCs, resource directories that are useful at the local level are much in demand, and there were many of them.
 - Can First 5 LA and LABBN develop a more rational approach to resource directories in Los Angeles County? Such an approach would be based on the "ideal" geographic/political area for a directory. What does

research or common wisdom say about this? It would also include local representatives responsible for updating the information.

Analyses of the interview and observational data have generated a range of comments and questions relating to peoples' perceptions of HBI's strengths and weaknesses and their expectations for the ultimate success of both it and the implementation of the Action Plan. Open and frank discussion about the comments and concerns reported and efforts to answer some of these questions could maximize the likelihood HBI will be successful.