Connecting Risk and Perinatal Service Systems

Final Work Plan

Prepared For: First 5 LA

Prepared by: Dr. Kathryn Icenhower, Dr. Larry Ortiz, and Patricia Villa, MSW

SHIELDS FOR FAMILIES

believing, building, becoming

5 April 2012
DRAFT WORKPLAN: CONNECTING RISK AND PERINATAL SYSTEMS STUDY

I. Project Overview

It is the goal of SHIELDS for Families to develop a body of knowledge that will improve the integration of county service systems to address barriers to perinatal care among high-risk pregnant and parenting women. The study will utilize research and evaluation methods to provide recommendations for improved data sharing and communication methods between agencies and providers, with the ultimate goal of improved service access among the target population. The study is exploratory in nature and predominantly relies on the use of secondary research analysis. Investigative techniques will be mixed to include both qualitative and quantitative measures, such as individual interviews, focus groups and target population statistics. The results seek to target change and growth in the policies and procedures that regulate county service integration via involvement of community leaders, expert consultants, key stakeholders and gatekeepers, as well as the actual target population.

• Problem Statement: High-risk pregnant and parenting women are less likely to access perinatal care, in part, due to gaps in data and service integration between Los Angeles County agencies, departments, and service providers. To date, there is limited information on the subject. The study will generate an informal hypothesis in the form of actionable recommendations that will begin the process of data and service integration, resulting in increased perinatal access among high-risk populations.

• Secondary Data Analysis: A formal literature review of past data sharing efforts will be conducted. This will lay the foundation for the specific qualitative data the study will seek to collect. It will also allow in-depth analysis and understanding of policy gaps to data and service integration. The end result is the formation of a preliminary hypothesis or set of recommendations that will increase access to perinatal care. The review will also entail information on the target population- the specifics will depend on the literature that is available and what is relevant to the study. The information will provide a context in analyzing the problem statement, the target population, and individual level barriers to service access.

• Secondary Quantitative Data: Demographic profiles of the target population will include any defining characteristics relevant to the study. Defining variables will depend on their ability to explain barriers to perinatal care between different targeted populations. City, state, and federal sources will be used to extract this data.

• Primary Qualitative Data: Interview methods will consist of two types: Individual and group. A total of 10 key informants, who will shed light on policy gaps and data sharing options, will be interviewed individually. To assess the individual level barriers and service gaps, a minimum of two focus group interviews will consist of women from target population; at least one will be in Spanish. Details regarding
interview protocol, questions, and recruitment are pending results of literature search and Advisory Committee consultation.

II. Project Management

The organizational structure of the study will follow a collaborative style of completing this project. Dr. Icenhower, as CEO, is responsible for directing the entire project and will be in ongoing communication with the Advisory Committee. As Research Director, Dr. Ortiz will act as project manager, specifically communicating with the Research Analyst and consultants for implementation of the work plan, quality control of the data collections process, and analysis of research. Dr. Icenhower and Dr. Ortiz will review and approve all documents submitted to First 5 LA. Research Analyst, Patricia Villa, will be the point of contact should questions or concerns arise regarding submitted documents. Dr. Kathy Icenhower and Dr. Larry Ortiz will address any issues regarding the study, including its progress and management.

Committees

The Advisory Committee will consist of members chosen by the CEO and Committee Chair. This committee, along with the CEO, will choose members of the Subcommittee Workgroups during their first meeting. A member of the Advisory Committee will chair all workgroups. The Advisory Committee heads the entire study alongside Dr. Icenhower and Dr. Ortiz. All decisions in relation to the details of the study, including project documents will be reviewed and approved by the Advisory Committee before finalization. The first meeting will be held April 5, 2012 whereby the commitment statement and Subcommittee Workgroups will be defined.

The Advisory Committee, along with the Subcommittee Workgroups, will follow a democratic approach to decision making. The Advisory Committee and Subcommittee Workgroups will advise on the entire study, including all project documents submitted to First 5 LA. SHIELDS, the Advisory Committee and its Chair, Commissioner Deanne Tilton, will work with First 5 LA staff to achieve the following:

• Organize and maintain the Advisory Committee and Subcommittee structure
• Coordinate meeting logistics
• Plan and facilitate meetings
• Distribute meeting agendas and notes
• Provide technical information that serves as a basis for discussion and recommendations
• Ensure that the Advisory Committee makes consistent progress and ultimately fulfills its charge
The Subcommittee Workgroups will target three specific subject areas in order to ensure the accomplishment of the overall goals and objectives of the project. These Workgroups are, as follows:

- **Subcommittee 1: Data**
  - Objective: To identify lessons learned from previous efforts in LA County and other jurisdictions to integrate data systems or improve data sharing and referral processes.

- **Subcommittee 2: Target Populations and Practices**
  - Objective: To define high-risk perinatal target populations and identify existing data collection, referral and service protocols.

- **Subcommittee 3: Policy**
  - Objective: To identify gaps, regulations and policy issues that need to be addressed in order to achieve better data and service integration.

Please refer to Attachment 1 for committee structure and its relation to other bodies of the study.

Lastly, the work plan is essential in developing a schematic for research design and project organization through defined tasks and objectives. It is an area of the project that will continuously mature as phases of the project are accomplished. However, plans for the manner in which the scope of work will materialize have been discussed between the Advisory Chair, CEO, Research Director, and Research Analyst. This document is reflective of the most detailed project information the team can offer.

Objectives and tasks:

- **1.1 Development of a work plan:**
  - 1.1a-d: The Research Analyst will review all relevant First 5 LA RFA materials, and meet with aforementioned parties to identify tasks and potential advisors. The draft will be submitted to First 5 LA on March 15, 2012.

- **1.2 Incorporate feedback and submit final work plan:**
  - 1.2 a-d: The Research Analyst will incorporate all feedback and recommended changes received from First 5 LA and the Advisory Committee. Once complete, the document will be disseminated to all relevant parties.

- **2.1 Support the formation of an Advisory Committee of representatives from key agencies in LA County to advise First 5 LA and SHIELDs for Families.**
  - 2.1a-e: The Research Analyst will develop the written invitation letter and solicit membership to all professionals identified. She will provide follow-up
phone calls in order to confirm participation. The results will be used to create a final list of Advisory Committee members. The list will be submitted to First 5 LA after final approval from the CEO and Research Director. A draft of the commitment statement will be reviewed during the first Advisory Committee meeting. Upon receiving feedback from First 5 LA and project members, the Research Analyst will finalize the commitment statement. All statements will be signed and submitted for the following meeting.

- 3.1 Plan and facilitate 3 to 4 Advisory Committee meetings at key points in the process to solicit advice and feedback.
  o 3.1a-g: The Advisory Committee will develop the meeting schedule during their first meeting. SHIELDS will coordinate meeting logistics, agendas, minutes, sign-in sheets, and handouts. The Advisory Chair and CEO will ensure the committee stays on task and makes progress with the goals and objectives of the project.

- 8.1 Manage the Overall Project
  o 8.1a-b: The Research Analyst will develop the monthly report. The CEO and Research Director will review a draft of the report and provide feedback, if necessary, prior to its submission to First 5 LA.

III. Research Design

As an exploratory study, this project will contribute to a limited body of knowledge that seeks to provide county-wide strategy interventions. The study will employ a mix of both inductive and deductive reasoning. Under deductive processes, we begin with the assumption that improvements to data sharing and service integration between service providers will increase communication and coordination of services, resulting in higher rates of access to comprehensive perinatal care. If available, the literature review will provide information that will support this assumption, examples of how to execute the study and define steps to county-wide systemic improvements. However, due to anticipated gaps in the literature, components of data collection will have an inductive approach, whereby data gathered will be used to directly explain a phenomenon.

The study consists of two units of analysis: County system gatekeepers, or key informants and the target population. Each unit will provide data on systemic and individual level barriers. Data from each unit will be compared so as to flesh out how systemic gaps translate into individual barriers, and vise versa. In this approach, systemic and individual barriers act as independent variables that affect the dependent variable—access to perinatal care.

A targeted sampling technique will be used to choose participants. This technique will allow data to be representative of all the various target groups without being biased toward any one group. Findings from this study cannot be generalized due to several
reasons: the cross sectional design; sampling of convenience for the presence of the known variable of interest; limited time frame, and, small n. However, every effort will be made to include a diverse sample that includes characteristics identified in the high-risk categories listed earlier in the design for focus groups.

A. Overview of Data Collection

Data collection will be conducted by the Research Analyst, as well as outside consultants to aid in achieving all data collection benchmarks within the allotted time period. Consultants will carry out interviews, provide expertise and process the data as highlighted in the organizational chart.

Secondary Data

Under the direction of the CEO, the Research Director and the Advisory Committee, the Research Analyst will construct a memo consisting of a summary analysis of scholarly and gray literature that identifies areas, such as perinatal risk reduction, research and design implications for the current study, past efforts and preliminary recommendations on data sharing and service integration. The Memo will assist in identifying suitable investigative techniques and consider other elements and data sets not previously noted. The use of expert consultants and subcommittee workgroups will also provide recommendations for designing the interview schedule and recommending research design structure. This process is expected to improve the reliability and validity of the study.

Census and data queries offered through the California Department of Public Health will be used to create a profile of the target population (Memo #1). Demographic profiles will assist with creating target samples required for the focus group interviews. Specific population characteristics and demographics according to city and zip code may also be utilized in the analysis and development of preliminary and post-study recommendations for service integration (Final Report). The UC library database, Melvyl, will provide a wealth of articles covering topics relevant to the study. Information will also be extracted from city and county websites in the form of reports and briefings.

The memo will include a matrix defining key elements:

- Targeted High Risk Perinatal Populations
  - Demographic Profile and Barriers to Perinatal Service for the following populations:
    - Domestic Violence Victims
    - Women on Probation/Parole
    - Girls on Probation (Home; Out of Home; Group Homes)
    - Incarcerated Women and Girls
    - Sex Trafficking Victims
    - Homeless
• Developmentally Disabled
• Chronically Mentally Ill
• HIV/AIDS
• Substance Abusing/Alcoholic (In Tx / Not in Tx)
• Girls in Foster Care/Group Homes
• Victims of Incest
• Undocumented residents

o LA County Perinatal Healthcare Providers
  ▪ Patient Demographics
  ▪ Barriers to Service Delivery
  ▪ Barriers to Service Integration

o LA County Service Entities
  ▪ Demographic Profile of Target Populations and Barriers to Service Integration within the following entities:
    • Los Angeles County Agencies
      o LA County Board of Education
      o LAC Homeless Service Authority
    • Los Angeles County Departments
      o Children and Family Services
      o Probation
      o Health Services
      o Public Health
      o Social Services
      o Mental Health Services

o Current Data Collected on County-Wide Service Integration.
  ▪ Current data-sharing efforts in LA County and their achievements/challenges
  ▪ Past data-sharing efforts in LA County and their outcomes
  ▪ Model data-sharing efforts from other jurisdictions

o Any other elements as defined by the Advisory Committee, the CEO, and the Director of Research.

Objectives and tasks include:

• 4.1 Review documents on data sharing and/or service integration efforts with the same or similar target populations.
  o 4.1a-e: The literature review will be conducted by the Research Analyst in coordination with the CEO, the Research Director, the Advisory Committee, as well as Subcommittee Workgroups. The results of the literature review will be organized in the form of a matrix. A draft will be given to the CEO and Director of Research before it will be presented to the Advisory Committee,
Subcommittees 1-3, and First 5 LA. Upon receiving feedback, the matrix will be updated.

• 4.2 Draft a memo summarizing past efforts, preliminary recommendations and implications.
  o 4.2a-d: An excel spreadsheet will be utilized by the Research Analyst to summarize the data and assist in the creation of the memo. Once approved by the CEO and the Research Director, the memo will be presented to the Advisory Committee and First 5 LA for review, feedback, and approval.

• 4.3 Incorporate feedback and submit final memo.
  o 4.3a-d: The Research Analyst will incorporate all feedback and recommended changes received from First 5 LA, Advisory Committee, and Subcommittees 1-3. Once complete, the document will be disseminated to all relevant parties.

Primary Data

The qualitative data collection process and structure will rely on information from Memo #1. Its results will identify gaps in the literature among the high-risk target population and the interfacing Los Angeles County systems. This will allow the effective use of data collection to inductively gather information that will create a deeper and richer understanding of the barriers to perinatal access and service integration. The end goal in collecting such qualitative data is to develop achievable recommendations for policy development and systemic change.

Objectives and tasks:

• 5.1 Draft key informant interview protocol and recruitment plan.
  o 5.1a-d: Key informants will be identified using target sampling in consultation with the Research Director and the Advisory Committee. Results from Memo #1 will provide a platform form which to define data to extract and draft the interview protocol. Before data collection can begin, the SHIELDS IRB Committee will review and approve the study to ensure the rights and welfare of the subjects are protected. Interview details, such as dates/times, guides and transcription will be defined in the interview protocol.

• 5.2 Incorporate feedback and submit final interview protocol and recruitment plan.
  o 5.2a-d: The Research Analyst will incorporate all feedback and recommended changes received from First 5 LA and the Advisory Committee. Once complete, the document will be disseminated to all relevant parties.
• 5.4 Develop focus group protocol and recruitment plan for women from target groups.
  o 5.4a-d: Similar to the individual interview process, participants will be identified using target sampling under the consultation of the Research Director and the Advisory Committee. Results from Memo #1 will provide a platform form which to define data to extract and draft the interview protocol. Before data collection can begin, the SHIELDS IRB Committee will review and approve the study to ensure the rights and welfare of the subjects are protected. Interview details, such as dates/times, guides and transcription will be defined in the interview protocol.

• 5.5 Incorporate feedback and submit final focus group protocol and recruitment plan
  o 5.5a-d: The Research Analyst will incorporate all feedback and recommended changes received from First 5 LA and the Advisory Committee. Once complete, the document will be disseminated to all relevant parties.

• 5.6 Obtain Institution Review Board (IRB) approval to collect data from women in the target population and key informants if necessary.
  o 5.6a-g: The Research Analyst will complete the IRB application and submit along with all necessary attachments. She will also address recommendations received under the guidance of the Research Director and the Advisory Committee. Once IRB is obtained, the Research Analyst is responsible for providing the IRB with updates as required.

**Individual Interviews**

Participants will be key informants privy to the systemic limitations and barriers to data collection, data sharing, and service integration between agencies and service providers. Interviews will be semi-structured and range in length depending on the ability to answer all topics and questions required for the study. Participants will be identified using target-sampling techniques. Specific interview protocol and recruitment plans have yet to be drafted and approved by appropriate parties.

Objectives and tasks include:

• 5.3 Interview at least 10 key informants to identify options for data sharing, service integration and potential barriers.
  o 5.3 a-c: Following the interview protocol subjects will be recruited and interviewed by the Research Analyst and select consultants. The Research Director, the Advisory Committee and the Research Analyst will interpret the data, using content analysis techniques such as selective coding and reflective remarks. The consultants will be identified by the Advisory Committee based on expertise identified as needed in the data collection process.
Focus Group Interviews

Participants will be at-risk pregnant and parenting women with either current or historical problems accessing perinatal care. This requires the use of targeted sampling techniques to ensure that all, if not most, targeted high-risk populations are represented. Interviews will be focus group structured and range in length. Topics and questions have yet to be determined pending the initial data received from individual interviews as well as memo #1.

Objectives and tasks include:

- 5.7 Conduct at least two focus groups with women from the target population regarding their experiences and perspectives of breakdowns within and between systems.
  - 5.7a-c: Following the interview protocol subjects will be recruited and interviewed by the Research Analyst and selected consultants. The Research Director, the Advisory Committee and the Research Analyst will interpret the data, using content analysis techniques such as selective coding and reflective remarks. Consultants will be identified by the Advisory Committee based on expertise identified as needed in the data collection process.

B. Overview of Data Analysis Plans

Quantitative data will be used to compliment analysis of information gathered from qualitative interviews. Quantitative data will be used to build on information obtained regarding policy level barriers and individual level gaps in service. It will also be used to determine data sharing options and other phenomenon described by both key informants and the target population via the use of demographic profiles. The use of other relevant literature and information highlighted in Memo #1 will also be drawn into the data analysis plans. Consultants and members of the Advisory Committee will be called to provide their expertise in interpreting and analyzing the data.

Data collection results will be summarized in Memo #2. The memo will be used as a platform to analyze findings and their implications for county data and service integration. This includes the construction of the executive summary report that will identify final strategies and recommendations for policy change. The Advisory Committee and Subcommittee workgroups will review and provide feedback on both the memo and executive summary report.

Information extracted will include the following key elements:
  - Policy Gaps to Service Integration
  - Legal Barriers to Service Integration
  - Target Population Barriers to Service Access
Any other elements as defined by the Advisory Committee, the CEO, and the Director of Research.

Objectives and tasks include:

• 5.8 Draft a memo summarizing key findings from interviews and focus groups and provide recommendations aimed at facilitating data sharing and increasing service integration.
  o 5.8a-c: The Research Analyst will use data from the interviews, focus groups, and literature review (Memo #1) to draft a Memo that identifies preliminary recommendations. The draft will be reviewed by the CEO and Research Director before its presentation and review by the Advisory Committee and First 5 LA.

• 5.9 Incorporate feedback and submit final memo.
  o 5.9a-d: The Research Analyst will incorporate all feedback and recommended changes received from First 5 LA and the Advisory Committee. Once complete, the document will be disseminated to all relevant parties.

C. Final Report (Executive Summary)

The final report will integrate results from both memo #1 and memo #2. Accomplishments and approaches taken will be summarized so as to provide an outline for future attempts. Discussion of the strengths and weakness of the research design will be provided, as well as implications for the design of future studies. Most importantly, actionable recommendations regarding proper data collection of the target population, as well service integration protocols that will include data sharing between agencies will be provided. The final report will provide a county-wide strategy for the potential future improvement of service integration and access for at-risk pregnant and parenting women. The receipt of proper perinatal care ensures that children are born healthy. The end result is in congruency with First 5 LA’s mission to improve birth outcomes for the entire Los Angeles County.

Defining Elements of Executive Summary/Final Report:

  o Create actionable recommendations for the collection and sharing of data regarding high-risk pregnant and parenting women across multiple agencies.
  o Create actionable recommendations for service integration and coordination of services in attempts to minimize the barriers that create service gaps among the identified high-risk populations
Objectives and tasks include:

- **6.1** Draft an executive summary and final report that documents the process, findings, recommendations, and suggested next steps.
  - **6.1a-c**: The Research Analyst will utilize all memos and documents created through the life of the project will be used to draft the final report. The CEO and Research Director before final review from the Advisory Committee, Subcommittee Workgroups 1-3 and First 5 LA will review the report.

- **6.2** Incorporate feedback and submit final executive summary and report based on input from the Advisory Committee, First 5 LA, and other key stakeholders.
  - **6.2a-d**: The Research Analyst will incorporate all feedback and recommended changes received from First 5 LA and the Advisory Committee. Once complete, the document will be disseminated to all relevant parties.

### D. Data Dissemination Plans

In coordination with First 5 LA staff, the Advisory Committee, and potential Subcommittee Workgroups, a dissemination plan will be developed. Target individuals and groups will be identified to receive findings and recommendations, press releases, conferences, etc. Dissemination materials will also aid in disbursement of information in the form of fact sheets, brochures, summary report, etc.

Dissemination plans will be linked to the achievement of recommendations highlighted in the final report. The achievement of actionable items will depend on the ability of the results to pass through the proper channels of organizational hierarchy and political influence.

Objectives and tasks include:

- **7.1** Coordinate with First 5 LA staff and the Advisory Committee to develop a dissemination plan.
  - **7.1a-c**: The Research Analyst will coordinate with the CEO, Research Director, Advisory Committee, and Subcommittee Workgroups 1-3 to identify target groups for dissemination of the results. The Research Analyst under the guidance of the aforementioned parties will complete a draft of the dissemination plan, specifying methodology and communication pathways.

- **7.2** Develop dissemination materials, including a presentation of findings and recommendations.
  - **7.2a-b**: The Research Analyst will develop all dissemination materials and submit to the CEO and Research Director before review and feedback from the Advisory Committee and First 5 LA.
• 7.3 Incorporate feedback and submit final presentation and dissemination materials.
  o 7.3 a-d: The Research Analyst will incorporate all feedback and recommended changes received from First 5 LA Policy Committee and the Advisory Committee. Once complete, the document will be disseminated to all relevant parties.

• 7.4 Present study findings to First 5 LA.
  o 7.4 a-c: A day and time to present the study to First 5 LA will be established between the program officer and the Advisory Committee. The SHIELDS Administrative Assistant will send out invitations. The CEO, Research Director, and Research Analyst will conduct the presentation, along with identified representatives of the Advisory Committee.

• 7.5 Presentation study findings to stakeholders.
  o 7.5a-c: The CEO and the Advisory Committee will establish a day and time to present the study to stakeholders. The SHIELDS Administrative Assistant will send out invitations. The CEO, Research Director, and Research Analyst will conduct the presentation, along with identified members of the Advisory Committee.

• 7.6 Develop an abstract for Southern California Alliance for Learning And Results (SCALAR).
  o 7.6a-b: An abstract utilizing the final report and dissemination materials will be created by the Research Analyst under the guidance of the CEO, Research Director, Advisory Committee, and Subcommittee Workgroups 1-3. The Research Analyst will submit the document for review to all aforementioned parties, including First 5 LA. Upon receipt of feedback, the Research Analyst will incorporate all feedback and recommended changes received and submit the document to First 5 LA and the Advisory Committee. Once complete, the document will be disseminated to all relevant parties.
Attachment 1: Organizational Chart

CEO
Dr. Kathryn Icenhower

Research Director
Dr. Larry Ortiz

Consultants
TBD

Advisory Committee
Chair: Commr. Tilton Durfee | Members: TBD

Sub-Committee Workgroups 1-3
1. Data- Chair: Dr. J. McCroskey | Members: TBD
   Co-Chair: Dr. Michael Durfee
2. Population- Chair: Ms. Doris Meyer | Members: TBD
3. Policy- Chair: Ms. Leslie Heimov | Members: TBD

Secondary Data Analysis (Memo #1)

Research Analyst
Patricia Villa, MSW

Data Collection

Primary Data

Focus Groups

Research Analyst
Patricia Villa, MSW

Individual Interviews

Research Analyst
Patricia Villa, MSW

Consultant(s)
TBD

Analysis and Recommendations (Memo #2 and Final Report)

CEO
Dr. Kathryn Icenhower

Research Director
Dr. Larry Ortiz

Consultants
TBD

Research Analyst
Patricia Villa, MSW

Advisory Committee
Chair: Commr. Tilton Durfee | Members: TBD

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2. Population- Chair: Ms. Meyer | Members: TBD
3. Policy- Chair: Ms. Heimov | Members: TBD

Research Analyst
Patricia Villa, MSW

Consultants
TBD