

2018 Wyoming Maternal and Child Health Unit Collaboration Survey Results



The mission of Wyoming MCH is to improve the health and well-being of Wyoming families and communities by supporting and collaborating on public health activities that benefit the health of mothers, infants, children, youth, and young adults, including those with special health care needs. We envision a Wyoming where all families and communities are healthy and thriving.





Table of Contents

- Introduction 3
- Part I. Activities that Facilitate Collaboration in MCH 4
- Part II. Traits Observed in Wyoming’s MCH Partnerships 6
- Part III. Current versus Desired Level of Partners by MCH Program 7
 - MCH Women and Infant Health
 - MCH Child Health
 - MCH Youth and Young Adult Health
 - MCH CYSHCN Programs
 - MCH Epidemiology
- Part IV. Next Steps 13
- Survey Participant Listing 14

Introduction

The Maternal and Child Health Unit (MCH) provides leadership to ensure Wyoming women, children and families, including those with special health care needs, have access to prevention services and public health programs. With a vision that all Wyoming families and communities are healthy and thriving, the MCH team recognizes that support of partners throughout the state is what makes our programs and initiatives possible.

In an effort to better support MCH collaborations, the Wyoming MCH Unit Partnership Survey was created in early 2018. Through this survey, staff hoped to learn how to improve partnership activities like communication, and understand our current level of stakeholder partnership.

The survey instrument was created collaboratively by MCH Epidemiology and MCH Unit leadership with input from public health professionals, representing perinatal, child, adolescent, and children with special health care needs programs. After compiling an email listing of over one hundred program partners representing state and tribal public health, hospitals and private providers, non-profits and professional associations, the Collaboration Survey¹ was launched in late February 2018.

When the survey closed, sixty-six (n=66) individuals completed the survey, representing a 63% response rate. Of this total, about one-third (35%) were Wyoming Department of Health employees (internal partners) with the remainder (65%) representing external partnerships.

The following report is a summary of the comments received through the MCH Collaboration Survey.

2016-2020 MCH Priorities

- Prevent infant mortality
- Improve breastfeeding duration
- Improve access to and promote use of effective family planning
- Reduce and prevent childhood obesity
- Promote preventive and quality care for children and adolescents
- Promote healthy and safe relationships in adolescents
- Prevent injury in children

The Wyoming MCH Unit and MCH Epidemiology team would like to express their thanks to our partners who shared their knowledge and time throughout this process.

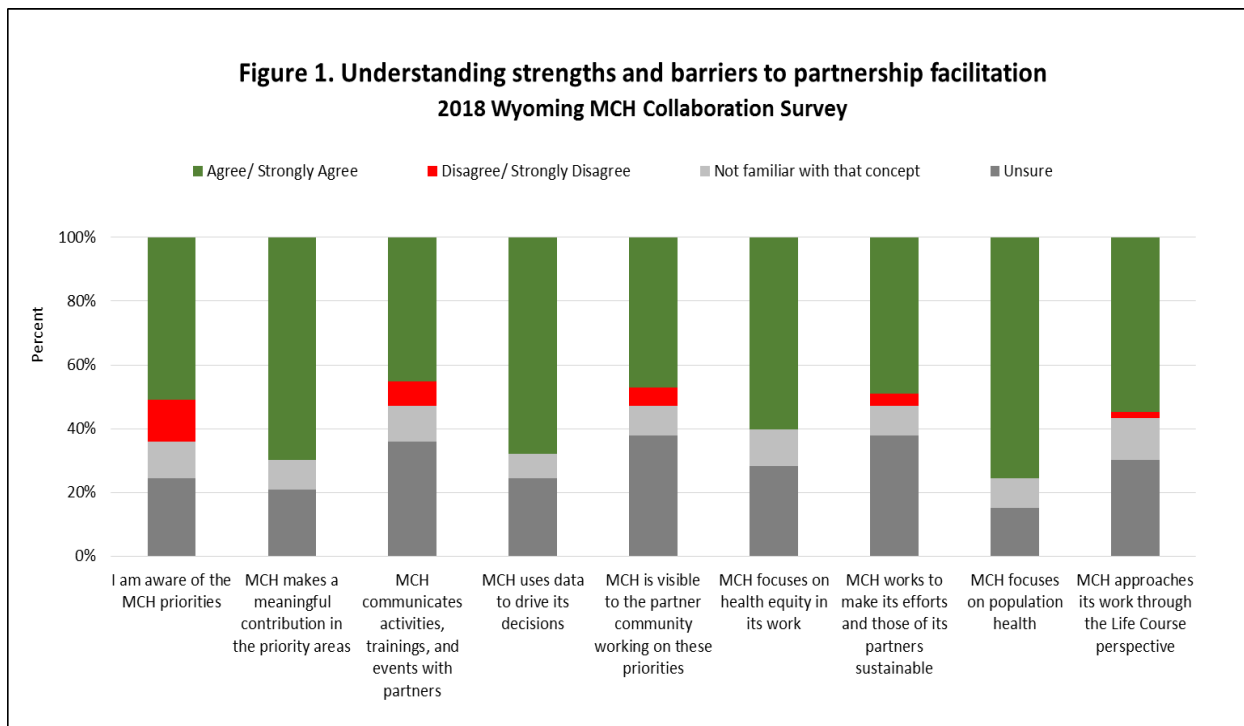
¹ The platform used for this survey instrument was SurveyMonkey, San Mateo, California, USA. Main Website: www.surveymonkey.com

Part I. Activities that Facilitate Collaboration in MCH

The initial step in the survey analysis was to better understand strengths and weaknesses in collaborative leadership by the MCH Unit across all programs and topics. Nine questions were asked to assess communication skills, data-driven decisions, sustainability, and other key measures (Figure 1). Fifty-three individuals responded and 14 people skipped the question.

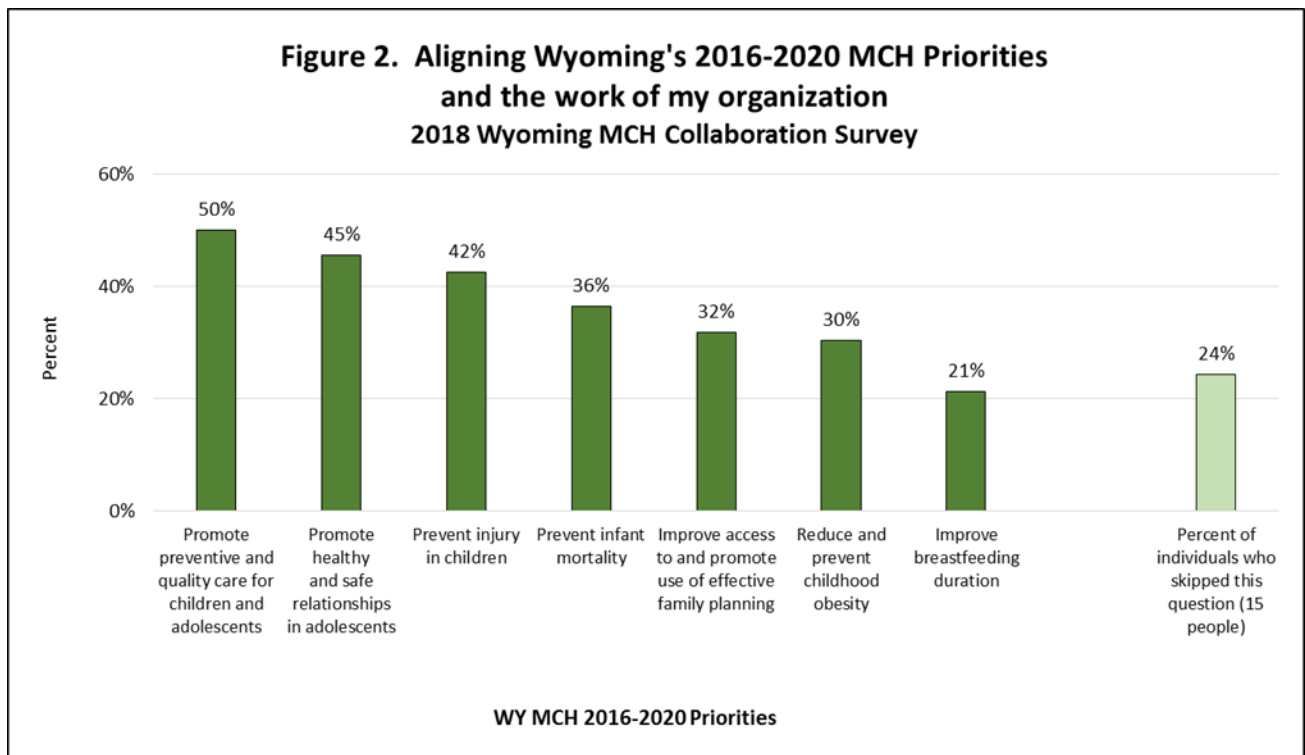
Areas of strength included agreement that the MCH Unit focuses on population health (75%), and makes a meaningful contribution in the priority areas (70%). Respondents also said that MCH uses data to drive its decisions (68%) and focused on health equity in its work (60%).

Communication skills will be targeted for improvement based on the identified weaknesses. When asked their awareness of Wyoming’s MCH priorities, nearly half of respondents (49%) said that they were not aware of, were unsure, or were unfamiliar with the concept of MCH priorities. Others said that the MCH Unit could improve how information about activities, trainings, and events with their partners were shared. Finally, stakeholders said that visibility at the local level could be improved to benefit those working on similar priorities in communities across Wyoming.



The next step was to understand how Wyoming’s MCH Priorities align with the work of partners completing the survey. Fifty-one individuals responded to this question, representing 77% of survey respondents.

The promotion of preventive and quality care for children and adolescents ranked as the number one choice; half (50%) of respondents link their work with this MCH priority. Following closely was the promotion of healthy and safe relationships in adolescents (45%) and childhood injury prevention (42%). Over one third of respondents said that their work involved the prevention of infant mortality and/or improved access to and promotion of effective family planning (Figure 2).



Part II. Traits Observed in WY MCH Partnerships

Respondents were asked to evaluate how often characteristics of successful partnerships were observed in the partnership they have with MCH. These data will be used to evaluate MCH's role in partnerships.

To help MCH team members evaluate their role in partnerships, a series of fourteen questions were presented to respondents. Table 1 provides the top five strengths and weakness. Questions ranged from the vision provided by MCH, to clarity of purpose and stakeholder roles, and committee leadership.

Table 1. Top Five Strengths and Weaknesses of MCH Partnerships

To create this ranking, the percent of individuals was calculated who said that a trait was “often” or “always” observed in their partnership experiences.

Strengths

1. Committee and willing participants are in the partnership (70%).
2. Equal or acceptable balance of power and control is demonstrated in the partnership (64%).
3. Key stakeholders are invited to the partnership (62%).
4. The benefits of partnership outweigh financial and time commitments (62%).
5. Different philosophies and work styles are effectively managed (57%).

Weaknesses

1. Hidden agendas are addressed (33%).
2. Communication is strong (39%).
3. Clear and inspiring vision (45%).
4. Clear understanding of roles and responsibilities (49%).
5. Clear and consistent purpose (51%).

Part III. Current versus Desired Level of Partnership by MCH Program

The final section of this report includes a high-level overview of participate responses by MCH program in response to the following questions:

1. Please indicate the extent to which you CURRENTLY partner with “MCH Program” on each project in which you are involved.

2. Please indicate the extent to which you WOULD LIKE to partner with the “MCH Program” on each project below.

Due to the sheer number of programs currently underway within the MCH Unit, responses by individual program are not presented in this summary document.

Respondents could select one of six categories presented at right to describe their level of partnership. The Wyoming MCH Epidemiology team visualized changes between the categories of “Current” and “Desired” involvement and created a summary graph for each of the five MCH Unit Programs (Women and Infant Health; Child Health; Youth and Young Adult Health; Children and Youth with Special Health Care Needs; and MCH Epidemiology).

These data provide a picture of MCH’s current partnership and highlight opportunities to strengthen the level of partnership or to forge new partnerships around mutually relevant activities.

Definitions

I do not work on this project

- Respondent is not currently involved with the project.

Networking¹

- Aware of the organization
- Loosely defined roles
- Little communication
- All decisions are made independently

Cooperation¹

- Provide information to each other
- Somewhat defined roles
- Formal communication
- All decisions are made independently

Coordination¹

- Share information and resources
- Defined roles
- Frequent communication
- Some shared decision-making

Coalition¹

- Share ideas
- Share resources
- Frequent and prioritized communication
- All members have a vote in decision-making

Collaboration¹

- Members belong to one system
- Frequent communication is characterized by mutual trust
- Consensus is reached on all decisions

(1). Frey BB, Lohmeier JH, Lee SW, Tollefson N. (2006). Measuring Collaboration among Grant Partners. **American Journal of Evaluation**. 27(3) 383-392.

MCH Women and Infant Health

The MCH Women and Infant Health Program targets three of the seven MCH priorities: **Improved Access to and Use of Effective Family Planning; Improve Breastfeeding Duration; and Prevent Infant Mortality.** A complete listing of programs that work to address these three priorities is provided at right.

Survey results indicate that our stakeholder’s desire increased partnerships at all levels; from networking to collaboration. Across the program, the greatest increases were observed in networking (11% to 21%), cooperation (5% to 14%), and collaboration (4% to 12%).

Collaboration is the highest level of partnership measured by this survey. As presented by Frey et al., (2016), collaborations are characterized by partners involved in one system, who are in frequent communication and who collectively possess a sense of mutual trust. Collaboration members also work to reach consensus on all decisions.¹

Individual programs with the highest level of desired collaboration were the Perinatal Quality Collaborative and Breastfeeding Promotion (both tied at 27%); Healthy Baby Home Visitation (24%) and Maternal Smoking Prevention (23%).

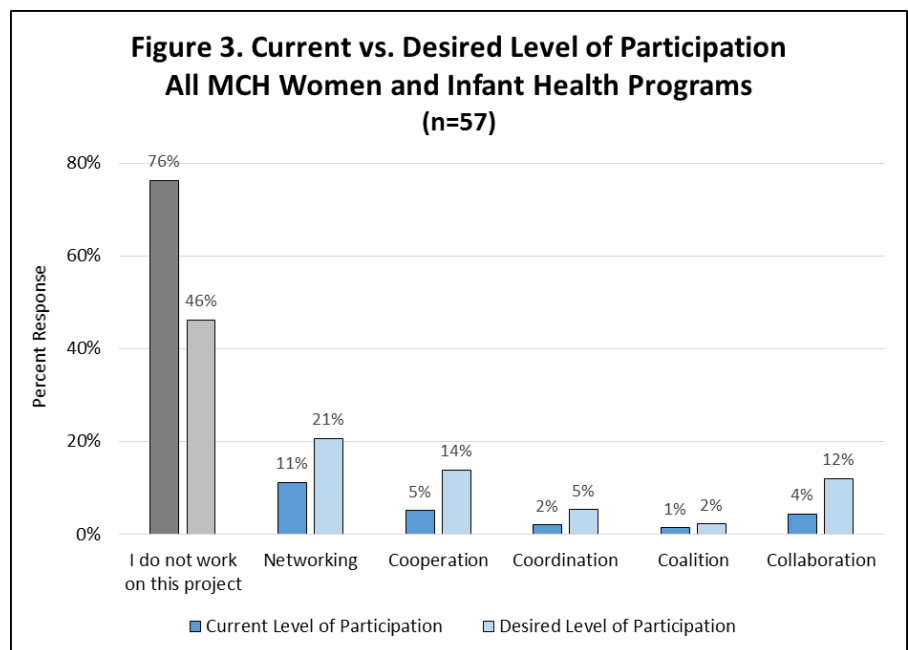
Questions may be directed to Danielle Marks, MSW, MPH, Maternal and Child Health Unit Manager at 307-777-6326.

Women and Infant Health Programs

- Healthy Baby Home Visitation
- Fetal Infant Mortality Review (FIMR)
- Maternal Mortality Review Committee
- Risk Appropriate Perinatal Care (LOCATe)
- Long-Acting Reversible Contraception (LARC) Promotion
- Maternal Smoking Prevention
- Breastfeeding Promotion
- Newborn Screening
- Perinatal Quality Collaborative

“My partnership with MCH has grown over the past year and I would like it to continue, focusing on quality maternal/child health in our state.”

- 2018 WY MCH Unit
Collaboration Survey
Respondent



MCH Child Health Programs

The MCH Child Health Program incorporates three priorities in its work: **Reduce and Prevent Childhood Obesity; Promote Preventive and Quality Care for Children and Adolescents;** and **Prevent Injury in Children.** A complete listing of programs that work to address these three priorities is provided at right.

Survey results indicate that Wyoming partners wish to see increased opportunities at all levels of involvement from networking to collaboration. Across the program, the greatest increases were seen in the categories of cooperation (11% to 16%); coalition (1% to 5%), and collaboration (6% to 13%).

Individual programs with the highest level of desired collaboration¹ were Promotion of Childhood Developmental Screening (38%); Help Me Grow (25%); Safe Kids Wyoming (22%), and Early Periodic Screening, Diagnostic, and Treatment (21%).

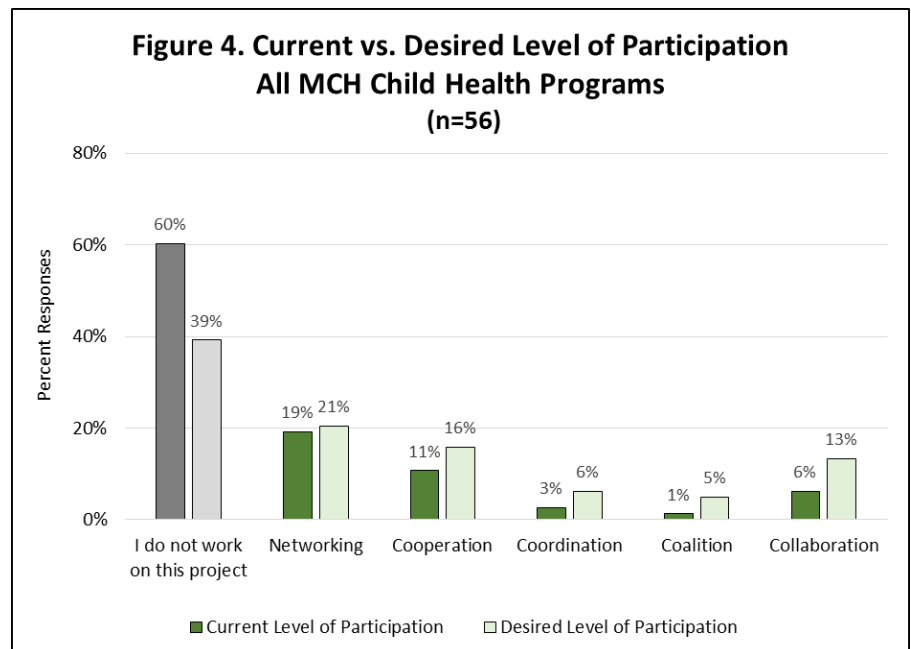
Questions may be directed to Jamin Johnson, MS, CHES, Child Health Program Manager at 307-777-3733.

Child Health Programs

- Help Me Grow
- Safe Kids Wyoming
- Parent Leadership Training Institute
- Wyoming Vision Collaborative
- Early Periodic Screening, Diagnostic and Treatment (EPSDT)
- Promotion of Childhood Physical Activity
- Promotion of Childhood Developmental Screening (ASQ)

“I would like to know more about these programs to be a helpful resource in sharing information with the low-income single mothers that we work with”.

- 2018 WY MCH Unit Collaboration Survey Respondent



MCH Youth and Young Adult Health Program

The MCH Youth and Young Adult Health Program focuses their efforts on two of Wyoming’s seven MCH priorities: **Promote Healthy and Safe Relationships in Adolescents** and **Promote Preventive and Quality Care for Children and Adolescents**. A complete listing of programs that work to address both priorities are provided at right.

Survey results indicate that stakeholders want to increase partnership opportunities at all levels; from networking to collaboration. Across the program, substantial increases were observed in all five categories: networking (10% to 19%), cooperation (8% to 16%); coordination (2% to 7%); coalition (0% to 5%), and collaboration (1% to 7%).

Individual programs with the highest level of desired collaboration¹ were the Rape Prevention and Education Program (17%); Personal Responsibility Education Program (16%); and Youth Engagement Activities (14%).

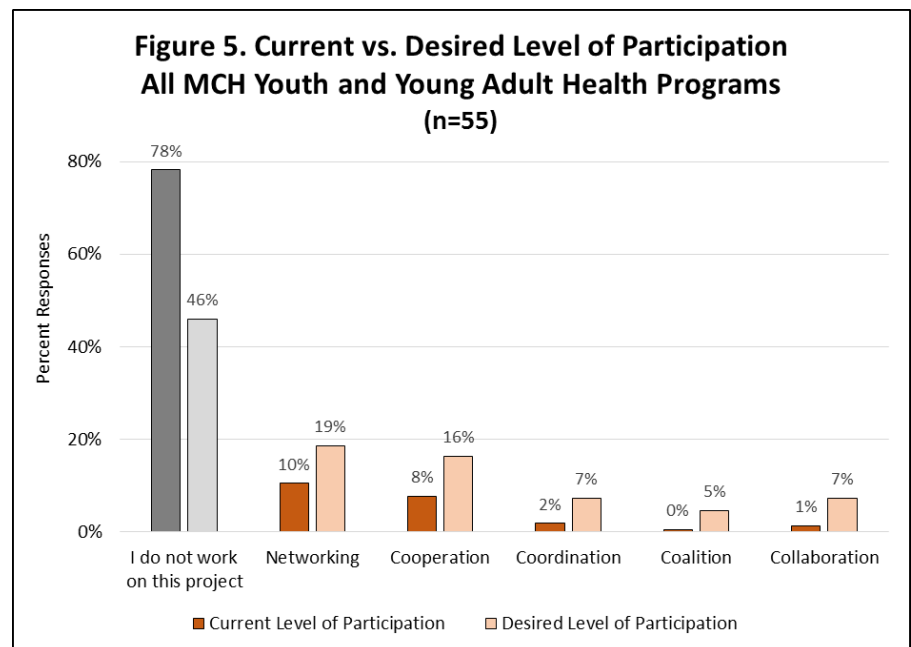
Questions may be directed to Rachel Macklin, MS, Youth and Young Adult Health Program Manager at 307-777-8225.

Youth and Young Adult Health Programs

- Adolescent Well-Visit Collaborative Improvement and Innovation Network (CoIIN)
- Youth Engagement Activities
- Rape Prevention and Education (RPE) Program
- Personal Responsibility Education Program (PREP)

“I work daily with adolescents in need of this information”

- 2018 WY MCH Unit
Collaboration Survey
Respondent



MCH Children and Youth with Special Health Care Needs Program

The Children and Youth with Special Health Care Needs Program targets one of the seven MCH Priorities: **Promote Preventive and Quality Care for Children and Adolescents**. This priority measure addresses two key factors for children and youth with special health care needs; access to a medical home, and services necessary for transition to adult health care. A complete listing of programs that work to address this priority is provided at right.

Survey results indicate that stakeholder enthusiastically support increased partnerships in all categories. Across the program, greatest increases included networking (10% to 20%); Cooperation (5% to 19%), and Collaboration (3% to 9%).

Individual programs with the highest level of desired collaboration¹ were the Parent Partner Project (23%); Maternal High Risk (20%); and Children’s Special Health (19%).

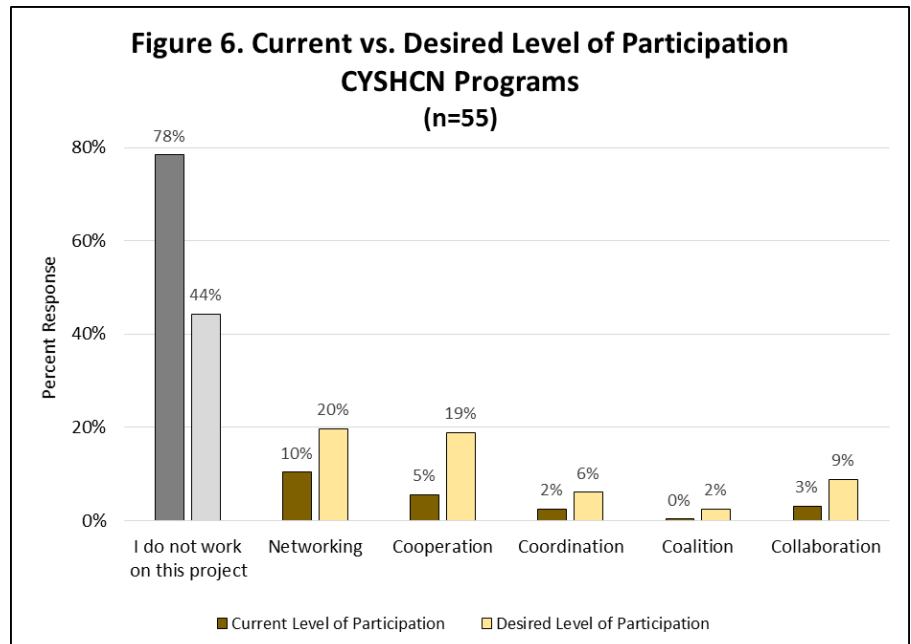
Questions may be directed to Danielle Marks, MSW, MPH, Maternal and Child Health Unit Manager at 307-777-6326.

Children and Youth with Special Health Care Needs

- Children’s Special Health
- Newborn Intensive Care (NBIC)
- Maternal High Risk (MHR)
- Genetics Clinics
- Parent Partner Project
- Health Care Transition for Adolescents

“I would love to coordinate our efforts with those of like-minded projects so that parents receive better support as they raise children with special healthcare needs”

- 2018 WY MCH Unit Collaboration Survey Respondent



MCH Epidemiology Program

The MCH Epidemiology team supports all seven of the MCH Priorities, working closely with all programs to assure evidence-based decision making throughout the MCH Unit. The work of the MCH Epidemiology Team extends beyond the programs listed at right, including leadership in needs assessment, program evaluation, and quality improvement.

Survey results indicate that stakeholders were interested in increased partnerships in networking (15% to 20%), and cooperation (11% to 24%); both categories less focused on structured relationships while actively supporting resource sharing. Smaller increases were observed in coordination (3% to 7%), coalition (1% to 2%), and collaboration (4% to 5%).

When individual program activities were examined, the category of *cooperation* demonstrated the greatest increases. As presented by Frey et al., (2016), cooperation between partners requires sharing information with loosely defined roles. Communication is formal and all stakeholders maintain independent decision-making responsibilities.

Individual programs with the highest level of cooperation were general epidemiologic data support (46%) and Pregnancy Risk Assessment Monitoring System (44%). Best Beginnings data support followed closely at 38% with Nurse Family Partnership data support at 32%.

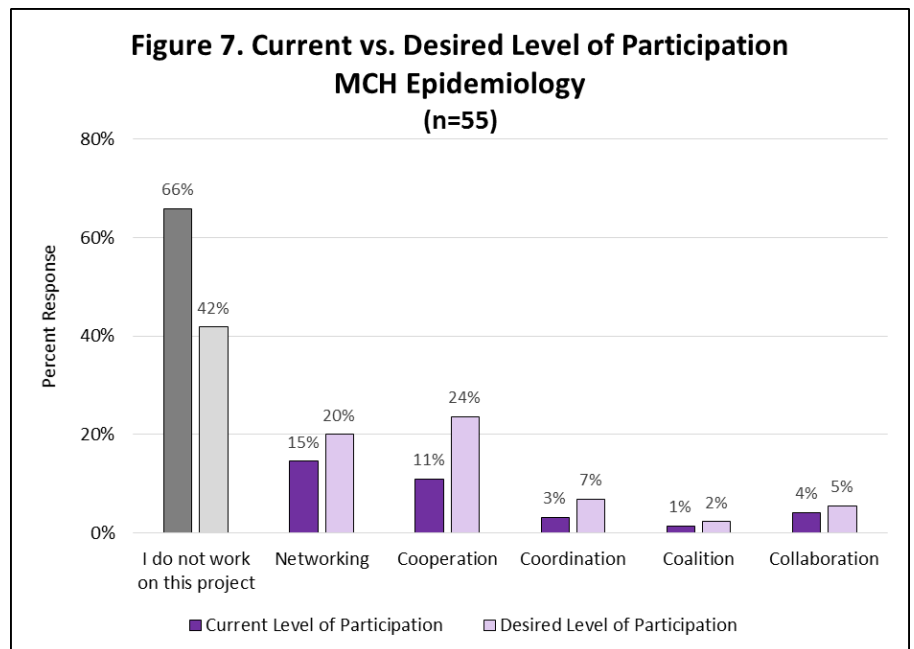
Questions may be directed to Moira Lewis, MPH, Maternal and Child Health Epidemiology Team Lead.

MCH Epidemiology

- General MCH Epidemiologic/Data Support
- Best Beginnings Data Support
- Nurse Family Partnership Data Support
- Pregnancy Risk Assessment Monitoring System (PRAMS)

“We would welcome the opportunity to exchange data and best practices with our colleagues in Wyoming”

- 2018 WY MCH Unit Collaboration Survey Respondent



Part IV. Next Steps

The 2018 Wyoming Maternal and Child Health Unit Collaboration Survey provided program staff a wealth of important information to assist them in building, improving, and retaining their partnership activities. In fact, the survey was such a success that it is slated to become a triennial survey, to continually examine the strengths and weaknesses in collaborative leadership by the MCH Unit across all programs and topics.

What did our staff learn? Our strengths included our focus on population health, the use of data to drive our decisions, and our continual focus on health equity.

Our weaknesses were primarily in the category of communication skills. We need to help our partners to better understand our state-level maternal and child health priorities. Activities, trainings, and events are not always shared in a timely manner. Visibility at the local level needs to be improved to benefit those individuals working on similar maternal and child health priorities.

Program managers across the MCH Unit were individually briefed on *current versus desired* levels of participation by the maternal and child health epidemiology team. They were also provided with contact information for those individuals who expressed an interest in increased levels of involvement.

Finally, the team would like to recognize the contributions of *Amy Spieker, MPH, Director of Community Health and Analysis at Cheyenne Regional Medical Center*. Ms. Spieker, the team lead for the Maternal and Child Health Epidemiology Program in 2018, worked closely with the MCH Unit to create the original survey concept and design. Her vision for this process was integral to its completion.



For more information about survey concept and development, please contact:

Danielle Marks, MSW, MPH
Maternal and Child Health Unit
Manager at danielle.marks@wyo.gov

To learn more about the analysis of results, please contact:

Lorie Wayne Chesnut, DrPH, MPH
Maternal and Child Health
Epidemiologist at
lorie.chesnut@wyo.gov

A special *thank-you* to the following agencies and programs from across Wyoming who participated in the Maternal and Child Health Unit Collaboration Survey during spring of 2018.

Wyoming Department of Health Programs

- Chronic Disease Prevention Program
- Communicable Disease Unit
- Disease Prevention and Health Promotion
- Immunization Unit
- Office of Emergency Medical Services for Children
- Office of Rural Health
- Public Health Nursing
- Substance Abuse Prevention Program
- Women, Infant, and Children (WIC) Program
- Wyoming Injury & Violence Prevention
- Wyoming Medicaid
- Wyoming Medicare Rural Hospital Flexibility Program (FLEX)/Rural & Frontier Health

Other Wyoming Governmental Agencies

- Department of Family Services/Foster Care
- Wyoming211/Help Me Grow
- Wyoming Attorney General's Office (Safe2TellWyoming)
- Wyoming Governor's Council on Developmental Disabilities
- Wyoming Institute for Disabilities (WIND), University of Wyoming.

Hospitals & Clinics, Non-Profit Agencies, Professional Associations and Others

- Absaroka Head Start/Early & Preschool
- American College of Obstetrics and Gynecology
- American Academy of Pediatrics
- Boys & Girls Club of Cheyenne
- Carbon County Child Development/Head Start
- Child Development Services of Fremont County
- Climb Wyoming/Cheyenne
- Colorado Department of Public Health
- Cheyenne Regional Medical Center
- Developmental Pediatric Services, Wyoming Medical Center
- Evanston Child Development Center
- Greater Wyoming Big Brothers & Sisters
- Laramie County Community Partnership/Parent Leadership Training
- Lincoln Unita Child Development
- March of Dimes
- Parents as Teachers National Office
- Parents Helping Parents/Parent Information Center
- The HALI Project
- University of Utah Division of Medical Genetics
- Uplift
- Wind River Cares/Wind River Family Spirit
- Wyoming Child & Family Development/Head Start
- Wyoming Citizens Review Panel
- Wyoming Coalition Against Domestic Violence
- Wyoming Epilepsy Association
- Wyoming Children's Trust Fund
- Wyoming Health Council



Wyoming
Department
of Health