

## MCH Family Participation Strategic Plan (Final)

Goal: Increase Family Participation in ALL MCH programs

Objective(s):

- Increase families' awareness of MCH and its programs
- Increase families' knowledge and capacity by providing MCH and Title V training
- Increase families' access to MCH programs and services
- Increase opportunities for families to participate in the work of MCH

Value Statement(s):

- We value our families
- We want families at the table (shared decision-making)
- We want MCH programs to be the best they can be
- Families are our target service recipients
- Families know best what they need
- Families have the ability to better assess programs and services
- Families are the key to improving health outcomes

Category	Question	Answer(s)	Owner(s)/Timeline
<b>THE NORTHSTAR</b> 	<b>How would we enhance family participation if we could build our processes anyway we'd like, as we reach for the highest star?</b>	<ol style="list-style-type: none"> <li>1. Families would support other families</li> <li>2. Families would have adequate health care financing</li> <li>3. Families would know where to go for assistance</li> <li>4. Families would have access to mental health services for themselves and their children</li> <li>5. Families will be hired as trainers; health educators</li> <li>6. We would build established communication paths to families</li> <li>7. We would train families to promote independence; increase their knowledge; break the cycle of poverty</li> <li>8. We would create a bridge of state, district and community services for families</li> <li>9. We would have organized outreach to families and professionals</li> <li>10. We would provide services to all of Georgia's MCH populations</li> <li>11. We would prioritize people 1<sup>st</sup></li> <li>12. We would have excellent partnerships</li> <li>13. We would decrease barriers to services</li> <li>14. We would reduce duplication of paperwork</li> <li>15. We would have low wait times in clinics</li> <li>16. We would have kid-friendly waiting rooms in clinics</li> <li>17. We would have friendly, excellent client service; especially on the front line</li> <li>18. We would inform families of services and associated fees</li> <li>19. We would have compassionate leadership</li> <li>20. We would have a well-trained workforce</li> <li>21. We would have happy, validated employees, doing purposeful work</li> <li>22. We would have statewide coordination of services across state agencies</li> <li>23. We would have trusted communication</li> </ol>	

<p><b>POSITIVE &amp; POSSIBLE</b></p>	<p><b>What is possible for us to do with given barriers that may be encountered?</b></p>	<ul style="list-style-type: none"> <li>• Excellent Partnerships; including outside</li> <li>• Educate State Legislators</li> <li>• Trainings <ul style="list-style-type: none"> <li>○ Cultural Competency</li> <li>○ Family Training</li> <li>○ Volunteer Training</li> <li>○ Staff</li> </ul> </li> <li>• MCH Press Kit; create Epi state profile</li> <li>• Speaker's Bureau</li> <li>• Media Attention</li> <li>• Public Service Announcements</li> <li>• Advisory Councils (include families)</li> <li>• Family Fun Days</li> <li>• Meetings w/Districts; involve local communities</li> <li>• Outreach; Getting out into the community (out of the tower)</li> <li>• Positive Feedback; recognize good work</li> <li>• Collect Satisfaction Surveys; evaluation</li> </ul>	
<p><b>NOW</b></p>	<p><b>What resources and/or supports do we have available to us now?</b></p>	<ul style="list-style-type: none"> <li>• Medical Volunteers</li> <li>• Brochures/Flyers</li> <li>• Focus Groups</li> <li>• Surveys</li> <li>• Health Fairs</li> <li>• Parent Support Groups</li> <li>• Advisory Committees</li> <li>• Parent Organizations (partners)</li> <li>• Research <ul style="list-style-type: none"> <li>○ Immunizations Coordinators (18)</li> <li>○ DOE Parent Mentors</li> <li>○ DECAL Inclusion Coordinators</li> </ul> </li> <li>• Health Educators</li> <li>• Breastfeeding Peer Counselors (FAST Teams, Navigator Teams, Parent Educators, Family Planning District Committees) – Loss or diminished access to partners</li> </ul>	

<p><b>ENROLL</b></p>	<p><b>Whom do we need to assist us in this process?</b></p>	<ul style="list-style-type: none"> <li>• Nonprofit Organizations</li> <li>• Disability Specific Organizations</li> <li>• Health Districts</li> <li>• Volunteers: Through Partnerships</li> <li>• Businesses: Child-focused</li> <li>• Interns – Health Communications Marketing <ul style="list-style-type: none"> <li>○ GA State University</li> <li>○ Morehouse College</li> <li>○ Emory University</li> </ul> </li> <li>• Hospitals <ul style="list-style-type: none"> <li>○ Parent Advisory Groups</li> </ul> </li> <li>• Faith-based Organizations</li> <li>• Use of Social Media <ul style="list-style-type: none"> <li>○ Facebook</li> <li>○ LinkedIn</li> <li>○ Instagram</li> </ul> </li> <li>• Magazines (Disability-friendly) <ul style="list-style-type: none"> <li>○ Atlanta Parent</li> <li>○ Kids Enabled</li> </ul> </li> </ul>	
<p><b>STRONG</b></p>	<p><b>What do we already have/do that makes us strong?</b></p>	<ul style="list-style-type: none"> <li>• Policy</li> <li>• Provision of Services</li> <li>• Publications</li> <li>• Infrastructure Building</li> <li>• Advisory Committees</li> <li>• Powerline (One-stop call center)</li> <li>• BCW (Early Intervention) Central Directory</li> <li>• Parent-focused Nonprofit Organizations</li> <li>• FIMR – HIV</li> <li>• Home Visitation Programs/Centering</li> </ul>	
	<p><b>What do we need to make us stronger?</b></p>	<ul style="list-style-type: none"> <li>• Data Mining</li> <li>• Bring families into policy work</li> <li>• Increase communication <ul style="list-style-type: none"> <li>○ Clear</li> <li>○ Frequent</li> </ul> </li> </ul>	

		<ul style="list-style-type: none"> <li>○ Various avenues</li> <li>● Consistent Messaging <ul style="list-style-type: none"> <li>○ Big branding message</li> <li>○ Share same message(s)</li> <li>○ Keep messages short (elevator speech)</li> <li>○ Make messages personal <ul style="list-style-type: none"> <li>▪ “MCH wants to give you a hug”</li> <li>▪ “MCH cares about families”</li> <li>▪ “MCH loves me”</li> </ul> </li> </ul> </li> <li>● Family Bloggers</li> <li>● Gather feedback <ul style="list-style-type: none"> <li>○ “Mystery” shoppers</li> <li>○ Family stories</li> </ul> </li> <li>● Press Kit</li> <li>● One-stop shop like COMPASS (central intake for family and children services and Medicaid) <ul style="list-style-type: none"> <li>○ Connect to COMPASS</li> </ul> </li> <li>● Build continuity across strengths/programs</li> </ul>	
<p><b>HOW</b></p>	<p><b>How will we do this?</b></p>	<ul style="list-style-type: none"> <li>● <b>Leverage partnerships with health districts/state agencies/grant contractors to increase family participation</b></li> <li>● <b>Use website to share information and resources</b></li> <li>● <b>Use family engagement specialist</b></li> <li>● <b>Develop communications plan</b> <ul style="list-style-type: none"> <li>○ Elevator speech</li> <li>○ Press kit</li> <li>○ Website</li> <li>○ Social media</li> <li>○ Public Service Announcements (PSAs)</li> <li>○ Videos</li> <li>○ Public Access Channel</li> <li>○ Scholastic Books</li> <li>○ Face-to-face community events using families as partners</li> </ul> </li> <li>● <b>Make efficient use of MCH funding</b></li> </ul>	

- **Trainings**
  - Workforce Development - MCH/DPH
  - Compassionate Leadership
    - SGOT (Smile, Greet, Own, Think customer service)
  - Cultural Competency
  - Family Trainings
    - MCH Overview
      - PH 101 (condensed, use at speaker's bureau and at annual summit)
      - MCH 101
    - Block Grant
      - Website
      - Social media
  - Volunteer Trainings
    - Train at summit/camp
- **Advisory Groups**
  - Master Advisory Group
  - Subgroups
    - Program-specific
    - Medical
    - Family
  - Host Annual Summit for Advisory Group Members
- **Gap Analysis**
  - Continuity across programs
    - Guidelines
    - Program planning
    - Contract development
    - Highlight what we do well
    - Get credit for what we do (specifically the work we sponsor through contracts)
    - Determine positions as volunteer or funded
    - Look at best practices, evidence-based models
    - Look at business model
  - Trainings
    - Staff (required, recommended, optional)

		<ul style="list-style-type: none"> <li>• <b>Program experience/Evaluations</b> <ul style="list-style-type: none"> <li>○ Focus Groups</li> <li>○ Surveys</li> <li>○ Social Media</li> <li>○ Outcome Evaluations</li> </ul> </li> </ul>	
<b>WHO</b>	<b>Who is responsible for getting it done?</b>	<ul style="list-style-type: none"> <li>A. Leverage partnerships with health districts/state agencies/grant contractors to increase family participation</li> <li>B. Use website to share information and resources</li> <li>C. Use family engagement coordinator</li> <li>D. Develop communications plan</li> <li>E. Make efficient use of MCH funding/redirect contract funds</li> <li>F. Trainings</li> <li>G. Gap Analysis</li> <li>H. Program experience/Evaluations</li> <li>I. Advisory Groups</li> </ul>	<ul style="list-style-type: none"> <li>A. <b>MCH Director of Strategy/District Health Directors</b></li> <li>B. <b>MCH Director of Community Outreach</b></li> <li>C. <b>MCH Family Engagement Coordinator</b></li> <li>D. <b>MCH Director of Outreach</b></li> <li>E. <b>MCH Program Contract Owners/Program SMEs</b></li> <li>F. <b>MCH Director of Quality</b></li> <li>G. <b>MCH Director of Strategy &amp; Epi Director(s)</b></li> <li>H. <b>MCH Director of Strategy</b></li> <li>I. <b>MCH Director of Strategy/Family Engagement Coordinator (Johanna/Sherry will research previous Family Health Branch AG)</b></li> </ul>
<b>WHEN</b>	<b>When do we expect this to be completed?</b>	<ul style="list-style-type: none"> <li>A. Leverage partnership with health districts to increase family Participation</li> <li>B. Use website to share information and resources</li> <li>C. Use family engagement coordinator</li> <li>D. Develop communications plan</li> <li>E. Make efficient use of MCH funding</li> <li>F. Trainings</li> <li>G. Advisory Groups</li> <li>H. Gap Analysis</li> <li>I. Program experience/Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>A. <b>Year 1 = FY 2016</b></li> <li>B. <b>Year 1</b></li> <li>C. <b>Year 1, 2</b></li> <li>D. <b>Year 1</b></li> <li>E. <b>Year 1</b></li> <li>F. <b>Spring 2015 – Cultural Competency, Year 1</b></li> <li>G. <b>Year 2</b></li> <li>H. <b>Year 1</b></li> <li>I. <b>Year 2</b></li> </ul>

# NOW

# ENROLL

# STRATEGIES

# First Steps:

# HOW

# WHO

# WHEN

Medical Volunteers  
 Brochures/Flyers  
 Focus Groups  
 Surveys  
 Health Fairs  
 Parent Support Group  
 Advisory Committees  
 Parent organizations  
 (Fast Facts, Village Year, Parent Educator, FP District Committee)  
 Research - Transition (Community) (1/6)  
 - DVE Forum  
 - DECA  
 Health Educators  
 Parent/Infant Peer Counselors

Non-profits  
 Businesses  
 Dis. orgs.  
 Districts  
 Volunteers:  
 Through Partners  
 Businesses  
 Children focused  
 Interns - Health Communication MKTG  
 GSU  
 Warehouse  
 Hospitals  
 Parental orgs Councils  
 Faith based orgs  
 Facebook  
 LinkedIn  
 Magazines - All parent enabled  
 BY Standing H  
 MCH

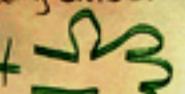
Policy  
 Publications  
 Power Line  
 Behavioral Directory  
 Parent Nonprofits  
 FIMR - HUI  
 Home Visitation/Centering  
 Data Management  
 Bring families  
 Clear  
 Frequent  
 VARIAS  
 One-Stop Shop  
 (Lone Star)  
 Build continuity across programs  
 Gather families

Leverage Districts to increase Family Volunteer/Participation  
 Use Website: Information, Resources  
 Coordinator - Family Engagement Specialist  
 Communications Plan:  
 Elevator speech  
 Press kit  
 Website  
 Social media  
 PSA's  
 Videos  
 Scholastic Books  
 Public Health School  
 Funding  
 Audience Demand

MCH  
 Districts  
 MCH Case Outreach Dir  
 Family Eng. Specialist  
 MCH Outreach Dir  
 Program SMEs  
 MCH Redirection of Contract Funds  
 Schaffer  
 Alvarez  
 Price  
 Hite

Year 1  
 Year 2  
 Year 3  
 Get out the door  
 Jobs

Excellent Partnerships including outside

Out  workers 

Advisory Councils w/ families  
 Collect Seattle's Action Surveys

Empower our families to have an active voice in services we provide + how we provide them.

Excellent Partnerships!  
 Happy Employees. Purposeful work.  
 Services that serve all of our citizens.  
 Mental Health Services for parents

Well Trained Workforce  
 Outreach - Organized

Trusted communication  
 Established communication paths  
 Statewide Coordination of services across state agencies  
 Barrier to services

Parents as trainers  
 Knowledge  
 Friendly  
 Decentralized  
 Customer service

TRAININGS for families to promote independence  
 Break the cycle of poverty  
 No wait times in clinics  
 Friendly waiting rooms  
 Childcare for parents + staff  
 reduce duplication of paperwork

Positive + feedback  
 - recognize good work  
 good workplace  
 Prioritize the people

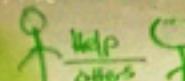
MCH Press kit + Train Volunteers  
 MCH State Profile  
 Speaker's Bureau  
 Family Film Days  
 Media Attention  
 PSA's, etc.  
 Educate legislators

Meeting/Districts  
 Involve local community  
 Parents supporting other parents  
 Kid friendly waiting rooms

Parents supporting other parents

Patients inform services provided, fees associated  
 Family/Parent Health Educators

Compassionate Leadership 

Help others 

Family Health Days

View where to go for help 