Course Curriculum: Applied Methods for Health Transformation Implementation in Maternal and Child Health
About the Center

The National Maternal and Child Health Workforce Development Center (the Center) at The University of North Carolina at Chapel Hill offers state and territorial Title V leaders evidence based training, collaborative learning, coaching and consultation in implementing health reform using a variety of learning platforms. The Center uses cutting edge tools and techniques to advance the maternal and child health field, leveraging health transformation opportunities to improve the health of diverse populations of women, children and families. Center services can range from a one-time consultation to intensive technical assistance that includes site visits and coaching. The Center’s Pipeline Program also engages graduate and undergraduate MCH students training for careers in public health through educational and practicum opportunities.

Building on the central role of Title V programs in ensuring the health of the MCH population, the Center focuses on four key themes of the Affordable Care Act (ACA) and health transformation:

1) **Improving access to care**
2) **Using quality improvement tools** to drive transformation
3) Fostering integration **within public health and across organizational boundaries** including primary care, mental health, early intervention and community-based service delivery systems
4) Furthering **population health management, including effective change management and other leadership skills** to ensure health improvement for MCH populations.
Acknowledgements

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We are grateful to the Association of Teachers of Maternal and Child Health (ATMCH) for the Innovative Teaching Award that supported the development of this Curriculum Guide. ATMCH aims to provide leadership in education, research, and service in the field of Maternal and Child Health. ATMCH offers an interdisciplinary forum through which MCH faculty, staff and students from schools of public health and other institutions of higher learning can share the knowledge, ideas, and skills essential to educating students, advancing MCH research, and applying research results to MCH policies, programs, and services. For more information:  http://www.atmch.org/

Jennifer Schroeder, MPH, led the development of this interactive PDF. Jennifer is a recent graduate of the UNC Center for Excellence in Maternal and Child Health in Education, Science and Practice. She is currently working with the Appalachian District Health Department’s Health Promotions Team as the Lead Triple P Program Coordinator in Western North Carolina.

Diane Kelly, DrPH, MBA, provided invaluable assistance with the development of the quality improvement modules. Dr. Kelly was previously Adjunct Assistant Professor with the Public Health Leadership Program at UNC Chapel Hill.

We would like to thank Mellanye Lackey, MSI, Library Liaison for the UNC Gillings Global School of Public Health for her review and expert assistance.

We would like to express our deep appreciation to Center staff for their support, timely contributions, and sustained good humor.

Finally, we appreciate the engagement and feedback from students in the inaugural MHCH 890 course held spring 2015.

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The curriculum developers have a combined 46 years of practice-based experience in Title V and maternal and child health. Marcia Roth is also the parent of a young adult with special health care needs.
Course Description

This online course is designed to integrate the theory, research literature, and evidence-supported practices that promote optimal population health outcomes in maternal and child health. The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 - the most significant health care system reform since the passage of Medicaid and Medicare in the 1960s - offers opportunities for improving public health systems, health care financing and delivery and, ultimately, health outcomes for MCH populations. The ACA provides myriad opportunities for improving access to health care, strengthening partnerships between public health and primary care, controlling and reducing health care costs, improving quality, and implementing expanded public health promotion initiatives. Title V programs are uniquely positioned to help lead and influence major health system reform initiatives as they affect women, children and families. MCH professionals need contemporary tools, resources, and skills in order to assume leadership in ACA and advance the science and art of health reform implementation.

Course participants will examine and apply new skills in the following four areas: quality improvement, systems thinking, population change management, and promotion of access to care for women and children including children and youth with special health care needs. Evidence-based public health practice and applied implementation frameworks to advance population health outcomes will be threaded throughout.

Course Objectives

Upon completion of the course, participants should be able to:

1. Understand major drivers of health reform in the United States and new roles for Title V agencies in this dynamic landscape.
2. Identify quality markers for access to care (universal, continuous, adequate and affordable) and discuss gaps in insurance coverage for women and children.
3. Distinguish between adaptive and technical problems, practice the skills and approaches necessary for adaptive and technical leadership, and understand the circumstances in which adaptive leadership can add value.
4. Learn tools for seeing the larger system, fostering reflection and generating conversation, and shifting from reacting to co-creating the future.
5. Describe the characteristics of quality improvement and the quality continuum and identify methods and approaches to improving quality in public health.
6. Develop a foundation for ongoing inquiry into quality and systems issues in public health and how this can support a continuous process to measure, analyze, manage and improve performance.
7. Apply the science of implementation to improve outcomes across multiple sectors and support the diffusion and sustainability of population interventions.

Course Structure

The course is organized into 8 modules and 15 units that build sequentially. After a broad overview of the impact of the ACA on state and territorial Title V programs and MCH populations, the course moves into a discussion of practical strategies for leading change in a time of transformation. The majority of this curriculum will be dedicated to building this foundation. This course is entirely online and asynchronous, with weekly recorded lectures supplemented by multimedia resources, assigned readings, and written assignments.
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Pre-Work: An Historical Overview of MCH and Title V

This Module should be shared with course participants prior to the actual start of the course.

Learning Objectives

- Review syllabus and course requirements
- Complete participant baseline assessment (Survey Example in Appendix B)
- Begin to engage with classmates and faculty
- Develop an appreciation for the Title V infrastructure in promoting the health of women, children, and families

Materials

**Watch/Listen**

**Read**

**Reflect**

Introduce yourself!
Please share the following information:
- Name;
- Where you currently study/work;
- A photo that reflects one of your interests and a short description of why it is meaningful;
- Your current and/or previous experience with any aspects of the ACA;
- One MCH outcome you hope to see as a result of ACA implementation.
Module I: Affordable Care Act (ACA) 101 and Health Reform

Unit A: Introduction to the ACA and MCH Financing

Learning Objectives

- Understand the major drivers of health reform in the U.S.
- Appreciate implications of the ACA and health reform for Title V
- Explore the major sources of contemporary financing for maternal and child health in the United States

Materials

**Watch/Listen**

1. Introduction to the Affordable Care Act: Health Reform Hits Main Street, Kaiser Family Foundation, 2010. (~9 minutes)
2. The YouToons Get Ready for Obamacare, Kaiser Family Foundation, 2013. (~7 minutes)
3. MCH Financing: Insurance Programs, Katharine E. Witgert, MPH, National Academy for State Health Policy and the Johns Hopkins University Bloomberg School of Public Health, 2014. (~40 minutes)
   - Introduction
   - Medicaid
   - Child Health Insurance Program
   - Health Insurance Marketplaces
   - Conclusion

**Read**

1. Is the Affordable Care Act Working?, NY Times, October 26, 2014.

**Reflect**

Share one detail or fact about MCH/Title V financing that surprised you. Describe why it was surprising and how it changed the way you think about health reform and the ACA. You may draw from the video presentations by Lew Margolis (Module I) or Katharine Witgert, or any of the other resources shared to date.

**Apply Your Knowledge**

Visit [http://www.hhs.gov/healthcare/facts/timeline/index.html](http://www.hhs.gov/healthcare/facts/timeline/index.html) and select one of the groups with a dedicated fact sheet [http://www.hhs.gov/healthcare/facts/factsheets/index.html](http://www.hhs.gov/healthcare/facts/factsheets/index.html). Develop 1-2 paragraphs summarizing the key points. Within the summary, cite at least one main point about the population you chose gleaned from the required NY Times readings for this week.

**Additional Resources**

- [http://kff.org/health-reform/](http://kff.org/health-reform/)
Module II: Access to Care 💖

Unit A: Access to Care and Assessment for MCH Populations

Learning Objectives

• Identify gaps in insurance coverage that may remain for women and children, including immigrants, children and youth with special health care needs, and families who live in states that do not expand Medicaid
• Explore quality markers for access to care, specifically care that is universal, continuous, adequate, and affordable
• Discuss new challenges and opportunities related to the assessment responsibility for Title V in an era of national health reform

Materials

Watch/Listen
1. Title V Five Year Needs Assessment Training, Donna Petersen, ScD, MHS, CPH; Ron Benham, MDiv; and Karin Downs, RN, MPH, Association of Maternal and Child Health Programs, 2014.16 (Listen to first 50 minutes)

Read
1. Access to Care Core Modules, National MCH Workforce Development Center, Access to Care Core, 2014.17
   a. The Affordable Care Act: A Working Guide for MCH Professionals
   b. ACA 101 - An Introduction
   c. Key Health Insurance Coverage Concepts under the ACA
   e. New and Expanded Pathways to Coverage under the ACA
   f. State Health Insurance Marketplaces
   g. Benefits
2. Skim the State Assessment Tool, National MCH Workforce Development Center, Access to Care Core, 2014.18

Reflect
Choose two states. Visit the Catalyst Center State at a Glance Chartbook.19 Select and compare 3 data points that could benefit from improvement or additional emphasis in relation to access to care for children. Consider how the data reflect existing capacity or potential progress relative to the U.S. as a whole. Develop a paragraph with your hypothesis about what might be underlying these differences (between the two states and between the two states and the U.S.). Develop your assumptions based on the resources shared this week. You do not need to do additional, independent research to support your argument.

Apply Your Knowledge
Visit http://www.hhs.gov/healthcare/facts/bystate/statebystate.html20 and https://www.statereforum.org/Medicaid-Expansion-Decisions-Map21. Choose two states (one that has expanded Medicaid and one that has not). Identify and compare access to care indicators for the two states selected. Be sure to review the Governor’s Stance provided for each state. Write a summary about why this state did or did not expand Medicaid. Discuss the implications of each state’s approach to implementing health reform and the impact on access to care for the MCH population.
Module III: Implementing Interventions to Improve Population Health Outcomes

Unit A: Applied Implementation and Evidence-Based Practice

Learning Objectives

• Learn methods to identify the evidence base for interventions
• Define ‘credible evidence’ – how do we know what works and what is worthy of investment?
• Explore the challenge of bridging the gap between evidence and implementation
• Identify ways in which applied implementation can promote best practices, organizational change, and system reinvention to improve population outcomes

Materials

Watch/Listen
1. Reviewing the Evidence – Approaches that Work, Dorothy Cilenti, DrPH, MPH/MSW, 2014. (~11 minutes)
   a. View Lecture | Transcript
   a. View Lecture | Transcript
3. NIRN Active Implementation Hub – Module 1: An Overview of Active Implementation Frameworks (~60 minutes)

Read
2. Green LW. Making research relevant: if it is an evidence-based practice, where’s the practice-based evidence?, Family Practice 2008; Pages 1-5.

Foundational Reading (Recommended for those for whom evidence-based decision making is new.)

Browse
1. University of Kansas Community Toolbox: Implementing Promising Community Interventions

Reflect

Select one of the four practices profiled in the January 2015 NICHD newsletter (reduction of preterm delivery through group prenatal care; prevention of child obesity through community mobilization; improved breastfeeding rates through Baby Friendly Hospital practices; increased family/patient engagement through medical homes).

Next, refer back to the Drivers Tool developed by NIRN and referenced by Andra Wilkinson.

The ‘Drivers’ encompass practice (competency drivers) as well as organizational/systems (organizational drivers, leadership) aspects of implementation. Please post an analysis of how this AI Tool can be used to identify (and plan for) potential barriers and facilitators to implementation of your selected intervention with fidelity in a new health system or community.

Apply Your

Review the Access to Care Core Module on Benefits, developed by the National MCH Workforce Development Center from Module II.
Choose one of the 10 new Essential Health Benefits (EHBs) required of all insurance plans through the ACA. If you choose to focus on preventive health care, you may concentrate on either the package for women or for children. Remember that all 10 of these EHBs were selected based on an extensive federal vetting process of the available evidence for each recommended clinical practice.

Next, proceed to the NIRN AI Hub and review Module 1: An Overview of Active Implementation Frameworks, The Rationale for Active Implementation by Drs. Fixsen and Blasé. Any time the presenters mention education; please imagine that they are referring to public health instead. Next review Framework 1: Useable Interventions. Consider the ‘Criteria for Useable Interventions’. To be usable, it’s necessary to have sufficient detail about an intervention. With detail, you can train practitioners to implement it with fidelity, replicate it across multiple settings and measure the use of the intervention. With this in mind, discuss how well the EHB that you have selected aligns with the Criteria for Useable Interventions.

In developing your response, consider the following questions, adapted from the NIRN AI Hub Activity 1.1: Getting Started with Usable Interventions.

1. Develop a description of the program/intervention that reflects principles, values and expected outcomes.
2. Identify the essential functional features of the program/intervention.
3. Discuss how you will know that each of these functional features is in place.
4. What would the program/intervention look like in a health system (or community)?
5. How would fidelity and performance assessment data be captured?
Module IV: Change Management

Unit A: Adaptive Leadership and Systems Leadership

Learning Objectives
- Distinguish between adaptive and technical problems
- Understand the circumstances in which adaptive leadership can add value
- Describe the core capabilities of system leaders
- Learn tools for seeing the larger system, for fostering reflection and generating conversation, and for shifting from reacting to co-creating the future

Materials

Watch/Listen
1. Adaptive Leadership – What is it and how can your people benefit? By Ron Heifetz (~60 minutes)

Read

Complete
1. Go to the Whole Systems Leadership Module from the University of Minnesota - Twin Cities, Center for Spirituality and Healing. Read the Introduction through Practice to Learn (at the bottom of the page). Then complete the Whole Systems Leadership Learning Module (~50 minutes) by Wendy Morris, MA, Founder of the Creative Leadership Studio.

Take the Adaptability Survey from the Cambridge Leadership Associates (~5 minutes).

Reflect
Based on the Adaptive Leadership reading for this week, decide whether health reform implementation is a technical problem or an adaptive challenge. Give several examples to support your stance.

Apply Your Knowledge
Choose one quote to read and respond to in one page or less.

a. “To practice adaptive leadership, you have to help people navigate through a period of disturbance as they sift through what is essential and what is expendable, and as they experiment with solutions to the adaptive challenges at hand. This disequilibrium can catalyze everything from conflict, frustration, and panic to confusion, disorientation, and fear of losing something dear. That is not what you are paid to do and will certainly not be as well received as when you are mobilizing people to address a technical issue that is within their competence or requires expertise that can be readily obtained. Consequently, when you are practicing adaptive leadership, distinctive skills and insights are necessary to deal with this swirling mass of energies. You need to be able to do two things: (1) manage yourself in that environment and (2) help people tolerate the discomfort they are experiencing. You need to live into the disequilibrium.”

The Theory Behind the Practice, A Brief Introduction to the Adaptive Leadership Framework

Given what you’ve been exposed to this week about adaptive and systems leadership, reflect on...
the quote above about disequilibrium. Consider a time in your career when you were working in a state of disequilibrium. Write about how you managed yourself during that time. Then, describe how you did or did not help those around you tolerate the discomfort they were experiencing. Given what you know now, would you have responded differently? Be specific.

b. “The leaders we need are already here, emerging everywhere.” Margaret Wheatley

From a Whole Systems Healing perspective, leadership is not a position, but a behavior that can show up anywhere within a community, an organization, or other human system. Leadership is not tied to having roles with authority. It is just what happens when people step forward to make a difference on the issues they care about – whether they have positional power and expertise or not. Think of an example where you have stepped forward to make a difference about an issue you care about. Have you done this at work? In your community? In your family? Tell your story about a time you were involved in something that changed the world even in a small way.
Unit B: Mindfulness

Learning Objectives

- Apply the theoretical base of mindfulness practice to the process of leadership
- Practice mindfulness as a means to train the mind’s innate capability to be focused, see with clarity, cultivate creativity and embody compassion
- Consider how a practice of mindfulness contributes to self-regulation of emotion, reduced stress and anxiety, and improved relationships

Materials

Watch/Listen
1. Psychology of Leadership (Mindfulness), Ellen Langer, PhD, 2014. (~49 minutes)

Read
2. The Greater Good Science Center, The University of California at Berkeley.

Browse
1. www.headspace.org/science. This site and its companion app distill the evidence that proves regular mindfulness practice, through meditation, is an effective treatment for stress, worry, lack of focus, relationship problems, addictions and more. It leads to peace of mind and wellbeing, greater focus and creativity and better relationships.

Reflect

Before you dive into this assignment, listed to the five-minute author interview with Dan Harris on NPR, How a Skeptic Learned to Love Meditation, 2015.

Mindfulness is about knowing where we are (being in the moment) and also about maintaining an awareness of where we have been (reflection) and where we are going (having goals). A meditation journal can aid us with all of those areas of awareness, helping us to have a more unified awareness of ourselves. Each day for four consecutive days, follow one of these suggested mindfulness recordings.

- The Forest Awakens: Guided Imagery for Stress Relief, The University of Minnesota, Center for Spirituality and Healing
- Gateway to Presence, Tara Brach
- Mindfulness/Awareness Meditation, Pema Chodron
- Loving Kindness Meditation, University of New Hampshire Health Services
- Performance Meditation, University of New Hampshire Health Services
- Creative Visualization Meditation, University of New Hampshire Health Services

As an alternative, use your own already-established seated or walking meditation practice or just sit quietly for 10 minutes.
After each session, briefly write down how you feel following the meditation. Your writing doesn't have to be overly structured. Write freely about your experience. You might include the date, the name of the meditation practice, and how long you meditated. Then write more generally about how the practice went – what distractions you had, what you did about them; what positive factors (like calmness, patience, concentration, etc.) were present and what you did to strengthen them. You can write about factors in your life that had an effect on your practice – things like lack of sleep, or a particularly busy day, or that you felt refreshed after a day hiking with a friend. Journaling in this way can help you examine your experience and become more aware of the patterns your consciousness follows. After the last meditation, post a paragraph about your experience with meditation and journaling.

<table>
<thead>
<tr>
<th>Apply Your Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider the lectures, readings, and meditation experience this week. Develop a one-page reflective paper that responds to the following:</td>
</tr>
<tr>
<td>1. What is the evidence base around mindfulness and leadership?</td>
</tr>
<tr>
<td>2. How does mindfulness align with the MCH philosophy, vision and bottom line?</td>
</tr>
<tr>
<td>3. What challenges do you foresee in integrating a mindfulness focus into contemporary MCH work settings?</td>
</tr>
<tr>
<td>4. Given what you now know about mindfulness and leadership, how might you move forward from this point?</td>
</tr>
</tbody>
</table>
Module V: Quality in Public Health

Unit A: Defining Quality and the Quality Continuum

Learning Objectives

- Describe characteristics of quality, including consistency, timeliness, stakeholder expectations, and technical specifications
- Compare Quality Assurance (QA)/Quality Control (QC) and Quality Improvement
- Explore methods and approaches to improve quality, including the PDSA Cycle, Lean Thinking, Six Sigma, Total Quality Management, and theories of Organizational Effectiveness
- Consider how quality methods may be applied in public health
- Describe the quality continuum, the performance management cycle, and open feedback systems

Materials

**Watch/Listen**

1. Defining Quality – Anita Farel, DrPH, MSW, 2015. (~20 minutes)
   a. [View Lecture](#) | [Transcript](#)
2. The Quality Continuum – Anita Farel, DrPH, MSW, 2015. (~15 minutes)
   a. [View Lecture](#) | [Transcript](#)
3. Tackling a National Embarrassment, NICHQ CoIIN, January 2015 (~8 minutes)
4. The Domestic Lean Goddess – Getting the Kids to School on Time (PDSA Cycle), Quality Improvement Organization Program (QIO), 2013 (~6 minutes)

**Read**

3. Roadmap to a Culture of Quality Improvement, National Association of County and City Health Officials, 2012

**Browse**

1. Collaborative Improvement & Innovation Network to Reduce Infant Mortality
2. NICHQ, CoIIN

**Reflect**

First, review the PDSA Cycle Fun Sample (below). Then choose an area of your life (either personal or professional) that could be improved through the application of a PDSA approach. Using the PDSA Cycle Template (below), develop an objective and plan for change. Then use the PDSA Cycle Tracking Form to implement your plan. Collect data over several days, so that you complete several PDSA cycles, revising and adapting as appropriate.

Post a brief narrative of your experience, highlighting the process, your learning, and the results. Did you encounter any challenges? Did you find the PDSA Cycle to be a practical tool for quality improvement?

**Apply Your Knowledge**

The Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality is a public-private partnership to reduce infant mortality and improve birth outcomes. Participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks.
First, read this article about maternal interviews as a key to addressing infant mortality[^65].

The CoIIN has identified six strategy areas for the second wave (September 2013 - September 2016).

- **SIDS/SUID/Safe Sleep:** Improve safe sleep practices
- **Smoking Cessation:** Reduce smoking before, during and/or after pregnancy
- **Preconception/Interconception Care:** Promote optimal women’s health before, after and in between pregnancies, including a focus on Postpartum Visits (content and frequency), and Adolescent Well Visits (content and frequency)
- **Social Determinants of Health:** Incorporate evidence-based policies/programs and place-based strategies to improve social determinants of health and equity in birth outcomes
- **Prevention of Preterm and Early Term Births:** Increase appropriate utilization of prenatal progesterone and/or reduce early elective deliveries
- **Risk-appropriate Perinatal Care (perinatal regionalization):** Increase the delivery of higher risk infants and mothers at appropriate level facility

See more at: [http://www.nichq.org/childrens-health/infant-health/coiin-to-reduce-infant-mortality#sthash.69TGHWHt.dpuf][^64]

1. Choose one CoIIN priority.
2. Identify potential state and community partners and stakeholders that should be at the table as decisions are made.
3. Discuss one strategy that is currently being tested by a state CoIIN to address the selected priority. To get started, you might explore state initiatives developed during the initial CoIIN in Regions IV and VI. (See [http://medicaiddirectors.org/sites/medicaiddirectors.org/files/public/medicais_children_birth_to_launch.pdf][^66])
4. Describe several quantitative measures that are or could be used by the CoIIN to measure performance and document the process of improvement.
5. Describe one or two qualitative measures that would enhance the quantitative data and provide a deeper understanding or and support for QI efforts. Suggest at least one way this data might be collected.
Sample PDSA CYCLE

PLAN
Objective for this cycle.
- **What do you hope to learn?**
  I want to learn if it is possible to make healthy and tasty brownies using applesauce.
Specific questions to address:
1. Will the taste of the brownies be the same as a regular brownie?
2. Will the texture of the brownies be the same as a regular brownie?
3. Will the brownies be moist?
Predictions/Hypotheses.
- **What do you think will happen when the test is done?**
  If I use applesauce, then my brownies will be the same as regular brownies.

Plan for change or test: who, what, when, how, where:
I will make one batch of brownies using plain applesauce today for my children to eat at home.

Plan for data collection: who, what, when, how, how long:
I will ask my children about the taste, texture, and moistness of the brownies. I will also look for visual cues to determine if they taste good.

DO
Carry out the change/test.
- Collect data.
- Note when completed, observations, problems encountered, and special circumstances.
  No problems encountered during baking. Served the brownies and observed my children’s reactions and asked their opinion.

STUDY
Analyze and summarize data (quantitative and qualitative)
- What went well?
- What could be improved?
  The texture was good. However, the brownies tasted too sweet and were dry. I researched on the internet and found that cinnamon applesauce can be used to reduce the “sweet taste”.

ACT
Document what was learned and plan next cycle
- Should Adapt, Adopt, or Abandon the change?
- What changes are needed for the next cycle?
- Are you confident that you should expand size/scope of test or implement?
  I think the idea is still good and will adapt it based on the info collected. For the next test, I will use 100% cinnamon applesauce instead of plain applesauce. I am not confident enough with the recipe, so I’ll continue to test with my children.
PDSA Cycle Tracking Form

Name of Person Testing Change:  
Change Idea Tested: Making brownies with applesauce instead of butter.

<table>
<thead>
<tr>
<th>Cycle No.</th>
<th>PLAN</th>
<th>DO</th>
<th>STUDY</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Used 100% plain applesauce instead of butter in one batch of brownies. Tested with my children (2).</td>
<td>6/1</td>
<td>The texture was good. However, the brownies tasted too sweet. We researched on the internet and found that cinnamon applesauce can be used to reduce the “sweet taste”.</td>
<td>Use 100% cinnamon applesauce instead of plain applesauce.</td>
</tr>
<tr>
<td>2</td>
<td>Used 100% cinnamon applesauce instead of plain applesauce. Tested with my children (2).</td>
<td>6/3</td>
<td>The texture was good and the brownies had less of the “sweet taste”, but they still did not taste like original brownies.</td>
<td>Use ½ cinnamon applesauce and ½ butter.</td>
</tr>
<tr>
<td>3</td>
<td>Used ½ cinnamon applesauce and ½ butter. My team at work and my children (10).</td>
<td>6/5</td>
<td>The texture was good and the brownies tasted good—no “sweet taste”. However the brownies were a little dry.</td>
<td>Use ½ cinnamon applesauce, ½ butter, and add 1 tablespoon of water.</td>
</tr>
<tr>
<td>4</td>
<td>Used ½ cinnamon applesauce, ½ butter, and added 1 tablespoon of water. Tested with my team at work (8), my children (2), and my children’s classes (50)</td>
<td>6/10</td>
<td>The texture was good, the taste was good, and the brownies were very moist. The kids in my children’s class couldn’t believe they were made with applesauce and asked for the recipe.</td>
<td>I feel the recipe is ready to go and will use it to make brownies for the upcoming school picnic.</td>
</tr>
</tbody>
</table>
Unit B: Quality Measurement

Learning Objectives

- Understand important quality measurement terms and concepts
- Apply the following practical measurement strategies:
  - Preserving the context
  - Listening to the Voice of the Process
  - Knowing when to bundle and unbundle data
  - Using a balanced set of measures
  - Differentiating types of measures and their uses
  - Implementing a measurement system, not just measures

Materials

Watch/Listen

1. Quality Measurement Lecture – Amy Mullenix, MSPH, MSW, 2015. (~20 minutes)
   a. View Lecture | Transcript
2. Maternal and Child Health Block Grant Transformation - Part Two. Michael Lu, MD, MS, MPH, HRSA associate administrator of maternal and child health, discusses the transformation of the MCH Services Block Grant to States, which aims to reduce burden, maintain flexibility and improve accountability. This video was originally presented at the 2014 MCH Block Grant Reviews. (~23 minutes)

Read

3. Identifying Continuous Quality Improvement Priorities in Maternal, Infant, and Early Childhood Home Visiting. Julie Preskitt, PhD, MSOT, MPH; Matthew Fifolt, PhD; Peter M. Ginter, PhD; Andrew Rucks, PhD; Martha S. Wingate, DrPH. J Public Health Management Practice, 2014, 00(00), 1–9.

Reflect

Explore the Title V Information System (TVIS), an award-winning data system for accountability within the U.S. federal government. As you explore, consider the relationship between national and state priorities and MCH performance measures. The TVIS system is a concrete example of a performance measurement system for accountability at the national and state levels.

1. Start at https://perf-data.hrsa.gov/MCHB/TVISReports/. Take some time to see what data is available, how states select their own priorities, and how national performance and outcome measures are reported. Read several State Snapshots.
2. Go to Measurement and Indicator Data (from the menu on the left), and then National Performance Measures.
3. Scroll down to National Outcome Measures. First go to Most Recent Year Available, and view the data for one state for one of the six outcome measures. Repeat the process (same state, same outcome measure) for the Multi-Year Report. Scroll all the way down that page to View Detailed Description for this Measure.
4. Develop a paragraph summary of what you learned about the TVIS and your exploration of one outcome measure for one state. Comment on the difference and value of both the point in time and trend data. In what ways might this data be further disaggregated? Consider how TVIS as a performance measurement system is particularly useful to Title V during this time of transformation.
### Apply Your Knowledge

#### Part I: Use the following links to review how structure, process and outcome measures are described within the context of Title V.

- **Capacity Measures**
  
  Additional capacity measures may be found in the Narrative for the Title V Block Grant. Click on [Narrative: State Narrative by Section](#) and go to: Section III.B Agency Capacity and Section III.D. Other (MCH capacity).

- **Performance / Process Measures** (top half of the page)
  
  There are 18 National Performance Measures. Some states have also selected state specific performance measures. See [Narrative: State Narrative by Section](#) Section IV.D. State Performance Measures.

- **Outcome Measures** (bottom half of the age)
  
  There are 6 National Outcome Measures. Reporting on these measures by the States is optional until the year of the needs assessment.

#### Part II: Complete the worksheet below. An example has been provided.

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Selected: Alaska</td>
<td><a href="#">Click here to go to: National Performance Measures</a> multi-year report</td>
<td><a href="#">Click here to go to: National Outcome Measures</a> multi-year report</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Measure #01: The infant mortality rate per 1,000 live births.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Measure #02: The ratio of the black infant mortality rate to the white infant mortality rate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Measure #03: The neonatal mortality rate per 1,000 live births.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Measure #04: The postneonatal mortality rate per 1,000 live births.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Measure #05: The perinatal mortality rate per 1,000 live births plus fetal deaths.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>State Capacity Item:</strong> &quot;Alaska Surveillance of Child Abuse and Neglect: The goal of the SCAN program is to provide the highest quality and most comprehensive data on child maltreatment for the State of Alaska. The SCAN program maintains collaborative relationships with the Office of Children's Services (OCS), Anchorage Police Department (APD), Child Advocacy Centers</td>
<td><strong>National Performance Measure #10:</strong> The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.</td>
<td><strong>Outcome Measure #06:</strong> The child death rate per 100,000 children aged 1 through 14.</td>
</tr>
<tr>
<td></td>
<td><strong>State Performance Measure #1:</strong> Percent of women who recently delivered a live-born infant and reported having one or more alcoholic drinks in an average week during the last 3 months of pregnancy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>State Performance Measure #6:</strong> Percent of women who recently had a live-born infant and experienced intimate partner violence during pregnancy.</td>
<td></td>
</tr>
</tbody>
</table>
(CAC), and various medical providers.”

**Internal capacity measure:** Funds allocated to the SCAN program

**Note:** For the purposes of this assignment, it is OK to copy/paste from these websites as the sources have already been identified; enclose in quotation marks any direct passages from the state narratives.
Module VI: Understanding Systems

Unit A: Systems

Learning Objectives

- Establish fundamental knowledge about systems, systemic structure, and systems thinking
- Distinguish between linear thinking and systems thinking
- Practice identifying characteristics of dynamic complexity

Materials

Watch/Listen

   a. View Lecture | Transcript

Read


Reflect

This week's forum will be focused on a systems framework called The 5Rs. This approach helps make sense of local systems by focusing attention on the 5Rs—resources, roles, relationships, rules and results:

- **Resources**: Local systems transform resources—such as budgetary allocations or raw materials or inputs—into outputs.
- **Roles**: Most local systems involve a number of actors who take on various defined roles - producer, consumer, funder and advocate.
- **Relationships**: In a similar fashion, the interactions between the actors in a local system establish various types of relationships. Some may be commercial; others more administrative and hierarchical.
- **Rules**: An important feature of local systems is the set of rules that govern them. These rules define or assign roles, determine the nature of relationships between actors and establish the terms of access to the resources on which the system depends.
- **Results**: The concept of “results” is expanded to include measures of the overall strength of the local system as well as traditional outputs and outcomes.


1. Review the PowerPoint presentation (below) by Kristen Hassmiller Lich describing the 5Rs Framework in more detail.
3. Consider how you would apply the 5Rs Framework to the problem of teen pregnancy prevention.
4. Please describe your findings in a post.
<table>
<thead>
<tr>
<th><strong>Apply Your Knowledge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction:</strong></td>
</tr>
<tr>
<td>In this week’s lesson, you learned about systems and dynamic complexity, and were introduced to systems thinking. One way to start developing systems thinking skills is to describe a situation as a story and look for system dynamics in that story. This assignment gives you three stories demonstrating characteristics of dynamic complexity.</td>
</tr>
<tr>
<td><strong>Instructions:</strong></td>
</tr>
<tr>
<td>For each article below:</td>
</tr>
<tr>
<td>1. Skim the article as if it were a story.</td>
</tr>
<tr>
<td>2. Summarize the story in one paragraph.</td>
</tr>
<tr>
<td>3. Identify and describe how system characteristics noted in the lecture by Seri Link play out in the story. Is there a dominant characteristic?</td>
</tr>
<tr>
<td>4. Describe how the story would change if the characters had an understanding of systems.</td>
</tr>
</tbody>
</table>


An Introduction to Systems Thinking in Health

PRESENTER: Kristen Hassmiller Lich, PhD
Systems Integration Co-Lead Department of Health Policy and Management Gillings School of Global Public Health University of North Carolina-Chapel Hill
kllich@unc.edu

Consider this alternative:

- Even more infants and children have died as a result of system failures across the life course... starting from the initial testing when babies are born through to systems in place to care for sick kids.
- How does it feel: Too big or too small?

The Five Rs: A first systems thinking framework

NOTE: The framework and questions in these slides are based heavily on the "FIVE Rs" as laid out in this USAID report:

Expand your frame: FIVE Rs

- ROLES
- RELATIONSHIPS
- RESOURCES
- RULES
- RESULTS

- NOTE: The framework and questions in these slides are based heavily on the "FIVE Rs" as laid out in this USAID report:

Consider this problem statement:

- “...thousands of babies' blood samples were arriving and being tested late at state labs. Infants have died and suffered brain damage and other permanent disabilities because of screening delays by hospitals and state labs, nearly half of which aren't open on weekends or holidays.” (source here)
- How does it feel: Too big or too small?

(Re-)consider this problem statement:

- Let's discuss the "FIVE Rs" for the more narrow problem statement:
- “...thousands of babies' blood samples were arriving and being tested late at state labs. Infants have died and suffered brain damage and other permanent disabilities because of screening delays by hospitals and state labs, nearly half of which aren't open on weekends or holidays.” (source here)
Expand your frame: Roles

- **Roles** – Who are the actors involved in the local system that is shaping the problem under study?
  - Just because your problem is local doesn’t mean all actors are!
  - Remember to ask both “who affects” and “who is affected?” by your problem!
  - Think about actual AND desired!
  - How have things changed in the context of health care reform? Over time, for other reasons?

Expand your frame: Rules

- **Rules** – What are the rules governing what happens in the local system? Rules assign roles, affect relationships, and shape access to resources.
  - Again, can be imposed locally or at other levels
  - Can be formal or informal
  - Think about actual AND desired!
  - How have things changed in the context of health care reform? Over time, for other reasons?

Expand your frame: Relationships

- **Relationships** – What are the important relationships between actors?
  - Relationships, or “connections” can come from:
    - Collaboration
    - Data sharing/communication
    - Being linked by formal systems, or incentives
  - They may be hierarchical, one or bi-directional
  - Think about both actual AND desired!
  - How have things changed in the context of health care reform? Over time, for other reasons?

Expand your frame: Results

- **Results** – What are the important “bigger picture” results that will help us understand how this system is functioning?
  - Start with your problem...
  - What other important “upstream” and “downstream” results should (and can) we track?
  - How “strong” is the overall system? How could we even describe that?
  - Think about actual AND desired!
  - How have things changed in the context of health care reform? Over time, for other reasons?

Expand your frame: Resources

- **Resources** – What are the resources, or “inputs”, available to your local system?
  - Think broadly!
    - Budgetary allocations
    - Personnel
    - Time
    - Data
    - Reputation
    - Trust...
  - Think about actual AND desired!
  - How have things changed in the context of health care reform? Over time, for other reasons?

(Re-)consider this alternative

- As time permits, let’s extend the “FIVE Rs” with this expanded problem statement:
  - Even more infants and children have died as a result of system failures across the life course... starting from the initial testing when babies are born through to systems in place to care for sick kids.
Apply Methods for Health Transformation Implementation in MCH
Instructor’s Guide

Expand your frame: Roles

- Roles – Who are the actors involved in the local system that is shaping the problem under study?
  - Just because your problem is local doesn’t mean all actors are!
  - Remember to ask both “who affects” and “who is affected?” by your problem!
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- Rules – What are the rules governing what happens in the local system? Rules assign roles, affect relationships, and shape access to resources.
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    - They may be hierarchical, one or bi-directional
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Expand your frame: Results

- Results – What are the important “bigger picture” results that will help us understand how this system is functioning?
  - Start with your problem...
  - What other important “upstream” and “downstream” results should (can) we track?
  - How “strong” is the overall system? How could we even describe that?
  - Think about actual AND desired!
  - How have things changed in the context of health care reform? Over time, for other reasons?

Expand your frame: Resources

- Resources – What are the resources, or “inputs”, available to your local system?
  - Think broadly!
    - Budgetary allocations
    - Personnel
    - Time
    - Data
    - Reorganization
    - Trust...
  - Think about actual AND desired!
  - How have things changed in the context of health care reform? Over time, for other reasons?

Why do this?

- Identify additional, and hopefully “higher leverage”, interventions to test
- Better understanding of the broader system can help decision makers “see” otherwise unanticipated consequences of “solutions”
Unit B: System Behavior

Learning Objectives
- Understand systemic structure and why it is important
- Learn strategies to identify system structure
- Identify common and important system structures, including foundational cycles and system archetypes
- Demonstrate system structure using causal loop diagrams as a means to improve quality

Materials

Watch/Listen
1. System Behavior by Seri Link, MPH, 2015. (~28 minutes)  
   a. View Lecture | Transcript
2. Causal Loop Diagrams by Seri Link, MPH, 2015. (~22 minutes)  
   a. View Lecture | Transcript
3. Simplifying Complexity by Eric Berlow, July 2010. (~4 minutes)
4. Read associated blog post and response: http://rs.resalliance.org/tag/ted

Read

Reflect
View the lecture on Causal Loop Diagramming by Seri Link. Follow the prompts provided in the lecture and develop your own causal loop diagram. Share your diagram and a summary of your experience with this method.  
View Lecture (~22 minutes) | Transcript

Apply Your Knowledge
Part I: Discussion
1. Think of a topic in your current or previous agency, organization or program related to quality improvement or management. Describe one mental model about this topic. Describe the actions based on this mental model.
2. Describe an alternative way of thinking about this topic (i.e. an alternative mental model). Describe the actions based on this alternate mental model.
3. An example is provided below.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Mental Model</th>
<th>Actions</th>
<th>Alternative Mental Model</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Fighting Fires”</td>
<td>Putting out “fires” at work makes me feel important – like I have really accomplished</td>
<td>Look for fires. Act in a reactive, rather than proactive manner. Manage day to day rather than</td>
<td>If I am constantly putting out “fires”, there must be work or management</td>
<td>Prevent problems rather than react to problems in the workplace. Improve work processes rather than</td>
</tr>
</tbody>
</table>
Encourage employees to depend on the manager to solve problems. Continually treat symptoms of process breakdowns. Encourage employees to solve problems and participate in improvement efforts.

<table>
<thead>
<tr>
<th>Part II: Written assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review the slides from the lecture describing three system archetypes.</td>
</tr>
<tr>
<td>2. Think of a situation that you have experienced or observed that represents an example of one of the following system dynamics:</td>
</tr>
<tr>
<td>• Virtuous Cycle</td>
</tr>
<tr>
<td>• Vicious Cycle</td>
</tr>
<tr>
<td>• Balancing Cycle</td>
</tr>
<tr>
<td>• Limits to Growth</td>
</tr>
<tr>
<td>• Success to the Successful</td>
</tr>
<tr>
<td>• Fixes that Fail</td>
</tr>
<tr>
<td>• Shifting the Burden</td>
</tr>
<tr>
<td>3. Describe the situation in 1-2 paragraphs.</td>
</tr>
<tr>
<td>4. Explain why the situation fits the system dynamic that you chose.</td>
</tr>
</tbody>
</table>
Module VII: System Performance

Unit A: Leverage Points and System Change

Learning Objectives

- Understand what a leverage point is
- Know why we should study leverage points
- Be able to identify the twelve leverage points of systems
- Describe how leverage points influence systems change

Materials

Watch/Listen
1. Leverage Points and Systems Change by Kristin Hassmiller Lich, PhD, 2015. (~32 minutes)
   a. View Lecture | Transcript

Read
2. Brazil’s Girl Power by Cynthia Gurney, September 2011, National Geographic

Reflect
Think of a time in your personal life or professional experience when you tried to solve a problem by pushing on a leverage point. Describe your experience, indicating your desired goal and the thinking behind the leverage point that you picked. What happened? Was the outcome what you expected?

Given the hierarchy of the twelve leverage points, is there another leverage point that might have been more effective? Discuss how and why a different leverage point may have more effectively solved your problem.
# Unit B: Advanced System Change

## Learning Objectives

- Review improvement tools designed for:
  - Documenting processes
  - Identifying and documenting root causes
  - Prioritizing root causes using a Pareto Chart
  - Anticipating unintended consequences
- Reinforce understanding of system archetypes and leverage points
- Reinforce understanding of four particular system archetypes
- Learn how to change the behavior of these archetypes
- Introduce systems science computer simulation

## Materials

**Watch/Listen**

1. Advanced Systems Change by Kristen Hassmiller Lich, PhD, 2015. (~25 minutes)
   a. [View Lecture](#) | [Transcript](#)

**Read**


**Recommended Reading**


**Browse**


## Reflect

<table>
<thead>
<tr>
<th>1. View the VenSim tutorial (below) recorded by Seri Link. You’ll need QuickTime to view the presentation. If you don’t already have access to this, you can get it at no cost here: <a href="http://quicktime.download-assist.com/">http://quicktime.download-assist.com/</a>. Once you’ve opened the presentation, you’ll need to click the “play” arrow in the lower center of your screen. Please know that this is a large file! It takes a few minutes to load. Once you click the play arrow, you'll hear the audio begin. The visuals begin about 50 seconds in.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Download your own version of VenSim from here: <a href="http://vensim.com/free-download/">http://vensim.com/free-download/</a>. You’ll need to click the second blue button to get to the free, educational version. You’ll then have to enter your name and email address. An email with instructions on how to download the software will be emailed to you.</td>
</tr>
<tr>
<td>3. Play with creating your own VenSim diagram. You could replicate the causal loop diagram you developed earlier, ‘borrow’ the causal loop diagram of another member of the class, or create something new. We’d like you to become familiar with the VenSim tool and how it works. We are not expecting perfection! Please don’t be discouraged if you can’t easily manipulate VenSim right away. Give it your best effort and share your work and a few sentences describing your experience.</td>
</tr>
</tbody>
</table>
|   | 4. If you have trouble with VenSim, there’s another good tutorial from a faculty member from the Johns Hopkins University Bloomberg School of Public Health here: [https://youtu.be/izYxZPi-
|   | t78](https://youtu.be/izYxZPi-t78). |
Module VIII: Synthesis

Unit A: Implementing to Scale

Learning Objectives

- Identify the 4 Stages of Implementation according to NIRN
- Review several Implementation Frameworks and consider how they can be applied to the process of scaling up an intervention or program
- Compare usability testing to the PDSA cycle as methods for improving implementation and sustainability

Materials

**Watch/Listen**

1. Al Hub Video: Module 4: Implementation Stages (Activities are optional)
2. Al Hub Video 1.1: An Overview of Scaling-up and Active Implementation (2013) – Drs. Dean Fixsen and Karen Blase (~5 min.) – This presentation speaks to the challenge of scale and the implementation infrastructure needed to effectively realize success at scale.

**Read**

3. The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change, Chambers et al., 2014.

**Reflect**

Review the AI Hub video and the education example by Fixsen and Blase. Now read three commentaries on Colorado’s teen pregnancy rate reduction.


Reflect on how the Colorado intervention was defined and how it was implemented throughout the state. Select one of the following four applied implementation frameworks, and discuss how well the Colorado initiative did or did not adhere to the framework selected.

1. Usable Intervention (http://implementation.fpg.unc.edu/module-1/usable-interventions)
2. Implementation Drivers (http://implementation.fpg.unc.edu/module-2)
Unit B: Post-Heroic Leadership and Failing Forward

Learning Objectives
- Consider personal failure as a catalyst for learning and improvement
- Understand how organizations are transforming learning from failure into a process for innovation
- Describe the roots of post-heroic leadership and how this type of leadership can be useful in the context of health transformation

Materials

Watch/Listen
1. Meg Wheatley - Perseverance: Leadership in Turbulent Times. The Dalai Lama Center, October 19, 2011. (~1 hour and 35 minutes)

Read

Browse
1. Fail Forward Toolkit. www.failforward.org

Reflect
Tell a story about when you failed. What did you learn from this experience? Tell the failure as a story. Include emotions, character motivations, hopes, dreams, and fears. Don’t be afraid to pick a failure story that has meaning to you. Be open, honest, and genuinely self-critical of how you, your team, or your organization could have done a better job.

OR

Read the Practice to Policy Loop Guidelines which consider longer term improvement cycles than the typical short, PDSA runs. http://implementation.fpg.unc.edu/module-5/topic-3-practice-policy-feedback-loops. Choose and describe an area of ACA implementation that is lagging behind the anticipated results (aka “failing). Identify flaws in implementation (based on early experiences currently demonstrated by states). Suggest how policy could be reframed to increase the likelihood of achieving desired results.
Appendices

Appendix A: Example of Course Schedule

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Unit Title</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-work</td>
<td>Jan. 5-11th</td>
<td>Overview of the Course</td>
<td>By January 12th</td>
</tr>
<tr>
<td>Module I</td>
<td>Affordable Care Act (ACA) 101 and Health Reform</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Jan. 12-18</td>
<td>Introduction to the ACA and MCH Financing</td>
<td>Sat., 1/17, 5pm</td>
</tr>
<tr>
<td>Module II</td>
<td>Access to Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Jan. 20-25</td>
<td>Access to Care and Assessment for MCH Populations</td>
<td>Sat., 1/24, 5pm</td>
</tr>
<tr>
<td>Module III</td>
<td>Using Implementation Science to Improve Population Health Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Jan. 26-Feb. 1</td>
<td>Applied Implementation and Evidence Based Practice</td>
<td>Sat., 1/31, 5pm</td>
</tr>
<tr>
<td>Module IV</td>
<td>Change Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Feb. 2-8</td>
<td>Adaptive Leadership and Systems Leadership</td>
<td>Sat., 2/7, 5pm</td>
</tr>
<tr>
<td>5</td>
<td>Feb. 9-15</td>
<td>Mindfulness</td>
<td>Sat., 2/14, 5pm</td>
</tr>
<tr>
<td>Module V</td>
<td>Quality in Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Feb. 17-22</td>
<td>Defining Quality and the Quality Continuum</td>
<td>Sat., 2/21, 5pm</td>
</tr>
<tr>
<td>7</td>
<td>Feb. 23-Mar. 1</td>
<td>Quality Measurement</td>
<td>Sat., 2/28, 5pm</td>
</tr>
<tr>
<td>Module VI</td>
<td>Understanding Systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Mar. 2-8</td>
<td>Systems &amp; The 5 R’s</td>
<td>Sat., 3/7 5pm</td>
</tr>
<tr>
<td>9</td>
<td>Mar. 6-15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Mar. 16-22</td>
<td>System Behavior &amp; Causal Loops</td>
<td>Sat., 3/21 5pm</td>
</tr>
<tr>
<td>Module VII</td>
<td>System Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Mar. 23-29</td>
<td>Leverage Points and System Change</td>
<td>Sat., 3/28, 5pm</td>
</tr>
<tr>
<td>12</td>
<td>Mar. 30-Apr. 5</td>
<td>Advanced System Change</td>
<td>Sat., 4/4, 5pm</td>
</tr>
<tr>
<td>13</td>
<td>Apr. 6-12</td>
<td>Advanced System Change</td>
<td>Sat., 4/11, 5pm</td>
</tr>
<tr>
<td>Module VIII</td>
<td>Synthesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Apr. 13-19</td>
<td>Implementing to Scale: Revisiting Useable Intervention Criteria</td>
<td>Sat., 4/18, 5pm</td>
</tr>
<tr>
<td>15</td>
<td>Apr. 20-26</td>
<td>Post-Heroic Leadership and Failing Forward Evaluation and Wrap Up - Final Projects Due</td>
<td>Sat., 4/25, 5pm</td>
</tr>
</tbody>
</table>
Appendix B: Example of Participant Baseline Assessment

Welcome to MHCH 890: Applied Methods for Health Transformation Implementation in MCH. We are excited to be launching this new online course! By January 11th, please complete the following short assessment. Results will be used to provide the course instructors with more information about students/participants and will contribute to course evaluation. We expect the assessment to take no longer than 15 minutes to complete.

1. Please tell us about yourself.
   a. Name
   b. MCH Training Program (if applicable)
   c. University/Agency/Organization Affiliation
   d. State
   e. Highest Degree Received
   f. Preferred Email Address

2. Please rate your current knowledge in the following: (Beginner, Intermediate, Proficient)
   a. Title V of the Social Security Act
   b. Health Care Financing through Medicaid
   c. Health Care Financing through the Child Health Insurance Program
   d. Health Care Financing through Private Health Insurance
   e. Major provisions of the Affordable Care Act
   f. Affordable Care Act provisions affecting MCH populations
   g. How the Affordable Care Act is being implemented at the national level
   h. How the Affordable Care Act is being implemented in your state

3. What have been your main sources of information about the impact of health reform and the Affordable Care Act? (Please rate your top three.)
   a. Television
   b. Print Media (Newspapers, Magazines)
   c. Radio
   d. Internet
   e. Social Media (Facebook, Twitter)
   f. Academic Coursework
   g. University Seminars
   h. Clinical/Field Practica
   i. Peer Network
   j. Professional Membership Organizations (AMCHP, APHA, AAP)
   k. Other

4. Has health reform/the Affordable Care Act affected your own health coverage in any way? If so, how?

5. Professionally, has health reform/the Affordable Care Act affected your own work/learning environment in any way? If so, how?

6. Please rate your confidence in your ability to demonstrate the following access-related skills. (Not Confident, Somewhat Confident, Very Confident)
   a. Identifying disparities in population health coverage
   b. Identifying disparities in population service access and utilization
c. Identifying disparities in population health outcomes

7. Please rate your confidence in your ability to demonstrate the following implementation-based skills.
   a. Identifying the evidence base for an intervention
   b. Discussing reasons why the evidence is not always used
   c. Understanding both implementation science and applied implementation
   d. Using applied implementation tools and practices, such as implementation stages, implementation drivers, and the hexagon tool.

8. Please rate your confidence in your ability to demonstrate the following change management skills.
   a. Distinguishing between adaptive and technical problems
   b. Mobilizing people to meet adaptive challenges
   c. Identifying core capabilities of system leadership
   d. Practicing mindfulness as an MCH leader
   e. How to grow professionally through failure

9. Please rate your confidence in your ability to demonstrate the following quality improvement skills.
   a. Applying quality improvement in public health settings
   b. Describing the quality continuum and its application to organizational change
   c. Utilizing quality methods such as PDSA Cycles, Root Cause Analysis, and Fishbone Analysis

10. Please rate your confidence in your ability to demonstrate the following systems skills.
    a. Distinguishing between linear thinking and systems thinking
    b. Identifying characteristics of dynamic complexity
    c. Utilizing systems mapping tools such as Causal Loop Diagrams, Concept Mapping, and Systems Dynamics Modeling

11. Please rate your confidence in your ability to do the following:
    a. Function effectively as a formal or informal MCH leader
    b. Apply personal and organizational strategies for dealing with complex, dynamic environments
    c. Contribute to improvements in MCH population health

12. What was your motivation for registering for this course? Check all that apply.
    a. Personal Interest
    b. Professional Development
    c. To become better versed in health reform/the Affordable Care Act
    d. To meet a Training Program requirement
    e. Other

13. How do you think your participation in this course will help you personally/professionally?

14. If there is there anything else you’d like to share at this time, please do so here.
Appendix C: Example of Participant Final Assessment

Thank you for your participation in MHCH 890: Applied Methods for Health Transformation Implementation in MCH. It was a pleasure to engage with you through our online classroom! Please complete the following short assessment. Results will be used to evaluate course effectiveness and to guide future revisions of course curriculum and structure. We expect the assessment to take no longer than 15 minutes to complete.

1. Please tell us about yourself.
   a. Name
   b. Please indicate if you are a current or former participant in any of the following MCH Training Programs.
      i. Leadership Education in Neurodevelopmental Disabilities (LEND)
      ii. Developmental Behavioral Pediatrics
      iii. Leadership Education in Adolescent Health
      iv. MCH Nutrition
      v. Pediatric Pulmonary Centers
      vi. Schools of Public Health
      vii. None of the above
   c. Prior to enrolling in this course, how would you rate the level of your experience in maternal and child health?
      i. None
      ii. Relative Newbie
      iii. Somewhere in the middle
      iv. Seasoned "vet"

2. Please rate your current knowledge in the following: (Beginner, Intermediate, Proficient)
   a. Title V of the Social Security Act
   b. Health Care Financing through Medicaid
   c. Health Care Financing through the Child Health Insurance Program
   d. Health Care Financing through Private Health Insurance
   e. Major provisions of the Affordable Care Act
   f. Affordable Care Act provisions affecting MCH populations
   g. How the Affordable Care Act is being implemented at the national level
   h. How the Affordable Care Act is being implemented in your state

The following questions are designed to measure your confidence in applying and demonstrating the methods and skills taught in this course.

3. Please rate your confidence in your ability to demonstrate the following access-related skills. (Not Confident, Somewhat Confident, Very Confident)
   a. Identifying disparities in population health coverage
   b. Identifying disparities in population service access and utilization
   c. Identifying disparities in population health outcomes

4. Please rate your confidence in your ability to demonstrate the following implementation-based skills.
   a. Identifying the evidence base for an intervention
   b. Discussing reasons why the evidence is not always used
   c. Understanding both implementation science and applied implementation
   d. Using applied implementation tools and practices, such as implementation stages, implementation drivers, and the hexagon tool.
5. Please rate your confidence in your ability to demonstrate the following change management skills.
   a. Distinguishing between adaptive and technical problems
   b. Mobilizing people to meet adaptive challenges
   c. Identifying core capabilities of system leadership
   d. Practicing mindfulness as an MCH leader
   e. How to grow professionally through failure

6. Please rate your confidence in your ability to demonstrate the following quality improvement skills.
   a. Applying quality improvement in public health settings
   b. Describing the quality continuum and its application to organizational change
   c. Utilizing quality methods such as PDSA Cycles, Root Cause Analysis, and Fishbone Analysis

7. Please rate your confidence in your ability to demonstrate the following systems skills.
   a. Distinguishing between linear thinking and systems thinking
   b. Identifying characteristics of dynamic complexity
   c. Utilizing systems mapping tools such as Causal Loop Diagrams, Concept Mapping, and Systems Dynamics Modeling

8. Please rate your confidence in your ability to do the following:
   a. Function effectively as a formal or informal MCH leader
   b. Apply personal and organizational strategies for dealing with complex, dynamic environments
   c. Contribute to improvements in MCH population health

Please rate the level to which you agree with each statement. (Strongly Agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree)

9. Participation in this course has provided me with skills necessary to work more effectively in the changing health care landscape.

10. Participation in this course has provided me with skills that I will apply to future coursework and/or employment.

11. What did you enjoy most about this course?

12. What did you enjoy least about this course?

13. If there is there anything else you’d like to share at this time, please do so here.
Appendix D: Final Project

Each student taking MHCH 890 for full credit is required to complete a Final Project consisting of two major components – each worth 20% of the final grade. The first component is an in-depth study of ACA implementation and access to care for the MCH population in an assigned state. This will require that the student conduct research, analyze and interpret secondary data, and develop conclusions – all of which will be tied to an environmental scan and the National MCH Workforce Development Center Title V Access to Care Assessment Tool as applied to a particular state of focus. The product will be submitted as a written report with appropriate citations.

The second project component is to design and produce a complementary, qualitatively focused review of the process and impact of health transformation in the assigned state. To meet this requirement, students will create a visual and oral narrative about MCH health transformation, capturing the diverse perspectives of government leaders, key stakeholders, Title V, families and consumers. It may be helpful to compare and contrast the main roles and functions of the state Title V program before and after passage of the ACA. For this project component, students can select from a number of multimedia approaches and platforms including Youtube, Powerpoint, Prezi, Pechakucha (modified for 15 slides/15 minutes), VoiceThread, OneStory, or Tumblr to design and produce a 15-minute audio narrated presentation. Please let us know if you have an alternative vision. The final product must be ‘share-able’.

Taken together, these two products should tell the complex story of how Title V and the MCH population of women, children and families are being transformed through health reform in one particular state context in the U.S.

The final grade of students taking the course for 3 credit hours will be calculated as follows.

Weekly Posting & Course Participation/Evaluation 20%
Weekly Course Assignments 40%
Final Project: Access Assessment Report 20%
Final Project: Multimedia Presentation 20%

Final grades will be earned based on the following scale:
92-100: H
75-91: P
<75: L
Imagine that you are a state Title V employee in the state you were assigned. You have been charged with completing an initial report on the status of health reform implementation in MCH. Your report will be one component of the State Title V 2015 5-Year Needs Assessment, and will be submitted to the MCH Bureau in July 2015. While many others will be contributing to this report, your work will be foundational in the area of health reform implementation.

In order to gain perspective on your assigned state before and after passage of the ACA, start by exploring the Title V Information System (TVIS) [https://mchdata.hrsa.gov/TVISReports/](https://mchdata.hrsa.gov/TVISReports/). Here you can find the state’s 2010 5-year Needs Assessment, the most recent block grant Narrative, and a brief State Profile.

Review Modules I, II, and III of the course. Consider how these lessons can be applied to your assigned state. It may be useful to revisit some of the suggested resources (e.g. US DHHS, The Catalyst Center, State Refor(u)m, The Kaiser Family Foundation, NASHP and NICHQ).

### Instructions for completing the Title V State Access to Care Assessment Tool

1. View the Title V Health Reform Implementation webinar here: [https://amchp.adobeconnect.com/_a838359725/p1swrytn97c/?launcher=false&fcsContent=true&pbMode=normal](https://amchp.adobeconnect.com/_a838359725/p1swrytn97c/?launcher=false&fcsContent=true&pbMode=normal). The National MCH Workforce Development Center hosted this webinar in October 2014 to introduce the assessment tool. Designed to help Title V agencies assess health reform-related activities in their state, the tool helps states define their capacity and identify opportunities to leverage existing MCH skills to drive health transformation - in all its forms - for maternal and child health populations.

2. Read through the Assessment Tool in its entirety. Note that there are two types of questions. “Mapping” questions are designed to help assess a Title V program’s awareness of contemporary health reform activities. “Capacity” questions are designed to assess a Title V program’s capacity to influence health reform activities, explain health reform to families, and link identified family needs and state policy solutions. For this final project, the focus will be on the mapping questions.

3. Note that there are resources/websites listed both at the end of each section of the tool and below (in this guidance). These resources should prove helpful.

4. Using publicly-available data, research the answers to the following questions for your assigned state:
   - Section 1: Eligibility and Enrollment – questions 1, 2, 3, and 4
   - Section 2: Coverage and Insurance Benefits – questions 1, 2a, 2b, 3, 4, 5, 6, and 7
   - Section 3: Provider Networks and Network Adequacy – questions 1, 2, 3, and 4
   - Section 4: Continuity of Care – questions 1, 2, and 5
   - Section 5: Partnerships between Title V, Medicaid, CHIP, and other Key Stakeholders – Please respond broadly to the presence of partnerships among these stakeholders.

5. On a separate document, record the answers to the required questions. Describe the evidence and your assumptions to support your conclusions. Include citations; be thorough. Recognize that information may be more or less available for individual questions and for each state.

For your final report, summarize your state’s experience with health reform, as evidenced by this assessment process. Represent health reform and health transformation broadly, as we have throughout this course:
**Health transformation shifts the emphasis of health care from disease management to prevention and population health management, while improving access to affordable health care; develops an interprofessional/interdisciplinary approach to health care; integrates primary care, specialty care and public health; develops efficient health systems that better incorporate ongoing quality improvement; and drives partnerships across sectors to optimize the wellbeing of maternal and child health populations.**

*National Maternal and Child Health Workforce Development Center (2014)*

Note overall themes and areas for further attention. Of note, synthesis and brevity trump length. It is much more challenging to write concisely! Appendices may be used as appropriate.

In addition to the web pages cited at the end of each section of the State Assessment Tool, the following resources may be helpful:

- Children’s Health Insurance Program Reauthorization Act Quality Improvement Grant Program [https://www.pcpcc.org/initiative/chipra-quality-demonstration-grant](https://www.pcpcc.org/initiative/chipra-quality-demonstration-grant)
Bibliography


114. Wheatley M, Frieze D. Using Emergence to Take Social Innovation to Scale. The Berkana Institute
