



8th Annual Help Me Grow National Forum

**Strong Systems, Connected Communities – I**

April 26, 2017

Follow Up Q&A

**Panelists**

**Christina D. Bethell**

Director, Child & Adolescent Health Measurement Initiative  
Professor, Johns Hopkins University

**Barbara U. Hamilton**

Early Childhood Comprehensive Systems Project Director  
Division of Home Visiting and Early Childhood Systems  
Maternal and Child Health Bureau  
Health Resources and Services Administration

**Judy Langford**

Senior Fellow  
Center for the Study of Social Policy

**Todd Klunk**

Program Officer  
W.K. Kellogg Foundation

**Dina Joy Lieser**

Senior Advisor  
Division of Home Visiting and Early Childhood Systems  
Maternal and Child Health Bureau  
Health Resources and Services Administration

**1. Where can we find list of 805 measures Christina Bethell described during the panel session?**

**Christina Bethell:** The interactive measure compendium is available on the DRC website, at: <http://childhealthdata.org/browse/mchmeasurement/compendium>. There are instructions for searching/browsing the measures in different ways.

**2. How do home visiting programs fit into the system and place-based building strategies?**

**Judy Langford:** Home visiting is a great addition to the resources available for young families as part of a whole system of services. The key to linking with HMG is the local connection between the agencies that support home visiting and the HMG local leadership. There is usually no policy that requires a close connection but the benefits of working together with the same families are obvious. It sometimes takes initial effort to create a workable partnership, especially when HMG and/or the home visiting programs are just getting started or when families with significant complicated needs are being served by both parts of the system. It would be great to have some examples from the HMG network of how different locations have worked this out effectively.

**3. How do we best utilize the blending and braiding of funds to achieve child health level outcomes?**

**Todd Klunk:** In this question, we refer to blending and braiding of funds to be synonymous with sustainability. In other words, how does the non-profit sustain the project after the foundation's grant expires? At WKKF, we ask the applicant for their sustainability plan and that plan is considered during the approval process. However, from my experience, the work is complex and time passes by so quickly that the grantee has not properly implemented the sustainability plan. As a solution, I am considering having grantees utilize a third party consultant to outsource the sustainability plan. That way, a dedicated individual can research what local, state, and national funding sources (private, public, philanthropic etc.) are available to sustaining the project. Depending on the legal relationship, the consultant might also serve as a grant writer to secure such funding.

**4. What do you see as limitations of the collective impact approach?**

**Judy Langford:** Collective impact only works when the various parts of the system work individually, and work together around shared outcomes at the same time. That can be hard when parts of the system are not funded sufficiently, experience leadership crises, or drop out of the partnerships essential to making the whole system work for any number of reasons. All partners need to be aware of the potential pitfalls and take care to set and communicate realistic goals for their work together.

**Christina Bethell:** It's not so much limitations of the collective impact (CI) approach, as limits that make CI difficult. Funding is a main one – often different funding streams for different sectors have their own, non-overlapping requirements. It is also important but difficult to have time to create a common vision across all participants. Finally, getting people together

sometimes means stopping existing work to get agreement – we don't want CI to be at the expense of continuing parallel efforts.

**5. How are the concepts of engaging parents, families, and communities being translated into policy and funding, if at all?**

**Judy Langford:** While the funding for extensive engagement strategies often lags behind, the intention of engaging parents, families and communities is high on the priority list in virtually all early childhood endeavors. Serving/helping young children achieve great outcomes can't happen without the full participation of their families, since the vast majority of the experiences that foster development happen at home or under the guidance of family members. Recognition of that is well established and reflected in policies like quality rating systems for child care, Head Start regulations, professional development for workers and administrators in early care and education programs and home visiting. Funding for engagement is available to states through child care and child abuse prevention funds, to grantees for programs such as Project Launch or Systems of Care. State funds are often available through specific program funding streams such as child abuse prevention, community development and child care improvement efforts.

**Christina Bethell:**

- Performance measurement
- Assessment & practice requirements – Accountable Communities (CMS): payer defined requirements around assessment, engaging families, and linking to communities
- Funding & training – building capacity, payments

**6. How do we get to the point where we can actually count our three-year-olds? Many of our data systems don't "find" children between birth and kindergarten registry.**

**Judy Langford:** This is such a huge problem! But there are some jurisdictions working hard to be the examples of how to do this well. It takes several years of coordination across multiple systems to get data (from birth!) integrated into a single system. Some of the CA counties are very close to being able to do this in a comprehensive way. Their examples can help others do it as well.

**Christina Bethell:** This can differ on a case-by-case basis. However, both the NSCH and Census have data on young children, and you can use demographic information to find what you're looking for.

**7. What are the top 5 things we should be measuring for school readiness? Can you speak more specifically about the 13 shared measures – what are they?**

**Christina Bethell:** How to measure school readiness is an ongoing and extensive process. You can see where we've landed so far by looking at section G (0-5 year olds) in the [2016 NSCH Guide to Topics & Questions](#).

The 13 shared measure topics among 4 federal programs are below:

<b>Figure 9: Overlap in Topic of Measurement</b> across 4 child-serving federal programs: Title V, Child Welfare (Title IV), CHIP/ Medicaid and Home Visiting	
<b>Measurement Topic</b>	<b>Programs</b>
1) Low Birthweight	CHIP/Medicaid, Title V
2) Preterm Birth	Home Visiting, Title V
3) Early Prenatal Care	CHIP/Medicaid, Title V
4) Cesarean Delivery	CHIP/Medicaid, Title V
5) Breastfeeding	Home Visiting, Title V
6) Developmental Screening	CHIP/Medicaid, Home Visiting, Title V
7) Immunizations	CHIP/Medicaid, Title V
8) Preventative Oral Health Care	CHIP/Medicaid, Title V
9) Well-Child Visit	CHIP/Medicaid, Home Visiting, Title V
10) Emergency Room Utilization	CHIP/Medicaid, Title V
11) Uninsured	Home Visiting, Title V
12) Child Maltreatment	Child Welfare, Home Visiting
13) Follow Up Care	CHIP/Medicaid, Title V

The measures themselves can be found in the measure compendium, but numerator and denominator information have been included in the attached Excel file.