

Philadelphia Maternal and Infant Health Community Action Network Summary Report



Compiled by the PDPH Healthy Start Program

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Interview & Survey Methodology

The quotes included in this report have been selected from a compilation of interviews conducted with CAN members. Interviews were completed with a representative sample of members from each of the three work groups and spanning different organizations and varied sectors.

The survey data presented in this report has been derived from a survey distributed to CAN members (participants, stakeholders, working group and steering committee members). Using the online survey platform SurveyMonkey all members were given the opportunity to respond to the survey. In total 35 individuals responded to the survey.

The selected charts and numbers that were included have been selected to illustrate the points made in the report. Survey results for all data used in this report are included in this report’s appendix.

INTRODUCTION: WHAT IS THE MATERNAL AND INFANT HEALTH COMMUNITY ACTION NETWORK?

The Maternity and Infant Health Community Action Network (CAN) is a broad coalition of community partners focused on reducing infant mortality in Philadelphia and increasing their health and the health of their families. The infant mortality rate in Philadelphia is 1.5 times higher than the national average with communities of color experiencing even larger disparities. The CAN was created to collaboratively develop solutions to tackle this issue. The members of the CAN recognized that the Philadelphia infant mortality rate can only be addressed by fostering a learning community within the CAN and coordinating cross-sector actions.

The Maternity and Infant Health CAN is made possible by funding from the Healthy Start grant. In 2015, three organizations in the City of Philadelphia were awarded grants:

- Maternity Care Coalition (MCC)
- Einstein Medical Center
- Maternal Child and Family Health (MCFH) division of the Philadelphia Department of Public Health (PDPH)

In an unprecedented approach, the three organizations decided to work together on the Community Action Network portion of their grants. MCFH received a Level 3 grant which allowed them to serve as the Backbone Organization (Backbone) for the collective, taking on the responsibility for the staffing and leadership to coordinate and support the work of the CAN.

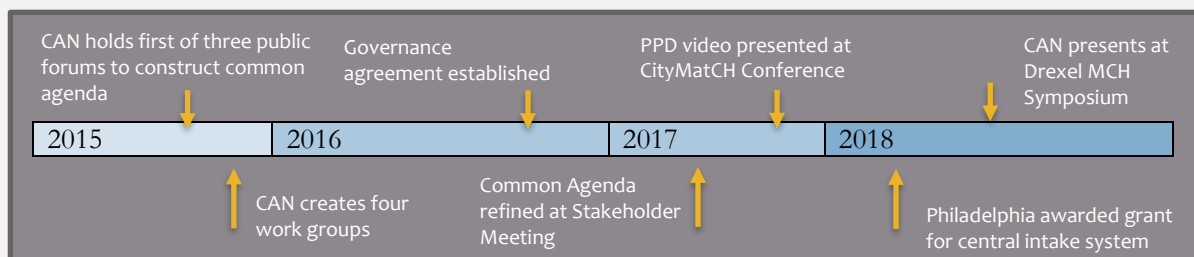
The coalition provides a platform to exchange information to promote group learning, develop innovative ideas, catalyze action, and quickly pilot new ideas. Utilizing a collective impact model, five core pillars were applied to the framework of the CAN including a common agenda, mutually reinforcing activities, shared measures, continuous communication, and a supporting backbone organization. The structure includes:

- **A Steering Committee** that provides oversight, guidance and coordination
- **Work Groups** that meet monthly to address specific areas of the Common Agenda
- **A Backbone Organization** that coordinates CAN meetings and leads communications, relationship management and project management activities

The CAN has sparked change through program adjustments, program collaborations, compelling new programs and policy change. The work is critical in identifying how health outcomes connect with factors that contribute to infant deaths. The lack of coordination of care between communities, families and service providers leave families without the support and access they need to provide the necessary care for infant well-being. The CAN has made significant progress on this problem and hopes to use the momentum of their success to continue moving forward with their collaborative work.

HOW DOES THE CAN WORK?

The CAN uses the collective impact model, applying the five pillars of the model as described



The coalition is structured to advance citywide collaboration that engages multiple sectors and brings together a diverse group of stakeholders.

below.

THE COMMON AGENDA

In the fall of 2015, the founding CAN organizations invited stakeholders to a convening to develop a set of shared goals that would establish the foundation for the work of the coalition. The stakeholders included people from organizations in Philadelphia focused on infant, maternal and family wellness, and Healthy Start participants. This group worked together over three meetings to craft the CAN Common Agenda. The Common Agenda was then refined further at the May 2017 Stakeholder Meeting.

The Common Agenda has four elements outlined below.



Seeing how the collective impact model works, I now believe in it as a way to make the biggest impact on this issue. Working with other organizations who are committed to working on the same issues makes them feel more manageable.

Aly Keefer, NFP/Mabel Morris

The Problem

The infant mortality rate in Philadelphia is 1.5 times higher than the national rate with communities of color experiencing larger disparities. It is a long-term issue, which urgently needs to be addressed. It is critical to identify challenges with health outcomes connected to the factors that are leading to infant deaths. Lack of coordination of care between communities, families and service providers leave families without consistent access to needed support, which urgently needs to be addressed.

The CAN members defined the problem they agreed to address and established a shared vision they wanted to work toward. The group felt it was important to be explicit that the problem is not just the high infant mortality rate, but the disparities in communities of color. They also wanted to name the lack of coordination as a core driver of the problem that this coalition would address.

Vision of the Future

The infant mortality rate in Philadelphia drops below the national average and there are no significant disparities for any subgroup of the population. Parents and caregivers feel

empowered and supported to access high quality, comprehensive health and wellness services. Philadelphia is a leader in infant well-being.

The group wanted the vision to not only address the rate and disparities, but to go beyond the numbers. They knew it was critical to present a future where families are empowered and thriving, and that the successes are shared beyond the city to have a positive impact on other regions.

Theory of Change

The theory of change suggests how the change from the current state to future state needs to happen. It guides the work of the coalition by giving a framework for how members can align

their actions and how to ground their learning. They take action based on the theory of change, measure results and then either continue in that direction because the theory is correct, or course correct to try a different theory.

The CAN's Theory of Change that needs to happen in the system surrounding infants and their families is:

Short-term Change

- 1. Supporting women in caring for themselves and their children and accessing the services available will improve the health and well-being of mothers and their children.*
- 2. Enhancing the father's role in the family will result in more fathers playing an active role in the mother and child's life.*
- 3. Enhancing the role of family members in support of the family will provide a wider base of support to help mothers and their babies.*
- 4. Improving the quality of care through training and care coordination will create a more inviting and accessible healthcare system that supports the wellbeing of mothers, children, and their families.*

5. *Improving quality of care, care coordination and community engagement will facilitate access to needed services by new and expectant mothers, men/partners, and their families.*

Long-term Change

1. *Extending insurance coverage will increase the wellness of young children.*
2. *Changing policy to support increased funding of social services will help families receive the support and services they need to care for their children.*
3. *Increasing the funding for sex and wellness education in schools will help to reduce unplanned pregnancies and improve the health of new and expectant mothers and their children.*

Priority Goals

Based on the Theory of Change, the CAN



Teamwork becomes less theoretical and it happens for real at the table.

Bill Champagne, MCFH/PDPH

identified three priorities to embed in the Common Agenda to address high infant mortality in Philadelphia. These are the areas that are the most important to take action on immediately:

Priority 1: *Ensure women who are pregnant or new mothers get the care they need: coordination of care, extended breadth of available care, fully trained workers and accessible care.*

Priority 2: *To promote awareness about the importance of behavioral health services during pregnancy and to connect pregnant women and new moms in Philadelphia to behavioral health resources.*

Priority 3: *Clarify and strengthen the father's identity and role as it relates to the child's well-being and strengthen the ability to address barriers/impediments for fathers to fulfill that role.*

MUTUALLY REINFORCING ACTIVITIES

Identification of Members

The group that came together to create the Common Agenda identified potential CAN members through a stakeholder mapping exercise. The exercise included intentionality on recruiting members from a variety of sectors, especially to ensure moving beyond the typical service provider to government, academia, smaller community-based organizations, health care institutions and insurance providers. Members of the Backbone Organization reached out to those identified to invite them to join the CAN. Throughout the life of the CAN, new members are often identified based on their connection to the priorities of the Work Group.

The members of the CAN align their actions using the Common Agenda. There are three structures

in which they formally plan, coordinate and review their actions.

Participating Organizations

Org Type	Count	Org Type	Count
Academic Institutions	5	Health Ins. Provider	3
Community Based Org	23	Medical Facility	12
Government	15	Total	58

The Work Groups

Out of priorities from the Common Agenda, the CAN developed Work Groups. Each Work Group developed a purpose statement:

- **Access to Care:** To support women who are pregnant or have babies in receiving

information on where they can get the care they need and how to access it.

- **Fathers:** To clarify and strengthen the father's identity and role as it relates to the child's well-being and to strengthen the ability to address barriers/impediments.
- **Integrated Care:** To promote awareness about the importance of behavioral health services during pregnancy and to connect pregnant women and new moms in Philadelphia to behavioral health resources.

Each Work Group meets on a monthly basis and has approximately 15 participating organizations. The cross-sector work groups are led by two co-chairs that were elected by the group. At each meeting, the Work Group members share about how their organization is taking action to address the CAN Priority Goals. They discuss accomplishments as well as learnings about what didn't work. This dialogue allows the organizations to learn from each other, problem solve and make connections for referrals, program coordination and resource sharing. In addition to sharing and aligning their individual organization's actions, each work group spearheads their own collaborative projects that contribute to their purpose. To identify the collaborative project the members evaluate the system surrounding their priority area, using what they've learned to date to determine their next course of action. These learnings are documented and captured visually in a Systems Change Map that is maintained for each priority area. These maps articulate the barriers to achieving their goal and the changes needed in the system to address those barriers. An example of Integrated Care's Systems Change Map is available in the appendix of this report.

A fourth Work Group was initially established called Families, Community and Parenting. Its focus area was on enhancing the role of family members and the local community in supporting the parents and caretakers. The group met for about 18 months, and struggled to identify a collaborative project that aligned with their organizational goals and the goals of the CAN. In the spirit of the collective impact model, the group suggested that their learning was that this area was not one where partners had capacity for

collaboration and so recommended to the Steering Committee to put this Work Group on hold. The Steering Committee agreed and is planning to revisit this part of the theory of change as the community engagement initiative builds over the next few years.

70%

of CAN members see a high value in their participation

Steering Committee

The Steering Committee is the governing body that leads the CAN. The committee developed a governance document outlining their management procedures and decision-making processes. The Steering Committee has representation from each of the three Philadelphia Healthy Start grantees as well as the co-chairs of each Work Group. The committee rotates leadership of their quarterly meetings among the three grantees. They review the Metrics Report that outlines progress of the Work Groups and provides statistics on CAN member engagement. Based on the reports, they address challenges and ensure alignment between groups. The Backbone Organization provides an update on the support they are giving the CAN and the Steering Committee offers guidance on specific issues that arise. One example of issues they address is members using CAN work for research projects. The Steering Committee developed a process to handle these requests consistently and in a streamlined manner so that they could further the goal of sharing the learnings from the Philadelphia CAN more broadly, while being fair to CAN members and the families that are the focus of their work.

Bi-annual Stakeholder Meetings

Twice a year the CAN holds a coalition-wide stakeholder meeting. The goal of the meetings is to allow stakeholders to learn about the activity in the other Work Groups, provide input, and identify points of coordination. Each meeting also has a specific strategic focus. Some of the focuses have been:

- Review and update of the Common Agenda

- Strategize on communication needs to support wider stakeholder engagement
- Explore best practices for community engagement and develop plans for involving community members more deeply in the CAN
- Learn about other initiatives in the region whose work can inform the CAN's work

The stakeholder meetings are also an opportunity to engage potential new stakeholders.

BACKBONE SUPPORT ORGANIZATION

MCFH provides the backbone structure through a CAN Coordinator and a consulting firm that specializes in collective impact methodology. They provide coordination and documentation of all CAN meetings, working with Work Group and Steering Committee leaders to develop collaborative plans and meeting agendas.

The Backbone also focuses on recruitment and retention of members. They have created a tracking spreadsheet to monitor member engagement so they can take proactive steps to address areas where member engagement declines.

The CAN Coordinator provides significant project management support for the Work Groups' collaborative projects including leading the groups in developing plans, reviewing progress on the plans at meetings, and following up and troubleshooting with CAN members between meetings.

CONTINUOUS COMMUNICATION

Communication within and external to the coalition is critical to the collective impact model. The Backbone ensures the CAN has strong internal communications including:

- Newsletters that are published three to four times a year highlighting the progress of each Work Group and a place for all CAN members to share information about their own organizations that others might find useful.
- Meeting notes from each Work Group meeting and Steering Committee meeting are distributed within a week of the

meeting. The notes document the highlights of the meeting discussion, decisions, agreements, and action items to be completed by the next meeting.

- Informal communications to coordinate on actions, address challenges or explore ideas for new members or new projects.
- The CAN Coordinator communicates regularly with members between meetings via email, phone and in person and is very accessible.

The CAN has also shared their accomplishments, learnings and process with others outside of the CAN network. They have done a number of conference presentations including:

- The CAN's Postpartum Depression (PPD) Awareness + Real Dads, Strong Families videos have been presented at several conferences including PDPH's Perinatal Depression Conference
- Postpartum Support International Conference
- CityMatCH
- Drexel Infant Mortality Symposium
- American Public Health Association

A number of the collaborative projects have included social media and web communication:

- The PPD Awareness + Real Dads, Strong Families videos has been uploaded to YouTube and have been shared on MCFH's Facebook page and through the communication channels of several other CAN organizations including ELECT, United Way, Community Behavioral Health + Healthy Start EPIC Center
- The website www.ppdphilly.com was created to share the PPD awareness video and act as a central hub of PPD information and resources for Philadelphia

SHARED MEASURES

The CAN backbone, along with a consulting team, routinely track a set of measures across the

initiative. These measures are shared with stakeholders to drive accountability and learning.

There are a series of process metrics that are reviewed at each Steering Committee meeting. These metrics ensure that the Backbone is providing the needed support and monitors



There has been a shift in looking at services and intake systems from an organizational perspective to a more holistic regional perspective. This may give us the potential to expand scope and geographic reach in the future.

WHAT HAS BEEN ACCOMPLISHED?

The results of the CAN range from a significant citywide initiative to create a central intake for

Kathrin Brellocks, MCC

member engagement overall and for each Work Group. These metrics include:

- Frequency of meetings
- Timeliness of meeting agenda and summary note circulation
- Group and individual Work Group attendance

The next set of metrics track progress that advances the priority goals. These are done in two ways:

- Partner Action Log: Tracks individual actions aligned with the CAN goals taken by Work Group participating organizations
- Collaboration project metrics: Tracks measures of success for Work Group collaborative actions. These are used to monitor the success of pilots and initiate proactive course correction, if necessary. They also support ongoing dialogue about the accuracy of the Theory of Change.

The startling infant mortality rate is the metric that drove the initial forming of the CAN. The measurement is published by the Philadelphia Department of Health and has a multi-year lag. The Steering Committee and CAN stakeholders closely monitor this measure, as well as data gathered from other initiatives, such as the Infant Mortality Review Board.

home visiting services to increased skills and knowledge for the people committed to this cause. Highlights of these results are covered in the following four sections.

A NETWORK

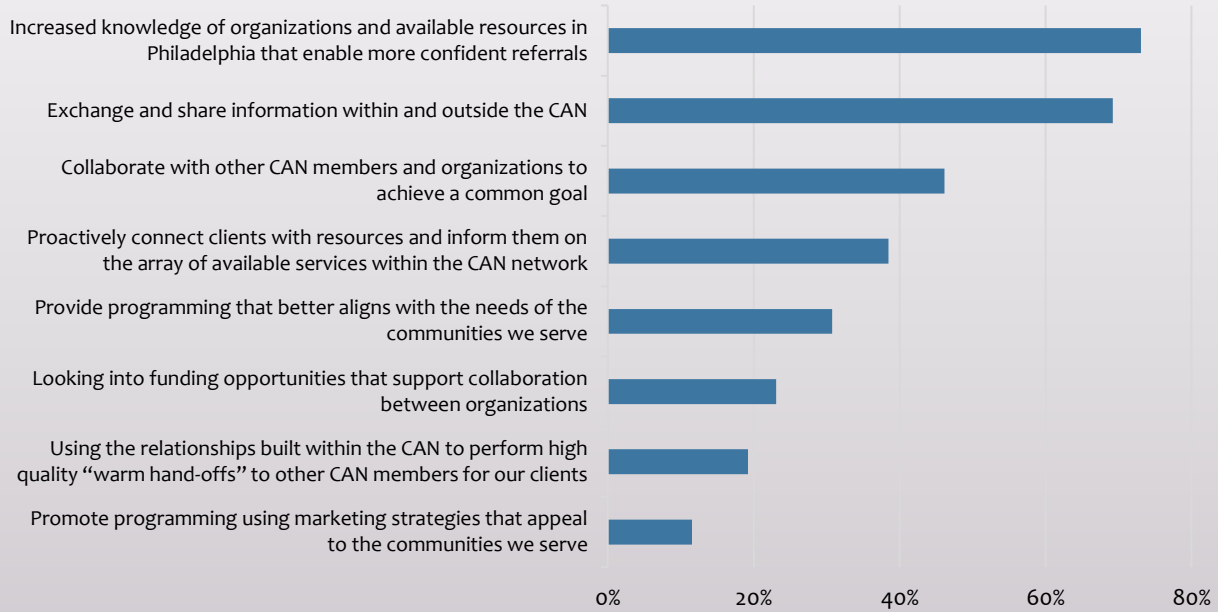
The CAN created the opportunity to build a citywide community dedicated to maternal and infant health. Deep relationships have been fostered between its cross-sector partners. Multiple CAN members acknowledged the greater impact of collaboration.

A CAN member mentioned their feelings of hesitation working with the organizations that they commonly competed with for funding. As time went on, trust was built and service provider siloes crumbled. The member saw the clear impact of collaboration especially as the Work Group helped to support a successful grant proposal to fund a centralized intake system.

Another CAN member noted that working with other organizations on the same issue made the issue feel more manageable. They referenced the power of the range of experiences and expertise that CAN members bring as they work toward a shared goal.

CAN members deepened their understanding of the services each partner provides and feel confident in making informed referrals to their CAN partners. A member of the Fathers Work Group shared that their increased understanding of the available services in the city has correlated with their sharing and promotion of the services of other organizations.

What Organizations Do Differently as a Result of CAN Participation



The referrals are not only increasingly accurate but also warm and personable. Service providers use their CAN relationships to facilitate a warm hand-off and positive experience for clients. A high-quality referral can take form as a proactive measure by sharing the information on the range of services offered by that organization or its partners. Informing clients on available resources and making intentional connections supports the client in accessing and receiving services.

SYSTEMS CHANGES

Collective impact aims to drive systems change. The CAN has been successful in making a number of systems-level changes.

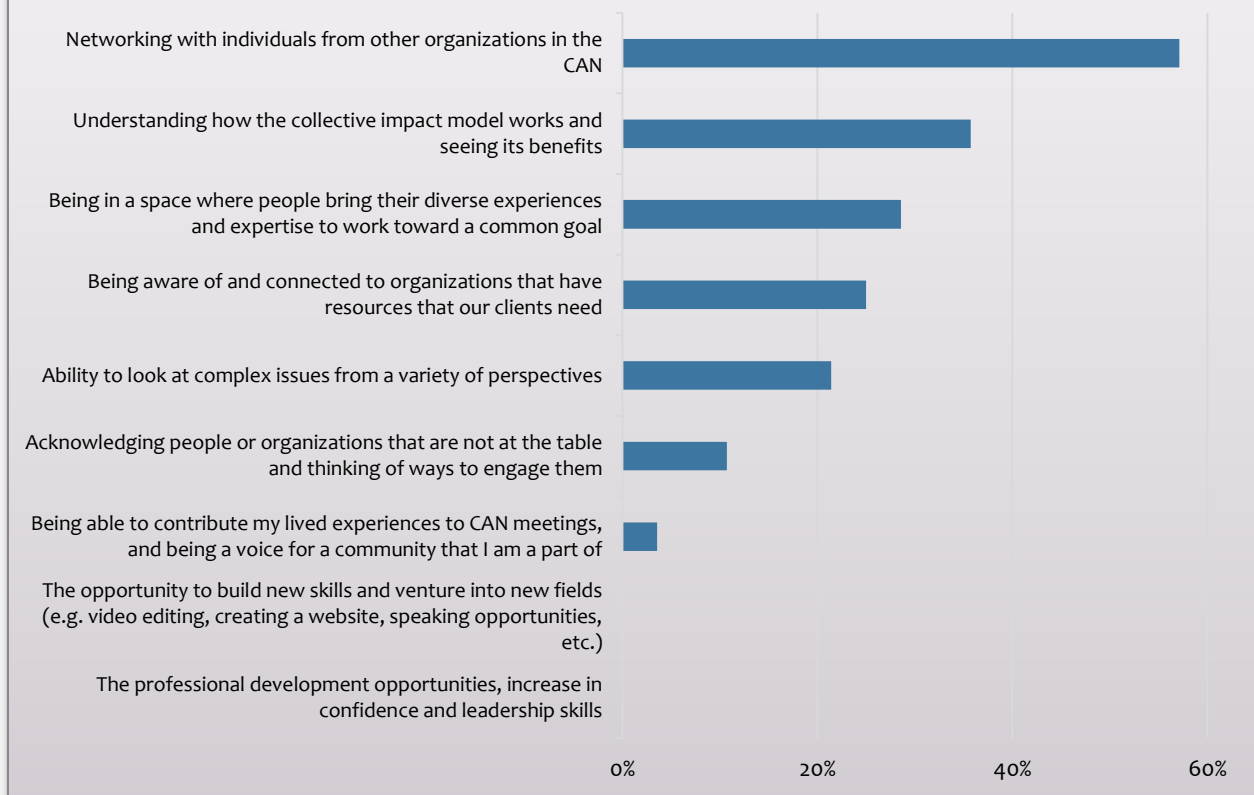
One change is impacting a citywide system, the Health Commissioner's office and a major funder. The Access to Care Work Group worked with a team from the Health Commissioner's office to craft a proposal for a central intake system. PDPH developed and submitted a grant proposal for funding. The William Penn Foundation funded the initiative. Members of the Access to Care

group are working with the Health Commissioner's office to design the system to ensure their organizations' requirements are met and that the system will meet the needs of their clients. Members of the Access to Care Work Group attribute the trust built through the CAN to paving the way for progress on this initiative, which is significant as past attempts had failed.

43% of CAN members say "Creation of a citywide coalition and community" is among the most valuable aspects of participation (the top answer).

A member of the Access to Care Work Group acknowledged the anticipated value of the central intake system. They shared that their agency would have access to data that they would not otherwise have and use the data to identify the gaps and needs of clients and community members. The data would help the city coordinate

Most valuable aspects of individual participation in CAN (respondents limited to two choices)



services that are effectively meeting the needs of their clients. The increased access to information will benefit every partner and advance the CAN’s vision for the future.

The CAN has expanded the willingness of organizations to explore new methods to enhance their impact. The Fathers Work Group has and continues to explore different media strategies to expand the perception of fathers and their role in a child’s development and in families’ lives. One member referenced the Real Dads, Strong Families video that the Fathers Work Group had produced as proof of how the CAN members worked together to coordinate the project from concept to completion. Across the CAN, members have reported changes in their organizations to increase inclusivity for fathers in their services. These changes range from including images of fathers in their waiting rooms to training home visitors and health care providers to actively invite and include fathers into the discussions during appointments.

50% of CAN members report proactively sharing information

The Integrated Care Work Group’s most recent focus has been on formulating peer support groups for those affected by Perinatal Mood and Anxiety Disorders (PMAD). After receiving a positive response to their PPD awareness video the group confronted the gap in the system for accessible behavioral health care for women in the populations experiencing the largest disparities. The goal of the peer support group pilot is to explore expanding the solutions available for women experiencing PMAD.

Organizations have also broadened their lens of the social determinants that contribute to maternal and infant health. A member acknowledged their organization’s increased willingness to view a more complete image of health. This widened lens could have a positive impact on how clients are

served as well as health outcomes for mothers and infants.

The CAN is not only expanding how the partner organizations serve mothers, but all their clients. One partner organization that adopted an integrated healthcare model is employing a new

improved skills, knowledge and professional skills who are committed to this agenda.

Members reported that their organizations were also able to guide one another in best practices in service delivery and structure. For example, the guidance that Einstein provided Esperanza on



I had first-hand experience with postpartum depression and was able to contribute a lot of insight because of my lived experiences. I was able to be a voice for women who experience PPD. I felt heard by the work group and not alone in my experience.

Ebony Montgomery, Einstein

mental health screening protocol for all patients. This system change led to unforeseen and widespread positive outcomes by reducing the barriers to mental health services for all patients. There is also a heightened organizational awareness of client accessibility and more organizations are tailoring their services to ensure they are meeting the specific needs of their local community members. The integrated healthcare model is a structural accessibility measure to best utilize a client's time, other measures include providing services in the native languages that are spoken in that community and being cognizant of when and where their services are provided.

Collaborative Projects

Below is a list of all the collaborative projects CAN has completed:

- Referrals from Einstein to HS Dad program
- Real Dads, Strong Families video
- Mental health awareness training
- PPD Awareness video
- Peer support groups
- Central intake system

CAPACITY BUILDING

One of the goals of the collective is to build the capacity of the partner organizations and the skills and knowledge of the individuals participating in the collective. This creates stronger organizations engaged in the work and individuals with

Centering services not only expanded Esperanza's range of services but also their quality. One member cited the benefit of learning about other organizations' approaches and respecting that the organizations have different opinions on "best practices."

CAN members shared that involvement has allowed them to learn new skills including leadership, marketing strategies, and grant writing. The CAN projects required participants to develop skills to advance the work and seek out new information.

The CAN also increased access to professional development opportunities, such as invitations to present or share their expertise in different professional settings. One member mentioned that they were invited to a conference which positively impacted their confidence in professional settings. A member of the Access to Care Work Group had initially felt unsure about how they could contribute, then quickly found their voice in the group and saw the potential of the CAN collaboration. Another individual who was elected as a co-chair of a Work Group had to quickly develop skills to lead with intentionality and move "forward with a focus."

COMMUNITY ENGAGEMENT

Healthy Start participants were involved during the initial meetings that established the Common Agenda. However, as the Work Groups were formed, attempts to involve the participants were not successful. As the CAN continued to establish itself with regular Steering Committee,

stakeholder, and Work Group meetings, participation from the Healthy Start participants declined.

While the CAN continues to consider how to recruit and include Health Start participants, the community voice did emerge from Work Group members who participated in their professional capacity, but also were able to offer insight based on their personal experiences. This experience had a profound impact on guiding the conversations and the outputs for all three Work Groups.

As the collective actions of the groups were established, additional ways for those with lived experience to be included were intentionally sought:

- The PPD Awareness video included voices from women of color who live in communities experiencing the highest disparity
- The Real Dads, Strong Families video encouraged fathers to speak from their experience
- The Integrated Care group held a community meeting to establish a dialog around PPD and provide input to the design of the peer support groups
- CAN members tabled at community events
- The Integrated Care group conducted a survey of community members and have received a significant response

At present, the CAN has made significant steps to create a comprehensive community engagement strategy that enhances the role of families and community members who support mothers and their babies, seeks community solutions to improve infant and family health, invites feedback on solutions that the CAN proposes, and specifically involves Healthy Start participants.

To date there have been three pilot engagement sessions (two at Einstein Medical Center and one at Philadelphia District 5 Health Center). Interviews have been conducted with specific community members in an effort to understand how these sessions could be best used both by the CAN and the community.

WHAT'S NEXT?

Members were asked to name their top goals for what CAN could achieve in the next three years. A summary of their answers is below:

- Citywide and regional recognition for CAN
- Expand the current scope of work
- Conduct more research and increased data sharing
- Increased community group engagement
- Increase dialogue with funders or engage additional funders
- Enhance communications

Member input has a strong connection with what is currently being planned by the Steering Committee. The following sections identify the priority goals for CAN through 2021.

Create an essential link between the work of CAN and the communities its work impacts

CAN is aiming to make significant progress toward engaging community members and Healthy Start participants. The major activities the group will take are outlined below:

- Evolve community engagement approach to meet the needs of the community members who are engaged
- Engage community members in Work Groups and the Steering Committee
- Develop a systematic approach for an ongoing review of community assets

Increase the diversity of CAN groups

Over the next three years the racial diversity of CAN groups will be added to the set of process metrics the Backbone currently tracks and regularly reports. With Steering Committee input, the CAN will set goals for racial diversity and mark its progress.

Develop meaningful partnerships

The CAN will seek to incorporate regular reviews of other coalitions and collective efforts. Using

this information, the CAN will create intentional plans for exploring and partnering where there is potential for leveraging collaboration to further CAN goals.

Formalize CAN communications to establish a brand identity

The communication mechanisms of the CAN will be developed and regulated to drive at further engagement and alignment with citywide and regional efforts. Additionally, the purpose and identity of CAN can be confusing for partners, stakeholders, and users. CAN will seek to establish a clear brand by highlighting examples and stories

of systems changes that are leading to progress on the CAN Common Agenda.

Evolve a meaningful set of metrics that drives at CAN's overall purpose

While CAN will continue to use its set of process metrics to track its internal goals, it will expand a consistent approach measuring progress on Work Group action.

APPENDIX

CURRENT CAN MEMBERS

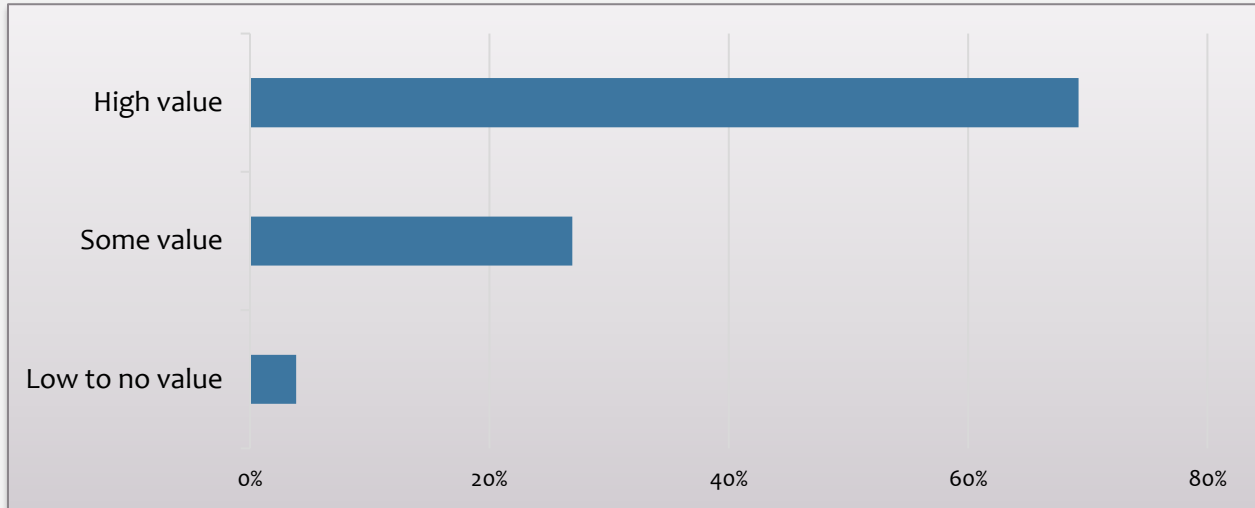
The following is a list of the current active members of the CAN and the sector that their organization represents.

Organization	Organization Type	Name	Organization	Organization Type	Name
Avenues for Change	Community-Based Organization	Matt Noccho	Early Head Start	Government	Donna Bibbs
Big Smilez Inc.	Community-Based Organization	Anthony Crawford	Einstein	Medical Facility	Ebony Montgomery
CHOP Homeless Health Initiative	Medical Facility	Kaylee McGuffin	Einstein	Medical Facility	Jessica Bondy
CHOP Homeless Health Initiative	Medical Facility	Karen Hudson	Einstein	Medical Facility	Judy Faust
CHOP Homeless Health Initiative	Medical Facility	Laura Brown	Einstein	Medical Facility	Julia Conn
CHOP PolicyLab	Medical Facility	Tara Dechert	Einstein	Medical Facility	Rebecca Wallen
Community Behavioral Health	Government	Carmin Torres	Einstein	Medical Facility	Sohni Dean
Community Behavioral Health	Government	Maria Chaves	ELECT	Community-Based Organization	Lamar Brennan
Community Behavioral Health	Government	Vanessa Ballard	ELECT	Community-Based Organization	Marcus Godfrey
Daddy University	Community-Based Organization	Joel Austin	ELECT	Community-Based Organization	Patricia Gadsen
Drexel MSN Student	Academic Institution	Chakeya Givner	ELECT Program	Community-Based Organization	Jennifer Pitt
Drexel Nursing Program	Academic Institution	Dan Dychtwald	Esperanza Health Center	Medical Facility	Alejandra Tarquino
Drexel Psychiatry	Academic Institution	Taylor Anderson	Health Partners Plan	Health Insurance Provider	Libby Cohen
Drexel School of Nursing	Academic Institution	Joan Bloch			

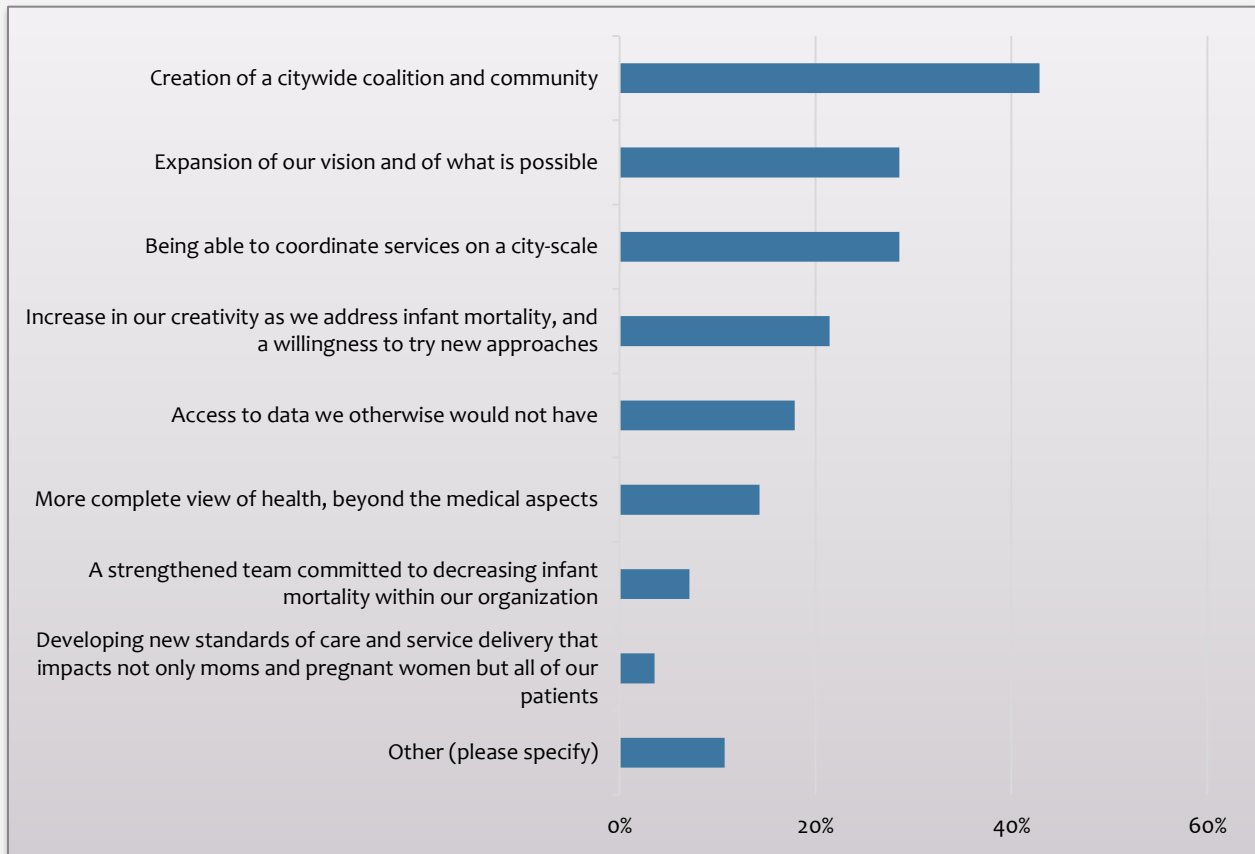
Organization	Organization Type	Name	Organization	Organization Type	Name
Health Promotion Council	Community-Based Organization	LaMira Bryant	PDPH	Government	Bill Champagne
Health Promotion Council	Community-Based Organization	Melissa Modesti	PDPH	Government	Galissa Jones
Jefferson MATER	Medical Facility	Jillian Bird	PDPH	Government	Jennyfer Osuna
Keystone First Bright Start	Health Insurance Provider	Donna Hammond	PDPH	Government	Julia Reeves
Lifehouse Lactation + Perinatal Mental Health LLC	Independent Provider	Jabina Coleman	PDPH	Government	Robin Holts
Maternity Care Coalition	Community-Based Organization	Iris Kimbraugh	PDPH	Government	Stacey Kallem
Maternity Care Coalition	Community-Based Organization	Jakasha Johnson	PDPH	Government	Ta'Hirah Williams
Maternity Care Coalition	Community-Based Organization	Kathrin Brellocks	PDPH	Government	Tracey Morris
Maternity Care Coalition	Community-Based Organization	Naima Black	PDPH - Consultant	Government	Aasta Mehta
Mayor's Office of Education and Community Empowerment	Government	Sulaiman A. Wood	People for People - Project DAD	Community-Based Organization	Willie Ellison
Mental Health Partnerships	Community-Based Organization	Jennifer Wolff	RISE/FEP	Government	Gilbert Coleman
Nurse Family Partnership	Community-Based Organization	Yaneli Arismendi	Stork Watch	Community-Based Organization	Suzan Zupan
Nurse-Family Partnership	Community-Based Organization	Aly Keefer	TempleCares	Academic Institution	Rochelle Cooks
Nurse-Family Partnership	Community-Based Organization	Amanda Devilliers	United Way	Community-Based Organization	Shira Badanes
Nurse-Family Partnership	Community-Based Organization	Valerie Halloman	WOAR	Community-Based Organization	Sylvia Boulliard
Parent-Child Program	Community-Based Organization	Malkia Singleton Ofori-Agyekum			

SURVEY RESULTS

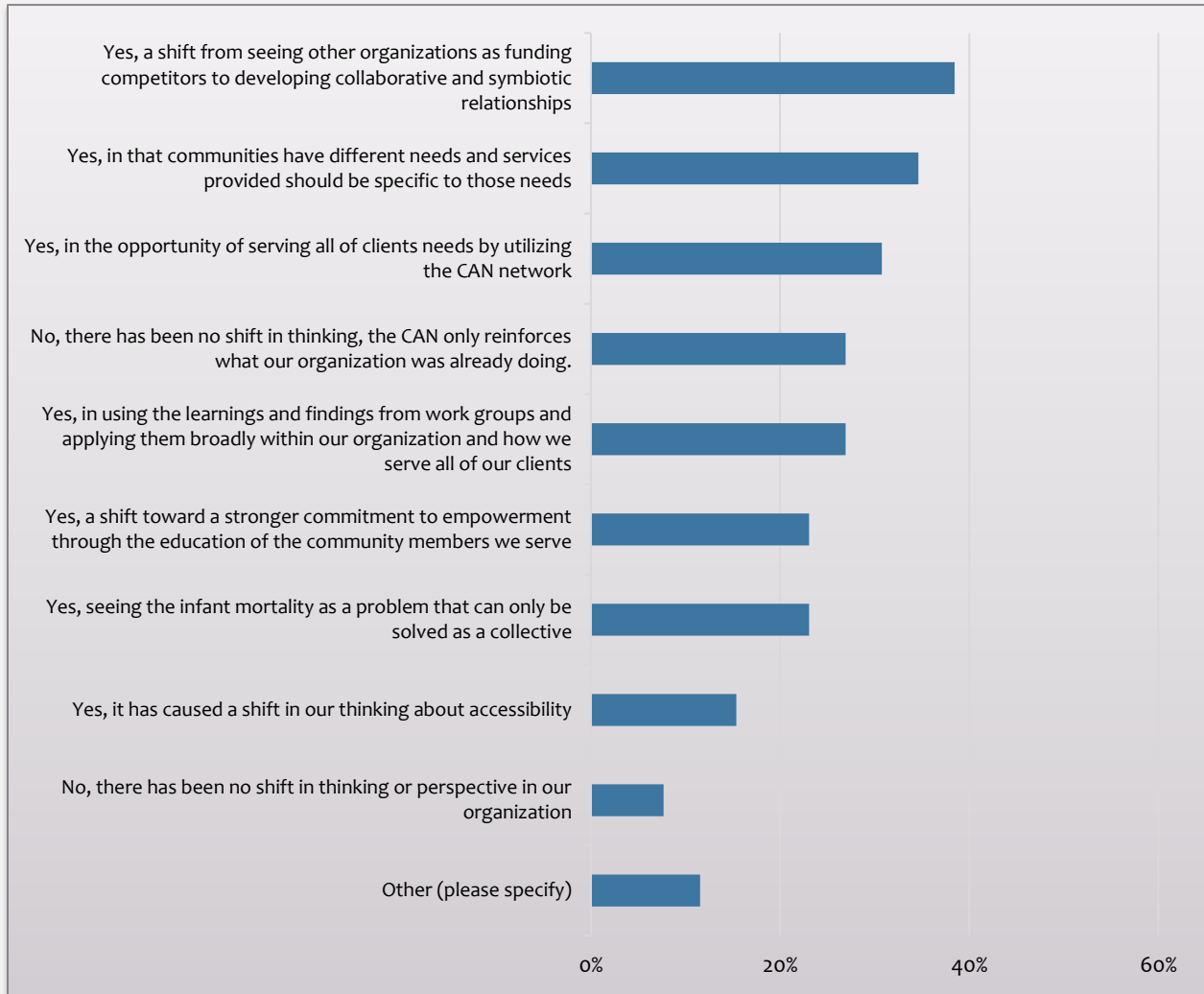
Level of value in my organization's involvement with the CAN



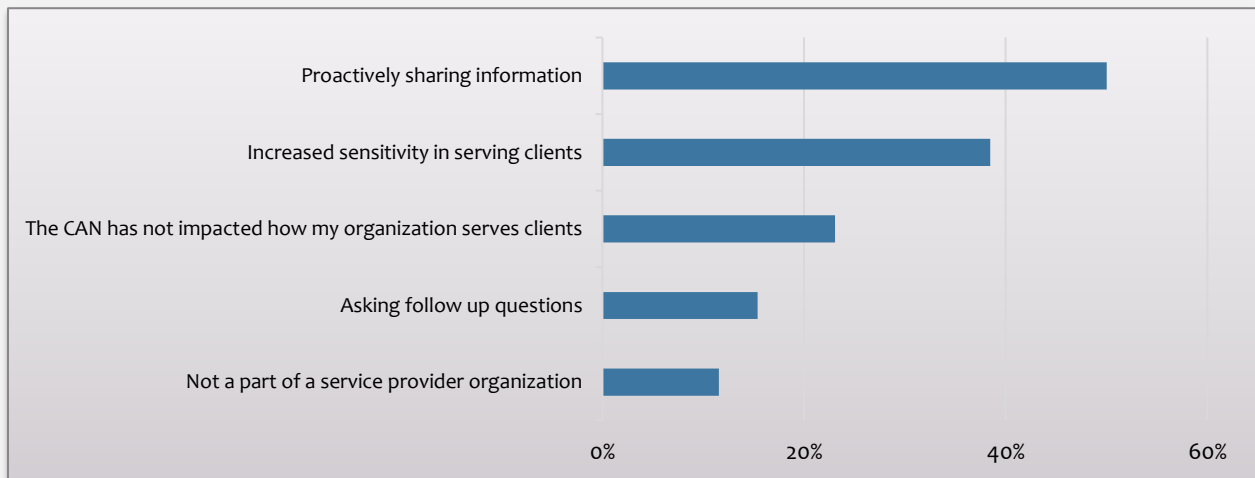
Most valuable things participating organization has gotten out of CAN participation? (respondents limited to two choices)



Shifts in an organization's perspective/thinking since its CAN participation
 (respondents could choose multiple)



CAN's impact on the manner in which members provide services?
 (respondents could choose multiple)



Potential achievements for CAN over the next 3 years

Citywide and regional CAN recognition (5)

- For the CAN to grow- and have more name recognition in the city
- I would like for our work to be well know across the Philadelphia and Suburban areas
- Citywide recognition
- Name the services provided as Peer Support and have it recognized as such by organizations
- Within Philadelphia and across the state

Expand Scope of Work (4)

- "Address poverty in another way...! at least in Philadelphia. Address education another.
- Continue to find ways gather client/participant voice to design services for themselves
- Greater impact in the areas that we are targeting
- Having a separate unit on violence prevention within maternal health the centralized home visiting intake!

Conducting Research and increased data sharing (4)

- Maybe some research around their findings
- More data sharing-the PPOR data presentation in prior years with the Healthy Start Advisory Board was really informative
- Greater collaboration among members; more collaborative research

Increased community group engagement (3)

- The ability to go into the communities and engage them with the information
- More outside interaction with fathers in fatherhood organizations
- Strengthen the area of fatherhood in terms of having more fatherhood groups involved

Increase dialogue with funders or engage additional funders (2)

- Good luck with those asks! Many know about the problems and lots of money seems to go into programs yet true change has yet to be realized. The other ask is to have funders truly understand that positive change is measured in decades. "
- Secure and appropriate funding stream for the many programs that work and serve our diverse population. We can't continue to improve the health of the city if the funding streams are not efficient.

Communications (1)

- A virtual newsletter

COMMON AGENDA

The Problem

The infant mortality rate in Philadelphia is 1.5 times higher than the national rate with communities of color experiencing larger disparities. It is a long-term issue, which urgently needs to be addressed. It is critical to identify challenges with health outcomes connected to the factors that are leading to infant deaths. Lack of coordination of care between communities, families and service providers leave families without consistent access to needed support, which urgently needs to be addressed.

Vision of the Future

The infant mortality rate in Philadelphia drops below the national average and there are no significant disparities for any subgroup of the population. Parents and caregivers feel empowered and supported to access high quality, comprehensive health and wellness services. Philadelphia is a leader in infant well-being.

Theory of Change

Short-term Change

1. Supporting women in caring for themselves and their children and accessing the services available will improve the health and well-being of mothers and their children.
2. Enhancing the father's role in the family will result in more fathers playing an active role in the mother and child's life.
3. Enhancing the role of family members in support of the family will provide a wider base of support to help mothers and their babies.
4. Improving the quality of care through training and care coordination will create a more inviting and accessible healthcare system that supports the wellbeing of mothers, children, and their families.
5. Improving quality of care, care coordination and community engagement will facilitate access to needed services by new and expectant mothers, men/partners and their families.

Long-term Change

1. Extending insurance coverage will increase the wellness of young children.
2. Changing policy to support increased funding of social services will help families receive the support and services they need to care for their children.
3. Increasing the funding for sex and wellness education in schools will help to reduce unplanned pregnancies and improve the health of new and expectant mothers and their children.

Priorities

Priority 1: Ensure women who are pregnant or new mothers get the care they need: a) Coordination of care; b) Extended breadth of available care; c) Fully trained workers; d) Accessible care.

Priority 2: To promote awareness about the importance of behavioral health services during pregnancy and to connect pregnant women and new moms in Philadelphia to behavioral health resources.

Priority 3: Clarify and strengthen the father's identity and role as it relates to the child's well-being and strengthen the ability to address barriers/impediments.

SYSTEMS CHANGE MAP: INTEGRATED CARE

