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# Improving Maternal and Child Health Care

A Blueprint for Community Action in the Pittsburgh Region

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Supported by The Heinz Endowments



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The research described in this report was sponsored by The Heinz Endowments.

**Library of Congress Cataloging-in-Publication Data**

Improving maternal and child health care : a blueprint for community action in the Pittsburgh region /  
Harold Pincus ... [et al.].

p. cm.

"MG-225."

Includes bibliographical references.

ISBN 0-8330-3717-X (pbk. : alk. paper)

1. Maternal health services—Pennsylvania—Pittsburgh.
2. Child health services—Pennsylvania—Pittsburgh.
3. Community health services—Pennsylvania—Pittsburgh.
4. Maternal health services—Pennsylvania—Allegheny County.
5. Child health services—Pennsylvania—Allegheny County.
6. Community health services—Pennsylvania—Allegheny County.

[DNLM: 1. Maternal-Child Health Centers—organization & administration—Pennsylvania. 2. Community Health Services—organization & administration—Pennsylvania. WA 310 1345 2004] I. Pincus, Harold Alan, 1951–

RG961.P4I48 2004

362.198'2'0974885—dc22

2004026544

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Published 2005 by the RAND Corporation  
1776 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138  
1200 South Hayes Street, Arlington, VA 22202-5050  
201 North Craig Street, Suite 202, Pittsburgh, PA 15213-1516  
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## Summary

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### The Challenge

The health and well-being of mothers, infants, and young children are of critical importance, both as reflections of the current health status of individuals, local communities, and the nation as a whole and as predictors of the health of the next generation. Community leaders in the Pittsburgh region, also known as the geographic entity of Allegheny County, Pennsylvania, have long recognized the importance of the family as society's primary institution for supporting healthy child development and have engaged in intensive efforts to develop effective community-based early childhood interventions and support services primarily focused on families. Despite these efforts, there is ample evidence to suggest that widespread improvement of the local maternal and child health care system continues to be of real and immediate importance. In several key areas of health care, mothers and young children in this community are not receiving the health care services they need, and the result is premature illness and preventable death. In the final analysis, the system of service delivery in the Pittsburgh region is less than ideal in many respects, and it can be improved.

In January 2002, The Heinz Endowments commissioned the RAND Corporation and the University of Pittsburgh, in partnership with Allegheny County's Department of Health and Department of Human Services, to establish a learning collaborative of local stakeholders to (1) catalyze new thinking around the best evidence and practice for maternal and child health care; (2) assess the strengths, weaknesses, and barriers to improvement in the current system of maternal and child health care; (3) identify targets for local policy reform; and (4) develop a blueprint for action that would lead to widespread, sustainable systemwide improvements in local maternal and child health care processes and outcomes. The overall approach was informed, in part, by the Healthy People in Healthy Communities movement, which grew out of the Healthy People 2000 national health-promotion and disease-prevention campaign. This movement seeks to advance the health of communities by forming local coalitions, creating a vision, and measuring results (U.S. Department of Health and Human Services website, [http:// www.hhs.gov](http://www.hhs.gov)).

This report provides an overview of the community-based approach through which this work was undertaken, highlights key study findings, and outlines a vision, strategy, and action plan for improving maternal and child health care in the community. This work, which was completed in December 2003, does not represent a predetermined end-state or product; rather, it is an ongoing process of community collaboration and learning.

## Mobilizing a Community Collaborative for Change

At the outset of this initiative, the project team recognized that a successful systems-improvement strategy would require a coalition of key individuals and organizations working together to achieve common goals. Therefore, at the initiative's inception, a local stakeholders' learning collaborative was established that brought together people who control the system with people who had lost all hope in the system.

Members of the collaborative represent all key maternal and child health care organizations in the community, including Allegheny County's Department of Health and Department of Human Services, the Children's Cabinet of Allegheny County, local managed-care organizations (MCOs), large provider groups, faith-based organizations, community centers, and families (a list of the members is presented in Appendix A). The full learning collaborative met on a quarterly basis from January 2002 through October 2003, working with the project team in both an advisory and a participatory capacity, and individual members were integrally involved in many of the research tasks of the project.

Given the breadth of the issues involved in health care systems improvement, the first task of the initiative was to identify the areas of greatest need for pregnant women and for children from birth to five years of age in the community. The four priority areas and two best-practice domains identified are shown in Table S.1.

This prioritization of areas and best-practice domains in maternal and child health care provided a useful focus for subsequent data collection, analyses, and discussions regarding policy and practice improvement.

**Table S.1**  
**Priority Areas and Best-Practice Domains**

Priority Areas for Improvement	Best-Practice Domains
<ul style="list-style-type: none"> <li>• Prenatal care</li> <li>• Family behavioral health</li> <li>• Nutrition</li> <li>• Chronic illness and special-care needs</li> </ul>	<ul style="list-style-type: none"> <li>• Family engagement</li> <li>• Care coordination/service integration</li> </ul>

## Barriers and Issues Faced by Families in the Community

To gain a better understanding of the strengths and weaknesses of the local maternal and child health care system, the project team and the learning collaborative considered it essential to listen to the consumers who are attempting to access needed services for their children and families while at the same time dealing with other fundamental life challenges, such as obtaining stable housing, food, and transportation. Consumer members of the learning collaborative identified a subset of families representing different racial and ethnic groups and communities in the Pittsburgh region who could describe both positive and negative experiences with aspects of the local health care system related to the four priority areas.

In a few cases, parents found local agency and program staff to be supportive and helpful, and families were able to develop positive relationships with their care providers. At

the same time, several common themes emerged across the families that elucidate important limitations of the current system. These include:

- Difficulty accessing available services
- Racial and economic discrimination in the health care system
- The challenge of dealing with health care problems in the context of other basic needs
- Competition among agencies providing services for children

The families interviewed demonstrated courage in sharing their stories. They told of painful experiences and described efforts to be resourceful and independent in spite of tremendous needs. Despair and hopelessness are common responses when faced with the “Everest-like mountain” that health care delivery systems have become. What can be done to help families scale this mountain? Families recommended the following directions for change:

- Improve access
- Enhance coordination
- Adopt a family-centered approach to service delivery
- Instill and assure respect for families

### **Barriers and Issues Faced by Local Providers and Program Staff**

Ongoing discussions between the project team and the learning collaborative revealed that many local maternal and child health care programs and providers face numerous barriers in their attempts to improve outcomes for mothers with young children. Following the recommendations of learning collaborative members and other community leaders, the project team interviewed 16 local maternal and child health care providers and payers, including county MCOs (listed in Appendix B), to further elucidate these barriers and to uncover possible strategies for overcoming them.

Through this process, the project team identified several barriers to engaging families at the local program level, including:

- Lack of skills, numbers, and types of staff (e.g., nurses)
- Funding limitations and licensing geared to individual patient service
- Factors impacting provider/family relationships
- Lack of transportation to services and programs

The project team also identified a number of issues in coordinating care and integrating services, including:

- Lack of skills, numbers, and types of staff (e.g., care coordinators, behavioral health specialists)
- Organizational “silos” (i.e., vertical organizational structures) created by funding and licensing regulations

- Weak relationships among providers
- Lack of information
- Poor linkages across programs and services

To overcome these barriers, providers and program staff recommended the following directions for change:

- Strengthen provider and staff skills
- Enhance linkages and support relationships among agencies and providers
- Improve access to information
- Consider new types of reimbursement strategies

## Lessons Learned from Promising National and Local Programs

From a review of the published literature and information on the Internet, the project team identified 12 promising national and local maternal and child health care programs that provide family-centered care and pursue program coordination or integration in a variety of ways (the programs are listed in Appendix C). Members of the project team interviewed representatives of these programs to determine common strategies or practices that might be useful and relevant to local systems-improvement efforts for engaging families and coordinating care or integrating services. These common strategies and practices are summarized in Table S.2.

The project team's interviews also suggested that funding family-engagement activities and care-coordination/service-integration efforts is difficult and requires some creativity. Several programs braid funds from disparate streams to pay for these activities. Others rely primarily on demonstration grants to cover the expenses. Common funding sources include IDEA Part C; Early and Periodic Screening, Diagnosis and Treatment (EPSDT); Title V, Maternal and Child Health Block Grants; tobacco-settlement funds; state general-revenue funds; Temporary Assistance for Needy Families (TANF); demonstration grants.

**Table S.2**  
**Common Strategies and Practices for Engaging Families and Coordinating Care/Integrating Services**

Strategies and Practices for Family Engagement	Strategies and Practices for Care Coordination/ Service Integration
<ul style="list-style-type: none"> <li>• Treatment models that focus on families' strengths</li> <li>• Strong relationships with families and across programs</li> <li>• Home-visiting programs</li> <li>• Locating staff in places that low-income families frequent</li> <li>• Involvement of parents in the development of their service plans</li> </ul>	<ul style="list-style-type: none"> <li>• Use of multidisciplinary treatment teams</li> <li>• Cross-training of staff</li> <li>• Integrated information resources</li> <li>• Personal relationships between program directors and program staff</li> <li>• Strong leadership from agency directors</li> </ul>

## Potential Policy Levers for Enhancing Local Improvement Efforts

Any effort to improve maternal and child health care systems must take into account the full network of government programs and regulations that impact these systems. While there are numerous opportunities for maternal and child health care policy reform at the federal level, the project team focused on identifying the state-level policy changes that would be most likely to enhance local improvement efforts. These policy levers include the following:

- Addressing the negative impact of privacy regulations on the maternal and child health care system by revising the rules to facilitate treatment communication between mental health/substance-abuse treatment providers and other providers, as well as between providers for different family members
- Setting standards that guarantee public transportation for families seeking access to maternal and child health care through Medical Assistance Transportation Program (MATP) services
- Bridging the schism between physical and mental health formalized by the state's Medicaid waiver by requiring that state laws and state Medicaid contracts mandate communication and information-sharing regarding maternal and child health care services across physical and behavioral health care systems and between physical and behavioral health MCOs
- Building mechanisms for collaboration among state and local departments that share responsibility for children, mothers, and families in order to simplify procedures regarding families' access to benefits and services and to reduce the burden of legal/administrative requirements and regulations on providers

While much of the regulatory control for maternal and child health care in the Pittsburgh region rests in the Pennsylvania state capitol of Harrisburg, significant resources are managed locally by leaders who are motivated to improve outcomes for families with young children and who are knowledgeable about providers in the county. Allegheny County's Department of Health and Department of Human Services, as well as the local Medicaid MCOs, play an important role and should be recognized as additional leverage points for improving maternal and child health care programs and services in the region.

## A Blueprint for Community Action

Clearly, any effort to confront the multiple issues impacting the overall maternal and child health care system will require a vision of tremendous breadth and power that originates from the community's own needs, values, and goals. This vision, in turn, must inform an ongoing change strategy that reflects the broad array of critical factors and influences that determine the health of individuals, families, and communities. To be achievable and sustainable over the long term, the strategy must drive an action plan that encompasses significant and widespread changes in consciousness and practice; unprecedented cooperation among federal, state, and local governments and between and among the different departments and agencies within these organizations; new types of public-private partnerships to

leverage existing infrastructure supports; resources to reduce disparities in access and quality of care; and public education and engagement campaigns that attempt to change public attitudes and standards, educate community residents, and support community-based interventions.

### **Vision**

Members of the Pittsburgh region's learning collaborative have identified the following key components of their shared vision for achieving an outstanding local maternal and child health care system:

- Promote healthy lifestyles and positive health outcomes
- Reduce preventable disease and environmental health risks
- Eliminate health disparities
- Ensure access to quality care for young children, mothers, and families

Ideally, such a system will have the following characteristics:

- An established medical or social service home<sup>1</sup> or homes for each family in the community and/or each mother and her child(ren)
- A family-centered, culturally competent approach to care, in which providers address the needs of and draw on the strengths of the entire family being served
- Integrated/holistic services, with service providers working closely together, addressing all aspects of a family's health and social needs that affect the at-risk child
- A high-quality maternal and child health care workforce, well trained in the principles of family-centeredness, cultural competence, and integrated/holistic care
- Families well educated about available programs and resources and about healthy behaviors (e.g., proper nutrition, the importance of prenatal care, smoking cessation, reducing environmental health risks) and empowered to demand high-quality maternal and child health care
- Effective leadership at the state and county levels, with clear lines of authority and accountability for performance

### **Strategy**

To achieve this vision, a RAND–University of Pittsburgh project team, in collaboration with local leaders of the maternal and child health care system, will:

- Expand and further engage the existing local maternal and child health care stakeholders' learning collaborative to form a *leadership collaborative* with the power and authority to establish priorities; mobilize available resources; guide and support community-based quality-improvement interventions; measure outcomes; and advocate for change in policy, financing, and practice at the state and local levels
- Advance a *family-centered approach* to maternal and child health care that (1) establishes a medical or social service home or homes for each family in the community

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<sup>1</sup> A medical or social service home provides the patient and her family with a broad spectrum of care over a period of time and coordinates all of the care they receive.

- and/or each mother and her child(ren); (2) recognizes a family's strengths, while seeking to understand and meet its basic and other health care needs; and (3) is nurtured in an environment of cultural competency and trusting, respectful relationships
- Promote effective *coordination and integration of care and outreach*, particularly between and among physical health care, behavioral health care, environmental health programs, and social support services
  - Develop plans to establish *countywide integrated data systems* that (1) provide useful information on available services and resources for families, (2) support practitioners' efforts to coordinate care and track a family's progress across agencies and programs, (3) enable agencies to monitor service utilization and performance across individual programs, and (4) support health plans in developing flexible, performance-based payment structures that ensure provision of needed services and drive quality-improvement efforts at the provider and practitioner levels

### **Action Plan**

Outlined below is an action plan for the Pittsburgh region that should be implemented by specific stakeholder groups at various levels of the maternal and child health care system, with the local stakeholders' leadership collaborative serving as the organizing entity:

- At the *statelocal policy level*, the action plan will expand engagement of community stakeholders; improve the dissemination of information on maternal and child health care programs, services, and resources; build the community's capacity to monitor health outcomes for provider accountability and quality improvement; target specific areas for regulatory, licensing, and other policy reform; and enhance advocacy for improving maternal and child health care.
- At the *payer/plan level*, the action plan will promote the design of financial and other incentives that ensure provision of needed services and drive quality-improvement efforts at the provider and practitioner levels.
- At the *agency/program/provider level*, the action plan will establish new types of training, strategies, and practice that result in increased family engagement and care coordination.

### **Toward a Model Maternal and Child Health Care System in the Pittsburgh Region**

To bring this blueprint for action to life, between January 2004 and December 2005, the project team will conduct a policy- and practice-improvement demonstration in the Pittsburgh region that will operate under the direction of an expanded stakeholders' leadership collaborative. The goal of the demonstration will be to begin building a model maternal and child health care system that will lead to improved health care for mothers and young children in the region.

At the *policy level*, the project team will:

- Organize two policy working groups to develop plans for (1) integrated countywide data collection, analysis, and dissemination of information on maternal and child health care service utilization and outcomes; and (2) flexible, performance-based payment mechanisms that reward quality improvement
- Support the leadership collaborative in its efforts to tailor and implement proposed policy changes in the Pittsburgh region

At the *practice level*, the project team will:

- Create and support at least two community-based practice-improvement teams that will (1) involve strategic partnerships among local payers/plans, programs, and families in previously designated high-risk communities; (2) gather baseline information on specific indicators related to the key priority areas of prenatal care, nutrition, behavioral health, chronic illness, and special-care needs, with linkages to environmental health; (3) adopt and test proven processes and practices for increasing family engagement and care coordination in accordance with the plan-act-study-do rapid-cycle quality-improvement model; and (4) develop data systems and financing mechanisms to support these practice improvements
- Monitor and evaluate the progress of the community-based practice-improvement teams, basing the evaluation on process and outcomes data provided by the individual teams, as well as changes on key indicators of family engagement and care coordination measured first at baseline and then at the completion of the action plans
- Synthesize the information from the evaluation into a community report card documenting the progress of the community-based practice-improvement teams
- Develop a countywide plan for the sustainability and diffusion of quality-improvement strategies that are shown to enhance maternal and child health care

The primary outcomes of this policy and practice improvement demonstration will be:

- A local leadership collaborative structure and process for improving policy and practice components of the maternal and child health care system that have been identified as priorities by community stakeholders
- Communitywide plans for (1) integrated data collection, analysis, and dissemination of information on maternal and child health care service utilization and outcomes; and (2) flexible, performance-based payment mechanisms; both of these plans will incorporate strategies for overcoming anticipated barriers
- Community-based practice-improvement teams that have demonstrated and documented their success
- Mechanisms that will enable the sustainability and diffusion of the improvement process

## Generalizability to Other Communities

Recognizing that communities differ markedly with respect to their history, demographics, economy, and governance, it is uncertain whether the community-based collaborative process undertaken in the Pittsburgh region could take hold as effectively in other areas. Certainly, to a large degree, the success of this process locally will be attributable to the historical importance of the family in the community, the energy and cohesiveness of community leadership, and the ability to mobilize significant resources to support visionary change.

At the same time, the idea of creating healthy communities is gaining momentum across cities and counties both nationwide and around the world. Although, in most cases, these communities have identified goals and pursued action plans related to issues other than maternal and child health care, they share many of the same characteristics with the Pittsburgh region, including a common vision, a willingness to work collaboratively, a free flow of information among all major stakeholders in the community, and clear opportunities for improvement. In this sense, Pittsburgh's specific experience in designing a community blueprint for action should prove useful to a range of communities, regardless of the goals they are pursuing.

For those seeking improvement in maternal and child health care in particular, or in service delivery to families in poverty more generally, many of the best practices, barriers, and potential solutions presented in this report could serve as a basis for developing a community-based collaborative approach designed specifically to address their communities' needs.