



## Achieving True Partnership: Integrating Family Engagement in Systems of Care

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### Questions and Answers

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This document includes a summary of major questions presented by participants that were not answered during the live webinar due to time constraints.

Questions	Answers
<p>To what extent is the idea of equity, and particularly lifting families from disadvantaged groups, a focus of this work?</p>	<ul style="list-style-type: none"> <li>• The idea of equity has been a fundamental principle in the Preventive Services Improvement State Spread project (PreSIPS2). The project defines equity in three ways:               <ol style="list-style-type: none"> <li>1. Equity of access to screening and care coordination for all children regardless of ability to pay (with or without health insurance)</li> <li>2. Equity of access across different regions in the state by ensuring that rural parts of the state have equal access to resources</li> <li>3. Equity of access to services and programs for children and youth with special health care needs</li> </ol> </li> <li>• Faculty from Virginia are also looking at utilization data by region, race, age, disability, gender and ability to pay. Since the medical neighborhood is still new, the team currently does not have data, but the data collection methodology includes an analysis of programs and services across diverse groups/communities.</li> </ul>

	<ul style="list-style-type: none"> <li>• The medical neighborhoods initiative has not begun to focus on health equity yet. This team is currently developing training modules for families and clinicians and are in the process of securing funding for the first project in our initiative. Once funding has been secured, they will be able to develop content. The Virginia team hopes to share draft modules with clinicians and family representatives to include cultural considerations.</li> </ul>
<p>Has there been any outcomes assessment of parents/clinicians collaboration, communication, and partnering?</p>	<ul style="list-style-type: none"> <li>• At this point, the PreSIPS2 program has only been able to track process measures and outputs. Their process measures have included family engagement and participation in meetings, events, and conference calls. Outputs include the following success stories from families: <ul style="list-style-type: none"> <li>a. Improved engagement with clinicians and practices</li> <li>b. Families report they feel respected by clinicians and practice staff</li> <li>c. Coordinated and smooth referral processes have been implemented</li> </ul> </li> <li>• Additionally, the team’s parent partner keeps documentation of success stories and challenges faced by families navigating the health care system.</li> <li>• Below are examples of the survey statements utilized by the medical neighborhoods initiative. Answer choices include the following categories: strongly agree, agree, neutral, disagree, and strongly disagree. Responses are collected and reviewed by the planning team and used for program improvements. <ol style="list-style-type: none"> <li>1. I feel that we are committing to collaborate as a team to work towards this project's goals.</li> <li>2. I feel confident in my ability to identify components of the medical neighborhood model in Virginia.</li> <li>3. This meeting met my expectations.</li> <li>4. This meeting was a good use of the Blue Ridge Medical Neighborhood Initiative's time.</li> <li>5. The right mix of participants were invited to this meeting.</li> <li>6. I feel confident in my ability to collaboratively design a medical neighborhood model to provide the best care for children and youth with special health care needs (CYSHCN).</li> <li>7. I understand the benefits of medical neighborhoods and how it can address current challenges facing CYSHCN populations within Virginia.</li> </ol> </li> </ul>

	<ol style="list-style-type: none"><li>8. I understand the opportunities to build off current work and success in addressing the challenge of creating medical neighborhoods to support CYSHCN in Virginia.</li><li>9. I can apply the skills I learned at the Blue Ridge Medical Neighborhood Initiative meeting at my agency beyond this project.</li><li>10. I understand the benefits of medical neighborhoods and how it can address current challenges facing CYSHCN populations within Virginia.</li><li>11. The Blue Ridge Medical Neighborhood initiative meeting helped me better connect the project to health transformation opportunities for children and adolescents.</li><li>12. This meeting will help me meaningfully engage or lead health transformation in my organization.</li><li>13. I accomplished what I wanted out of the Blue Ridge Medical Neighborhood Initiative meeting.</li><li>14. The Blue Ridge Medical Neighborhood Initiative's next steps are clear.</li></ol>
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