

A Baseline Report of Client/Family Engagement in MCH Programs

**Bureau of Family
Health, Division of
Bureau Operations**

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Executive Summary

The Pennsylvania Department of Health (DOH), Bureau of Family Health (BFH), assessed Title V providers on client and family engagement strategies and practices. A survey was drafted by BFH staff to gather information regarding the process of client and family engagement on designing, implementing and evaluating programs. Once the survey was completed, it was sent to the Bureau of Informatics and Information Technology (BIIT) for delivery. BIIT created an electronic survey in SurveyMonkey (Appendix 1 on page 13), and BFH sent an active link via email to approximately 150 maternal and child health contacts. The survey was initiated on Dec. 19, 2017, and concluded on Jan. 15, 2018. The survey asked providers about their demographics, when they engaged client and family and how they defined their methods (techniques) for engagement. All questions required a response to move forward to the next question.

The objectives of the baseline survey were as follows:

- To identify providers client and family engagement in designing, implementing, and evaluating maternal and child health programs;
- To identify providers methods of engagement; and
- To benchmark knowledge and awareness of client and family engagement activities.

The report reflected responses from providers from all Pennsylvania servicing regions. The data reflected providers' broad understanding of family engagement practices where providers utilized single or multi-step engagement strategies. Providers used engagement strategies the most during the implementation stage. Providers offered a varied rationale for client and family engagement. The survey did not measure rationale, although some providers reported rationale. The report reflects multifarious techniques utilized by providers. Surveys were the most widely used technique among providers. BFH will create a plan of action from survey results to support providers' client and family engagement practices.

Introduction

BFH recognizes client and family engagement activities are central to creating a system of care that is family-centered and responsive to the needs of families, as well as producing positive outcomes throughout the life course. Family engagement reflects a belief in the value of family leadership at all levels from an individual, community and policy level.¹

This BFH survey will act as a starting point to conduct research and to develop guidance on effective family engagement strategies. The BFH provides funding to provider organizations for direct care services. The survey examined current efforts in client and family engagement programming. This report observes provider trends and methods as it pertains to family engagement.

Methods

A survey was drafted by BFH staff to gather information regarding the process of providers engaging families in designing, implementing and evaluating programs. The survey asked providers about their demographics, when they engaged families and about their methods for engagement. All questions required a response to move to the next question.

Once the survey was finalized by BFH staff, it was sent to BIIT for delivery. An electronic survey was created in SurveyMonkey, and BFH staff sent an active link via email to over 100 maternal and child health contacts. The survey was initiated on Dec. 19, 2017 and concluded on Jan. 15, 2018.

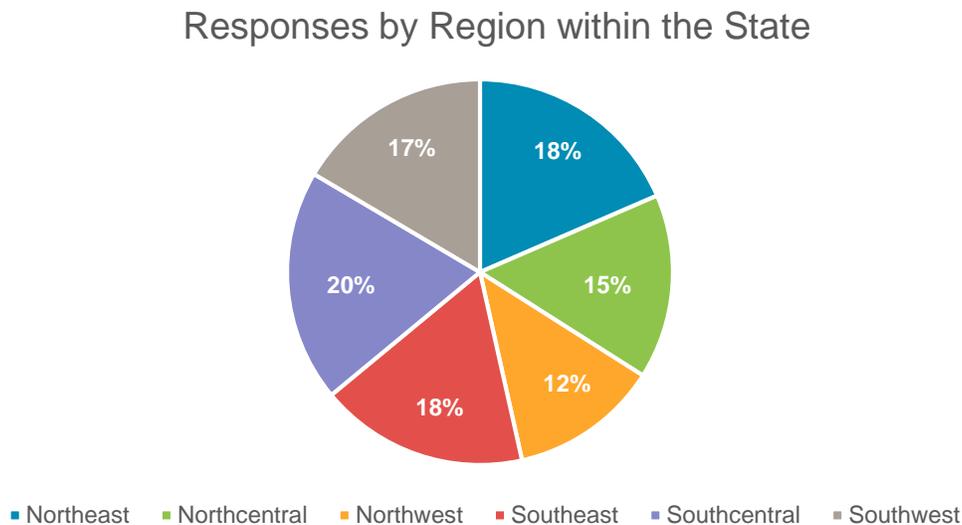
The survey recorded qualitative and quantitative data from open-ended and closed questions. Quantitative data was analyzed by calculating the percent of providers selecting each response option. Qualitative data was organized by when and how providers conducted client and family engagement activities. Data was then coded by specific key words and analyzed for emerging patterns and themes.

Findings

Regions

Figure 1. demonstrates the percentage of responses received per region. Approximately 150 emails were sent to provider contacts on file. Of those sent, a 34 percent response rate (N=51) was recorded. The adjusted response rate was 25 percent (N=37), after accounting for incomplete survey submissions. While not all contacts responded, at least one provider from most programs responded. All regions of the state were represented in the survey responses.

Figure 1. Responses by Region within the State (N=37)



Providers responded to the question “How does your agency currently engage clients or families in the process of informing the design, implementation, and evaluation of programs and services, and during which stage of the process are they involved? Check all that apply.” Providers responses are reflected in Figure 2.

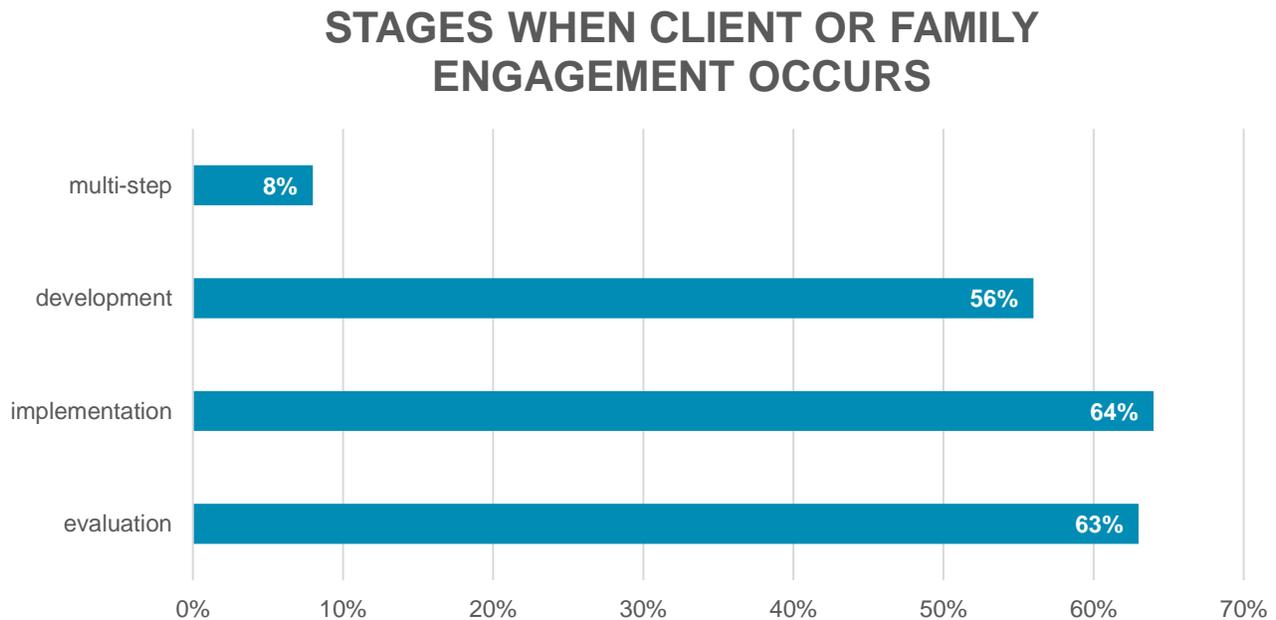
During the developmental stage, the framework of a program is created. Engagement during the development stage indicates that providers are soliciting information from clients during the evolution of services. The implementation stage is the execution of the intervention/program. Engagement during the implementation stage indicates that providers are soliciting information from clients or families currently receiving services. The evaluation stage is defined as providers soliciting information from clients or families after receiving services. The evaluation stage is used to measure the effects of the program and to determine whether program objectives were met. The purpose of this stage is to improve or gain new insight on existing programming.

Figure 2. Stages and Techniques (N=30)

Technique for Engaging Clients/ Families	Stage		
	Development	Implementation	Evaluation
Advisory board/steering committee	18	17	17
Client/family interviews	14	20	13
Focus groups	11	11	9
Support groups	13	10	11
Family liaison	10	12	9
Client satisfaction surveys	11	18	28

*Note: 7 providers responded “Other” to this question and are not included in this table.

Figure 3. Stages When Client or Family Engagement Occurs (N=30)



*Note: 7 providers responded “Other” to this question and are not included in this table.

Family Engagement Stages

The survey asked providers to identify the stage of program development. There are 3 stages development, implementation and evaluation. In Figure 3. Multi-step represents providers that used at least two-techniques in more than one stage.

Figure 3 demonstrates the stage(s) during which providers indicated that they engaged clients or families in the program.

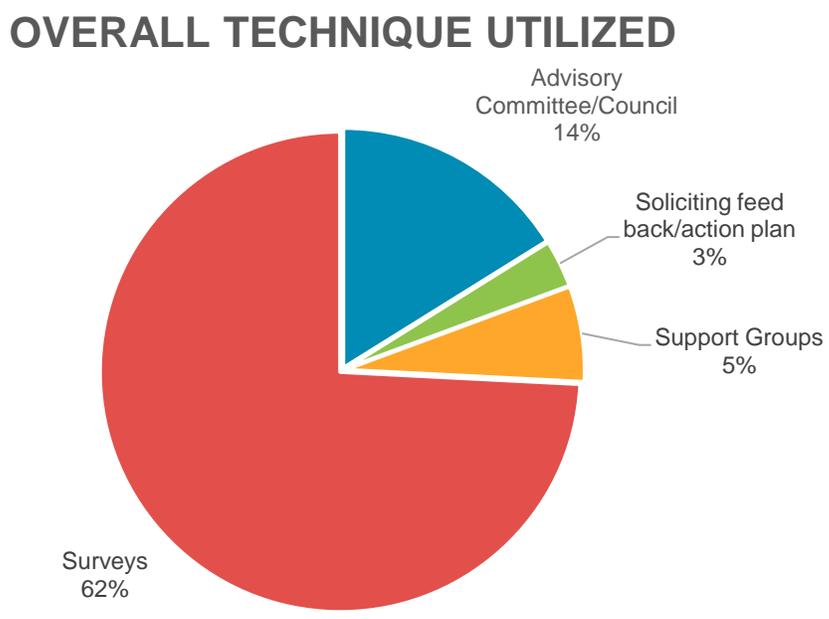
Over half of all providers reported client or family engagement activities. Providers preferred the implementation stage and evaluation for client and family engagement. Only 8 percent chose to engage clients or families during all three stages.

Techniques Utilized

The survey also requested information regarding which techniques were utilized during client or family engagement. Understanding the techniques used during the client or family engagement process is critical to the application of the survey findings, as well as the effectiveness of their use. Technique is defined as the type of system presented to clients or families to collect their feedback. Specific techniques were defined at the discretion of the provider responding to the survey.

The overall technique used by providers, regardless of the stage, reflects the preferred technique among providers. Overall, surveys were the most common technique used by providers. Seven providers responded “Other” and are not included in Figure 4.

Figure 4. Overall Technique Utilized (N=30)



*Note: 7 providers responded “Other” to this question and are not included in this table.

Overall, 84 percent (n=30) of all providers that responded reporting an existing engagement method in place for soliciting information from clients or families. Of those providers that reported having a method, only 27 percent (n=8) reported using the data as a program assessment tool.

Multi Techniques:

Providers reported utilizing a single or multi-step method to conduct client and family engagement activities. Multi step engagement methods included focus groups and surveys used simultaneously while advisory councils used independently would be considered as a single technique.

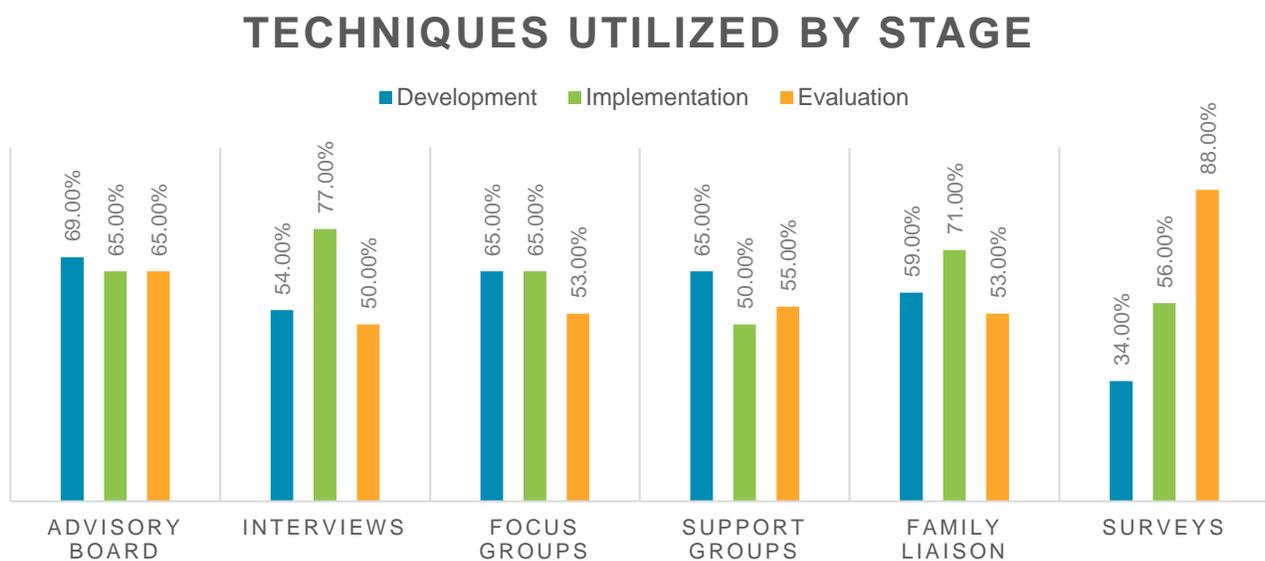
Providers reported conducting periodic focus groups, surveys and mystery shopper phone calls to ensure quality of services. Committees and boards were used to review materials for resource centers, while some focus groups were used to develop marketing campaigns. Family support groups volunteered their time to share experiences, input and feedback with staff. Press Ganey surveys were often used by providers. Press Ganey surveys measure patient experience via a third-party provider.

Providers also reported strategies for receiving secondary data, while others reported sending their primary data to a third-party provider for analysis.

Consequently, 84 percent of providers (n=30) conveyed a technique would be continued or new technique implemented for engagement in the future, while 16 percent (n=7) reported no plans to implement a technique.

It is worth noting that the baseline survey did not address providers whom had existing techniques of engagement and planned to implement an additional technique in the future.

Figure 5. Technique Utilized by Stage (N=30)



*Note: 7 providers responded “Other” to this question and are not included in this table.

Technique Utilized by Stage

Surveys were the most frequently used technique during the evaluation stage, while interviews were most often used during the implementation stage and advisory boards were the most commonly used technique during the development stage.

Of all the stages, support groups were used most often in the development stage. Focus groups were most commonly used in the implementation and development stages. The rationale for utilizing these techniques was not surveyed.

Discussion

Client or family engagement techniques give providers the opportunity to receive and utilize information from participants in the implementation, delivery, and evaluation of programs or services. Client or family engagement gives insight into social and economic determinants the consumer may face in dealing with or accessing an intervention. It also provides an outlook on environmental conditions that may affect a consumer within a region. Clients involved in their own care are more likely to participate and adhere to care instructions, which will ultimately lead to better health outcomes. The survey revealed a belief that there is value in using client or family engagement techniques. Providers gathered information from clients or families in a variety of ways.

Every engagement technique identified in the survey measured general information and client or family satisfaction. In general, engagement techniques solicited client or family feedback to measure demographics and the quality of services from a client or family standpoint.

In selected cases, providers utilized client satisfaction data to acknowledge staff by providing awards to staff based on positive feedback from clients. Whereas, other providers used information to assist with the selection of reading materials at a service location.

Client or family feedback was also used to develop educational leadership trainings for staff in the workplace and to identify workforce training gaps.

Providers acknowledged the need for enhancement of their current engagement methods. Enhancements included opportunities such as increasing client opportunities for engagement techniques, using web-based forms instead of paper forms and using more multi-method approaches to attract larger audiences. By using a multi-method approaches, clients or families have various ways of connecting to engagement techniques and have the opportunity to choose their preferred activity.

In addition to using multi-method strategies, selected providers identified clients or families on boards and in the workforce to assist in program design, planning and evaluation of services.

Providers also used data for reporting measures for Title V inquires and summaries.

The goal in client or family engagement is to achieve meaningful collaboration with clients and families. It is the expectation of families to work in leadership roles with provider staff in program planning and the policymaking process. That would be considered the highest form of family engagement.²

Limitations

Limitations were identified with the survey questions and format. The response rate of 34 percent was based on the number of emails sent to providers and received, as compared to the number of responses. Emails were sent to providers contact persons on file; therefore, a provider may have received several requests for separate MCH programming. The response rate does not reflect to the actual participation rate of providers per MCH-funded program. It is only accurate for the rate of received completed survey emails. The findings were not generalizable.

A small number of providers reported that survey questions were counterintuitive and selected mandatory questions were contradictory. The survey assumed that every provider provided direct care. Every question in the survey was mandatory, including some without the option to select No/NA.

The survey did not solicit information regarding the actual timing of methods for family engagement. Timing is a very important factor when asking for information from participants. The survey missed an opportunity to allow providers to elaborate on the reasoning behind their preferred engagement methods and timing.

The survey did not define the process of informing the design, implementation, and evaluation of programs and services of engagement. Without definition, Providers were left to define terms themselves and, therefore, interpret meaning differently.

Recommendations

The survey served as a baseline for future support initiatives around client or family engagement. Identifying plans to increase client or family engagement activities are in development. The survey identified providers that have existing client or family engagement activities, as well as identified providers seeking assistance developing engagement activities. Having a family engagement program ensures clients or families participate in their care, which will improve public health outcomes. Consumer feedback guides services and support that benefit the community. Through family engagement activities, providers have the benefit of hearing the clients' voices. The BFH will continue to support practices of client or family engagement and encourage providers to continue to reach out to families for program quality improvements.

The results of this survey will be used to define client and family engagement initiatives, as well as technical support plans for providers. The BFH will develop engagement work plans for provider guidance. The BFH will continue to research efforts and identify resources, as

well as develop evidence-based trainings that will ultimately provide stronger public health partner mentorships. The BFH is focused on relationship building within the community and among providers. The BFH will become a source of information and leadership to assist providers in adapting a meaningful strategy for engaging clients and family in the system of care. The BFH will develop a timeline for client and family engagement strategies and share models with stakeholders. The BFH will continue to reach out to providers and stakeholders to further explore practices and methodology for meaningful client and family engagement collaboration.

BFH support may include, but is not limited to, providing technical assistance on program development, data collection design, preparation of statistical reports, program implementation and evaluation as it relates to client or family engagement techniques.

Dissemination

This report will be shared with stakeholders, providers and BFH staff. An email will be sent to providers to notify them of the availability of findings. The report will be posted on the BFH department website for provider and public review. In addition, an active link will be provided to providers via email.

Contact Information

For questions about the report, please contact the BFH through the Title V Resource Account at: RA-DHPATITLEV@pa.gov or 717-346-3000.

Citations

1. U.S. Department of Health and Human Services Health Resources and Services Administration Maternal and Child Health Bureau Division of State and Community Health. "TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO STATES PROGRAM GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT APPENDIX OF SUPPORTING DOCUMENTS." Available at: <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program> .
2. Association of Maternal & Child Health Programs. "LEVELS OF FAMILY ENGAGEMENT IN TITLE V MCH AND CYSHCN PROGRAMS." Available at: <http://www.amchp.org/programsandtopics/family-engagement/SiteAssets/Pages/default/Family%20Engagement%20Levels%20of%20Family%20Engagement.pdf>

Appendix A: Survey on Client/Family Engagement

Client/Family Engagement

Introduction

The mission of the Pennsylvania Department of Health, Bureau of Family Health (BFH) is to protect and promote the health and well-being of women, children, and families. BFH provides safety-net health care services and essential public health services for women, infants, children, adolescents, children with special health care needs, and their families. The BFH is committed to improving the system of care to meet the needs of the Maternal and Child Health population served by BFH programs. BFH recognizes client and family engagement is central to creating a system of care that is family-centered and responsive to the needs of families as well as producing positive outcomes in all areas through the life course. Family engagement reflects a belief in the value of family leadership at all levels from an individual, community, and policy level^[1]. BFH defines family as any person(s) who plays a significant role in an individual's life, including a person(s) not legally related to the individual.

As a partner in our Maternal and Child Health system of care, your input is essential. By completing this survey, you will be assisting BFH develop a plan that will support and enhance current and future programming around client and family engagement. Please provide contact information so we may follow up with you about your engagement strategies.

An asterisk (*) denotes a required response.

* 1. Agency name:

* 2. Program name (if different than agency):

* 3. Your first name:

* 4. Your last name:

* 5. Your position title:

* 6. Your telephone number:

* 7. Your email address:

* 8. In which community health district does your program provide services? Check all that apply.

Northeast

(Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne, Wyoming)

Northcentral

(Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Sullivan, Snyder, Tioga, Union)

Northwest

(Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren)

Southeast

(Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Philadelphia, Schuylkill)

Southcentral

(Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, York)

Southwest

(Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland)

[1] U.S. Department of Health and Human Services Health Resources and Services Administration Maternal and Child Health Bureau Division of State and Community Health. "TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO STATES PROGRAM GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT APPENDIX OF SUPPORTING DOCUMENTS". Available at: <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-blockgrant-program> .

Client/Family Engagement

* 9. How does your agency currently **engage clients or families** in the process of informing the design, implementation, and evaluation of programs and services, and during which stage of the process are they involved? Check all that apply.

Note: for the purpose of answering this question, 'engage clients or families' refers to involving them in the decision-making process for how programs or services are delivered.

	Development	Implementation	Evaluation
Advisory board/steering committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client/family interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client satisfaction surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please specify method of engagement and stage of process.)

* 10. Please provide a brief description of how your agency is soliciting input from clients and families and how the information is being used.

* 11. If your agency is not currently engaging families in the process of informing the design, implementation, and evaluation of programs and services, is there a plan to do so?

Yes

No

Client/Family Engagement

* 12. Please describe the plan.

Client/Family Engagement

* 13. What are the reasons for the lack of a plan?

Client/Family Engagement

Survey Evaluation

To improve how the BFH receives input from our partners and stakeholders, we would like your assessment of this survey. Please take a moment to respond.

* 14. How easy to use and understand did you find this survey?

- Very easy
- Easy
- Neutral
- Difficult
- Very difficult

15. Comments/suggestions to improve the survey:

Client/Family Engagement

Conclusion

The BFH is committed to improving the Maternal and Child Health system of care; your completion of this survey is fundamental to this undertaking. We thank you for taking the time to provide your feedback. BFH may follow up for additional information.

When all surveys have been received and the information summarized, all participants who completed the survey will be provided with a summary of the findings to review and share.

The information from the survey will be used develop a plan that will support and enhance current and future programming around client and family engagement.

Thank you for your help.

A Baseline Report of Client/Family Engagement in MCH Programs