

# Statewide Report

*Findings of the Michigan-Collective Statewide Initiative, a partnership among State of Michigan WIC, Collective and Michigan Breastfeeding Network.*

## INTRODUCTION

**Report Date:** December 2018

Collective has been engaged in Michigan for several years, with the goal of improving coordination and establishing consistent messaging with WIC, hospitals and physicians. In 2018, the focus was on listening to WIC programs and identifying where they are at in the implementation process, and determine what support and guidance is needed to fully implement the initiative. A “listen and learning tour”, through WIC coaching calls, was done to gather information on lessons learned, successes, challenges, and support needed to facilitate hospital engagement. The calls supported and facilitated lessons learned across WIC agencies on how they could build relationships with local hospitals.

A customized coaching program was also offered to hospitals across the state. The coaching, spanned over 3 one hour calls with birthing center leadership, was designed to increase utilization of training and tools to implement evidence-based practices and improve breastfeeding outcomes, using a quality improvement method, and enhance the coordination between hospitals and their local WIC’s. The Collective approach was to succeed by tapping into the motivations and capacities of the hospital leadership and staff. This was also an opportunity to facilitate increased awareness of WIC and promote coordination between local WIC agencies and hospitals. Increased WIC referral was the desired impact.

To improve coordination and establish consistent messaging, toolkits were created and disseminated to WIC agencies and hospitals. After the coaching sessions were done, Individual action plans were developed to guide WIC agencies and hospitals through specific next step activities. Suggested activities continued to focus on the provision of seamless consistent messaging and continued the progress towards building relationships.

## WIC ENGAGEMENT

A “listen and learning tour” was done with local WIC agencies to gather information on lessons learned, successes, challenges, and support needed to facilitate hospital engagement. As part of the tour, each WIC agency in Michigan was offered personalized coaching, tailored to the WIC agency’s needs. Site visits were done to gather information and provide guidance and resources. An important part of the coaching was to connect the WIC agency with their local hospital. Relationship-building activities were identified and matched between the WIC agency and hospital, and contact information was shared between the two to facilitate a meeting and begin collaborating. Hospital coaches joined additional coaching calls to better assist in the connection between WIC and the hospital.



## KEY TAKEAWAYS FROM WIC COACHING CALLS

- Collective tools have been integrated into many WIC agencies’ prenatal education curriculum.
- Breastfeeding Peer Counselors utilize the materials most often, with the We’re Prepared Checklist being the most popular tool.
- Where Collective tools are being utilized, hospital and WIC agencies have had great success in working together.
- Many WIC agencies are unaware of all the resources available to them, and where to obtain the resources.
- The greatest challenges identified were not having enough guidance on how to utilize the tools, staff buy-in, and time to train staff.

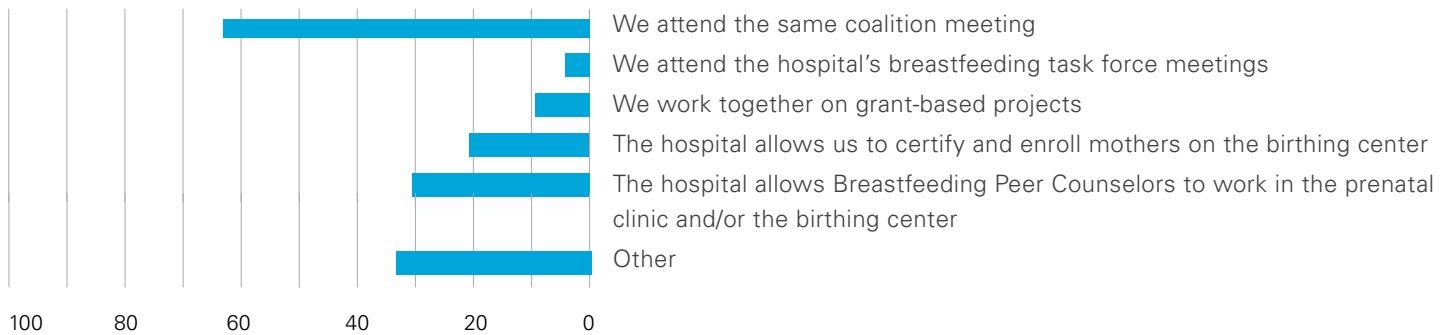
## WIC SURVEYS

WIC leader and Breastfeeding Peer Counselor surveys were completed to identify:

1. Coffective tools currently being utilized
2. Successes and challenges with utilization
3. Identify current level of collaboration with local hospitals

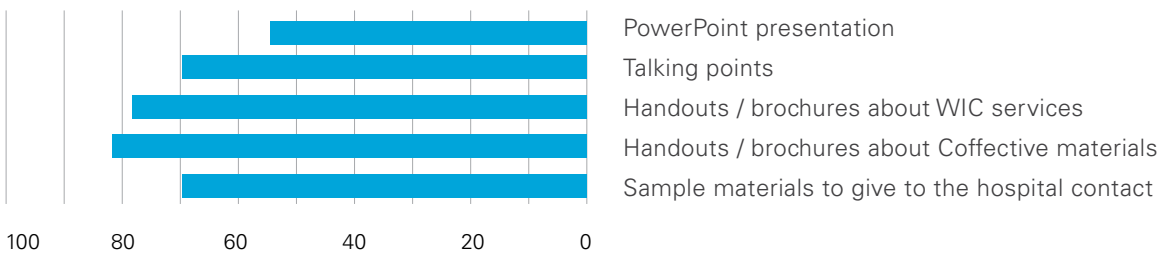
## TYPES OF LOCAL HOSPITAL COLLABORATION YOU HAVE EXPERIENCED IN THE LAST 2 YEARS

Data from the reports demonstrated a strong interest in collaborating with local hospitals, and the most prominent current collaboration is through attending coalition meetings.



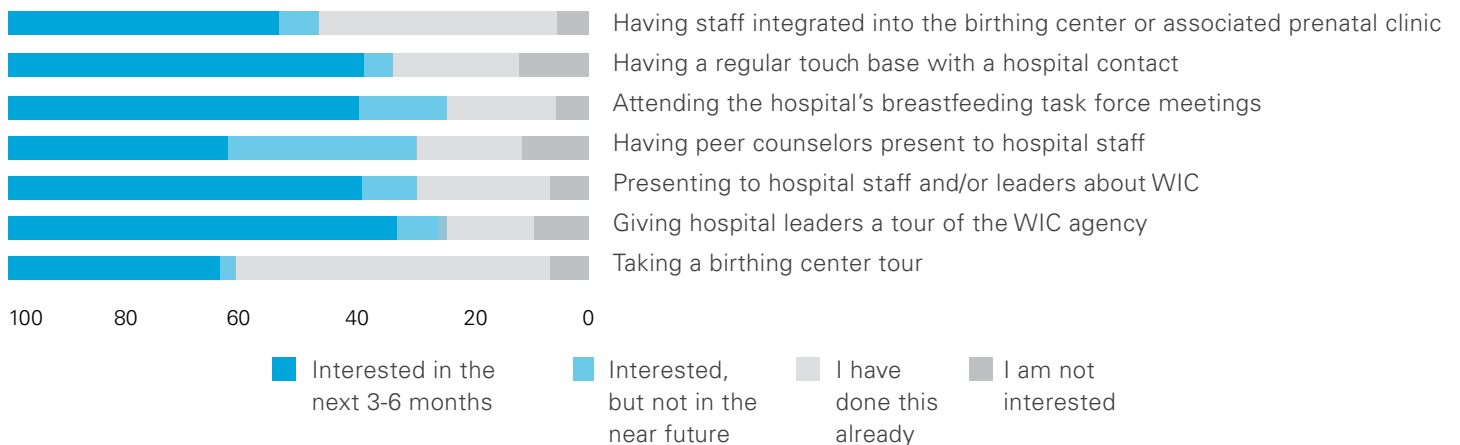
## WHAT MATERIALS WOULD YOU FIND USEFUL COLLABORATING WITH YOUR LOCAL HOSPITAL?

WIC leaders felt confident about their current knowledge of hospital practices and felt that a WIC brochure or handout on WIC services and Coffective tools would be the greatest need for facilitating relationships with the hospitals.



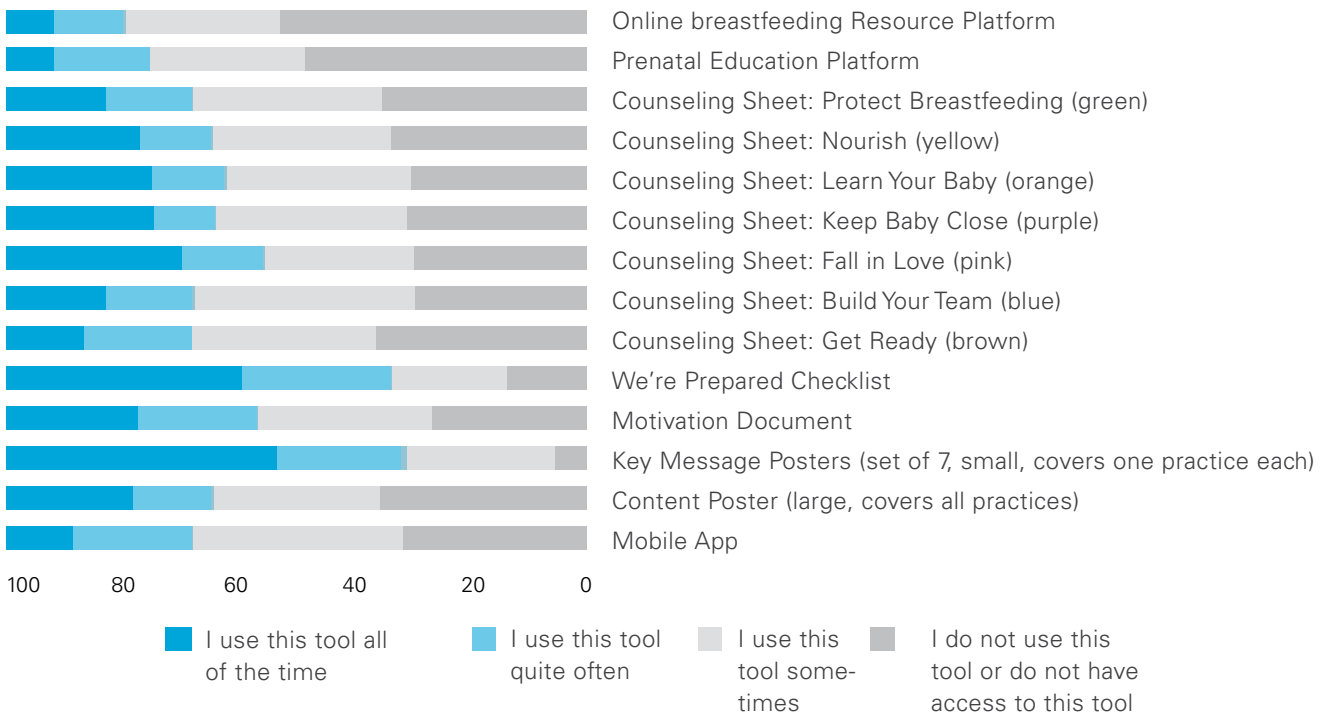
## FUTURE COLLABORATIVE ACTIVITIES

The activity for collaboration that WIC leaders were most interested in was hospital staff taking a tour of the WIC agency and having breastfeeding peer counselors present to hospital staff.



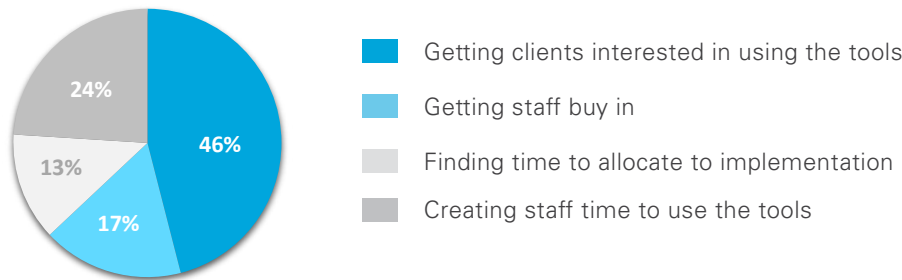
## COFFECTIVE TOOL USAGE

Results indicated that breastfeeding peer counselors are utilizing the Coffective tools most often. With the We're Prepared Checklist being the most utilized tool.



## CHALLENGES IDENTIFIED IN IMPLEMENTING THE COFFECTIVE SYSTEM

Some challenges with other WIC staff utilizing the materials are gaining interest in the tools and time availability to use during WIC appointments.



## HOSPITAL ENGAGEMENT

When Michigan hospital birthing center leadership was surveyed as a part of an earlier WIC initiative, the majority of hospital leaders expressed interest in engagement in quality improvement activities. However, only a limited number of hospitals are formally engaged in the creation of a quality improvement culture and still more are not aware of the free tools available to them through statewide initiatives. An important part of evidence-based maternity care practice is the appropriate referral to WIC and other community agencies that support breastfeeding. As part of QI coaching, Coffective emphasizes the adoption of relationship building activities, especially when mutual interest is expressed.



## GOALS OF HOSPITAL COACHING CALLS

- Promote the implementation of tools available using a quality improvement framework.
- Enhance and reinforce relationships between hospitals, WIC agencies, and prenatal clinics.
- Increase referrals to WIC agencies from their local hospital.
- Increase motivation of leaders and staff to commit to quality improvement activities.
- Increase capacity of leaders and staff to commit to quality improvement activities.

As part of the WIC Statewide Initiative, Coffective staff engaged key hospitals across the state in a short track intervention coaching exercise. Twenty-three hospitals were initially recruited to participate in a series of 3 calls with skilled coaches. The flow of the calls was as follows:

### 1. Call #1

- Review background, current status, and practice.
- Gauge WIC relationship status and interest.
- Identify 2 “Quick Wins” using Coffective’s Foundational Set of Tools.

### 2. Call #2 (Jointly with WIC Coaching Staff)

- Follow-up on Quick Win progress and tool implementation.
- Identify relationship-building activity with local WIC agency.
- Identify a Lofty Goal - a larger quality improvement project grounded in maternity care evidence-based practices.

### 3. Call #3

- Follow-up on Quick Wins and relationship-building activities.
- Build a sustainable quality improvement plan around the Lofty Goal.
- Identify next steps in WIC-Hospital collaboration

All other hospitals in the state were engaged through an E-blast, coordinated with promotion by MiBFN, that encouraged engagement with the coaching process with an option for a shorter one time call to review tools available. Hospitals were also engaged in coaching activities during an in-person breastfeeding state-wide conference called the Mother Baby Summit. Further, ALL hospitals were given access to the Foundational Set of Tools and Relationship-Building Tool Kits.

## KEY TAKEAWAYS FROM HOSPITAL COACHING CALLS

- The concept of a joint Task Force meeting resonated with many hospitals and their community WIC agencies. Many reported back that the effort was successful in aligning prenatal messaging.
- Staff education and motivation are the biggest barriers to implementation of evidence-based maternity care practices. Educational offerings that educate - but also inspire and motivate - are needed for hospitals to succeed. Future efforts should align and coordinate such programming.
- Prenatal education is one of the biggest challenges for hospitals. The hospitals, therefore, appreciated the potential for WIC to reinforce the required prenatal topics in their client population.
- Quality improvement is complex, and many birthing center leaders have minimal training in QI method. The coaching calls were highly valued as a tool to move toward sustainable environments of continuous change.

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## RELATIONSHIP BUILDING

A key goal of the WIC Statewide Initiative is to connect hospitals and their community WIC agencies in a meaningful, collaborative way. Community partners are not just phone numbers on a list, but true partners in the care of the mothers, babies and families we share. As part of the initiative, we have been “matching” hospitals and WIC agencies who share a community, based on their capacity and interest in working together. Fifteen WIC agencies and thirty-five hospitals completed a match survey. Of those completed 5 direct matches between WIC and the hospital were found. Of those 5 WIC-hospital matches, 16 match activities were identified.

## TOOLKITS

The hospital and WIC coaching also provided an opportunity for relationship-building. Over 37 relationship-building activities have been planned in Michigan during the initiative. Some hospital-WIC dyads have accomplished multiple activities. Relationship-building toolkits were created to help facilitate collaboration and improve coordination and establish consistent messaging.

- **Facilitated Meeting Toolkit** - a guide for a one-hour, relationship-building meeting between local WIC and hospital decision makers. Led by either the WIC agency or the hospital.
- **Tour of WIC Toolkit** - a guide for providing a WIC agency tour for hospital and other community stakeholders.
- **Tour of Hospital Toolkit** - outline for a one-hour birthing center tour for WIC and other community stakeholders.
- **Task Force Toolkit** - resource for a joint task force meeting between a hospital and a local WIC agency.

As part of the WIC “listening and learning” tour, it was identified that further guidance was needed on the implementation of Coffective tools in the WIC agency. The following are toolkits that were created to provide guidance on areas of need and sustainability of the initiative.

- **Breastfeeding Peer Counselor Toolkit** - a guide for Breastfeeding Peer Counselors to integrate Coffective tools into their prenatal education and support services.
- **We’re Prepared Checklist for WIC Toolkit** - to assist WIC agencies with ideas on how to use the We’re Prepared Checklist.
- **Evaluation and Sustainability Toolkit** - To provide guidance on evaluation and sustainability methods for the implementation of Coffective tools by integrating evaluation criteria into management evaluations, observations, chart review, and nutrition service plans.
- **Role Play Video Toolkits** - the goals are to (1) increase WIC staff’s comfort and utilization of the Coffective Counseling Sheets, and (2) demonstrate how these can be used in a real-life WIC clinic.

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## RESULTS AND SUCCESSES

### HOSPITAL QUALITY IMPROVEMENT COACHING

#### OUTPUTS

The following represents the outputs of the hospital coaching component of the WIC Statewide Initiative.

- 51** total hospital coaching calls
- 23** hospitals engaged in coaching activities
- 23** hospitals who have committed to tool / materials implementation
- 5** prenatal clinics engaged in collaborative activities
- 7** Relationship-Building Toolkits created
- 6** “Shining Star” programs written up and highlighted by our partner, Michigan Breastfeeding Network

#### OUTCOMES

The outcomes achieved by the WIC Statewide Initiative are as follows:

##### 1. Increased Implementation of Coffective Materials

Through the series of calls with a Coffective coach, hospitals were guided toward the materials that would best assist them in achieving their desired “Quick Wins” and “Lofty Goals.” Hospitals generally committed to use of 205 tools. This grid indicates which tools the hospitals committed to implementing. Coaches followed up to assure the implementation went smoothly.

**Learning:** The Coffective We’re Prepared Checklist and the Motivation Document, also used in WIC agencies across the state, were the most popular tool chosen for implementation. In the end survey, 100% of hospital leaders surveyed indicated that the coaching calls helped them implement tools and resources.

- 9 hospitals committed to using the Motivation Document
- 8 hospitals committed to using the We're Prepared Checklist
- 5 hospitals committed to using the Mother Survey
- 5 hospitals committed to using the Prenatal Implementation Grid
- 4 hospitals committed to using the Mobile App Promotion Materials
- 4 hospitals committed to using Ancillary Education
- 4 hospitals committed to using the Motivational Video Series
- 3 hospitals committed to using the Waiting Room Videos
- 2 hospitals committed to using Key Message Posters
- 2 hospitals committed to using the Policy Check-Off Tool
- 1 hospitals committed to using the Data Collection Guide

## 2. Increased Joint Coordinated Activities Between Hospitals and WIC Clinics

Each hospital was questioned by their coach on their current degree of coordination with WIC. The hospitals were then guided through a process of choosing relationship building activities with their local WIC. The following array indicates the activities that were chosen. Coaches followed up to assure that plans moved forward. There were a total of 37 Relationship-Building Activities that occurred across the state. This outcome was featured at the statewide Michigan Mother Baby Summit in November. 75% of hospital leads that answered the end survey directly attributed their participation in the WIC Statewide Initiative to the planning and execution of these activities.

## 3. Increased Referrals to WIC Agencies from Participating Birthing Centers

In an end survey, Hospital leads were asked if they felt their participation would increase WIC referrals from their birthing center to their local WIC.

*50% of hospital leads surveyed indicated that they thought WIC referrals would increase. (50% were neutral.) 75% of leads indicated that they thought their staff were more aware of WIC services as a result of the initiative activities.*

**Learning:** Future initiatives should allow for tracking of WIC referrals at the WIC agency (specific to hospital), toolkits to integrate WIC into the birthing center (without compromising Baby-Friendly guidelines) and more directed approaches to translating relationship-building into referrals (such as WPCL toolkit and hospital staff education).

## 4. Increased Motivation of Leaders and Staff to Commit to Quality Improvement Activities

*75% of hospital leads surveyed indicated that the coaching calls increased their motivation for quality improvement activities on the birthing center. 75% of leads also indicated that the initiative increased their motivation to coordinate with WIC. Further, 100% of hospital leads indicated that their staff were motivated to participate in QI activities as well.*

**Learning:** The trend toward more motivation can likely be attributed, in part, to the emphasis on motivation in the Coffective materials, with the application of behavioral theories such as the Fogg Behavioral Model, Influencer and Start with Why. Next steps should tap into this new-found motivation to accelerate the pace and number of QI activities on our birthing centers.

## 5. Increased Capacity of Leaders and Staff to Commit to Quality Improvement Activities

Although we were successful in tapping into lead and staff motivation, we were not able to effect capacity. Only 25% of leads surveyed indicated they had the capacity they desired to follow through on next steps. They cited lack of capacity in their staff as a barrier as well. (50%).

**Learning:** Future initiatives should be efficient: They should continue to focus on Quick Wins and High Impact Behaviors to build momentum. Further, the hospitals would benefit from efficient data analysis through the use of a secure database. Generation of graphics and reports to use with leadership and staff would increase administrative capacity. *75% of leads surveyed indicated that they were interested in a statewide QI collaborative.* Continued support and expansion of statewide collaborative activities would lend efficiency and flexibility as well.

## RELATIONSHIP BUILDING

Thirty-nine WIC agencies participated in 45 total calls with Coffective WIC coaches. All 39 agencies agreed to at least one relationship-building activity with the hospitals. All 23 hospitals committed to at least one activity.

**Learning:** Note that the concept of joint task force meetings was by far the most popular relationship-building activity.

- 17** hospitals committed to inviting WIC to a task force meeting
- 9** hospitals committed to updating WIC-related materials on the birthing center
- 7** hospitals committed to a facilitated meeting between WIC and hospital leads
- 6** hospitals committed to hospital / WIC office tours
- 8** hospitals committed to other events (i.e., joint community events)
- 37** total activities committed to

## SHINING STARS

Six local WIC agencies and hospitals were identified as Shining Stars for their collaboration and development of shared goals. Shining Stars were highlighted in the Michigan Breastfeeding Network newsletter and social media.

### Marquette County Health Department WIC Program and Upper Peninsula Health System Marquette

Exceptional coordination between WIC and Hospital. Very skilled in the use of Coffective materials in the WIC setting. Their office is a very stimulating “Cognitive Learning Environment”.

### St. Clair County WIC Program

Engaged 5 local clinics and taught them about the use of Coffective education, demonstrating effective WIC outreach in the process. Their efforts didn't stop in their own community; they used their success to inspire others across the state to model their very successful outreach to clinics.

### Flint - Hurley Medical Center

In the wake of an environmental disaster, the hospitals in Flint saw breastfeeding as an important solution and made breastfeeding promotion a key initiative. They have educated providers and offered CLC training to raise the level of expertise in the community. Hurley Medical Center is now on the Baby-Friendly Pathway.

### Intercare Grand Haven WIC Program

The hospital set up their own system to track hospital referrals to WIC. When the hospital was asked to rank the relationship that they had with WIC on a scale of 1-5 they ranked it a 10! This is a WIC agency that has something to teach about the power of relationship building.

### North Ottawa

As the “other half” of the North Ottawa County/Grand Haven WIC-Hospital dyad. The hospital team lives the importance of having a strong relationship with WIC.

### Promedica Monroe

ProMedica Monroe has established a remarkable relationship with their local WIC agency. They meet regularly with WIC to talk and exchange materials and participate in WIC's World Breastfeeding Week activities.

### Calhoun County - Bronson Methodist (Kalamazoo) / Bronson Battle Creek

A key partner in improving infant health outcomes as the site of Michigan's own milk bank, the hospitals of the Bronson network are now focused on becoming Baby-Friendly and restarted their task force, which includes WIC and many diverse community partners.



## COMMUNITY EVENTS

From June to October 2018, Coffective WIC coaches attended various community events and did site visits across Michigan. The community events and site visits gave the opportunity to see work in action, learn from local WIC agencies, observe success, barriers, and dynamics of community relationships, and provide further guidance on relationship building. The following are community events and site visits that occurred.

### June 13-14, 2018

Escanaba WIC and OSF St. Francis Hospital  
Marquette WIC and Marquette General Hospital

### June 15, 2018

MIBFN Quarterly Regional Meeting at Marquette General Hospital

### September 19-20, 2018

Bay City WIC  
Saginaw WIC  
Midland WIC

### September 21, 2018

MIBFN Quarterly Regional Meeting at McLaren Bay Regional Hospital

### October 11, 2018

Intercare all agency WIC meeting



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## NEEDS IDENTIFIED

Needs to further improve processes to provide consistent messaging and collaboration were identified through surveys, assessments, coaching, and site visits.

### NEEDS IDENTIFIED FOR WIC

- Guidance on how to utilize the Coffective tools
- Continuous communication and training regarding implementation and how to incorporate the tools
- More training and tools on how to engage hospitals and providers
- Additional training for local WIC agencies on relationship-building and implementation of prenatal breastfeeding education

### NEEDS IDENTIFIED FOR MICHIGAN HOSPITALS

- Affordable training for nurses, providers and other staff that motivates as well as educates
- Updated materials on WIC programming and eligibility criteria
- More training and tools to engage prenatal clinics with the hospitals and local WIC agencies
- Up-to-date electronic resource platform accessible to all patients and stakeholders

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## WHATS NEXT?

To sustain the energy and excitement that was generated during this short but impactful initiative and to further measure our effects, the Coffective Team plans on the following activities:

- We will continue to offer implementation support for Coffective tools through [solutions@coffective.com](mailto:solutions@coffective.com)
- We plan to send follow-up surveys in 6 months to WIC agencies and hospital contacts to assess whether relationship-building activities are continuing, and outcomes, such as breastfeeding exclusivity, are improving.
- We will track referrals from 11/2018 through 5/2019 and compare to pre-programming baselines.