

PARTNERS FOR HEALTHIER BABIES COUNCIL: A REFLECTION ON COLLABORATIVE ACTION

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INTRODUCTION

Purpose

This reflection paper was developed to intentionally look back on the formation, evolution, and lived experience of the Partners for Healthier Babies (PHB) Council in La Porte County, IN with the goal of surfacing practical learning that can inform future collaborative initiatives.

The reflection was undertaken to better understand both the successes and the constraints encountered during the set up and implementation of PHB, particularly as the Council transitioned over time and interfaced with other coordinating bodies focused on maternal and infant health. As the PHB Council concluded, there was value in pausing to reflect on how it functioned in practice, what it enabled, and what its experience suggests for future collaborative initiatives.

Background

Partners for Healthier Babies was launched in 2019 by Health Foundation of La Porte (HFL), a private health foundation based in La Porte, Indiana, as a cross-sector effort to address persistent challenges related to infant mortality and infant health outcomes. The initiative brought together health care providers, public health entities, and nonprofit organizations across La Porte County to align efforts, share learning, and coordinate action across the range of services affecting maternal and infant health. PHB was grounded in the recognition that infant health outcomes are shaped by interconnected social, cultural, and system level factors that no single organization can address alone.

The following questions framed the reflection process:

1. To what extent did the Partners for Healthier Babies Council contribute to a more coordinated, informed, and collaborative community response to reduce infant mortality and improve infant health outcomes in La Porte County?
2. What changes, if any, emerged in organizational decision-making, use of evidence, and cross-organizational coordination as a result of participation in the Council?
3. What lessons, limitations, and unintended consequences from the PHB experience should inform future collaborative initiatives more broadly?

The PHB Council functioned as a collaborative forum, creating space for shared understanding, relationship-building, and collective problem-solving. Through regular convening, facilitated by HFL, partners examined local data, exchanged insights, and explored barriers affecting families before, during, and after pregnancy. Over time, the council evolved alongside broader system developments, and in October of 2025 officially concluded with responsibilities transitioned to the Fetal Infant Mortality Review (FIMR) and related coordinating bodies.

KEY FINDINGS

To what extent did the Partners for Healthier Babies Council contribute to a more coordinated, informed, and collaborative community response to reduce infant mortality and improve infant health outcomes in La Porte County

1.1 The PHB Council reduced fragmentation by aligning language, tools, and relationships, creating a more coherent community response.

METHODOLOGY

- **TEXT REVIEW**- PHB initiative materials, including annual updates, action plans, and related documentation. Random sample of 23 PHB Council meeting minutes from 2019-2025
- **QUALITATIVE DATA**- FGD with 6 PHB Council Partner organizations
- **TRIANGULATION & SYNTHESIS**- Data compared and analysed using a triangulation matrix
- **SCOPE & LIMITATIONS**- Finding limited to participant perceptions, experience, and documents available. Intent to support learning and inform future collaborative efforts rather than evaluate effectiveness.

A central contribution of the PHB Council was its role in reducing fragmentation across organizations working on maternal and infant health. Through regular meetings, partners moved from each organization developing their own ways of messaging key maternal and infant health information toward consistent, evidence-informed guidance, most notably around safe sleep for infants. Participants emphasized that this alignment reduced the likelihood that families would receive conflicting information depending on where they accessed care, strengthening credibility, and trust across the health system.

Shared tools like those available on the resource collection on ten2030.org reinforced this coherence. Council members highlighted that the Maternal Care Brochure functioned as a common reference point that improved service navigation for both providers and families. Rather than relying on informal or organization-specific pathways, partners had a standardized resource that supported coordination in practice, not just in principle. The Council created a space for regular updates and discussions to help them situate their work within the local maternal-infant care provider system. They developed an awareness of services,

gaps, and emerging issues which were repeatedly cited as a foundation for later collaboration.

1.2 Collaboration deepened into joint action but remained dependent on active convening and facilitation.

Early phases of collaboration focused on relationship-building and role clarification, particularly among organizations with overlapping mandates. As trust developed, collaboration became more operational. Partners coordinated outreach, participated in joint community events, and aligned prevention strategies in ways that extended their collective reach. Participants noted that these efforts would not have occurred at the same scale without the Council serving as a coordination hub. Examples included coordinated education for first responders on safe sleep, shared CPR training embedded in community events, multi-agency baby shower events, and cross-agency work on developmental milestones.

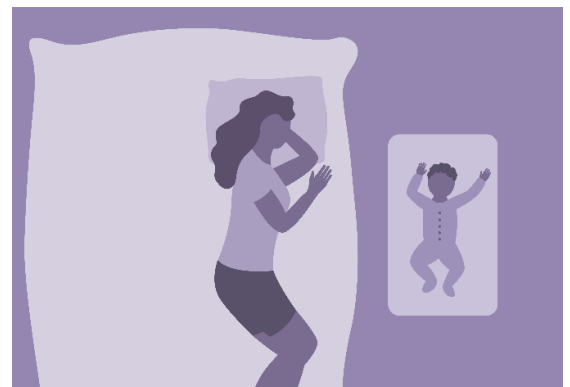
At the same time, collaboration was reliant on HFL coordination. Participants consistently described a decline in momentum and information flow once full council meetings stopped. As one participant observed, *“There was more momentum than ever—and then it stopped.”* Coordination was sustained through the Council itself rather than embedded in standing system structures, revealing a limitation in how collaborative gains were carried forward beyond the Council's lifespan.

What changes, if any, emerged in organizational decision-making, use of evidence, and cross-organizational coordination as a result of participation in the Council?

2.1 The PHB Council reframed how organizations understood infant mortality, influencing internal dialogue and practice more than formal decision-making.

Participation in the PHB Council broadened organizational understanding of infant mortality from a narrowly framed clinical issue to one shaped by social and cultural factors. Participants cited increased awareness of realities such as caregivers' limited ability to advocate in time-constrained medical visits, language and cultural barriers affecting trust, uneven training across provider roles, and fragmented referral systems. Organizations became more intentional in naming disparities and addressing barriers. Data such as local infant mortality rates were elevated and used in discussions with leadership and staff when making program decisions.

However, these shifts did not consistently translate into formal organizational change. Policies, budgets, and staffing models largely remained unchanged. This reflects a common limitation of collaborative initiatives: shared learning and awareness can shape practice and dialogue,



**IMAGE FROM PHB SAFE SLEEP CAMPAIGN
DEBUNKING COMMON MISCONCEPTIONS**

but institutional change typically requires decision-making authority, incentives, or dedicated resources beyond the scope of a council.

2.2 Evidence influenced action most where it was operationalizable; deeper system challenges proved harder to change.

Evidence shared through PHB influenced change most effectively when it supported clear, actionable prevention efforts. Safe sleep prevention was the strongest example, with shared evidence reinforcing consistent messaging and coordinated education across organizations.

By contrast, evidence related to more complex system issues such as developmental screening practices, referral delays, provider training gaps, and access to early prenatal care proved harder to translate into interorganizational change. While PHB increased awareness and facilitated discussion of these challenges, addressing them required coordination at a higher level that exceeded the Council's capacity. In one instance, the Council's dialogue contributed to the creation of a role intended to improve care coordination, however, internal organizational challenges limited the sustainability of that effort. Evidence deepened understanding but did not produce structural change.

What lessons, limitations, and unintended consequences from the PHB experience should inform future collaborative initiatives more broadly?

3.1 Skilled facilitation and trust-building were essential to collaboration and enabled difficult but necessary conversations.

Participants consistently identified facilitation as a critical enabling condition for PHB's effectiveness. Facilitation was described as neutral, organized, and willing to surface difficult questions, particularly in navigating sensitive issues, such as the competitive nature of some organizations, that required organizations to think critically about their own approaches.

Over time, organizations became more willing to share challenges, question assumptions, and acknowledge limitations. This openness reinforced a shared understanding that no single organization could address infant health challenges alone. The experience underscores that trust is not a starting condition, but an outcome that shapes collaborative effectiveness over time.

2.2 Unclear transitions between the PHB Council and FIMR structures created confusion and risked erosion of collaborative gains.

Evidence shared through PHB influenced change most effectively when it supported clear, actionable prevention efforts. In 2022, the FIMR process was introduced, including the creation of the Case Review Team. The PHB Council transitioned toward FIMR structures functioning as the Community Action Team (CAT). As the structures began functioning in parallel, participants expressed confusion about how the PHB Council related to the CAT and CRT, especially if they were not participants on both

teams. One participant noted, *“If you weren't in all the groups, there was a disconnect about what was going on.”* Confusion continued in 2025 when FIMR transitioned to a new coordinating body, the CAT was reestablished under the new coordinating body, and the PHB Council would down.

RECOMMENDATIONS AND CONCLUSION

There was also concern that learning and momentum generated through PHB would not be fully carried forward through the new coordinating FIMR entity. As another participant reflected, *“There's a fear that all the work and momentum gained by PHB will be lost.”*

Recommendations

The experience of the Partners for Healthier Babies (PHB) Council offers several lessons for future collaborative initiatives addressing complex, cross-sector challenges. PHB demonstrated that collaboration can meaningfully reduce fragmentation, align practice, and build shared understanding—but also that these gains are neither automatic nor self-sustaining.

- 1 Convening and facilitation should be treated as essential infrastructure of any collaborative initiative with time built-in to establish trust.** However, it should not be the responsibility of one single individual or entity. PHB's effectiveness depended on HFL's facilitation that supported trust, accountability, and follow-through. When HFL's role ended, collaboration weakened, underscoring the need to plan for continuity beyond individual leadership or project timelines.
- 2 Collaborative councils should be clear about the type of change they strive to produce.** PHB was most effective at alignment, learning, and prevention-oriented coordination, and less effective at driving formal organizational or system-level change. Future efforts should either align expectations accordingly or intentionally link collaboration to decision-making authority, resources, or implementation pathways.
- 3 Transitions between coordinating bodies benefit from planning.** The shift from PHB to FIMR-related structures revealed risks of role confusion and momentum loss when learning, relationships, and shared purpose are not intentionally carried forward.

Conclusion

In conclusion, the PHB Council illustrates both the promise and the limits of collaborative councils. It strengthened coherence, built trust, and enabled shared action in ways that individual organizations could not achieve alone. At the same time, it demonstrates that collaboration is an ongoing practice that must be actively supported, structured, and sustained at all levels of a community.