

Building a Statewide Operational Framework for Maternal Health

Coordinating people, grants, and reporting across Kentucky's maternal health network.



AT A GLANCE

61

local health departments

Nearly 20

community organizations

18–23

active grantees

100%

compliance and reporting accuracy

ORGANIZATION

Nonprofit Public Charity & State Department of Public Health

FOCUS POPULATION

Women of childbearing age across Kentucky

01 THE CHALLENGE

One mission. More than 75 independent organizations.

The statewide initiative had shared goals, but its operations were fragmented. Reporting varied, communication was inconsistent, and there was no central view of performance or resources.

WHAT WAS GETTING IN THE WAY

- Multiple stakeholders operating without a shared accountability framework
- Inconsistent reporting and limited visibility into statewide progress
- Resource allocation across numerous grant-funded initiatives
- Duplication of effort and competing timelines among partner organizations
- No standardized infrastructure for performance measurement or decision-making

02 THE STRATEGY

A shared way to plan, manage, and measure the work

To create alignment across a decentralized network, I developed and managed a statewide operational framework that established consistent communication, accountability, reporting, and grant oversight processes.

01

Stakeholder coordination

Created a structured coalition model connecting state leadership, local health departments, and community organizations through:

- Quarterly planning and accountability meetings
- Shared implementation timelines
- Standardized performance expectations
- Ongoing cross-organizational communication

This transformed a collection of independent efforts into a coordinated statewide initiative.

02

Grants management

Managed 18–23 active grantees simultaneously, overseeing:

- Funding allocation
- Compliance monitoring
- Reporting requirements
- Fiscal deadlines
- Performance evaluation

Established clear processes that enabled organizations of varying size and capacity to meet program requirements consistently.

03

Reporting systems

Designed and maintained a standardized reporting infrastructure that:

- Collected data across multiple organizations
- Created visibility into statewide performance
- Supported decision-making and continuous improvement
- Ensured consistent reporting across all funded partners

03 THE RESULTS

From independent activity to a coordinated statewide operation.

The initiative evolved from a collection of independent activities into a coordinated statewide operation supported by clear processes, consistent reporting, and shared accountability.

75+

stakeholders engaged

18–23

grant-funded projects managed

100%

compliance with requirements

04 THE OPERATIONAL BASELINE

Four layers that made the network work together

01

Stakeholder architecture

Who was involved, and in what capacity

The first step is mapping the full ecosystem of participants and clarifying functional roles across the system.

- State-level public health leadership responsible for strategy and oversight
- Local health departments responsible for implementation and community delivery
- Community-based organizations supporting outreach and engagement
- Grant-making and compliance bodies responsible for funding oversight
- Target populations served through indirect delivery channels

Without clear delineation of roles and responsibilities across these groups, coordination defaults to informal communication patterns and inconsistent execution.

02

Operational flow

How work moved through the system

Once stakeholders are defined, the next layer is understanding how work actually moves across the network.

- How initiatives are assigned and distributed across entities
- How directives move from strategy to implementation
- How information is communicated between organizations
- Where decision-making authority is held versus where execution occurs
- Where breakdowns typically occur between planning and delivery

In distributed systems, operational failure is rarely about intent. It is most often the result of unclear or inconsistent workflow pathways across independent actors.

03

Accountability and reporting

How performance was measured

This layer defines how the system knows whether it is functioning effectively.

- What data is required from participating organizations
- How frequently reporting occurs across the network
- How compliance is defined, tracked, and enforced
- Where data is consolidated and validated
- How performance is evaluated across multiple funding streams

Without standardized reporting structures, visibility into statewide performance becomes fragmented and unreliable.

04

Constraints and friction points

What limited performance

Every distributed system operates within structural constraints that must be accounted for in the design of the operational model.

- Autonomous organizations operating without direct hierarchical control
- Variable capacity across local health departments and community partners
- Differing funding requirements across multiple grant programs
- Misaligned timelines between stakeholders and funding cycles
- Limited centralized infrastructure for coordination or data integration

These constraints shape how coordination strategies must be designed. Effective operational systems are built in response to these limitations, not in spite of them.