

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Review today's agenda in your folder



Review the lunch options in your folder



Help yourself to hand sanitizer



Silence your cell phone



Grab a snack and coffee, tea or water



Stretch



Contribute to our gratitude board



Take a bio break

Healthy Start Region 5 Meeting
Monday, May 22 from 9:00 am-4:30 pm CT





Mindfulness

Angela Ellison, MEd

Project Director
University of Illinois
Healthy Start

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Monday, May 22 from 9:00 am-4:30 pm CT



Healthy Start Regional Meeting

Region 5

Day 1: Monday, May 22
from 9 am-4:30 pm CT





Icebreaker

Healthy Start Region 5 Meeting





Welcome & Overview of the Agenda

Kenn L. Harris

*Vice President of Engagement &
Community Partnerships,
Executive Project Director
Healthy Start TA & Support Center
National Institute for
Children's Health Quality (NICHQ)*

Land Acknowledgment

We are gathered here today on the ancestral homeland of Ojibwe, Odawa, and Potawatomi peoples.

Visit native-land.ca

We invite you to visit this website now to find out on whose land you occupy. We acknowledge that all of us stand upon the homelands of Indigenous peoples who were forcibly displaced by European colonization. This acknowledgment, however, is insufficient without our reckoning with the reality that America has benefited from these Native peoples' displacement. The acknowledgement is empty without our efforts to counter the effects of structures that enabled—and that still perpetuate—injustice against Indigenous Americans. Let's all come into this space, honoring the ancestors and cherishing the generations among us. Thank you.



Welcome!

- **Please feel free to:**

- View the agenda in the folder inside your tote bag.
- Review the nearby lunch options in your folder and place an order for delivery or pickup in advance.
- Write your thoughts on our Gratitude Board in the hallway.
- Take a photo with the photographer!

- **Please also note:**

- The TASC team is here to provide support or answer any questions during the meeting.
- The bathrooms are located outside the ballroom to the left.
- We will have the following breaks:
 - Quick break from 10:35-10:45 am
 - Lunch break from 12:45-1:45 pm
 - Quick break from 3:30-3:45 pm
- Coffee and tea will be available in the hall during the quick breaks.



You'll notice stars on your name tags....



Healthy Start Grantees



Speakers



Division of Healthy Start &
Perinatal Services



Healthy Start TA & Support Center



Host Site Presentation

Timika Anderson-Reeves, PhD, MSW

Project Director

Westside Healthy Start

Lisa Sargent-Davis, MA

Project Director

SGA Youth & Family
Services Healthy Start





A message from the MO Asst. Dir. for

Dr. Michael Warren

Medical Director
for Child Health

Updates from the Division

Lee Wilson, MA

*Director
Division of Healthy Start and
Perinatal Services (DHSPS)*

Mia Morrison, MPH

*Supervisory Public Health Analyst
DHSPS*



Division of Healthy Start and Perinatal Services Welcome

Healthy Start Regional Meetings 2023

Lee Wilson

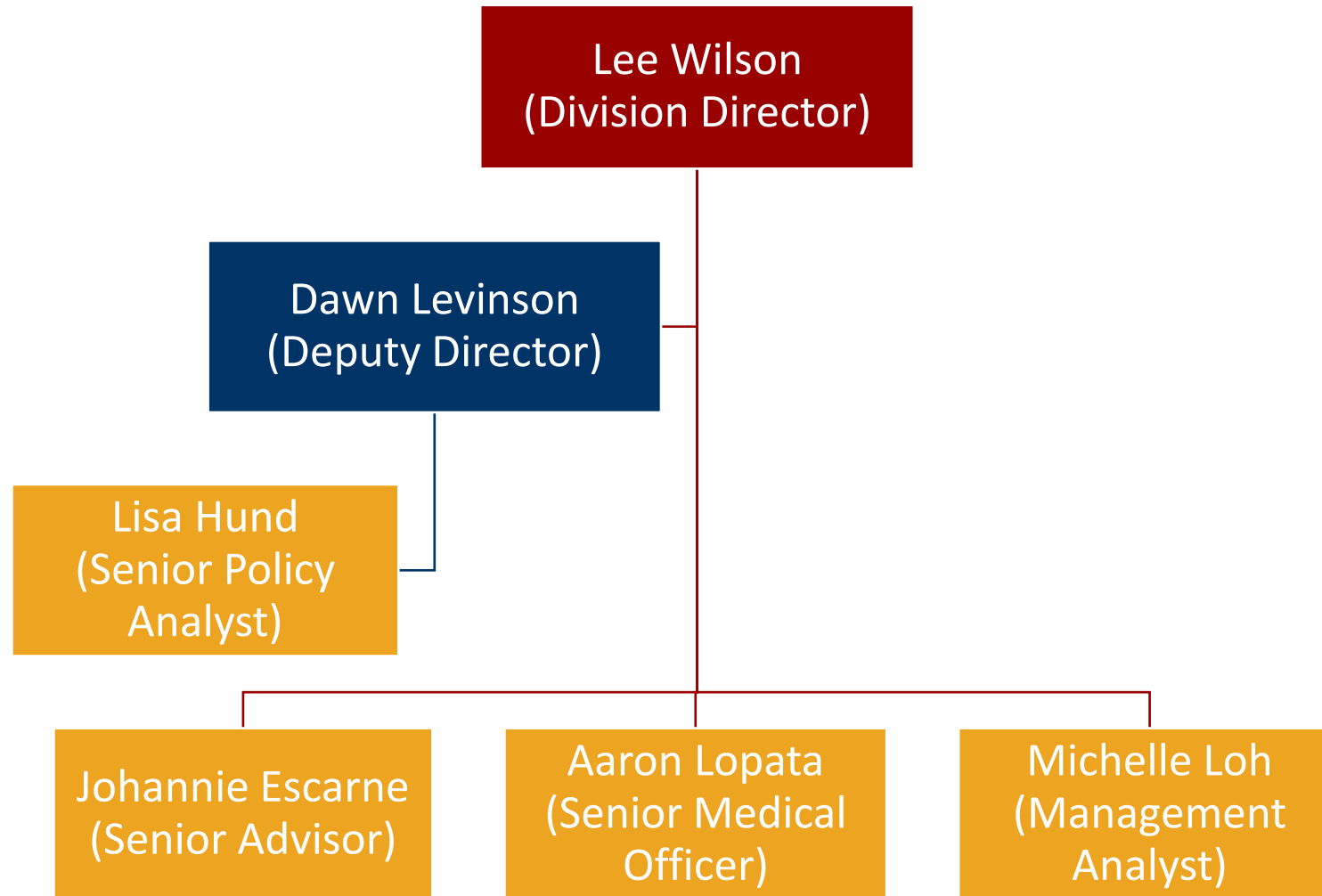
Director, DHSPS

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Office of the Director



Healthy Start Branch

Healthy Start Branch

- **Benita Baker**
(Branch Chief)

- Management Analyst
(Vacant)

Technical Assistance & Comprehensive Services Team

- **Rochelle Logan**
(Team Lead)
- Kristal Dail
(TASC/Nutrition)
- Melodye Watson
(IHE/Mental Health)
- Cardors Barnes
(TASC/Mentoring)
- Mary Emmanuele
(RN/Clinical Health Services)
- Mabatemiye Otubu
(RN/Clinical Health Services/
Hypertension)
- Simone Esho
(Doula)
- India Hunter
(Health Equity Scholar)

Planning, Oversight & Program Operations Team

- **Mia Morrison**
(Team Lead)
- Kevin Chapman
(TASC/Domestic Violence)
- Brandon Wood
(Fatherhood/Fiscal Operations)
- Shontelle Dixon
(Reproductive Justice)
- Keri Bean
(Homelessness)
- Zaire Graves
(Health Equity)
- Efiok Ekorikoh
(Rural Health)
- Ardandia Campbell-Williams
(Technical Writing)

Data & Evaluation Team

- **Ada Determan**
(Team Lead)
- Dianna Frick
(MH Evaluation PM, Mapping
Tool)
- Maura Dwyer
(HS Evaluation PM)
- Sarah "Lina" Barrett
(HSMED PM, HS Data Mailbox,
HSMED and DGIS data)
- Peter LaMois
(CAREWare PM, Mapping Tool,
HSMED and DGIS data)

Maternal and Women's Health Branch

Maternal & Women's Health Branch

- **Kimberly Sherman (Branch Chief)**
- Management Analyst (Vacant)

Quality Improvement, Data & Evaluation Team

- **Cassandra Phillips (Team Lead)**
- Vanessa Lee (ACIMM DFO & Catalyst PO)
- Kimberly Burnett-Hoke (Hotline & HS Evaluation COR)
- Physician/Medical Officer (Vacant)

Systems Improvement Team

- **Lud Abigail Duchatelier-Jeudy (Team Lead)**
- Martha "Sonsy" Fermin (MHI, MDRDB, FASD PO)
- Sandra Sayegh (MHLIC & MHI PO)
- Sarah Meyerholz (MHI PO & ACIMM)

DHSPS FY23 Appropriations

State Maternal Health Innovation (\$55M)

Healthy Start (\$145M)

Integrated Maternal
Health Services
(\$10M)

Screening and
Treatment for Maternal
Depression (\$10M)

Alliance for Innovation
on Maternal Health
(\$15.3M)

Maternal Mental
Health Hotline (\$7M)



DHSPS FY23 Funding Opportunities

Program Name	Number of Awards	Award Amount	Closing Date
Alliance for Innovation on Maternal Health (AIM) Capacity	29	Up to \$200,000	May 9, 2023
Alliance for Innovation on Maternal Health (AIM) Technical Assistance (TA) Center	1	Up to \$3 Million	May 9, 2023
Integrated Maternal Health Services (IMHS)	5	Up to \$1.8 Million	May 24, 2023
Screening and Treatment for Maternal Mental Health and Substance Use Disorders	14	Up to \$750,000	June 2, 2023
State Maternal Health Innovation Program	22	Up to \$2 Million	June 2, 2023
Healthy Start Initiative - Enhanced	10	Up to \$1 Million	July 17, 2023



Current and Future Work

MCHB MISSION

To improve the health and well-being of America's mothers, children, and families.

MCHB VISION

An America where all mothers, children, and families are thriving and reach their full potential.

GOAL 1

Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

GOAL 2

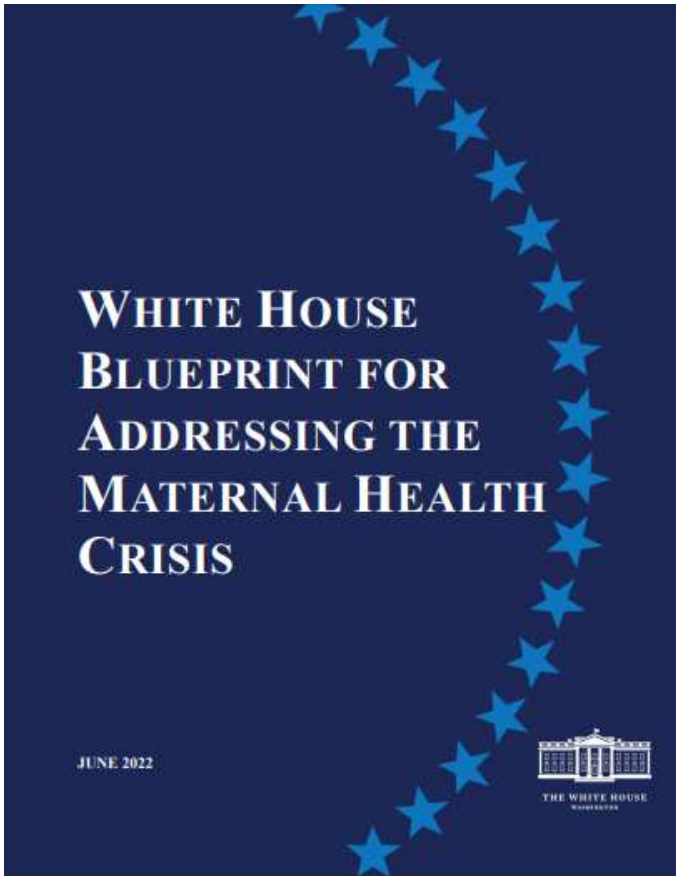
Achieve **health equity** for MCH populations.

GOAL 3

Strengthen **public health capacity and workforce** for MCH.

GOAL 4

Maximize **impact** through leadership, partnership, and stewardship.



Contact Information

Lee Wilson

Director, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

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Web: mchb.hrsa.gov



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www.HRSA.gov



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Division of Healthy Start & Perinatal Services Updates

Grantee Regional Meetings

Mia Morrison, MPH
Supervisory Public Health Analyst
Division of Healthy Start and Perinatal Services

Vision: Healthy Communities, Healthy People



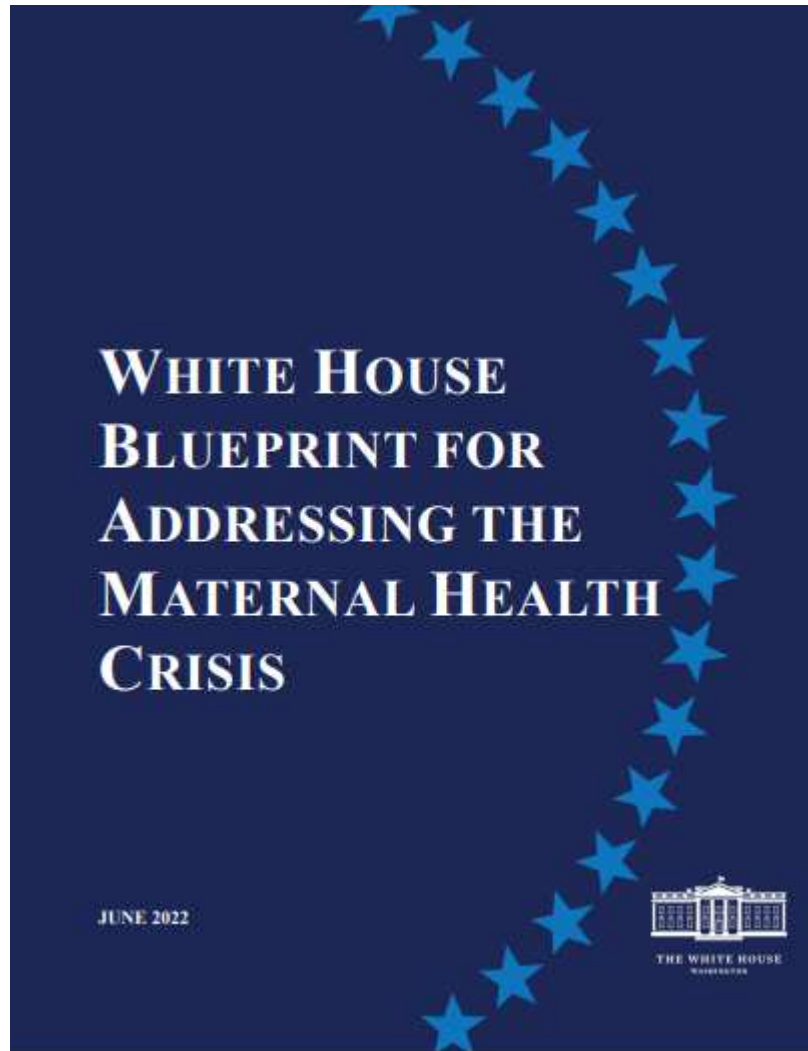
Division Updates

AGENDA

- Mission Informed Work: White House Blueprint for Addressing the Maternal Health Crisis
- DHSPS's Response to the Blueprint
 - Community Based Doula Supplement
 - Catalyst for Infant Health Equity
 - Healthy Start Cuff Kit Pilot Program
 - Benefits Bundle Pilot Program
- Lessons Learned from Engagement Activities
 - IHE Convenings
 - Grantee Listening Sessions
 - Request for Information
- Future Priorities
 - Divers for Infant Mortality



Mission Informed: White House Blueprint



Administration [Priorities](#)

BRIEFING ROOM

FACT SHEET: President Biden's and Vice President Harris's Maternal Health Blueprint Delivers for Women, Mothers, and Families

JUNE 24, 2022 • STATEMENTS AND RELEASES

Today, the White House released the Biden-Harris Administration's [Blueprint for Addressing the Maternal Health Crisis](#), a whole-of-government approach to combatting maternal mortality and morbidity. For far too many mothers, complications related to pregnancy, childbirth, and postpartum can lead to devastating health outcomes — including hundreds of deaths each year. This maternal health crisis is particularly devastating for Black women, Native women, and women in rural communities who all experience maternal mortality and morbidity at significantly higher rates than their white and urban counterparts.

Under President Biden and Vice President Harris's leadership, this Administration is making the most significant investments in maternal health in the United States.



WHITE HOUSE
BLUEPRINT FOR
ADDRESSING THE
MATERNAL HEALTH
CRISIS

JUNE 2022



Maternal Health Actions Goal 4

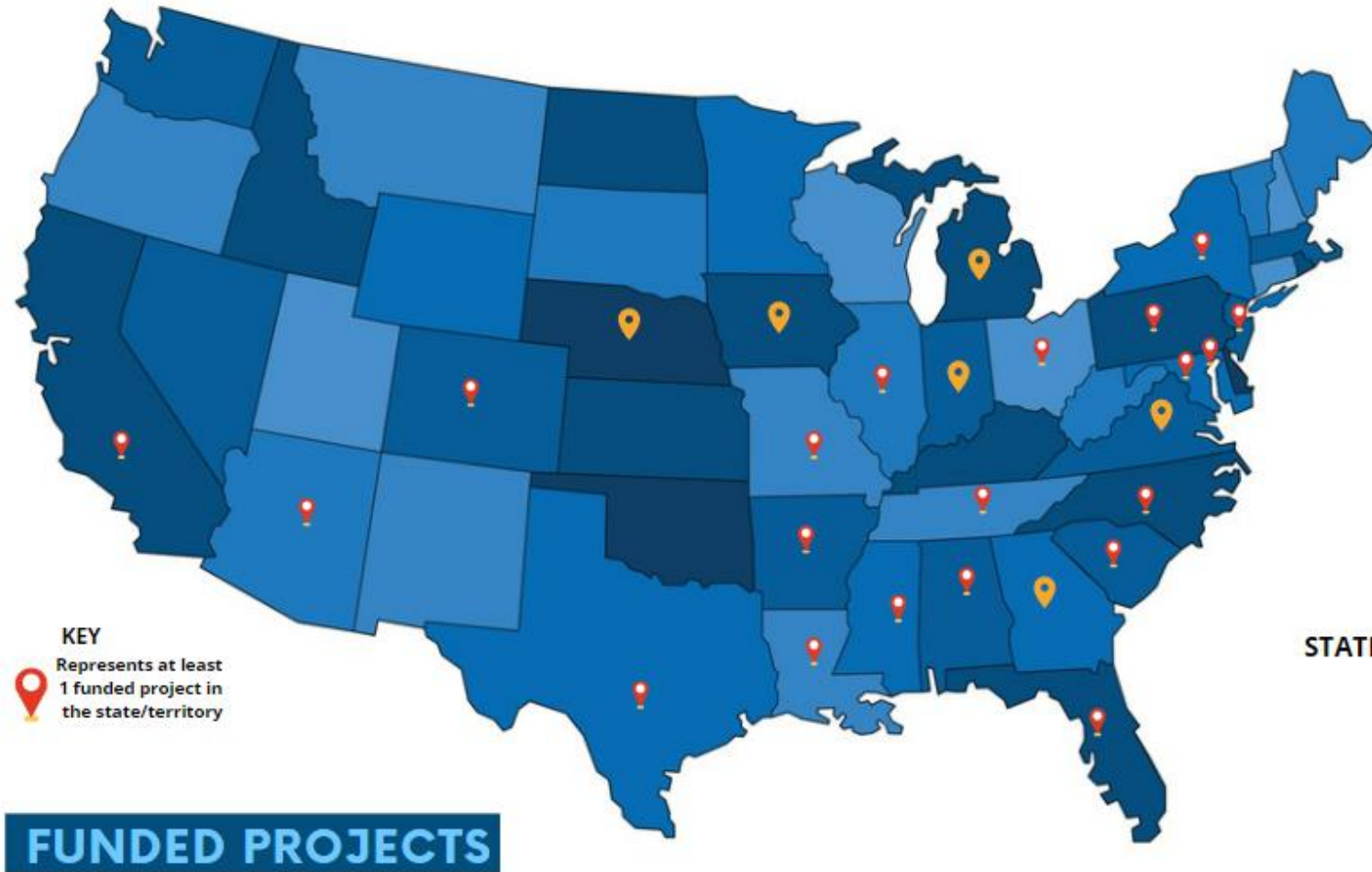
Expand and Diversify the Perinatal Workforce

Our maternal health workforce is under-resourced and not representative of our country's diversity. Given the known benefits of culturally appropriate care, recruiting and training providers from diverse communities is paramount. **To address the gaps in our perinatal workforce, we will increase the number of physicians, licensed midwives, doulas, and community health workers in underserved communities.**

Community Based Doula Supplement

Community Based Doulas Supplement:

The purpose of this supplement is to increase the availability of doulas in Healthy Start service areas, which are those communities most affected by poor infant and maternal health outcomes



QUICK
FACTS

44

PROJECTS

25

STATES/TERRITORIES

Doula Supplement: What We're Learning From the Field



**NEEDS
ASSESSMENTS**



**CULTURAL
RESPONSIVENESS**



COLLABORATION



INNOVATION



**WHITE HOUSE
BLUEPRINT FOR
ADDRESSING THE
MATERNAL HEALTH
CRISIS**

JUNE 2022



Maternal Health Actions Goal 5.2

Address the social determinants of maternal health.

Fund community-based organizations to **support projects to expand maternal mental health access, develop community needs assessments** in consultation with pregnant and postpartum individuals in local communities, increase access to effective digital tools to expand and enhance maternal health care, and expand models that train maternal health care providers and students on **how to address** implicit bias and racism and screen for **social determinants of health**.

**National
Maternal
Mental Health
Hotline**



HRSA

Health Resources & Services Administration

Catalyst for Infant Health Equity

Purpose

- To support the implementation of existing action plans that apply data-driven policy and innovative systems strategies to reduce IM disparities and prevent excess infant deaths.

Objectives

- Action Plan Implementation
- Strategic Partnerships
- Outcome Evaluation



Goals

- To decrease and ultimately eliminate disparities in IM across racial/ethnic groups by achieving steeper declines for groups with the highest rates; and
- To continue reducing overall infant mortality (IM) rates in the United States.

**WHITE HOUSE
BLUEPRINT FOR
ADDRESSING THE
MATERNAL HEALTH
CRISIS**

JUNE 2022



Maternal Health Actions Goal 5.1

Strengthen Economic and Social Supports for People Before, During, and After Pregnancy

Streamline enrollment in benefit programs for housing, child care, financial assistance, and food by building better linkages between these programs so that pregnant and postpartum women can more easily obtain services that address their needs outside the doctor's office

Benefits Bundle Pilot

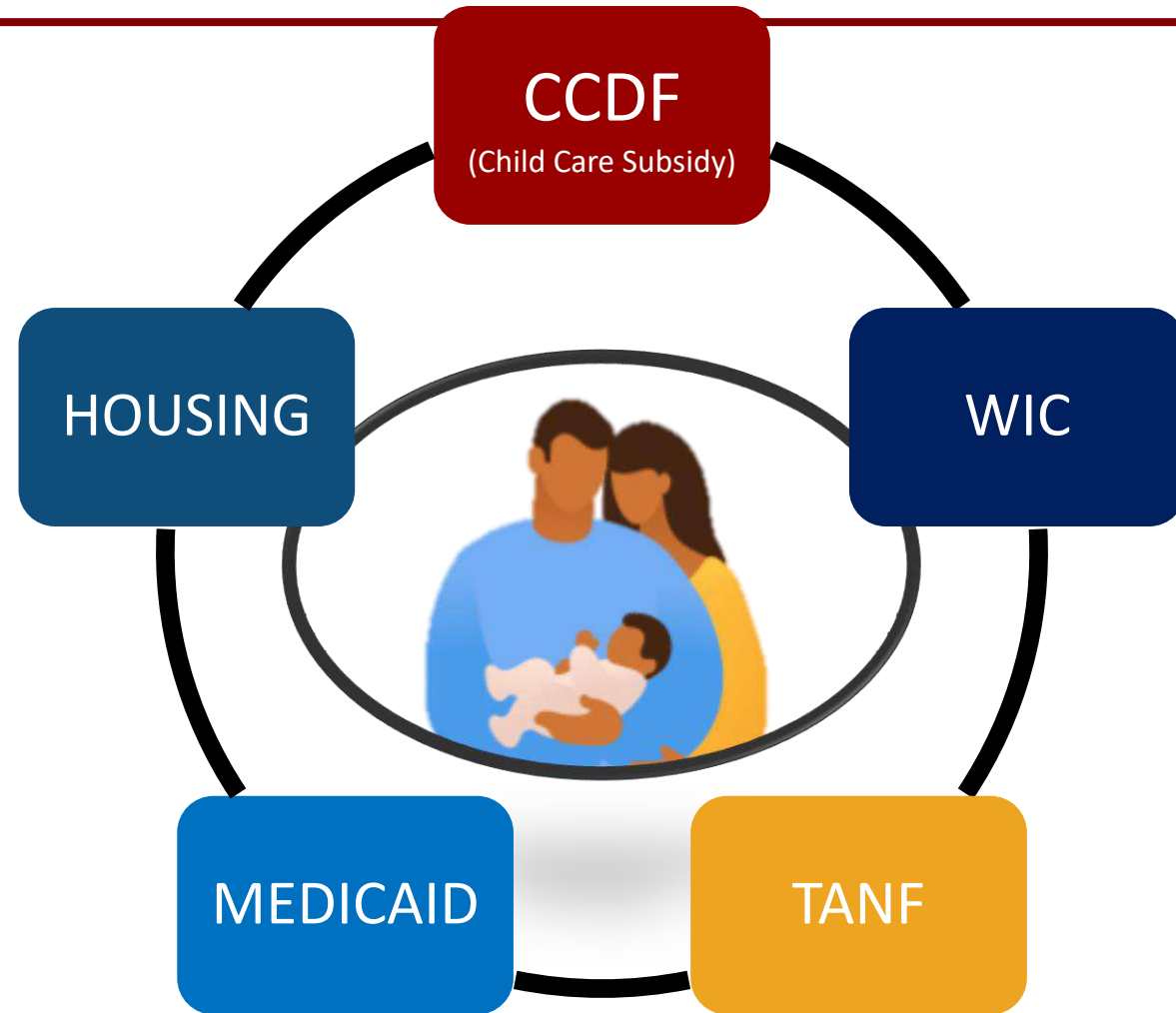
The Benefits Bundle project represents a joint effort between HRSA/MCHB and the Office of Management and Budget (OMB)/United States Digital Service (USDS). Other partners include USDA, DOE, HUD, and ACF, all working to improve the experiences of low-income families navigating the years from birth to age five (0-5).



Benefits Bundle Pilot

What is the goal of the Benefits Bundle Pilot?

The goal of the Benefits Bundle Pilot is to support Healthy Start (HS) grantees in adopting and implementing peer-, community- and/or workforce-based models to improve family experiences in benefits navigation and beyond.



WHITE HOUSE
BLUEPRINT FOR
ADDRESSING THE
MATERNAL HEALTH
CRISIS

JUNE 2022



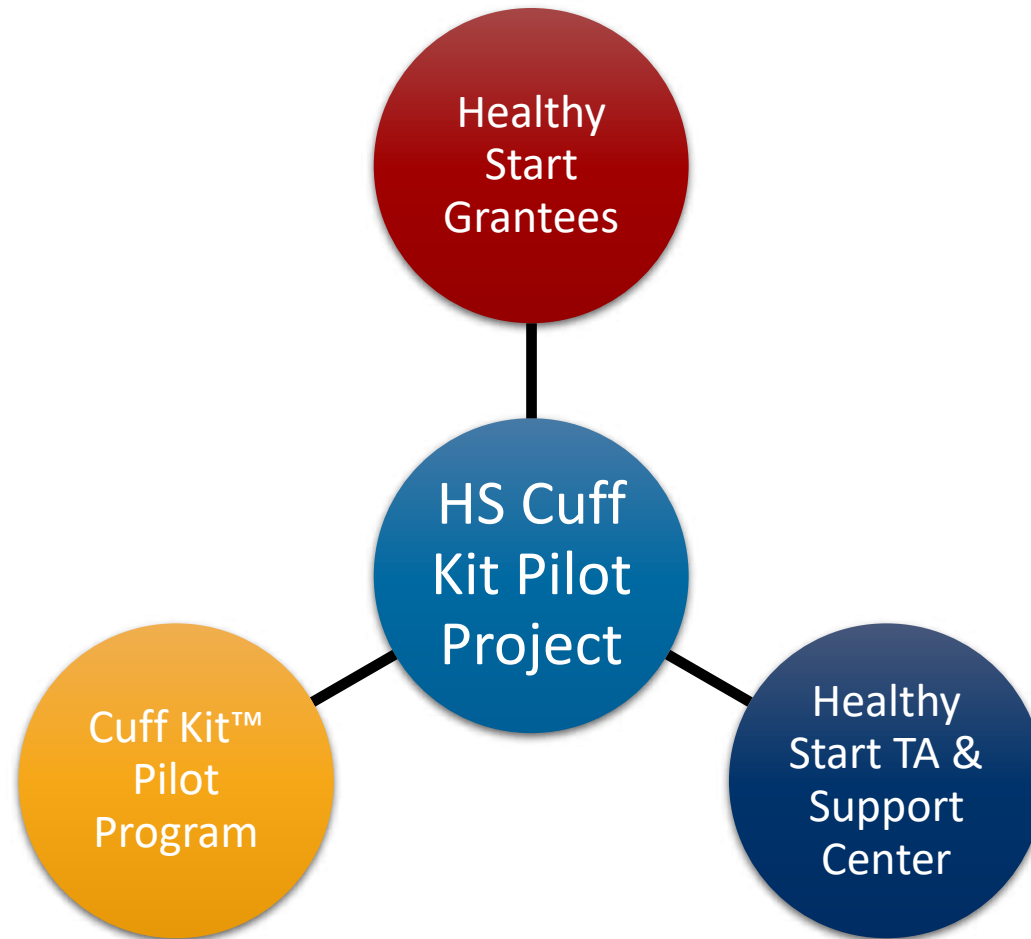
Maternal Health Actions Goal 1.7

- Improve quality of care provided to pregnant and postpartum women **with or at risk for hypertensive disorders of pregnancy** by disseminating self-measured blood pressure monitoring tools and resources for obstetrical providers, primary care professionals, and the pregnant and postpartum women they serve.

Blood Pressure Cuff Kit Pilot Project

Purpose

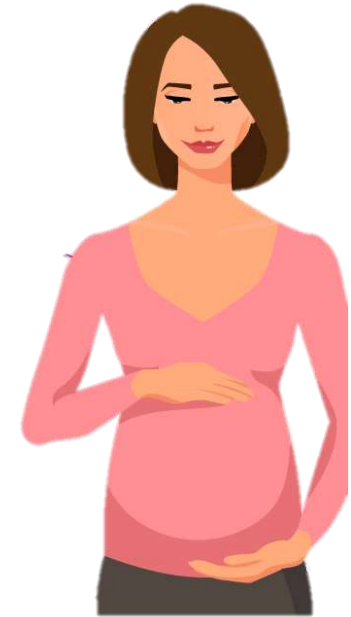
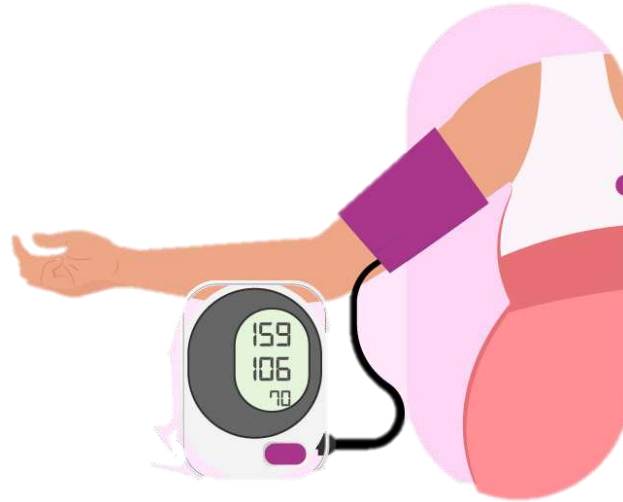
To ascertain the value of providing Blood Pressure Cuff Kits to Healthy Start communities.



Cuff Kit Pilot Project

Objectives:

- To **measure** the value of having a BP cuff in the house to support the HS participant in monitoring their BP.
- To **support** the HS participant in tracking and sharing BP readings with care providers.
- To **determine** how having a BP cuff in the home may result to broader utilization (e.g., partners, parents).



Lessons Learned: Infant Health Equity Convenings



1

How Do We Improve? Advancing MCH resources across all communities with a focus on health equity

2

What Barriers Do We Face? Investing resources, improving community health and addressing inequities created by systemic and structural racism

3

What Is the Data Telling Us? Engaging communities in data collection efforts to drive advancements in equity and measure progress.

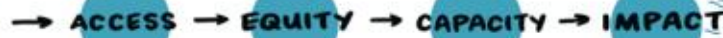
4

What Did We Learn? What Actions Can We Take? Final convening for all MCH community members

HOW DO WE IMPROVE? ADVANCING MCH RESOURCES ACROSS ALL COMMUNITIES WITH A FOCUS ON HEALTH EQUITY



WE HAVE TO ACCELERATE THE RATE OF CHANGE TO REACH OUR GOAL



CENTER FAMILY VOICES

REPRESENTATION OF BIPOC HEALTH PRACTITIONERS

WOMEN ARE DISMISSED, DUMBED DOWN, AND DENIED WHEN TRYING TO GET CARE

INVOLVE COMMUNITY IN PROGRAM DESIGN

FEAR AND DISRESPECTFUL CARE AFFECTS EQUITABLE ACCESS

TAMELA MILAN-ALEXANDER

RACISM DIRECTLY AFFECTS HEALTH EQUITY

FUND COMMUNITY-LED PROGRAMS

EMBED HIGH QUALITY HEALTH CARE IN COMMUNITY

SOCIAL INEQUALITY KILLS

REQUIRE COMMUNITY PARTNERS

ART JAMES

NEED SOLUTION-FOCUSED RESEARCH

LEARN FROM COUNTIES THAT HAVE ELIMINATED EXCESS MORTALITY

GIVING VOICE TO DATA SHOWS BIAS

CO-LOCATE TAX SERVICES WITH HEALTH SERVICES

NEED INCLUSIVE REPORTING WITH MULTIPLE RACIAL CATEGORIES

ASHLEY HIRAI

ELEVATE STORIES FROM FAMILIES

LOOK ACROSS FAMILY HEALTH

REPRESENTATION IN PROVIDERS

IMPROVE QUALITATIVE POPULATION DATA



HOW DO WE ACHIEVE INFANT HEALTH EQUITY?

MANDATE CARE FOR HEALTH OF MOTHERS

FATIGUE IN THIS FIGHT

EXAMINE NON-CLINICAL FACTORS

CHOICE OF PROVIDER

ACCESS DISTANCE URBAN VS RURAL

BREAK DOWN SILOS SMOOTHER COLLABORATION

WHAT ARE THE GAPS?

SOCIAL DETERMINANTS OF HEALTH

CAUSES

CONDITIONS

CONSEQUENCES

RACISM

INEQUITABLE PATIENT CARE

HIGHER INFANT AND MATERNAL MORTALITY

ENVIRONMENTAL JUSTICE

FOOD EQUITY HEALTH EQUALITY

INVESTMENT IN PERINATAL COMMUNITY WORKERS

DOULAS POST-PARTUM

WHICH POLICIES NEED CHANGING?

ADVANCE HEALTH EQUITY THROUGH CITY PLANNING

AFFORDABLE CHILDCARE

REPRODUCTIVE JUSTICE

GUARANTEED BASIC INCOME

HOME VISITS POST-PARTUM

EMBEDDED IN COMMUNITIES

FUNDING! SO NEEDED PROGRAMS CAN ACTUALLY RUN

COMMUNITY-BASED DOULA PROGRAMS

WHAT PROGRAMS AND SUPPORTS ARE NEEDED?



WHAT BARRIERS DO WE FACE?

INVESTING RESOURCES, IMPROVING COMMUNITY HEALTH, AND ADDRESSING INEQUITIES CREATED BY SYSTEMIC AND STRUCTURAL RACISM

COVID'S IMPACT: BARRIERS, CHALLENGES and POTENTIAL SOLUTIONS

EXISTING BARRIER MADE WORSE!

- COVID-19 ISOLATION
- TECHNOLOGY: SHIFTING TO HARDWARE (\$\$\$)
- TRANSPORTATION ISSUES

LESS REPRODUCTIVE HEALTH ACCESS

- ↑ C-SECTIONS
- ↓ SCREENINGS
- SCARCITY OF PROVIDERS
- HOSPITAL POLICIES CHANGED w/o EXPLANATION
- POLARIZATION OF HC/POLITICS

LET COMMUNITY NAME NEEDS

- DATA & HOW WE ASK WHAT
- HOW WE UNDERSTAND WHAT WE ARE ENTITLED TO AS PATIENTS
- RESILIENCE BUILDING (ERODED) LACK OF TRUST

INCREASED KNOWLEDGE OF BENEFITS OF TELEHEALTH

LABOR DELIVERY APPTS

ACCESS TO COVID VAX

THIS!

SOCIO-ECONOMIC FACTORS WITHIN YOUR ORGANIZATION

INCLUDE OTHER STRESS FACTORS

- HOUSING, ENVIRONMENTAL, POLICING, GUN VIOLENCE, GANG VIOLENCE, LOSS and DEATH, GRIEF, TRAUMA, MENTAL HEALTH, DRUGS, EDUCATION, TRAINING SCHOOL DISTRICT CHANGES, etc.



MCH RESOURCES: HOW TO USE STRATEGICALLY TO ADVANCE HEALTH EQUITY

TECHNICAL ASSISTANCE

COMMUNITY at the TABLE

COMMITMENTS and PARTNERSHIPS

REVIEWING STRUCTURES

PUBLIC FUNDING

COMPENSATION for TIME & CONTRIBUTION

WORKFORCE: CORE ELEMENTS TO DEVELOP CULTURALLY COMPETENT and DIVERSE WORKERS

TRAINING - DOING the WORK

HIRING: WHAT the EXPERIENCE LOOKS LIKE

- JOB DESCRIPTIONS w/ ED REQ's
- EXPERIENCED LIVED = ED REQ's
- EQUITABLE PAY REGARDLESS

REVIEWING w/ a LENS of EQUITY:

- CANDIDATE DIVERSITY
- DOES PROCESS RESPECT POC?
- PAY SCALE EQUITY

LANGUAGE in JOB DESCRIPTIONS

CAREER PATHWAYS that are NON-TRADITIONAL

WALK the TALK in DIVERSITY COMMITMENTS

★ STAFF RETENTION

\$ FAIR PAY & COMPENSATION

RESPECT and FAIR TREATMENT

MEDICAL DISCRIMINATION of MIDWIFERY and DOULAS

RACISM

NORMALIZE BLACK CULTURAL FASHION AS "PROFESSIONAL"

1

HOW DOES DATA INFORM THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF MCH PROGRAMS AND POLICIES?

REAL-TIME INFORMATION
STANDARDIZE FOR DATA SHARING AND COMPARISON

WHERE THE DATA IS COLLECTED IMPACTS THE RESPONSE
WHO ARE THE RIGHT PEOPLE?
passion
belief
UNDERSTAND THE ISSUE
LANGUAGE USE OPEN TO THE POPULATION

PERSPECTIVE
DATA IS A STARTING POINT

DATA SHOULD DRIVE INTERVENTIONS
IMPROVE QUALITY
ALIGN WITH BIPOC NEEDS
COMMUNICATE CONCERNS

2

HOW DOES YOUR ORGANIZATION IDENTIFY AND ADDRESS GAPS IN DATA TO BETTER UNDERSTAND THE IMPACTS?

QUESTION THE DATA WHY?

MORE RELIABLE DATA COLLECTION

DISCUSS WITH FUNDERS

CONSIDER CULTURAL BARRIERS
PLAIN LANGUAGE

HEALTH CARE WORKERS INTERPRET

TERMS
QUALITATIVE
SET BACK! take care of you!

GO UPSTREAM

THEME ANALYSIS OF QUESTIONS

3

WHAT STEPS CAN WE TAKE TO ACKNOWLEDGE AND ADDRESS LIMITATIONS AND CHALLENGES OF COLLECTING AND REPORTING DATA?

QUALITATIVE DATA

LOCAL QUESTIONS
AUTHENTIC ASKING OF QUESTIONS
TRUSTWORTHINESS

TRANSPARENCY DATA REPORTING

DATA COLLECTION TRAINING
SUPERVISORS
HEALTH CARE WORKERS

SERVICE DELIVERY MODELS

A NEW APPROACH IS NEEDED

ASSET-BASED CARE MODEL

DATA TYPES SHIFT

INCLUSIVE

WHAT ASSETS? COULD THERE BE?

AWARENESS
ENGAGE

INCENTIVES

FISCAL YEAR FUNDING OPPORTUNITY TO APPLY IDEAS

CHANGING PIPELINE OF PROVIDERS

WHO IS AT THE TABLE?

VALUE AND ENGAGE MORE COMMUNITY NON-CLINICAL CHANGE MAKERS

CAREER PATHWAYS BIPOC COMMUNITIES

RESIDENCY MEDICAL PROGRAMS (NURSING, ETC)

LOOK WITHIN

AFRICAN AMERICAN PROVIDERS

TYPES OF ENGAGEMENT

what is the DATA telling us?

WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

OPENING REMARKS by MICHAEL D. WARREN, MD, MPH, FAAP, ASSOCIATE ADMINISTRATOR, MATERNAL AND CHILD HEALTH BUREAU, HRSA

-30 YR LAG of SURVIVAL RATES

INFANT MORTALITY RATE to 5.0%

21K BABIES DIE YEARLY

RACIAL BACKGROUND INFLUENCES SURVIVAL OUTCOMES

HEALTHY START DOULA SUPPLEMENT

HEALTH EQUITY GRANTS

REGION 5 INFANT MORTALITY PROJECT

ACCELERATING EQUITY LEARNING COMMUNITIES

WE HAVE to

CHANGE

the WAY WE DO THINGS

TO ACHIEVE EQUITY, WE NEED to MAKE IT POSSIBLE for an ADDITIONAL **3,727** BABIES to MAKE it to their FIRST BIRTHDAY.

HAVE NEVER ACHIEVED the SURVIVAL RATES for BLACK & BROWN INFANTS

ONE SIZE FITS ALL is NOT GONNA WORK!

FOCUS on STATES with ↑ INFANT DEATHS

IT IS NOT A HEAVY LIFT!
MOST COUNTIES NEED to PREVENT 1-2 DEATHS MONTHLY
WAYNE CO, MI
COOK CO, IL
HOUSTON, TX



GOALS

UNDERSTAND GAPS and NEEDS

UNDERSTAND COMMUNITY CONTEXT

ENSURE ACCESS to CARE

ADDRESS SOCIO-ECONOMIC FACTORS

SUPPORT SYSTEMS for HC WORKERS

ADVOCACY: DOULA, MOTHER/INFANT

DATA COLLECTION, RESEARCH

BIAS HOW TO ELIMINATE?



WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

JANELLE PALACIOS, RN, CNM, PhD, NURSE MIDWIFE, RESEARCHER and STORYTELLER SALISH/KOOTENA, FLATHEAD INDIAN RESERVATION, MONTANA

REDWOODS are STRONG, RESILIENT CREATURES that USES ITS RESOURCES to

WHAT CAN HC INSTITUTIONS and GOVT DO?

DATA:
→ HOW WE COLLECT
→ EXPAND ETHNICITIES
→ HOW WE ANALYZE it
→ HOW WE REPORT it

→ the LANGUAGE USED WHEN WRITING AND SPEAKING

→ MORE TRANSPARENCY from IHS

→ EXPAND the LIST of BOXES to INCLUDE ALL TRIBES of NORTH, CENTRAL and SOUTH AMERICA

→ COMMUNITY LEADERSHIP

→ TRIBAL AUTONOMY and WISDOM

→ NON-TRADITIONAL HEALTH WORKERS

→ NOT JUST ALLYSHIP but ALSO ADVOCACY

REFRAME

MAINTAIN, SUPPORT and HEAL at the COMPLEX ROOT NETWORK LEVEL...

the STORY of THOSE WHO NEVER GOT to DANCE

INCARCERATION - ACCESSIBILITY - TRANSPORTATION - VOTING RIGHTS - LACK of FOOD - the EXTINCTION of the PLAINS BUFFALO - LOOK UP the DEFINITION of STARLIGHT TOMB - IT MEANT DEATH by EXPOSURE

NATIVE FAMILIES were DESTROYED & TORN APART

NO HOME NETWORKS, NOT EVEN SINGING, DANCING or SPEAKING NATIVE LANGUAGES...

STRIPPED of LANGUAGE, CULTURE, RELIGION, FOODS and DRESS

OR WE'LL BEAT it out of you!

MANY WERE STERILIZED WELL INTO the 1980s

QUAN TUMS

THEY TRIED to BURY US

NATIVE CHILDREN were SENT to RESIDENTIAL SCHOOLS WHERE they ENDORED sexual, MENTAL, EMOTIONAL and SPIRITUAL ABUSE

FORCED ASSIMILATION into WHITENESS

"WHERE'S YOUR CARD?"

BUT THEY DID NOT KNOW WE WERE SEEDS

BUT... USING this METAPHOR to DETERMINE HEALTH OUTCOMES for NATIVE AMERICANS and ALASKANS: IT'S a DIFFERENT METAPHOR



SO MANY DIED in the NAME of WHITE FEAR



RACISM AND BIAS in POLICY, GOVERNMENT, HEALTHCARE, POLICING, etc.

WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

KAREN SCOTT, MD, MPH, FAAP, CHIEF BLACK FEMINIST PHYSICIAN, SCIENTIST, FOUNDING CEO, OWNER of BIRTHING CULTURAL RIGOR, LLC

KNOWLEDGE and WISDOM
EXPERIENCES VOICES LOVE COMMUNITIES PARENTS
CHERISH BLACK
MOTHERS BABIES FATHERS
AUNTIES GRANDMOTHERS UNCLAS
and GRANDFATHERS

LISTEN BELIEVE THEM
to THEM
THEY ARE NOT BROKEN
NOR HELPLESS,
THEY NEED CARE

BLACK DOCTORS, NURSE and OTHERS in HC NEED

HELP and SUPPORT (NOT JUST AT WORK EITHER)

WE HAVE to **BREAK** these INSTITUTIONAL BIASES that **HARM** BLACK FAMILIES



HONOR NEW LIFE by BEING KIND

WHEN a PERSON is PREGNANT with a FEMALE, they HAVE 3 GENERATIONS INSIDE them...

DEVELOP the CULTURAL COMPETENCE to KNOW WHITE WAYS ARE NOT THE ONLY WAYS

BLACK BODIES DESERVE

CARE, KINDNESS, RESPECT, REST,
APPRECIATION, TRUST, and UNCONDITIONAL LOVE

- ADVOCATE for BLACK PATIENTS
- SUPPORT BLACK PRACTITIONERS
- CHAMPION INSTITUTIONAL CHANGE
- WELCOME BLACK WISDOM in CARE

Action Steps for Strengthening the MCH Workforce

Create a pipeline from the community to MCH careers to ensure the workforce is representative of service area

Create systems of support for MCH staff

Ensure pay equity for the MCH workforce



Action Steps for Addressing Upstream Drivers of Inequity

Prioritize and amplify mothers, fathers, and communities' lived experiences

Break down silos and expand programmatic reach beyond clinical settings

Expand efforts to address non-clinical needs, including economic/occupation segregation, housing instability, food insecurity, transportation



Action Steps for Revising Funding Practices

Bolster support for
community-based,
community-driven
organizations

Strengthen
relationships between
the community and
funding institutions

Create systems of
accountability



Action Steps for Enhancing Data Collection and Utilization

Invest in resources to expand the current understanding of maternal and infant health outcomes

Rethink what kind of data to collect

Strengthen utilization of data

Strengthen community engagement in data collection



Lessons Learned: Grantee Listening Sessions



Addressing Social and Structural Determinants of Health



Increasing Grantee Flexibility



Reducing Grantee Burden

Grantee Listening Sessions – Increasing Grantee Flexibility

Community Level

Flexibility to address the main drivers of infant mortality within the project area and target population

Participant Level

Flexibility to customize the types and intensity of services

Grantee Listening Session – Addressing SDOH

Increased emphasis on upstream interventions

Increased emphasis on addressing SDOH for Healthy Start participants

Increased emphasis around activities that address racism and bias



Grantee Listening Sessions- Reducing Grantee Burden

Consider strategies to support Healthy Start staff retention

Consider requirements for number served - quality over quantity

Reduce data collection and reporting burden

Clarify program requirements (e.g., clinical funding, CAN activities)



Healthy Start Request for Information – Initial Takeaways

- **Recommendations for HRSA:**
 - Increase the emphasis on addressing SDOH impacting Healthy Start communities:
 - Need for multiple strategies (e.g., educating providers, housing, transportation, public/private partnerships, mental health, CANs).
 - Support Healthy Start programs to address racism and bias in health care through education and training, family engagement and developing cross-sector partnerships.
 - Consider the needs of rural communities in Healthy Start program design.
 - Recognition of the value in a single Healthy Start data base and the challenges switching to a new database may pose for some grantees.
 - Recommendations on improvements to CAREWare.



Continued Priorities – Addressing the Key Drivers of Infant Mortality

Leading Causes of Infant Mortality

Infant deaths and mortality rates for the top 5 leading causes of death for African Americans, 2020 (Rates per 100,000 live births)

Cause of Death (By rank)	# Non-Hispanic Black Deaths	Non-Hispanic Black Death Rate	# Non-Hispanic White Deaths	Non-Hispanic White Death Rate	Non-Hispanic Black / Non-Hispanic White Ratio
(1) Low birthweight	1,136	214.4	1,040	56.4	3.8
(2) Congenital malformations	705	133.1	1,976	107.2	1.2
(3) Sudden infant death syndrome (SIDS)	472	89.1	563	30.5	2.9
(4) Accidents (unintentional injuries)	375	70.8	547	29.7	2.3
(5) Maternal Complications	337	63.6	370	20.1	3.2

Source: CDC 2022. Infant Mortality Statistics from the 2020 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 2.

<https://stacks.cdc.gov/view/cdc/120700>

Social Determinants of Health



Continued Priorities – Addressing the Key Drivers of Infant Mortality

Causes of Infant Mortality (examples)	Community Action Networks			
	Screening	Navigation	Education	Clinical Care/Support Services
<ul style="list-style-type: none"> • Chronic diseases (e.g., hypertension, diabetes) • Obesity • Infections 	<ul style="list-style-type: none"> • Insurance status • Chronic conditions 	<ul style="list-style-type: none"> • Referrals to providers • Addressing barriers to accessing prenatal care (e.g., transportation) 	<ul style="list-style-type: none"> • Importance of prenatal care • Prenatal care schedule 	<ul style="list-style-type: none"> • Prenatal care • Clinical care • Midwifery
<ul style="list-style-type: none"> • Alcohol, tobacco and other Drugs (ATOD) • Mental health conditions • Intimate partner violence (IPV) 	<ul style="list-style-type: none"> • Screening for drug use • Depression screening • IPV screening 	<ul style="list-style-type: none"> • Referral to behavioral health (e.g., mental health therapy) • Tobacco cessation • Substance use disorder treatment • Resources and services for IPV (e.g., legal, emergency housing) 	<ul style="list-style-type: none"> • Perinatal depression • ATOD cessation • Healthy relationships 	<ul style="list-style-type: none"> • Behavioral health
<ul style="list-style-type: none"> • Unsafe sleep practices • Preventable injuries 	<ul style="list-style-type: none"> • Discussions with trusted Healthy Start staff 	<ul style="list-style-type: none"> • Referrals for pack and plays • Housing 	<ul style="list-style-type: none"> • Preconception education • Parenting education 	
<ul style="list-style-type: none"> • Racism and discrimination • Toxic, chronic stress 	<ul style="list-style-type: none"> • Discussions with trusted Healthy Start staff 	<ul style="list-style-type: none"> • Linkage to culturally responsive care and support 	<ul style="list-style-type: none"> • Social/peer support: group classes/gatherings 	<ul style="list-style-type: none"> • Doula services • Culturally responsive care
<ul style="list-style-type: none"> • Environmental toxins • Exposure to air pollution and lead 	<ul style="list-style-type: none"> • Lead screening 	<ul style="list-style-type: none"> • Housing • Legal 	<ul style="list-style-type: none"> • Lead exposure prevention • Tenant rights 	<ul style="list-style-type: none"> • Treatment for lead exposure • Occupational therapy

Future Priorities

- **Strengthening approaches to address upstream factors impacting perinatal health**
- **Investing in organizations that are the trusted experts in their communities**
- **Strengthening family and community engagement**
- **Increasing flexibility**
- **Reducing grantee burden**



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Ohio Title V Presentation

Megan Walsh

Deputy Project Director
MomsFirst Healthy Start
Cleveland Department of Health

Healthy Start Regional Meeting

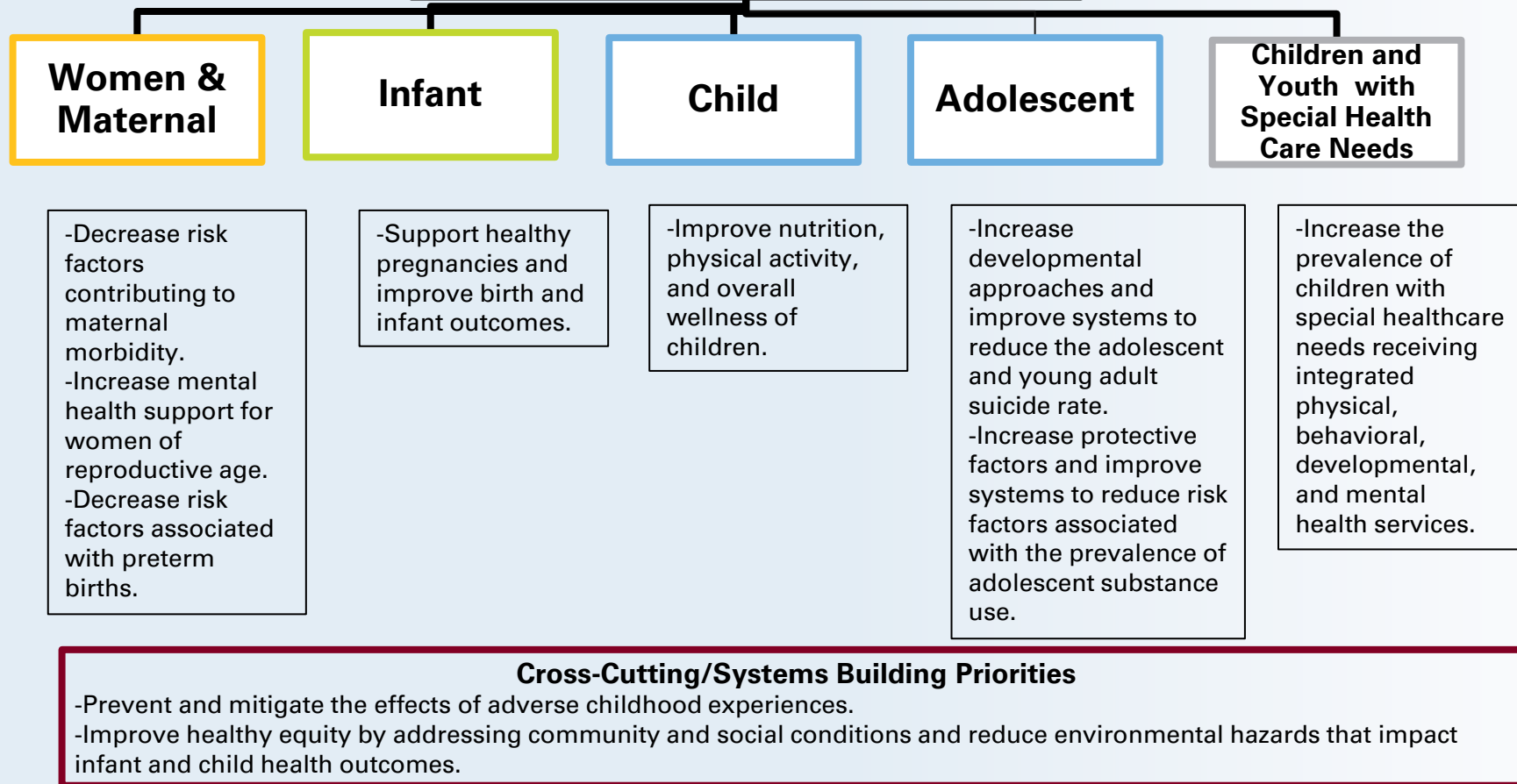


CoIIN

- Ohio participated in the Social Determinants of Health (SDOH) CoIIN 2018-2020.
- Project goal: Define the Ohio Equity Initiative (OEI) role in addressing the social determinants of health, each OEI will implement at least one policy and/or practice at the local level which will directly impact determinants of health impacting birth outcomes by Spring 2020.
- Progress: The Ohio Equity Initiative grant was re-designed in 2019 to address the biggest drivers of inequities in poor birth outcomes and infant mortality in the 10 counties with the greatest racial disparities.



Title V MCH Block Grant Action Plan Priorities 2021-2025



Women & Maternal

- Decrease risk factors contributing to maternal morbidity.
- Increase mental health support for women of reproductive age.
- Decrease risk factors associated with preterm births.

Infant

- Support healthy pregnancies and improve birth and infant outcomes.

Child

- Improve nutrition, physical activity, and overall wellness of children.

Adolescent

- Increase developmental approaches and improve systems to reduce the adolescent and young adult suicide rate.
- Increase protective factors and improve systems to reduce risk factors associated with the prevalence of adolescent substance use.

Children and Youth with Special Health Care Needs

- Increase the prevalence of children with special healthcare needs receiving integrated physical, behavioral, developmental, and mental health services.

Cross-Cutting/Systems Building Priorities

- Prevent and mitigate the effects of adverse childhood experiences.
- Improve healthy equity by addressing community and social conditions and reduce environmental hazards that impact infant and child health outcomes.

MCH Domains and NPMs

Women/Maternal Health

- **NPM 1:** Percent of women ages 18-44 with a preventive medical visit in the past year.

Perinatal/Infant Health

- **NPM 4:** Percent of infants, A) who are ever breastfeed; B) are breastfed exclusively through 6 months.
- **NPM 5:** Percent of infants, A) placed to sleep on their backs; B) placed to sleep on a separate approved sleep surface; C) placed to sleep without soft objects or loose bedding.

Child Health

- **NPM 6:** Percent of children ages 9-35 months who received a developmental screening using a parent-completed screening tool in past year.

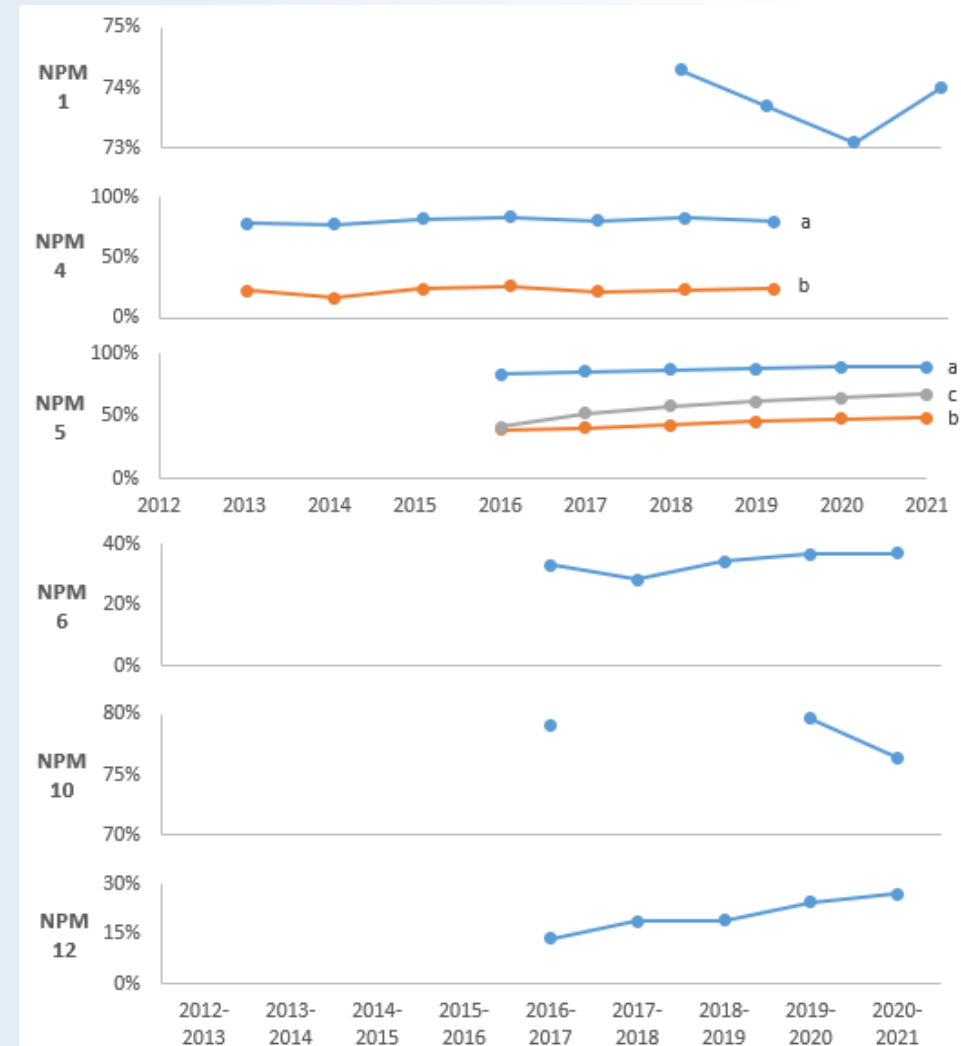
Adolescent Health

- **NPM 10:** Percent of adolescents ages 12-17 with a preventive medical visit in the past year.

Children with Special Health Care Needs (CYSHCN)

- **NPM 12:** Percent of adolescents with special health care needs ages 12-17 who received services necessary to make transitions to adult healthcare.

Cross-Cutting



Update on SPMs

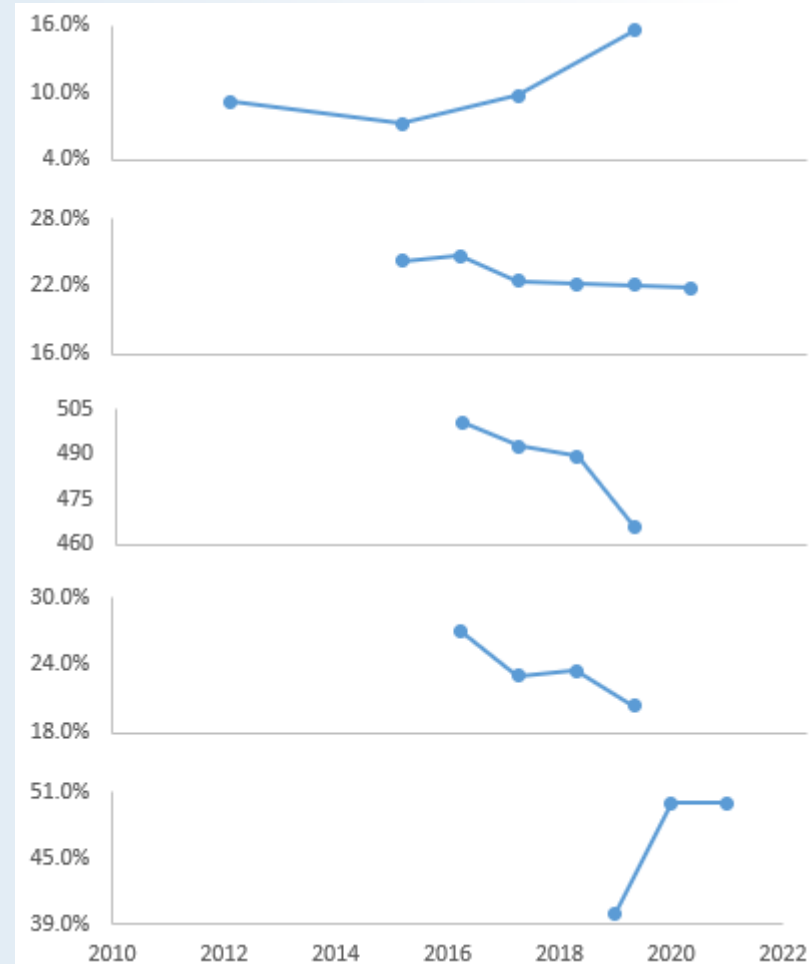
SPM 1: Percent of women ages 19-44 who had unmet mental healthcare or counseling needs in the past year.

SPM 2: Percent of women ages 18-44 who smoke.

SPM 3: Rate of emergency department visits and hospitalizations for nonfatal intentional self harm among adolescents ages 15-19, per 100,000.

SPM 4: Percent of children ages 0-17 who have experienced 2 or more adverse childhood experiences.

SPM 5: Percent of performance measures that include at least one strategy focused on social determinants of health, at-risk populations, or health disparities.



Process for identifying ESMs

Population Domains:

- Women/Maternal Health.
 - Perinatal/Infant Health.
 - Child Health.
 - Adolescent Health.
 - Children with Special Health Care Needs (CYSHCN).
 - Cross-Cutting.
- Percent of birthing hospitals that have implemented the AIM hypertension bundle.
 - Percent of birthing hospitals receiving recognition from Ohio First Steps for Healthy Babies.
 - Percent of children, ages 1 through 66 months, receiving home visiting services who have received a developmental screening.
 - Percent of Ohio schools that have a school-based health center that offers health services to students.
 - Percent of CSHCN ages 12-17 enrolled in CMH with a transition plan in place.
 - N/A for Cross-Cutting.

Involvement of Healthy Start Programs

- Utilize similar definitions (e.g. performance benchmarks for Healthy Start and MIECHV).
- Require collaboration, with some guidance, for all funding sources.
- Consider how local-to-federal and federal-to-state strategies are different and similar and share rationale with grantees.
- Regularly convene grantees/program officers to discuss collaboration/alignment opportunities.



Wisconsin Title V Presentation

Kenmikiya Terry

Maternal & Infant Mortality
Prevention Unit Supervisor

State of Wisconsin



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Healthy Start Regional Meeting

Kenmikiya M. Terry

Maternal and Infant Mortality Prevention Unit Supervisor

May 22, 2023

MCH Population Domains

National Performance Measures

- **Women/Maternal**
 - Well Women Visit (NPM 01)
- **Children**
 - Developmental Screening (NPM 06)
 - Physical Activity, 6 through 11 years (NPM 08.1)
- **Children & Youth With Special Health Care Needs**
 - Medical Home (NPM 11)
 - Youth Health Transition (NPM 12)

State Performance Measures (SPMs)

- **Infant/Perinatal**
 - African American Infant Mortality (SPM01)
 - High Quality Perinatal Care (SPM02)
- **Children**
 - Adolescent Health

State-Initiated Evidence-Based or Evidence-Informed Strategy Measures (ESMs)

- Identified staff to lead the action plan development of each performance measure we identified.
- Led root cause analysis activities, developed clear 5-year objectives for each performance measure, and reviewed both current work and evidence-based strategies.
- Gathered input from community members, partner agencies, and other stakeholders was solicited in order to inform strategy development.

ESMs continued 

State-Initiated Evidence-Based or Evidence-Informed Strategy Measures (ESMs)

Establish regular meetings between Title V Maternal and Child Health Block Grant coordinator, Title V epidemiologist and evaluator, and performance measure lead staff to:

- Assess the action plan.
- Address emerging needs of our Wisconsin communities.
- Determine the effectiveness of strategies in order to refine and update our plans in an effort to implement relevant, effective activities that will positively impact the health of our communities.

Healthy Start Program & DHS Partnering

Additional coordinating activities:

- Attend the DHS Maternal and Infant Mortality Unit annual Gathering.
- Subscribe to the DHS Maternal and Infant Mortality Unit mailing list.
- Maintain regular contact and information sharing with the Maternal and Infant Mortality Unit.



Michigan Title V Message

Dawn M. Shanafelt, MPA, BSN, RN

Director, Division of Maternal & Infant Health
Director, Title V Maternal Child Health Block
Grant Program

Michigan Department of Health & Human
Services

Healthy Start Region 5 Meeting



On behalf of the Michigan Department of Health and Human Services (MDHHS) Division of Maternal and Infant Health and the Michigan Title V Maternal Child Health Block Grant Program, I would like to thank the Michigan Healthy Start Programs for their longstanding commitment to serving pregnant and postpartum individuals, infants/toddlers and families of Michigan. The HRSA Healthy Start grantees are longstanding advocates for and ground breakers of achieving birth equity. Healthy Start Programs are shining examples of the force of collective impact and the power of grass roots mobilization.