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 Regions 7, 8, 9 & 10 Meeting
Monday, May 1 from 9:00 am-4:30 pm MDT

HRSA Maternal & Child Health
NICHQ National Institute for Children's Health Quality
HEALTHY start TA & SUPPORT CENTER

Mindfulness

Olivia Kean

Senior Project Manager

Healthy Start TA & Support Center, NICHQ

Healthy Start Regions 7, 8, 9 & 10 Regional Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

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HEALTHY start TA & SUPPORT CENTER

Healthy Start Regional Meeting

Regions 7, 8, 9, & 10

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

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Icebreaker

Rochelle Logan, DrPh, MPH, CHES

Supervisory Public Health Analyst

Division of Healthy Start and Perinatal Services

Ardandia Campbell-Williams, MPH

Healthy Start Project Officer

Division of Healthy Start and Perinatal Services

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Regions 7, 8, 9 & 10 Regional 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)

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Regions 7, 8, 9 & 10 Regional Meeting

Land Acknowledgment

We are gathered here today on the ancestral homeland of Cheyenne, Arapaho, and Ute 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.

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

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 bathrooms are located outside the ballroom to the left.
  - We will have the following breaks:
    - Quick break from 11-11:15 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.
  - The TASC team is here to provide support or answer any questions during the meeting.

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

- Healthy Start Grantees
- Speakers
- Division of Healthy Start & Perinatal Services
- Healthy Start TA & Support Center

Icebreaker ***9:00-9:15***	**Rochelle Logan, DrPh, MPH, CHES** **Ardandia Campbell-Williams, MPH** *Division of Healthy Start and Perinatal Services (DHSPS)*
Opening Plenary ***9:15-10:15***	**Kenn L. Harris** *National Institute for Children's Health Quality (NICHQ)* **Alliss Hardy** *Healthy Babies Strong Families* **Michael Warren, MD, MPH** *Maternal and Child Health Bureau (MCHB)* **Dawn Levinson, MSW** **Rochelle Logan, DrPh, MPH, CHES** **Mia Morrison, MPH** *DHSPS* **Marcus Johnson-Miller, CPM** *Iowa Department of Public Health* **Martha Smith, MSN, RN, LNHA** *Missouri Department of Health & Senior Services*
Data & Evaluation Plenary ***10:15-11***	**Ada Determan, PhD, MPH** *DHSPS*
Break from *11-11:15 am*	

AIM CCI Plenary ***11:15-11:45***	**Lidyvez Sawyer, EdD, MPH** *AIM CCI Program*
Skill-building Sessions Part 1 ***11:45-12:45***	**Rachael Glisson, MPH** *Education Development Center* **Jason Perry** *Oak Tree Leadership* **Kenn L. Harris** *NICHQ* **Sue Kendig, JD, MSN, WHNP-BC, FAANP** **Lidyvez Sawyer, EdD, MPH** *AIM CCI Program* **Brenda Blasingame** *Vav Amani Consulting*
Lunch Break from *12:45-1:45*	
Skill-building Sessions Part 2 ***1:45-3:30***	Same as above
Quick Break from *3:30-3:45*	
Sustainability: The Role of Innovation, Creativity, and Diversity ***3:45-4:30***	**Brenda Blasingame** *Vav Amani Consulting*
Adjourn at *4:30*	
Optional Group Discussion: Social Media & Program Marketing *4:30-5:15*	**Cynthia Dean** *Missouri Bootheel Healthy Start. (Sikeston, MO)*
Optional Fatherhood Coordinator Meetup *7-8*	***N/A***

Host Site Greeting

Alliss Hardy

Community & Family Development Manager

Healthy Babies Strong Families

Healthy Start Regions 7, 8, 9 & 10 Regional Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

A Message from the MCHB Associate Administrator

Dr. Michael Warren

Associate Administrator

Maternal and Child Health Bureau

Healthy Start Regions 7, 8, 9 & 10 Regional Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Updates from the Division

Dawn Levinson, MSW

Deputy Director, Division of Healthy Start and Perinatal Services (DHSPS)

Rochelle Logan, DrPh, MPH, CHES

Supervisory Public Health Analyst, DHSPS

Mia Morrison, MPH

Supervisory Public Health Analyst, DHSPS

HRSA Maternal & Child Health

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HEALTHY start TA & SUPPORT CENTER

HRSA
Health Resources & Services Administration

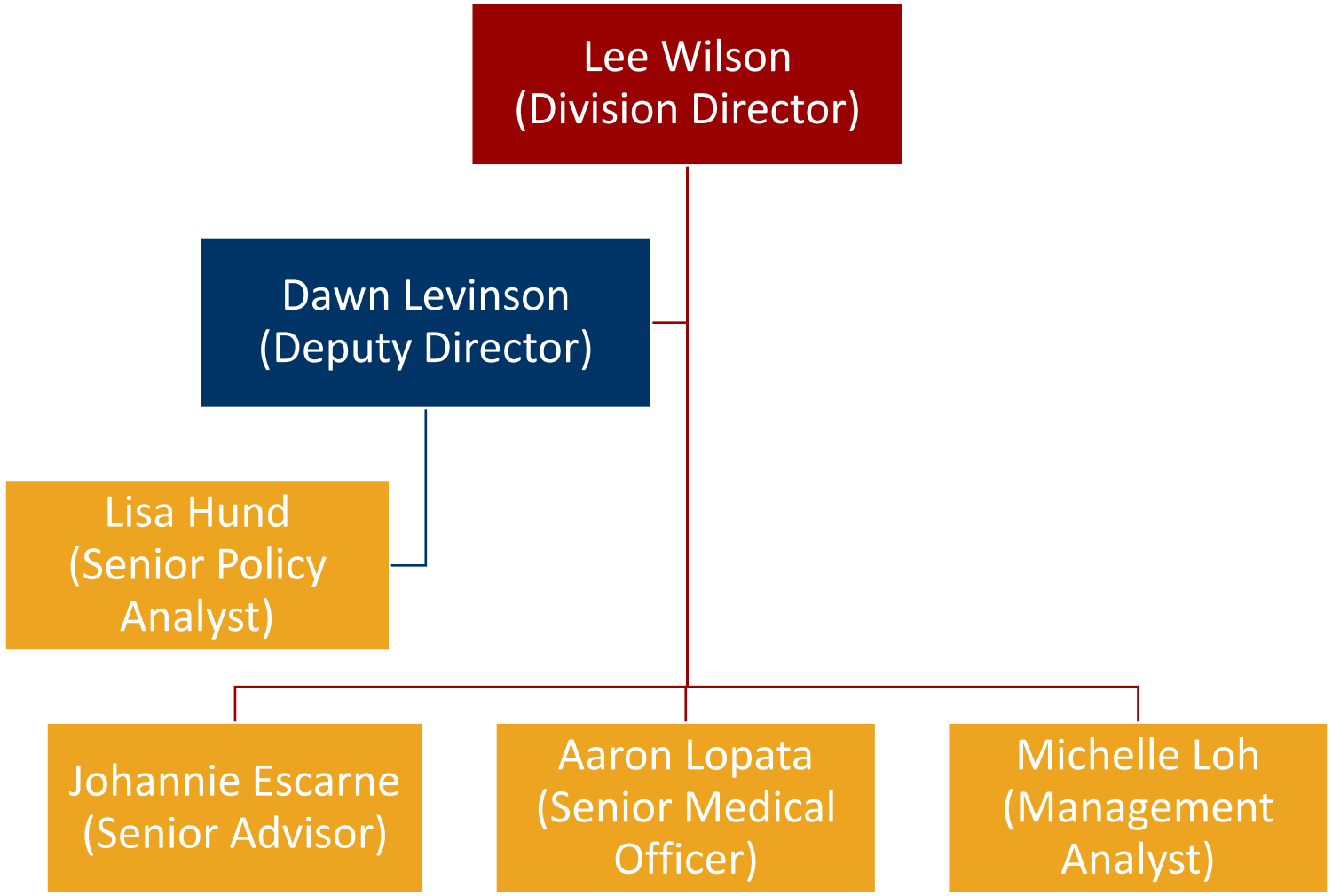
Division of Healthy Start and Perinatal Services Welcome

Healthy Start Regional Meetings 2023

Dawn Levinson, MSW
Deputy Director, Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People

Office of the Director



HRSA Maternal & Child Health

Healthy Start Branch

Healthy Start Branch	Technical Assistance & Comprehensive Services Team	Planning, Oversight & Program Operations Team	Data & Evaluation Team
• **Benita Baker (Branch Chief)** • Management Analyst (Vacant)	• **Rochelle Logan (Team Lead)** • Kristal Dail (TASC/Nutrition) • Melodye Watson (IHE/Mental Health) • Cardora Barnes (TASC/Mentoring) • Mary Emmanuele (RN/Clinical Health Services) • Mabatemije Otubu (RN/Clinical Health Services/ Hypertension) • Simone Esho (Doula) • India Hunter (Health Equity Scholar)	• **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)	• **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

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

Systems Improvement Team

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

DHSPS FY23 Appropriations

State Maternal Health Innovation ($55M)

Healthy Start ($145M)

- Screening and Treatment for Maternal Depression ($10M)
- Alliance for Innovation on Maternal Health ($15.3M)

Integrated Maternal Health Services ($10M)

- 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	TBD

Current and Future Work

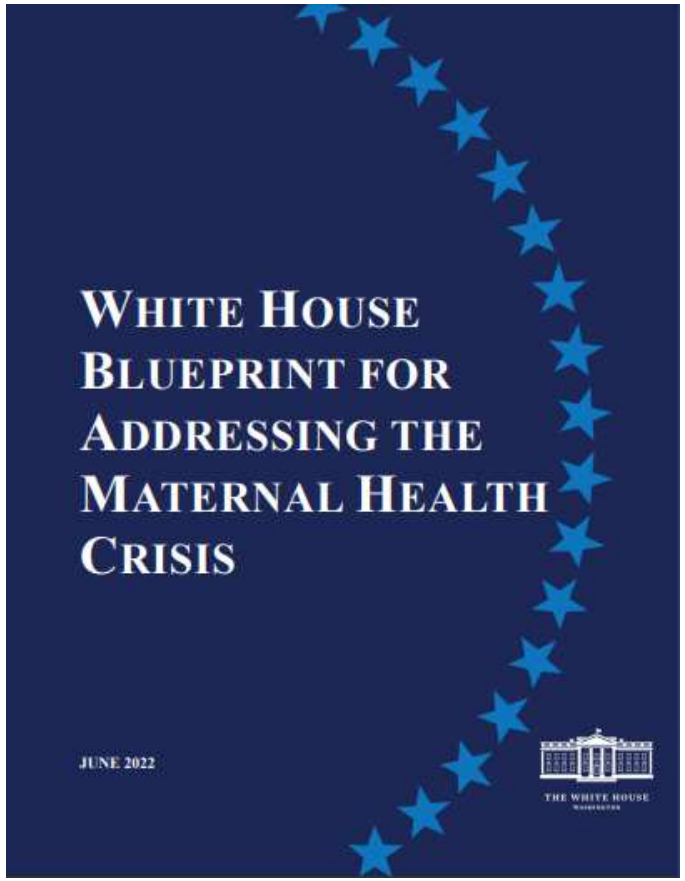
MCHB MISSION

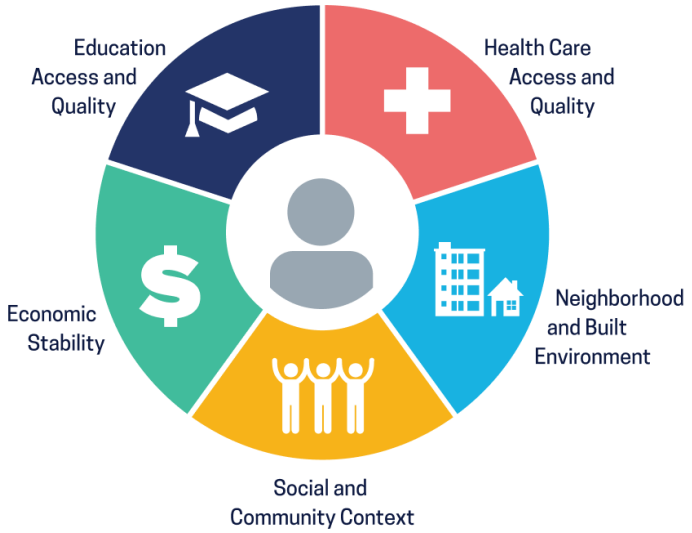
To improve the health and well-being of America's mothers, children, and families.

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

Dawn Levinson, MSW

Deputy Director, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: dlevinson@hrsa.gov

Phone: 301-945-0879

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

Rochelle Logan, DrPH, MPH, CHES
Supervisory Public Health Analyst
Division of Healthy Start and Perinatal Services

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

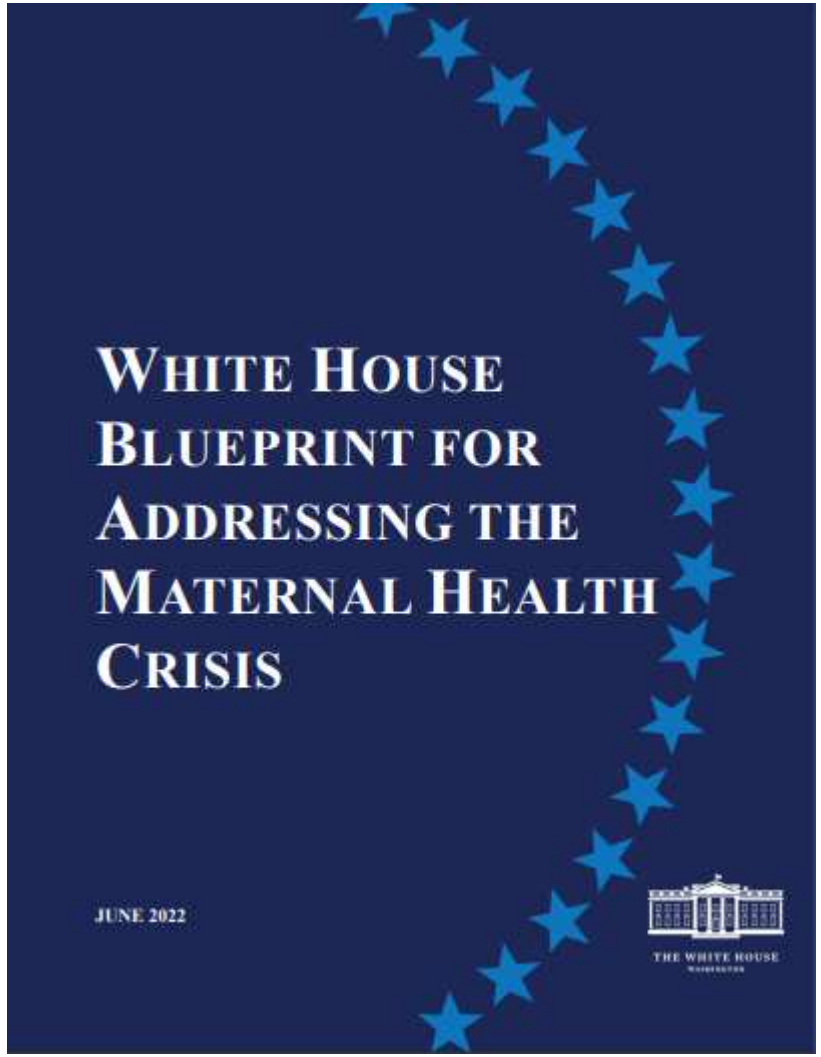
Vision: Healthy Communities, Healthy People

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

HRSA Maternal & Child Health

Maternal Health Actions Goal 4

Expand and Diversify the Perinatal Workforce

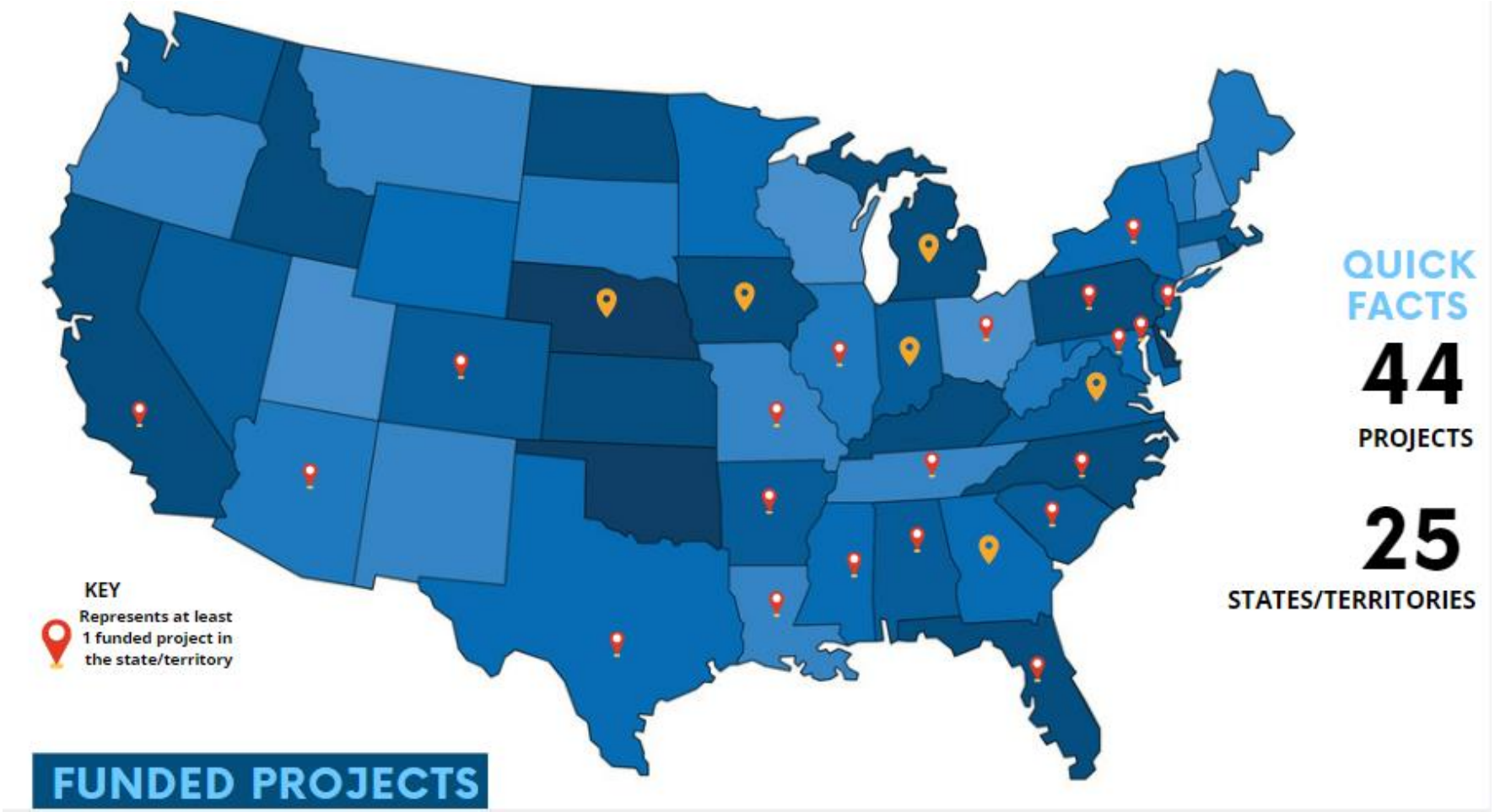
Our maternal health workforce is under-resourced and not representative of our country's diversity. Given the known benefits of culturally appropriate care, recruiting and training providers from diverse communities is paramount. **To address the gaps in our perinatal workforce, we will increase** the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

HRSA Maternal & Child Health

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



HRSA Maternal & Child Health

Doula Supplement: What We're Learning From the Field

NEEDS ASSESSMENTS

CULTURAL RESPONSIVENESS

COLLABORATION

INNOVATION

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**.

HRSA Maternal & Child 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.

HRSA Maternal & Child Health

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

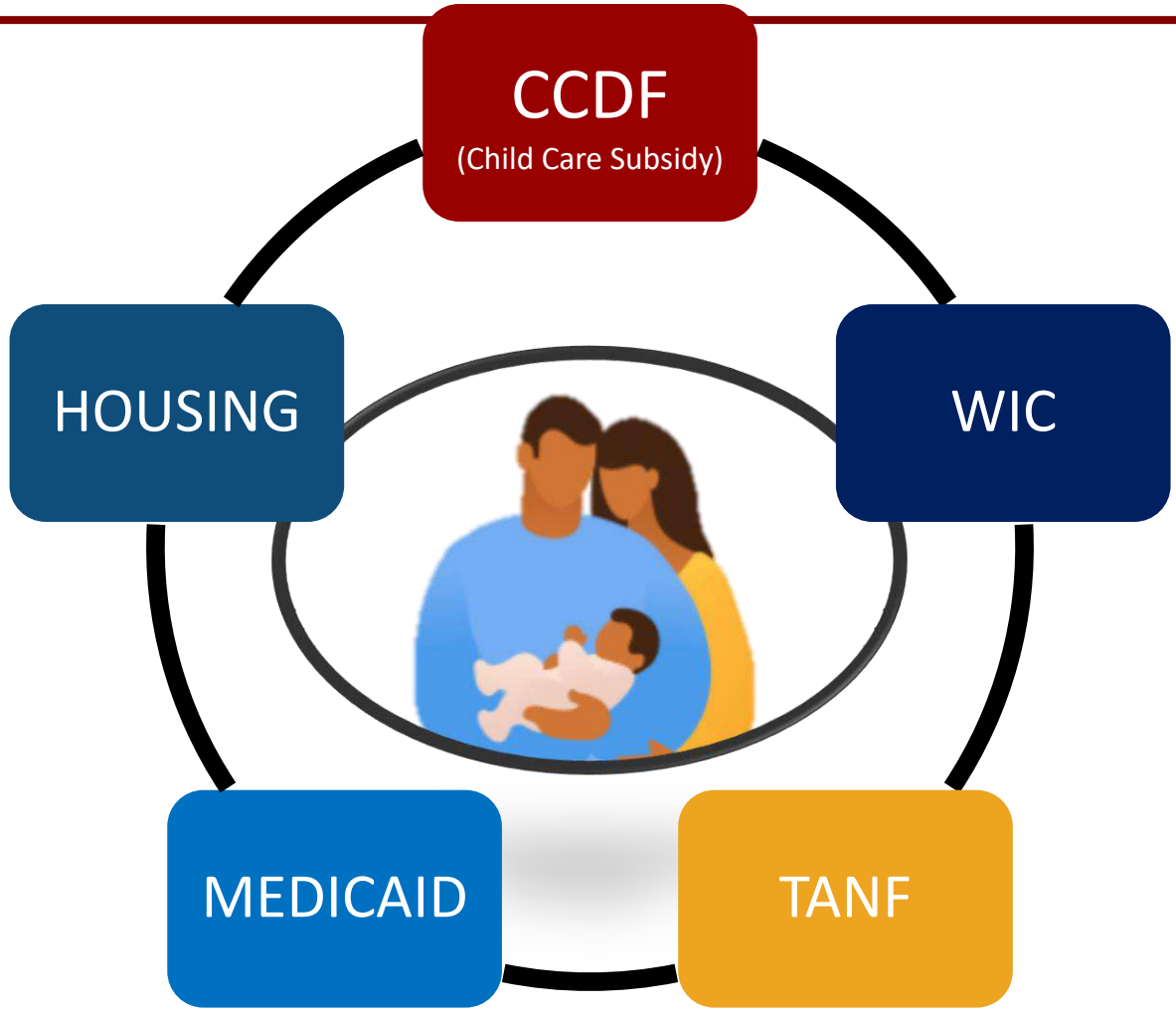
Benefits Bundle Pilot

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.



HRSA Maternal & Child Health

Maternal Health Actions Goal 1.7

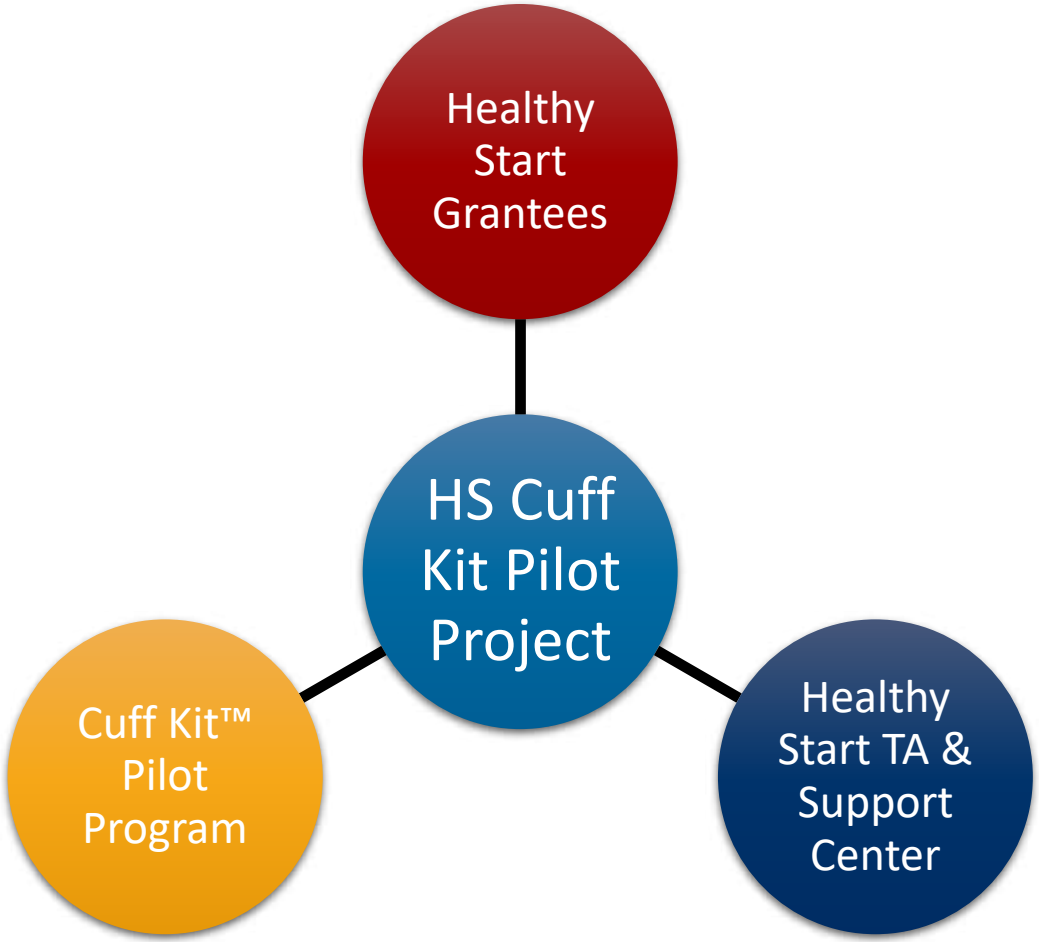
- Improve quality of care provided to pregnant and postpartum women **with or at risk for hypertensive disorders of pregnancy** by disseminating self-measured blood pressure monitoring tools and resources for obstetrical providers, primary care professionals, and the pregnant and postpartum women they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

HRSA Maternal & Child Health

Blood Pressure Cuff Kit Pilot Project

Purpose

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



PREECLAMPSIA™ FOUNDATION

HEALTHY start TA & SUPPORT CENTER

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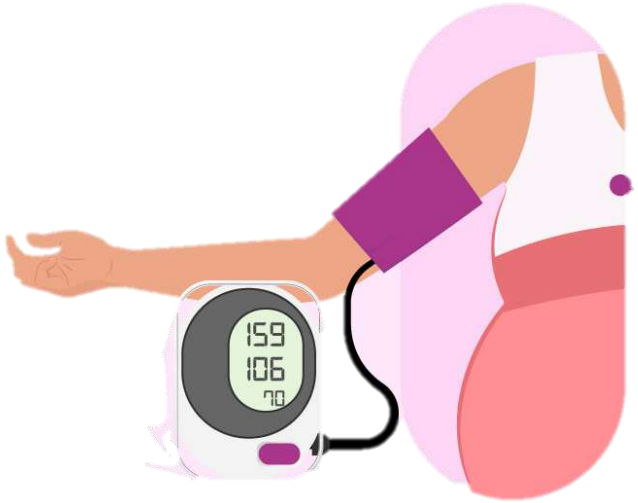
HRSA Maternal & Child Health

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

HRSA Maternal & Child Health

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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 → ACCESS → EQUITY → CAPACITY → IMPACT

TAMELA MILAN-ALEXANDER

- 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

ART JAMES

- RACISM DIRECTLY AFFECTS HEALTH EQUITY
- EMBED HIGH QUALITY HEALTH CARE IN COMMUNITY
- FUND COMMUNITY-LED PROGRAMS
- REQUIRE COMMUNITY PARTNERS
- SOCIAL INEQUALITY KILLS

ASHLEY HIRAI

- NEED SOLUTION-FOCUSED RESEARCH
- LEARN FROM COUNTIES THAT HAVE ELIMINATED EXCESS MORTALITY
- CO-LOCATE TAX SERVICES WITH HEALTH SERVICES
- GIVING VOICE TO DATA SHOWS BIAS
- NEED INCLUSIVE REPORTING WITH MULTIPLE RACIAL CATEGORIES

HOW DO WE ACHIEVE INFANT HEALTH EQUITY?

- ELEVATE STORIES FROM FAMILIES
- LOOK ACROSS FAMILY HEALTH
- REPRESENTATION IN PROVIDERS
- IMPROVE QUALITATIVE POPULATION DATA

WHICH POLICIES NEED CHANGING?

- GROUP POSTPARTUM CARE
- ENVIRONMENTAL JUSTICE
  - FOOD EQUITY
  - HEALTH EQUALITY
- DECRIMINALIZATION OF SUBSTANCE USE
- INVESTMENT IN PERINATAL COMMUNITY WORKERS
  - DOULAS
  - POST-PARTUM
- PAID LEAVE SO BIRTHING PEOPLE HAVE QUALITY TIME WITH BABY

- MANDATE CARE FOR HEALTH OF MOTHERS
- FATIGUE IN THIS FIGHT
  - SELF CARE
  - EMOTIONAL BURDEN
- EXAMINE NON-CLINICAL FACTORS
- ADVANCE HEALTH EQUITY THROUGH CITY PLANNING
- AFFORDABLE CHILDCARE
- CHOICE OF PROVIDER
- ACCESS
  - DISTANCE
  - URBAN VS RURAL
- BREAK DOWN SILOS
  - SMOOTHER COLLABORATION
- REPRODUCTIVE JUSTICE
- GUARANTEED BASIC INCOME
- HOME VISITS POST-PARTUM
  - EMBEDDED IN COMMUNITIES

WHAT ARE THE GAPS?

- FUNDING! SO NEEDED PROGRAMS CAN ACTUALLY RUN
- COMMUNITY-BASED DOULA PROGRAMS

WHAT PROGRAMS AND SUPPORTS ARE NEEDED?

SOCIAL DETERMINANTS OF HEALTH

- CAUSES → RACISM
- CONDITIONS → INEQUITABLE PATIENT CARE
- CONSEQUENCES → HIGHER INFANT AND MATERNAL MORTALITY

NICHQ National Institute for Children's Health Quality · HEALTHY start TA & SUPPORT CENTER · HRSA Maternal & Child Health

Maternal and Child Health (MCH) Alignment and Impact Towards Infant Health Equity (IHE) | Strategic Convening #1, June 24, 2022

Carina Nilsson @ see in Colors

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

LABOR and DELIVERY

APPTS

LESS REPRODUCTIVE HEALTH ACCESS

INCREASED KNOWLEDGE of BENEFITS of TELEHEALTH

↑ C-SECTIONS

↓ SCREENINGS

LOTS OF APPTS CKLD

TECHNOLOGY: SHIFTING to HARDWARE ($$$)

TRANSPORTATION ISSUES

ACCESS to COVID VAX

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 ARE ENTITLED to as PATIENTS

RESILIENCE BUILDING (ERODED)

LACK of TRUST

THIS!

BREAK OUTS

DEBRIEF DISCUSSION

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/O ED REQS

EXPERIENCED LIVED = ED REQS

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

RACISM

WALK the TALK in DIVERSITY COMMITMENTS

STAFF RETENTION

RESPECT and FAIR TREATMENT

MEDICAL DISCRIMINATION of MIDWIFERY and DOULAS

$ FAIR PAY $& COMPENSATION

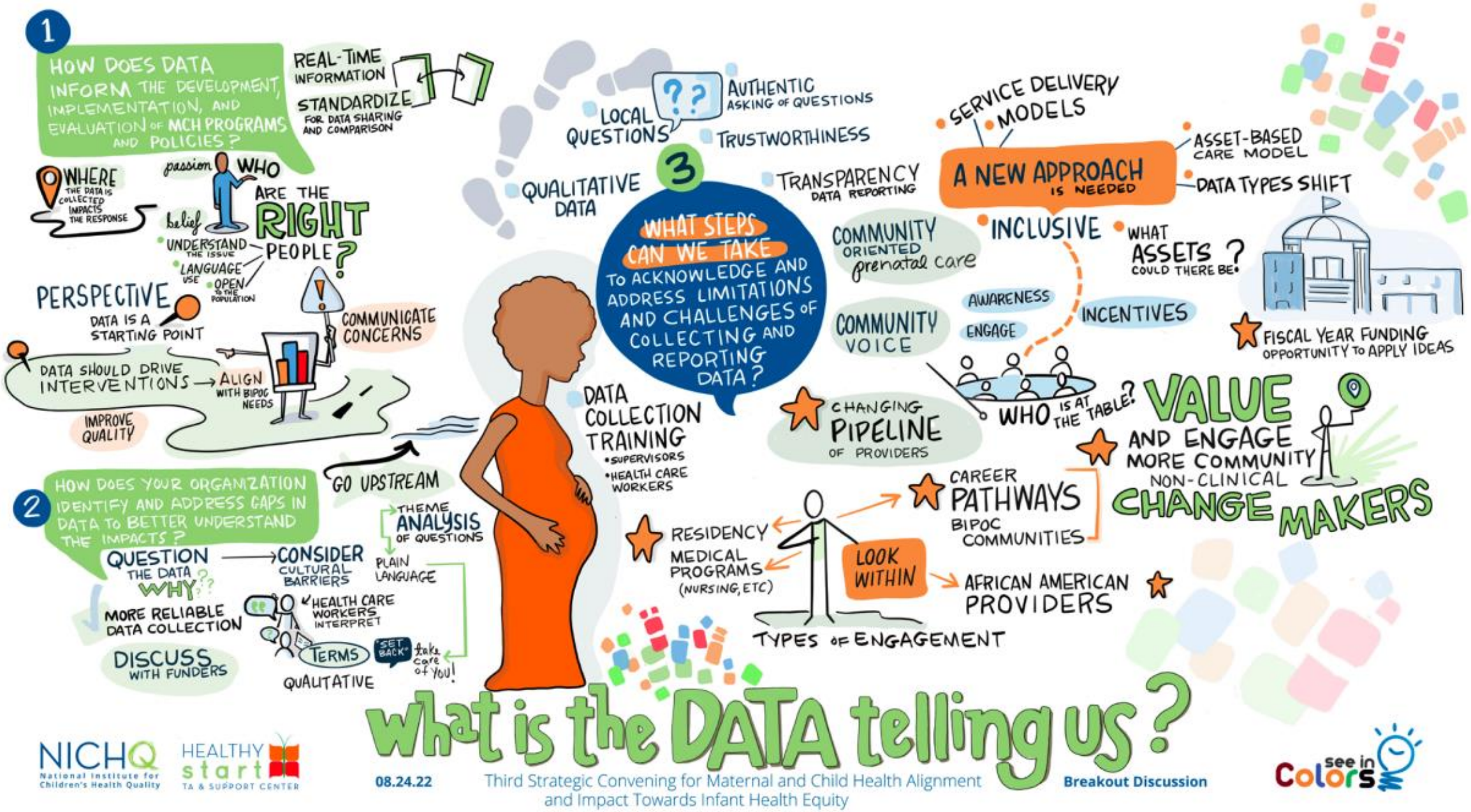
NORMALIZE BLACK CULTURAL FASHION AS "PROFESSIONAL"

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

SECOND STRATEGIC CONVENING FOR MATERNAL AND CHILD HEALTH ALIGNMENT AND IMPACT TOWARDS INFANT HEALTH EQUITY

Sunny @ see in Colors


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
COMMUNICATE CONCERNS
DATA SHOULD DRIVE INTERVENTIONS → ALIGN WITH BIPOC NEEDS
IMPROVE QUALITY
GO UPSTREAM
2
HOW DOES YOUR ORGANIZATION IDENTIFY AND ADDRESS GAPS IN DATA TO BETTER UNDERSTAND THE IMPACTS?
QUESTION THE DATA WHY??
CONSIDER CULTURAL BARRIERS
MORE RELIABLE DATA COLLECTION
DISCUSS WITH FUNDERS
THEME ANALYSIS OF QUESTIONS
PLAIN LANGUAGE
HEALTH CARE WORKERS INTERPRET
TERMS
SET BACK*
take care of you!
QUALITATIVE
3
WHAT STEPS CAN WE TAKE TO ACKNOWLEDGE AND ADDRESS LIMITATIONS AND CHALLENGES OF COLLECTING AND REPORTING DATA?
LOCAL QUESTIONS
AUTHENTIC ASKING OF QUESTIONS
TRUSTWORTHINESS
QUALITATIVE DATA
TRANSPARENCY DATA REPORTING
DATA COLLECTION TRAINING
•SUPERVISORS
•HEALTH CARE WORKERS
A NEW APPROACH IS NEEDED
SERVICE DELIVERY MODELS
ASSET-BASED CARE MODEL
DATA TYPES SHIFT
INCLUSIVE
COMMUNITY ORIENTED prenatal care
COMMUNITY VOICE
AWARENESS
ENGAGE
INCENTIVES
WHAT ASSETS? COULD THERE BE•
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?
08.24.22
Third Strategic Convening for Maternal and Child Health Alignment and Impact Towards Infant Health Equity
Breakout Discussion
NICHQ National Institute for Children's Health Quality
HEALTHY start TA & SUPPORT CENTER
see in Colors

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

ADVANCE EQUITY

WE HAVE to CHANGE the WAY WE DO THINGS

HAVE NEVER ACHIEVED the SURVIVAL RATES for BLACK & BROWN INFANTS

ONE SIZE FITS ALL is NOT GONNA WORK!

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

FOCUS on STATES with ↑ INFANT DEATHS

MOST COUNTIES NEED to PREVENT 1-2 DEATHS MONTHLY

IT is NOT A HEAVY LIFT!

WAYNE CO, MI
COOK CO, IL
HOUSTON, TX

HEALTHY START DOULA SUPPLEMENT

HEALTH EQUITY GRANTS

REGION 5 INFANT MORTALITY PROJECT

ACCELERATING EQUITY LEARNING COMMUNITIES

GOALS

UNDERSTAND GAPS and NEEDS

UNDERSTAND COMMUNITY CONTEXT

ENSURE ACCESS to CARE

ADVOCACY: DOULA, MOTHER/INFANT

ADDRESS SOCIO-ECONOMIC FACTORS

DATA COLLECTION, RESEARCH

SUPPORT SYSTEMS for HC WORKERS

BIAS HOW TO ELIMINATE?

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

FOURTH STRATEGIC CONVENING FOR MATERNAL AND CHILD HEALTH ALIGNMENT AND IMPACT TOWARDS INFANT HEALTH EQUITY

SUNNY @ see in Colors

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

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

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

REFRAME

- → COMMUNITY LEADERSHIP
- → TRIBAL AUTONOMY and WISDOM
- → NON-TRADITIONAL HEALTH WORKERS
- → NOT JUST ALLYSHIP but ALSO ADVOCACY

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 TOUR - IT MEANT DEATH by EXPOSURE

NATIVE FAMILIES were DESTROYED & TORN APART

NO (HOME PUNISHED NOT EVER) 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

"WHERE'S YOUR CARD?"

THEY TRIED to BURY US

BUT THEY DID NOT KNOW WE WERE SEEDS

SO MANY DIED IN the NAME of WHITE FEAR

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

FORCED ASSIMILATION into WHITENESS

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

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HEALTHY start TA & SUPPORT CENTER
FOURTH STRATEGIC CONVENING FOR MATERNAL AND CHILD HEALTH ALIGNMENT AND IMPACT TOWARDS INFANT HEALTH EQUITY
Sunny @ see in Colors

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 GRANDMOTHERS UNCLES AUNTIES GRANDFATHERS

BELIEVE THEM

LISTEN 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

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

FOURTH STRATEGIC CONVENING FOR MATERNAL AND CHILD HEALTH ALIGNMENT AND IMPACT TOWARDS INFANT HEALTH EQUITY

SUNNY @ see in Colors

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

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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

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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

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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

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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 SSDOH

Increased emphasis on upstream interventions

Increased emphasis on addressing SSDOH for Healthy Start participants

Increased emphasis around activities that address racism and bias

HRSA Maternal & Child Health

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 SSDOH 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 and border 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

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Continued Priorities – Addressing the Key Drivers of Infant Mortality

Causes of Infant Mortality (examples)	Community Action Networks			
	Screening	**Navigation**	**Education**	**Clinical Care/Support Services**
• **Chronic diseases (e.g., hypertension, diabetes)** • **Obesity** • **Infections**	• Insurance status • Chronic conditions	• Referrals to providers • Addressing barriers to accessing prenatal care (e.g., transportation)	• Importance of prenatal care • Prenatal care schedule	• Prenatal care • Clinical care • Midwifery
• **Alcohol, tobacco and other Drugs (ATOD)** • **Mental health conditions** • **Intimate partner violence (IPV)**	• Screening for drug use • Depression screening • IPV screening	• 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)	• Perinatal depression • ATOD cessation • Healthy relationships	• Behavioral health
• **Unsafe sleep practices** • **Preventable injuries**	• Discussions with trusted Healthy Start staff	• Referrals for pack and plays • Housing	• Preconception education • Parenting education	
• **Racism and discrimination** • **Toxic, chronic stress**	• Discussions with trusted Healthy Start staff	• Linkage to culturally responsive care and support	• Social/peer support: group classes/gatherings	• Doula services • Culturally responsive care
• **Environmental toxins** • **Exposure to air pollution and lead**	• Lead screening	• Housing • Legal	• Lead exposure prevention • Tenant rights	• 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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Colorado Title V Presentation

Rachel Hutson, MSN, RN, CPNP

Title Director of the
Children, Youth and Families Branch
Colorado Department of Public Health and Environment

Healthy Start Regions 7, 8, 9 & 10 Regional Meeting

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MCH Colorado

Children, Youth and Families Branch
Prevention Services Division
www.mchcolorado.org

2021 - 2025

COLORADO
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2020 MCH Needs Assessment Summary

2020 MCH NEEDS ASSESSMENT SUMMARY

PREVENTION SERVICES DIVISION
MATERNAL AND CHILD HEALTH

COLORADO
Department of Public Health & Environment

BACKGROUND

Every five years, Colorado's Maternal and Child Health (MCH) Program conducts a statewide needs assessment of the health and well-being of women, children, youth, and families living in Colorado. Conducting this assessment is both a best practice in public health as well as a requirement of the Title V MCH Block Grant. The goals of the needs assessment are to:

- Gather information to understand which issues impact the MCH population.
- Identify specific priorities for state and local public health to address during the 2021-2025 Title V Block Grant cycle.
- Use the selected MCH priorities to plan and implement public health strategies to positively improve the lives of women, children, youth and their families in Colorado.

PROCESS DESIGN

OCTOBER 2017 - MAY 2018

Title V Block Grant Guidance and Public Health Approach

The Title V Block Grant guidance requires states to implement the public health approach in administering its Title V MCH programs. This approach outlines the importance of engaging stakeholders, assessing needs and capacity, and selecting priorities in order to impact the MCH population and the Title V national performance measures.

- Uses Evidence-Based Public Health Framework
- Leverages other state processes and resources
- Integrates cross-sector data and perspectives
- Population domain → Common issues

Learn more here.

MCH Framework

Vision: To Increase Community and Family Resilience

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STRATEGIC ANCHORS

- Racial equity
- Community inclusion
- Moving upstream

HEALTH IMPACT AREAS

- Behavioral health
- Access to care
- Nutrition security

PRIORITIES 2021-2025

- Create safe and connected built environments
- Increase prosocial connection
- Promote positive child and youth development
- Improve access to supports
- Increase social emotional well-being
- Reduce racial inequities
- Increase economic mobility

STRATEGIES → **OUTCOMES** → **MEASURES**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Colorado Maternal and Child Health Block Grant B04MC33825. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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MCH Theory of Change

Vision: To Increase Community and Family Resilience

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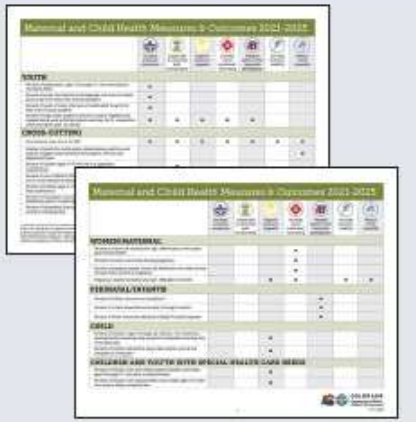
STRATEGIES

- Data/data use (assess and identify inequities)
- Policy/practice change
- Workforce development and capacity building
- Systems change
- Environment change
- Organizational and community partnerships

OUTCOMES

- Improved maternal health and wellbeing
- Reduced adverse childhood experiences (ACEs)
- Increased community connectedness
- Increased intergenerational wealth
- Increased racial equity

MEASURES



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2021-2025 Health Impact Areas

- Behavioral Health

- Access to Care

- Nutrition Security

National Performance Measures

- Percent of **infants** who are ever breastfed and percent of infants who are breastfed exclusively through 6 months
- Percent of **children**, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
- Percent of **adolescents**, ages 12 through 17, who are bullied or who bully others
- Percent of **children with** and without **special health care needs** having a medical home
- Percent of **women** who smoke during pregnancy

Maternal and Child Health Measures & Outcomes 2021-2025

	Increase prosocial connection	Create safe & connected built environments	Improve access to supports	Increase social emotional well-being	Promote positive child and youth development	Increase economic mobility	Reduce racial inequities
WOMEN/MATERNAL							
Percent of women of reproductive age (18-44 years) who report good mental health				●			
Percent of women who smoke during pregnancy				●			
Percent of pregnant people insured by Medicaid who smoke during the last three months of pregnancy				●			
Pregnancy-related mortality ratio (per 100,000 live births)*			●	●		●	●
PERINATAL/INFANTS							
Percent of infants who are ever breastfed					●		
Percent of infants breastfed exclusively through 6 months					●		
Percent of births insured by Medicaid at Baby-Friendly hospitals					●		
CHILD							
Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year			●				
Percent of children referred to early intervention who do not complete an evaluation			●				
CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS							
Percent of children with and without special health care needs, ages 0 through 17, who have a medical home			●				
Percent of children with special health care needs ages 0-17 years who receive family-centered care			●				

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Maternal and Child Health Measures & Outcomes 2021-2025

	Increase prosocial connection	Create safe & connected built environments	Improve access to supports	Increase social emotional well-being	Promote positive child and youth development	Increase economic mobility	Reduce racial inequities
YOUTH							
Percent of adolescents, ages 12 through 17, who are bullied or who bully others	●						
Percent of youth who identify as transgender who have a trusted adult to go to for help with a serious problem	●						
Percent of youth of color who have a trusted adult to go to for help with a serious problem	●						
Percent of high school students who felt so sad or hopeless and stopped doing usual activities almost every day for 2+ consecutive weeks during the past 12 months*	●	●	●	●	●		
CROSS-CUTTING							
Racial Equity Index Score (0-100)*	●	●	●	●	●	●	●
Number of points for racial equity related policy, practices and systems changes implemented at the program, division and department level							●
Percent of children ages 0-17 who live in a supportive neighborhood		●					
Percent of non-CYSHCN/CYSHCN ages 0-17 years who experience two or more adverse childhood experiences*	●		●	●	●	●	
Percent of children ages 0-17 years who experience household food insufficiency*		●	●	●	●	●	●
Percent of Coloradans who strongly agree that the current healthcare system is meeting the needs of their family*			●	●			●
Percent of households that spend more than 30% of household income on housing costs						●	

* Indicates a State Outcome Measure (SOM). The SOMs are measures that reflect the cross-cutting nature of the new priority work. They were designed to capture common outcomes across priorities that are not addressed by the core priority measures.The core priority measures include the National Performance Measures (NPMs), Evidence-based or Informed Strategy Measures (ESMs), and State Performance Measures. See page 5 of the MCH Framework for definitions of each type of measure. Every year, Colorado MCH reports its progress on these core priority measures to the Maternal and Child Health Bureau (MCHB).

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3 MCH Partners, Roles and Resources

National Partners

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS)

- MCH Navigator

Association of Maternal and Child Health Programs (AMCHP)

- Innovation Hub

CityMatCH

- Urban city or county health departments
- Defined by organization as Population >100,000

Colorado MCH - Roles

- CDPHE MCH/Title V Director and CYSCHN Director
- CDPHE State and Local Implementation Leads
  - MCH Local Liaisons
  - MCH Priority Coordinators
  - Subject Matter/Population Experts
  - Workforce Development
- Local Public Health Agencies (LPHAs)
  - MCH Managers
  - HCP Team Leads
  - Other Local Program Staff
- MCH Operations (Backbone Supports)

MCH Priorities 2021-2025 Contact List

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State and Local Resources

- MCH Intranet - CDPHE staff only
- MCHcolorado.org
  - State Implementation
  - Local Implementation
  - Downloadable Materials
  - MCH Data
- MCH Core Measures

MCH Workforce Development

Areas of Expertise

1) Racial Equity
2) Community Inclusion
3) Moving Upstream
4) Trauma-Informed and Stress Responsive Systems
5) Human-Centered Skills
6) Individual and Team Assessments

Workforce Request System

④ Q & A

Evaluation of Today's Session

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Iowa Title V Presentation

Marcus Johnson-Miller, CPM

e V Director and Bureau Chief

Bureau of Family Health

Iowa Department of Public Health

Healthy Start Regions 7, 8, 9 & 10 Regional Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Iowa's Title V Program

Marcus Johnson-Miller
Bureau Chief & Title V MCH Director
Family Health Bureau

Population Domains and Selected NPMs and SPMs

- Maternal Health
  - NPM 13.1: Percent of women who had a preventive dental visit during pregnancy
  - NPM 14A: Percent of women who smoke during pregnancy
  - SPM 1: Maternal Mortality Rate

- Perinatal and Infant Health
  - NPM 4B: Percent of Infants breastfed exclusively through 6 months (work/school/child care focus)
  - NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Population Domains and Selected NPMs and SPMs, continued

- Child Health
  - NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
  - NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
  - SPM 2: Percent of children ages 1 and 2, with a blood lead test in the past year.
  - SPM 3: Percent of early care and education programs that receive Child Care Nurse Consultant services
  - SPM 5: Percent of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider

- Adolescent Health
  - NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
  - SPM 4: Adolescent Mental Health - Percent of high school students who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities.

Population Domains and Selected NPMs and SPMs, continued

- Cross Cutting
  - SPM 6: Health Equity - Percent of Title V contractors with a plan to identify and address health equity in the populations they serve

- Children and Youth with Special Health Care Needs
  - NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
  - NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
  - SPM 7: Percent of caregivers of CYSHCN who report overall satisfaction with support services received through Title V

Selecting Evidence-Based or Evidence Informed Strategy Measures

MCH Evidence Center

- Evidence Analysis Tools
- TA from MCH Evidence Staff
- MCH Digital Library

https://www.mchevidence.org/tools/

AMCHP Innovation Hub

- Searchable Repository of “what’s working”
  - Includes both practice and policy

https://amchp.org/innovation-hub/

How can Healthy Start become involved in Iowa's Title V Work?

- Collaboration within EveryStep – Agency is both a Title V agency and the Healthy Start Grantee
  - Doula Project
  - Title V plans around breastfeeding, safe sleep, smoking during pregnancy, Maternal Mortality
- Join state-level task force – Iowa Maternal Quality Care Collaborative
- Bi-directional data sharing

Questions

Thank you!

Marcus Johnson-Miller
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Missouri Title V Presentation

Martha Smith, MSN RN, LNHA

Director

Missouri Maternal Child Health/Title V

Missouri Department of Health & Senior Services

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Regions 7, 8, 9 & 10 Regional Meeting

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Missouri Title V MCH Update

2023 Healthy Start Regional Meeting

Martha Smith, MSN, RN
Missouri Maternal Child Health Director

Presentation Outline

1. Brief overview of the six MCH population domains and the National Performance Measures (NPMs) prioritized in Missouri
2. State Performance Measures (SPMs) to address the identified priorities based on Missouri's needs assessment findings
3. Description of process used to identify the State Evidence-Based or Evidence-Informed Strategy Measures (ESMs)
4. Ways Healthy Start programs can become involved in MCH work in Missouri

Missouri FFY 2021-2025 Title V MCH Priorities

National Performance Measures (NPMs)

Women/ Maternal Health

Improve pre-conception, prenatal and postpartum health care services for women of child-bearing age

NPM 1
Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Perinatal/ Infant Health

Promote safe sleep practices among newborns to reduce sleep-related infant deaths

NPM 5
A) Percent of infants placed to sleep on their backs
B) Percent of infants placed to sleep on a separate approved sleep surface
C) Percent of infants placed to sleep without soft objects or loose bedding

Child Health

Reduce intentional and unintentional injuries among children and adolescents

NPM 8.1
Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Adolescent Health

Reduce obesity among children and adolescents

NPM 7.2
Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

CYSHCN

Ensure coordinated, comprehensive and ongoing health care services for children with **and** without special health care needs

NPM 11
Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Missouri FFY 2021-2025 Title V MCH Priorities

State Performance Measures (SPMs)

Child Health

Enhance access to oral health care services for children

SPM 1
Percent of children, ages 1 to 17 years, who had a preventive dental visit in the last year

Adolescent Health

Promote Protective Factors for Youth and Families

SPM 2
Suicide and self-harm rate among youth ages 10 through 19

Cross-cutting & System Building

Address Social Determinants of Health Inequities – Training and Health Literacy

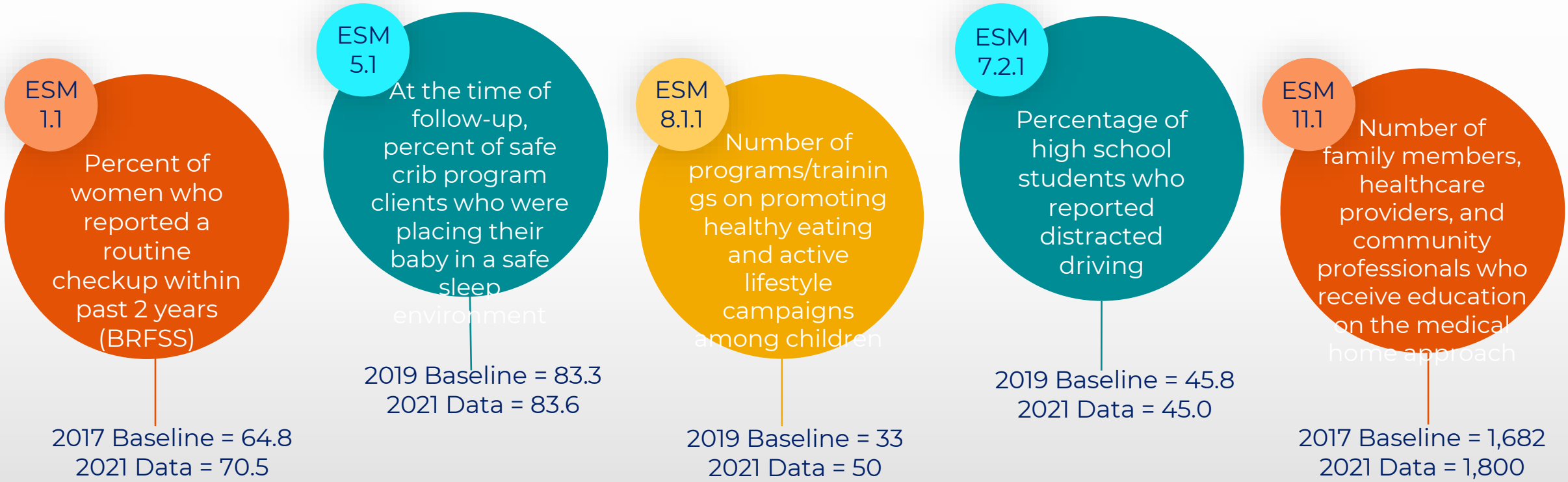
SPM 3
Number of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Racial Justice trainings

Overarching Principles

Ensure Access to Care, including adequate insurance coverage, for MCH population

Promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities

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



Title V and Healthy Start Synergy

DIRECTION-ALIGNMENT-COMMITMENT

Statewide Needs Assessment Processes

Collaboration on Maternal-Child Action Networks & Initiatives

Resource Sharing

Mutual Support for & Collaboration on Funding Opportunities

Shared Learning & Workforce Development

Local/regional evidence-based & community-based programming to support statewide MCH State Action Plan & ESMs to address state MCH priorities

Collaboration on innovative approaches to address emerging topic areas

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

QUESTIONS?

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573-751-6435

Health.Mo.Gov

MISSOURI DEPARTMENT OF
HEALTH & SENIOR SERVICES

PROTECTING HEALTH AND KEEPING PEOPLE SAFE