

# 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 6 Regional Meeting**  
*Monday, March 6 from 9:00 am-4:15 pm CT*



# Healthy Start Regional Meeting

Region 6

Day 1: Monday, March 6  
from 9 am-4:15 pm ET





# Icebreaker

**Rochelle Logan, DrPh, MPH, CHES**

*Supervisory Public Health Analyst*

Division of Healthy Start and  
Perinatal Services

**Kristal Dail, MPH**

*Healthy Start Project Officer*

Division of Healthy Start and  
Perinatal Services



# Welcome & Overview of the Agenda

**Kenn L. Harris**

*Executive Director*  
Healthy Start TA & Support Center  
(TASC)

# Land Acknowledgment

We are gathered here today in Yanaguana or “Land of the Spirit Waters”, now known as San Antonio. This is the ancestral homeland to the Payaya, a band that belongs to the Tāp Pīlam Coahuiltecan Nation who populated lands across what is now called Northern Mexico and South Texas.

**Visit [native-land.ca](http://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!

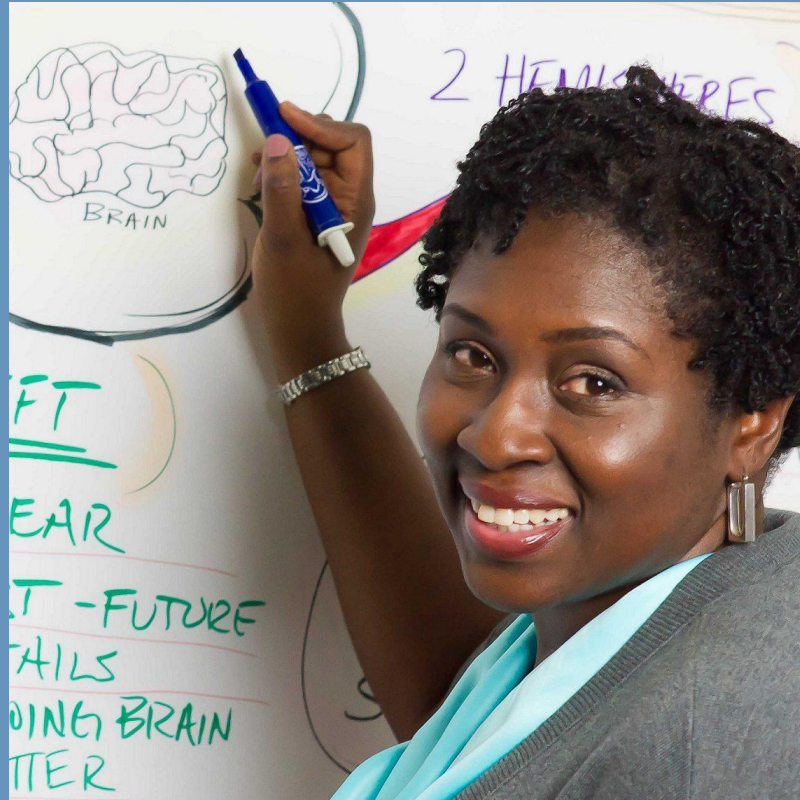
- **Please feel free to:**

- View the agenda in the folder inside your tote bag.
- Enjoy the snacks and beverages throughout the meeting.
- Use the hand sanitizer on each table.
- Write your thoughts on our Gratitude Board in the hallway.
- Review the nearby lunch options in your folder and place an order for delivery or pickup in advance.

- **Please also note:**

- The bathroom is located straight across the rotunda.
- The TASC team is here to provide support or answer any questions during the meeting.
- 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

# See in Colors



**Lisa Nelson,**  
Founder and Creative Director at  
See in Colors



**Sunny Belbenkacem**  
Graphic Recorder at See in Colors

**Icebreaker**  
9:00-9:15

**Rochelle Logan, DrPh, MPH, CHES**  
*Division of Healthy Start and Perinatal Services*  
(DHSPS)

**Opening Plenary**  
9:15-10:15

**Kenn L. Harris**  
*Healthy Start TA & Support Center*

**Kori Eberle, MS**  
*San Antonio Healthy Start*

**Michael Warren, MD, MPH**  
*Maternal and Child Health Bureau (MCHB)*

**Lee Wilson, MA**  
*DHSPS*

**Rochelle Logan, DrPh, MPH, CHES**  
*DHSPS*

**Mia Morrison, MPH**  
*DHSPS*

**Susannah Boudreaux**  
*Louisiana Department of Health*

**Data & Evaluation Plenary**  
10:15-11

**Peter LaMois, MS**  
*DHSPS*

**Break from 11-11:15 am**

**AIM CCI Plenary**  
11-11:45

**Saanie Sulley, MD, PhD**  
*AIM CCI Program*





**Skill-building Sessions Part 1**  
11:45-12:45

**Angela Rau, MAT**  
*ACTT Consulting*

**Brenda Blasingame**  
*Vav Amani Consulting*

**Art James, MD, FACOG**  
*TASC Consultant*

**Kenn L. Harris**  
*TASC*

**Kenn Scarborough**  
*NHSA*

**G. Wesley Bugg, JD**  
*Reaching Our Brothers Everywhere*

**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**

**Overview & History of the CAN  
Plenary**  
3:45-4:30

**Kenn L. Harris**  
*TASC*

**Adjourn at 4:30**

**Optional Group Discussion: Staff  
Recruitment & Retention**  
4:30-5:15

N/A

**Optional Fatherhood  
Coordinator Meetup**  
7-8

N/A





# Host Site Presentation

**Kori Eberle**

*Project Director*  
San Antonio  
Healthy Start



# A Message from the MCHB Associate Administrator

**Dr. Michael Warren**

*Associate Administrator*  
Maternal and Child Health Bureau



# Updates from the Division

**Lee Wilson, MA**

*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*



# Division of Healthy Start and Perinatal Services Welcome

## Healthy Start Regional Meetings 2023

**Lee Wilson**

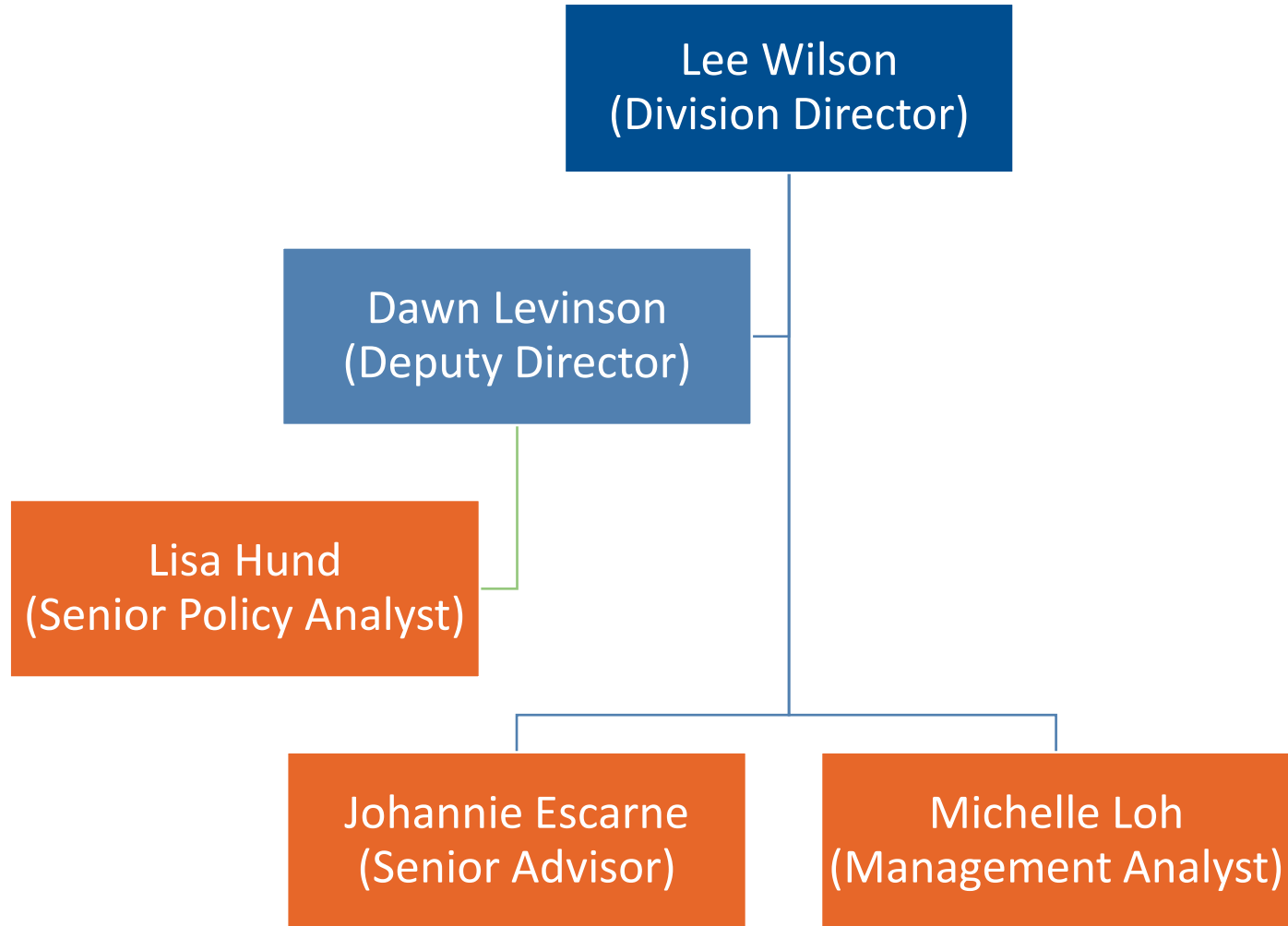
**Division Director**

**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

- **Sandra Lloyd (Team Lead)**
- Vanessa Lee (ACIMM DFO & Catalyst PO)
- Cassandra Phillips (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 (MHI PO)
- Sarah Meyerholz (MHI PO & ACIMM)



# FY23 Appropriations

Program	FY22 Funding Level	FY23 Funding Level
AIM	\$12 Million	\$15.3 Million
Healthy Start	\$132 Million	\$145 Million
Integrated Maternal Health Services		\$10 Million
Maternal Mental Health Hotline	\$4 Million	\$7 Million
MDRBD	\$6.5 Million	\$10 Million
State MHI	\$29 Million	\$55 Million

# 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

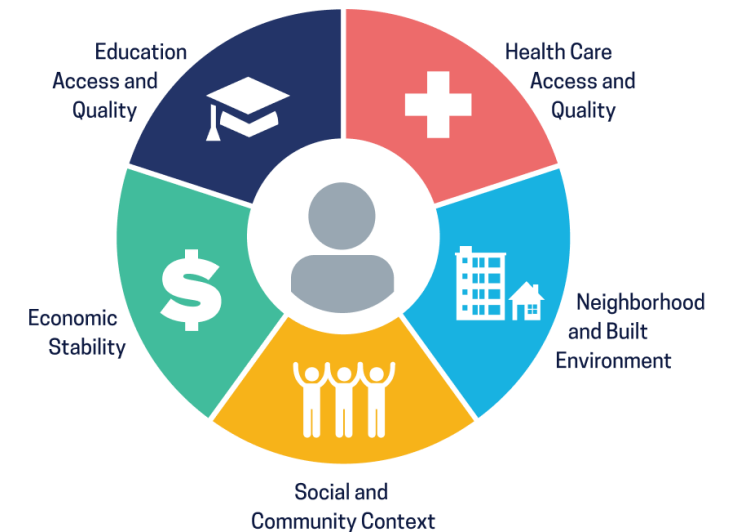
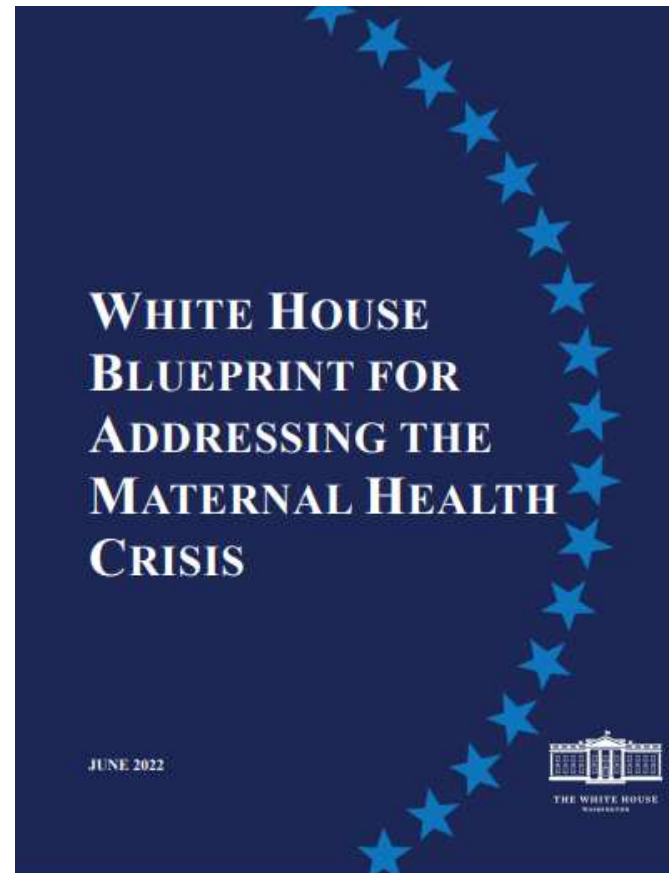
Achieve **health equity** for MCH populations.

### GOAL 3

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

### GOAL 4

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





# 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**



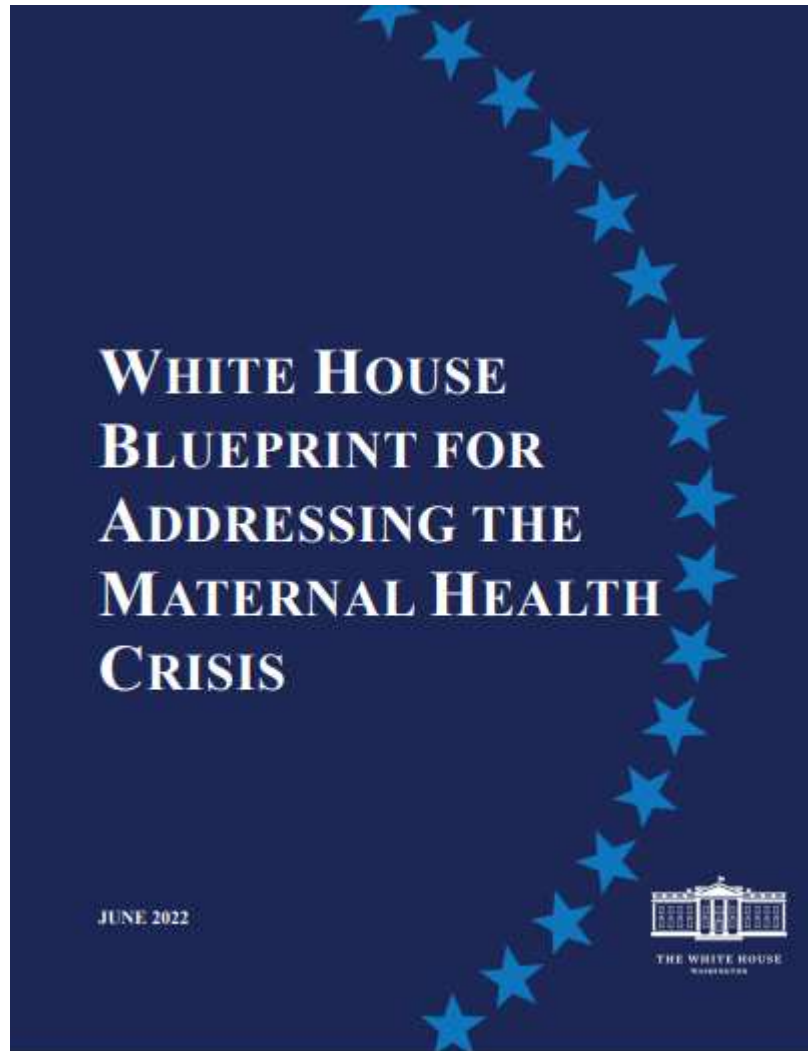
# Division Updates

## 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 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

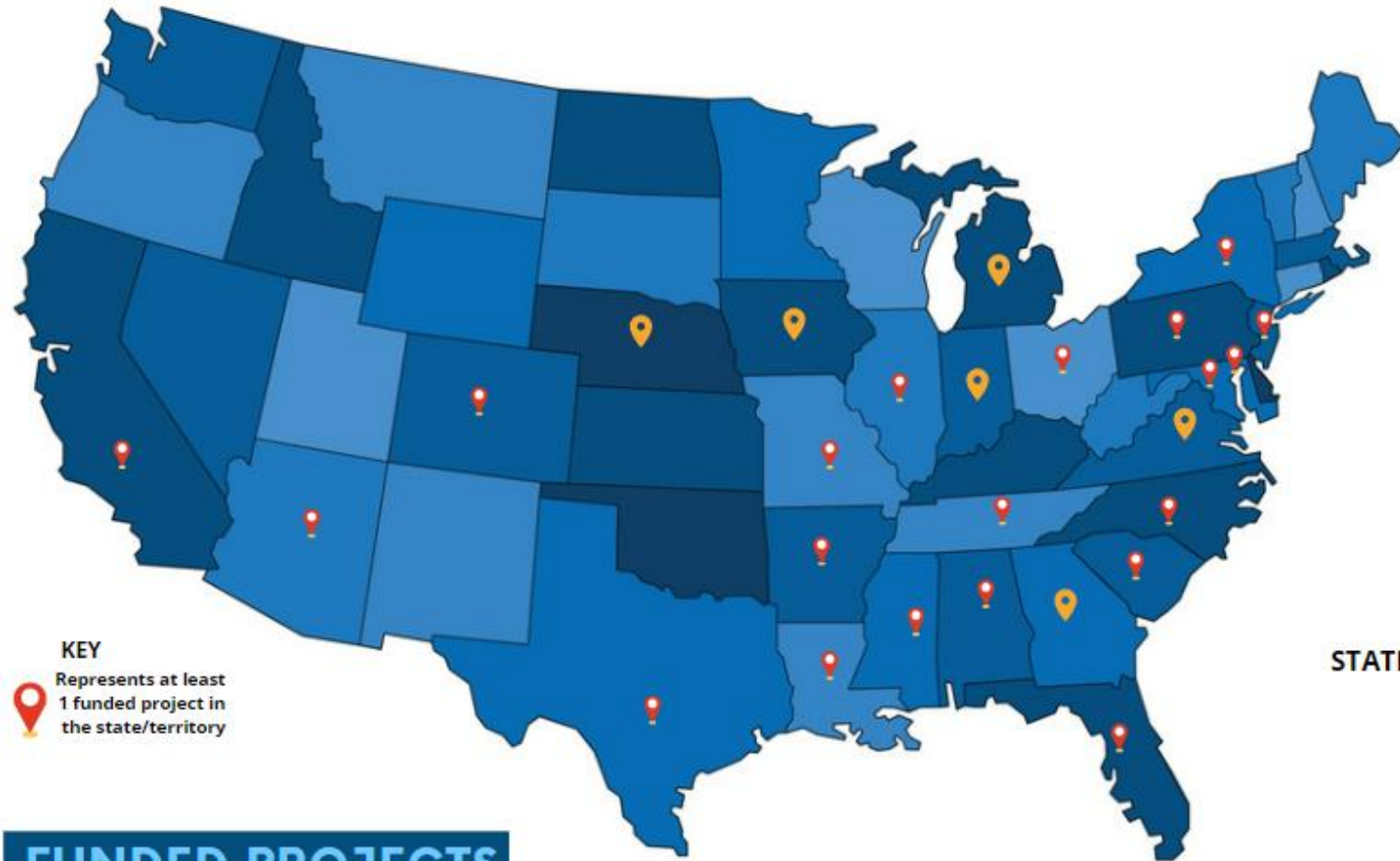
### Expand and Diversify the Perinatal Workforce

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



**FUNDED PROJECTS**

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

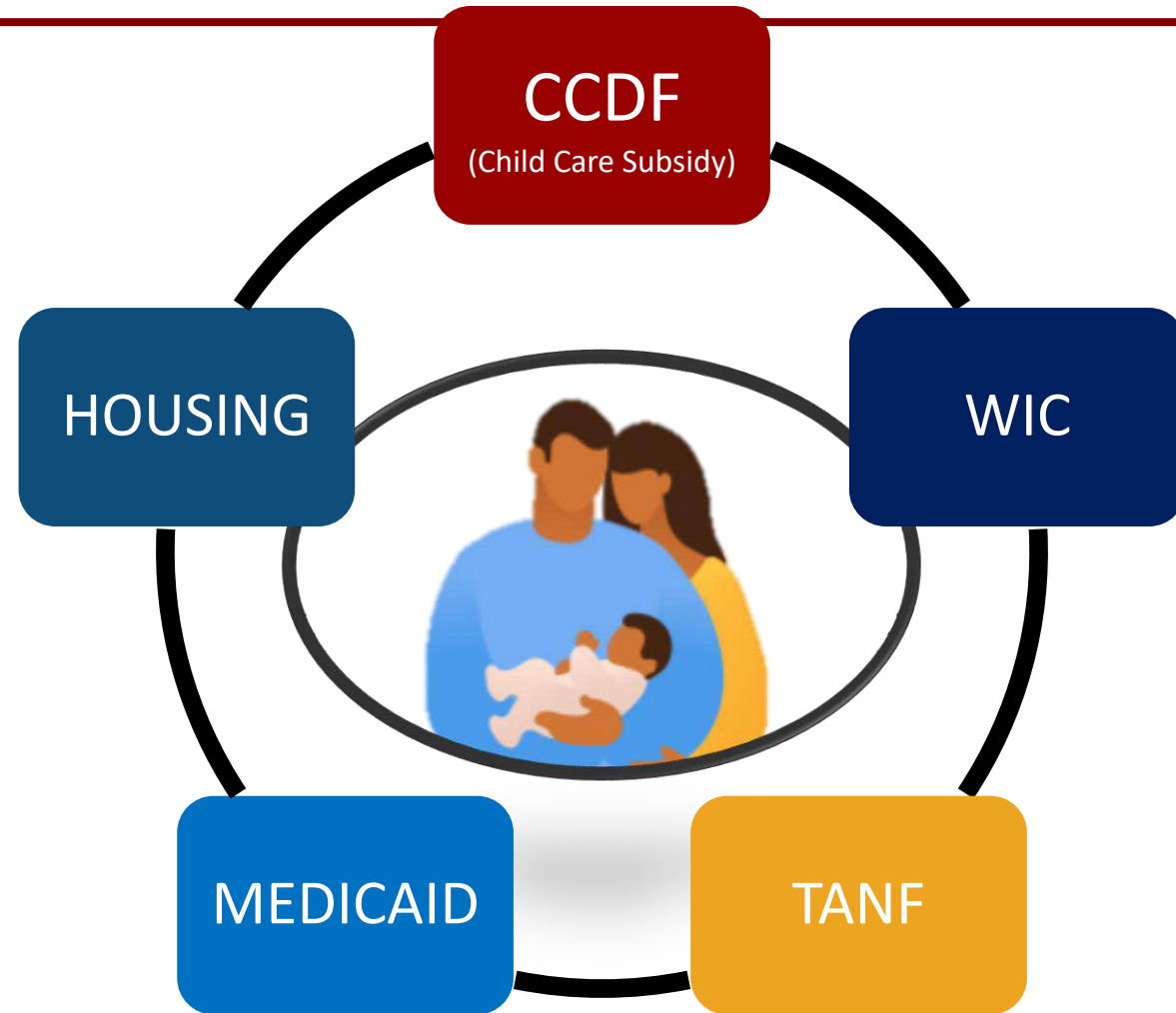
The Benefits Bundle project represents a joint effort between HRSA/MCHB and the Office of Management and Budget (OMB)/United States Digital Service (USDS). Other partners include USDA, DOE, HUD, and ACF, all working to improve the experiences of low-income families navigating the years from birth to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



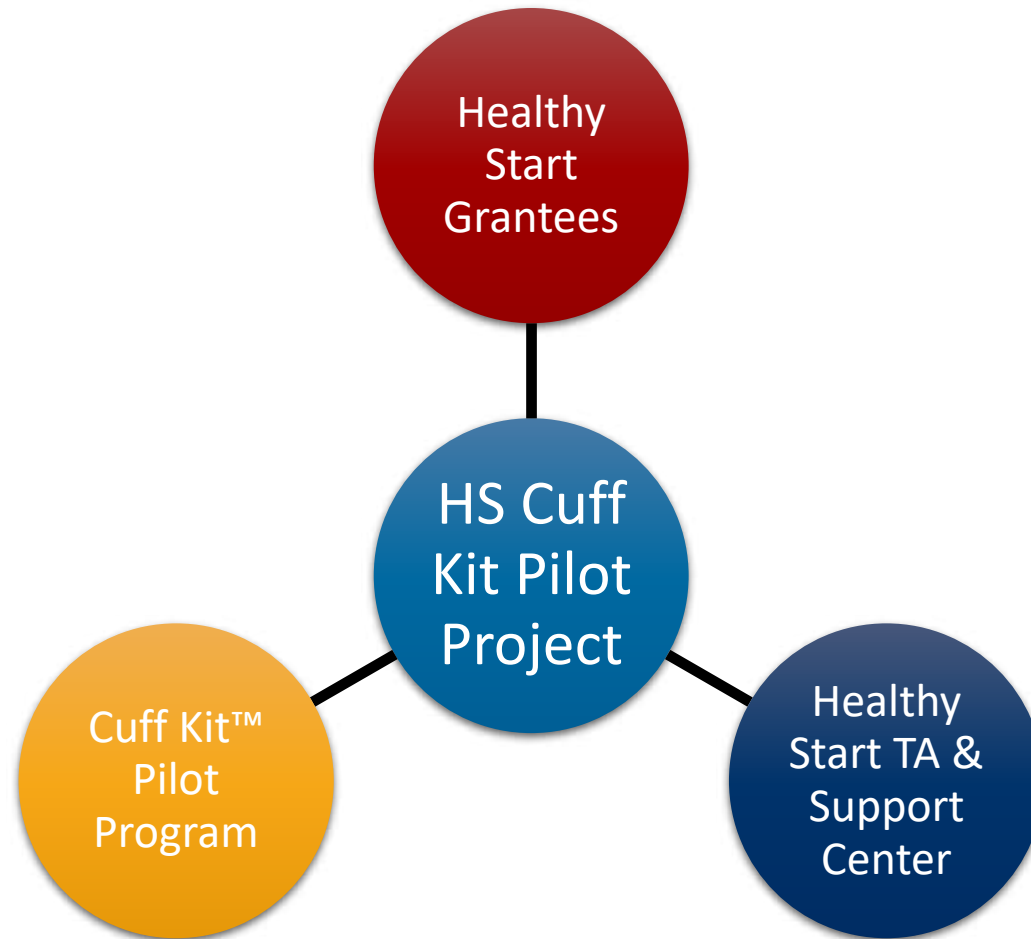
## Maternal Health Actions Goal 1.7

- 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.

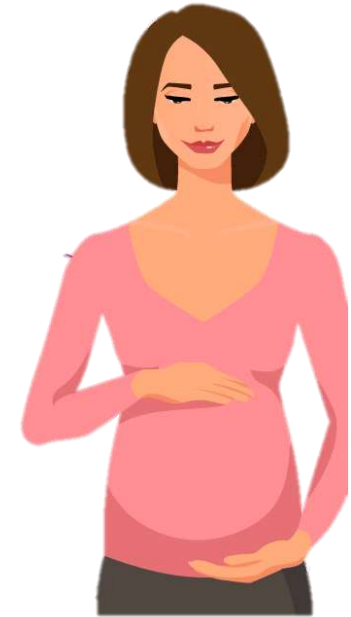
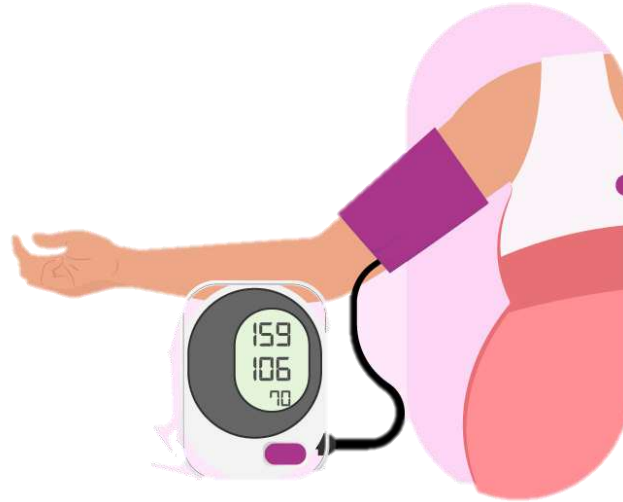




# Cuff Kit Pilot Project

## 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**



**TAMELA MILAN-ALEXANDER**

- CENTER FAMILY VOICES
- WOMEN ARE DISMISSED, DUMBED DOWN, AND DENIED WHEN TRYING TO GET CARE
- INVOLVE COMMUNITY IN PROGRAM DESIGN
- FEAR AND DISRESPECTFUL CARE AFFECTS EQUITABLE ACCESS
- REPRESENTATION OF BIPOC HEALTH PRACTITIONERS

**ART JAMES**

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

**ASHLEY HIRAI**

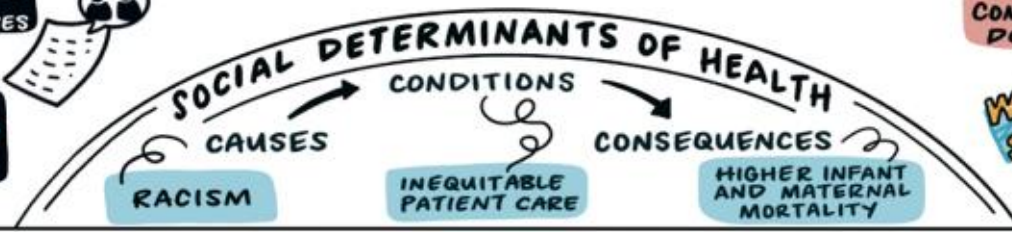
- NEED SOLUTION-FOCUSED RESEARCH
- GIVING VOICE TO DATA SHOWS BIAS
- NEED INCLUSIVE REPORTING WITH MULTIPLE RACIAL CATEGORIES
- LEARN FROM COUNTIES THAT HAVE ELIMINATED EXCESS MORTALITY
- CO-LOCATE TAX SERVICES WITH HEALTH SERVICES



## HOW DO WE ACHIEVE INFANT HEALTH EQUITY?

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



## WHICH POLICIES NEED CHANGING?

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

- 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

## 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**

- INCREASED KNOWLEDGE OF BENEFITS OF TELEHEALTH
- ACCESS TO COVID VAX
- HOSPITAL POLICIES CHANGED w/o EXPLANATION
- POLARIZATION of HC/POLITICS

**↑ C-SECTIONS 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

**↓ SCREENINGS**

- LOTS OF APPTS CKLD
- SCARCITY of PROVIDERS

**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



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



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

A NEW APPROACH IS NEEDED

COMMUNITY ORIENTED prenatal care

COMMUNITY VOICE

CHANGING PIPELINE OF PROVIDERS

CAREER PATHWAYS BIPOC COMMUNITIES

LOOK WITHIN  
AFRICAN AMERICAN PROVIDERS

TYPES OF ENGAGEMENT

SERVICE DELIVERY MODELS

ASSET-BASED CARE MODEL

DATA TYPES SHIFT

INCLUSIVE

WHAT ASSETS? COULD THERE BE?

AWARENESS ENGAGE

INCENTIVES

FISCAL YEAR FUNDING OPPORTUNITY TO APPLY IDEAS

VALUE AND ENGAGE MORE COMMUNITY NON-CLINICAL CHANGE MAKERS

WHO IS AT THE TABLE?

# 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

ADVOCACY: DOULA, MOTHER/INFANT

ADDRESS SOCIO-ECONOMIC FACTORS

DATA COLLECTION, RESEARCH

SUPPORT SYSTEMS for HC WORKERS

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 TOUP - IT MEANT DEATH by EXPOSURE

NATIVE FAMILIES

were DESTROYED & TORN APART

NO MORE 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

THEY TRIED to BURY US

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



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

FORCED ASSIMILATION into WHITENESS



BUT THEY DID NOT KNOW WE WERE SEEDS

RACISM & 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 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>

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

# 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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# Title V Presentation

**Susannah Boudreaux**

MIECHV Program Manager  
*Bureau of Family Health,  
Louisiana Department of Health*

# Healthy Start -Louisiana Title V



## Title V National Performance Measures of Focus

- The national measures selected for their closest alignment with our work and what is measurable
- But they are only PART of what we do
- What Title V is doing is best understood by our strategies for population impact

\*NPM2, 4, 5, 6, 7.1, 7.2, and 11



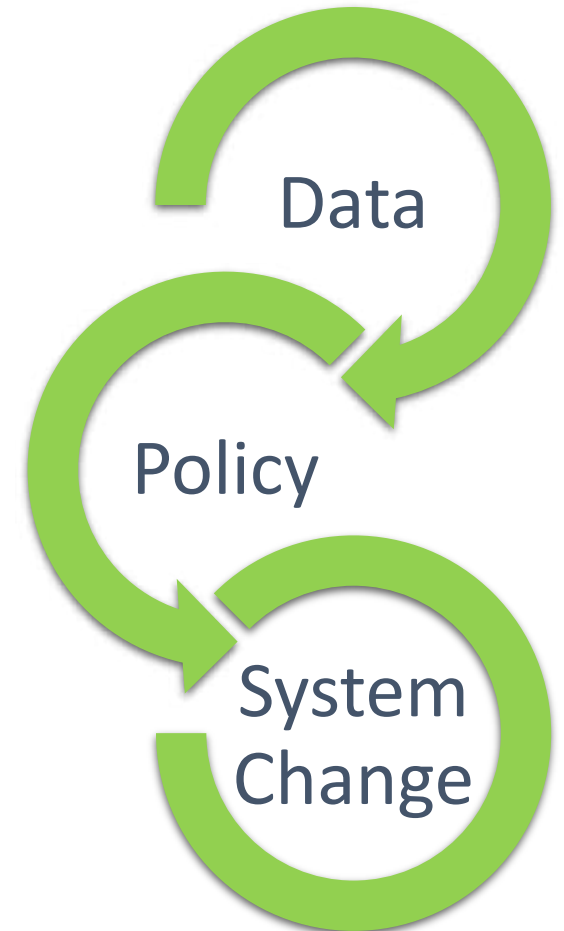
# *How is Louisiana Title V working to have population-level, widespread impact?*

Shift FROM  
“**services**” reaching a  
few hundred or  
thousand people



Shift TO  
“**strategies**” and “**campaigns**”  
that reach entire populations

Organizational  
strategies



## **Every Mom. Every Family. Every Baby.**

- ✓ All individuals who are pregnant or have a baby in Louisiana's birthing facilities can have confidence that Louisiana has ready providers, ready facilities, ready systems and that we are a ready state for **safe birth**.
- ✓ All prenatal and pediatric clinical providers in the state will have the support they need to screen and respond to **maternal depression** and the **developmental health of children**.

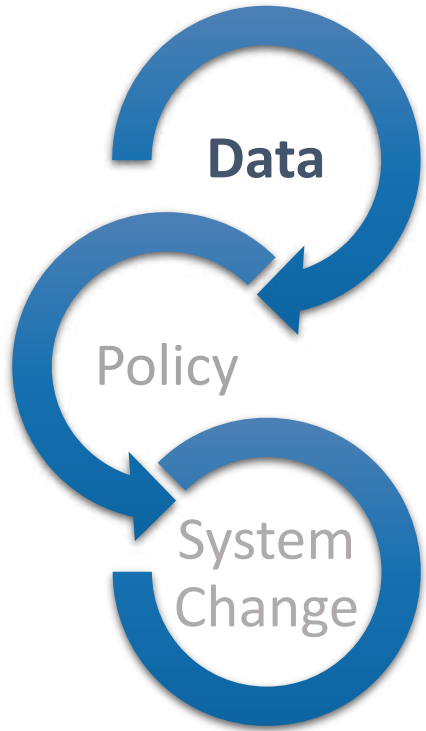
Why these priorities?

- There is need
- There is momentum (activated systems, activated advocates, activated legislative champions)
- There is enabling policy (more every day) and existing infrastructure that can be scaled and spread

**Public health data** to inform and clarify needed actions.

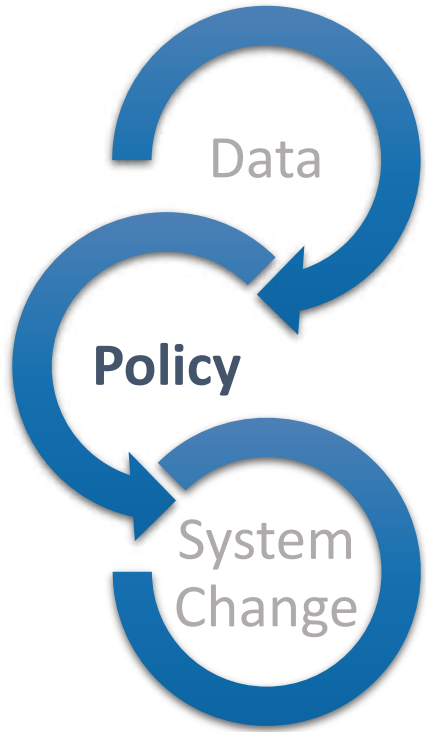
**Policy that enables and reinforces** what we want to see.

**Support for our systems** to execute.



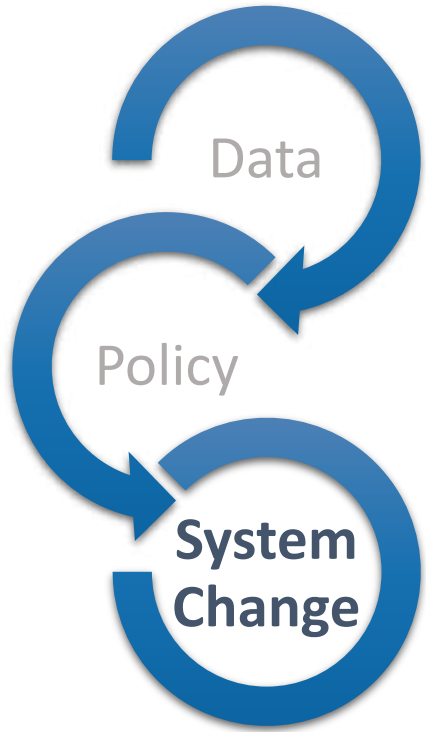
## Public health data to inform and clarify needed actions.

- Multi-disciplinary and community-engaged review of all maternal deaths (PAMR)
- Multi-disciplinary review of all deaths among children (CDR)
  - Determine preventability
  - Generate recommendations for policy and systems change
- Pregnancy Risk Assessment Monitoring System (LaPRAMS)
- Title V Maternal and Child Health Block Grant Needs Assessment (5-year)



## Policy that enables and reinforces what we want to see.

- Title V Developmental Screening Initiative
  - Louisiana Developmental Screening Guidelines (voluntary) five domains
- Medicaid policy for caregiver depression screening with evidence-based tools
- Medicaid “in lieu of” benefit for pregnancy medical home model of care to individuals with substance use disorder
- New licensure requirements for birthing facilities
- Legislative actions (many!)
  - Maternal mental health task force (Black and brown women) (2021 HCR 105)
  - Promote evidence based screening maternal anxiety/depression (2021 HCR 103)
  - Assess LDH activities related to women’s health (2021 Act 210)
  - Establish doula registry board
  - 12-month postpartum coverage

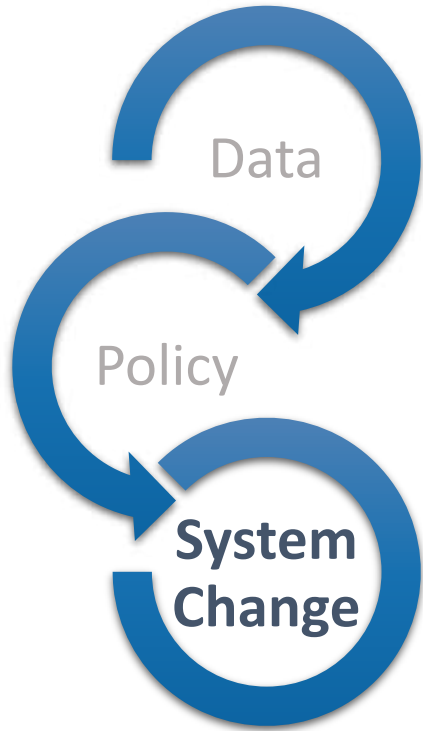


**Support for our systems** to do what is needed to improve outcomes.

*Vision:*

*All prenatal and pediatric clinical providers in the state will have the support they need to recognize and respond to maternal behavioral health concerns (and other concerns affecting the developmental health of children).*

## Support for our systems to execute change.



- Mental health provider-to-provider consultation system (perinatal and pediatric)
  - Support early identification of risks and mental health symptoms, implement first line management of mental health and substance use disorders, and make effective referrals to additional community resources
- Louisiana Developmental Screening Initiative (including perinatal depression)
  - Provider toolkit interactive and with videos step-by-step
  - Technical assistance to support integration into practice
- Louisiana Perinatal Quality Collaborative (LaPQC) – almost all facilities
  - *Improving Care for the Substance-Exposed Dyad (ICSED)* initiative (14)
  - *Caregiver Perinatal Depression Screening Pilot* (4)
  - Our Theory of Change is to advance reliable clinical practices, respectful patient partnership, effective peer teamwork, engaged leadership
- Redevelopment of FHF contracts
  - Landscape assessment for FHF to understand providers in their community for all CYSHCN (not just developmental disabilities)

## How Can Healthy Start Help?

- Continued collaboration in local CAAT or CAAN meetings
- Continuing to foster relationships with local MIECHV programs ensuring services & supports are available to all qualifying families