

# 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 1, 2, & 3 Regional Meeting**  
*Monday, April 24 from 9:00 am-4:30 pm ET*





# Mindfulness

**Morgan Taylor-McFadden, MPA**

*Director*

Boston Healthy Start

**Cherline Arnoux, MSW**

*Behavioral Health Clinician*

Boston Healthy Start

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**Healthy Start Regions 1, 2, & 3 Regional Meeting**  
*Monday, April 24 from 9:00 am-4:30 pm ET*



# Healthy Start Regional Meeting

Regions 1, 2, & 3

Day 1: Monday, April 24  
from 9 am-4:30 pm ET





# Icebreaker

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

*Supervisory Public Health Analyst*

Division of Healthy Start and  
Perinatal Services

**Simone Esho, MPH**

*Healthy Start Project Officer*

Division of Healthy Start and  
Perinatal Services



# Welcome & Overview of the Agenda

**Scott Berns, MD, MPH, FAAP**

*President & CEO*  
National Institute for Children's  
Health Quality (NICHQ)

**Nikki Maffei, MSc**

*Associate Project Director*  
Healthy Start TA & Support Center  
(TASC), NICHQ

# Land Acknowledgment

We are gathered here today on the ancestral homeland of Massachusetts, Pawtucket, and Naumkeag peoples.

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.
- 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.

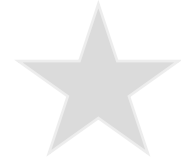




## You'll notice stars on your name tags....



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**  
**Simone Esho, MPH**  
*Division of Healthy Start and Perinatal Services*  
*(DHSPS)*

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

**Scott Berns, MD, MPH, FAAP**  
*National Institute for Children's Health Quality*  
*(NICHQ)*

**Nikki Maffei, MSc**  
*Healthy Start TA & Support Center (TASC)*

**Becky Cruz-Crosson, MA**  
**Morgan Taylor-McFadden, MPA**  
*Healthy Start Systems, Boston Public Health*  
*Commission*

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

**CDR Johannie Escarne, MPH**  
*DHSPS*

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

**Mia Morrison, MPH**  
*DHSPS*

**Elaine Fitzgerald Lewis, DrPH, MIA**  
*Massachusetts Department of Public Health*

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

**Lina Barrett, MPH, MS**  
*DHSPS*

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



AIM CCI Plenary 11:15-11:45	Lidyvez Sawyer, EdD, MPH <i>AIM CCI Program</i>
Skill-building Sessions Part 1 11:45-12:45	Sue Kendig, JD, MSN, WHNP-BC <i>AIM CCI Program</i>
	Jason Perry <i>Oak Tree Leadership</i> Kenneth Scarborough <i>National Healthy Start Association (NHSA)</i>
	Zhandra Levesque, MPH & Monica Gaines <i>Education Development Center (EDC)</i>
Ebony Reddock, PhD, MPH <i>Michigan Public Health Institute</i>	
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	Danette McLaurin Glass <i>First TEAM USA</i>
Adjourn at 4:30	
Optional Group Discussion: More, Less, & Just Right 4:30-5:15	Chaunda Cunningham, LSW <i>Healthy Start, Inc. (Pittsburgh, PA)</i>
Optional Fatherhood Coordinator Meetup 7-8	N/A



# TASC Communications

Are you signed up for the TASC's weekly updates and monthly newsletters?

- Learn about upcoming webinars, cohorts, Learning Academies, training scholarship opportunities, and more!

Visit [link.nichq.org/TASCnewsletter](https://link.nichq.org/TASCnewsletter) or scan the QR code below to sign up:



*Healthy Start Regions 1, 2, & 3 Regional Meeting*

**NICHQ**  
National Institute for  
Children's Health Quality

HEALTHY  
**start**  
TLC & SUPPORT CENTER



# Host Site Presentation

**Becky Cruz-Crosson, MA**

*Division Director*  
Healthy Start Systems  
Boston Public Health  
Commission

**Morgan Taylor-McFadden, MPA**

*Director*  
Boston Healthy Start

Healthy Start Regions 1, 2, & 3 Regional Meeting





**Boston Public Health Commission**

Child, Adolescent, and Family Health

# Boston Healthy Start Initiative

BOSTON  
PUBLIC  
HEALTH  
COMMISSION



# Welcome to Boston

Lifting up the contributions of local legends, past and present who are working to create a thriving and vibrant Boston.

**Black History is Boston History!**





33 Years!

## What is Boston Healthy Start Initiative ?

The Boston Healthy Start Initiative has been part of a national initiative to reduce racial inequities in infant mortality and poor birth outcomes for the past 30 years. BHSI provides direct support to pregnant and parenting women, men, children and families through care coordination, connection to resources, health education, and advocacy.

BHSI also coordinates the Community Action Network (CAN), which is a community coalition that focuses on reducing the inequities in infant mortality and poor birth outcomes through policy strategies. The purpose of this project is to improve health outcomes before, during, and after pregnancy, and to reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes!



**BHSI serves self-Identified Black women/persons, pregnant or postpartum, and parenting up to 18 months receiving services at affiliated health centers or through Healthy Baby Healthy Child. We also provide services to fathers/male partners with the intent to support and uplift whole families.**

BMC Teen & Tots Program  
Bowdoin Street Health Center  
Codman Square Health Center  
Mattapan Community Health Center  
Whittier Street Health Center

# The Team

## **Lucille Stanislaus**

Codman Square HC Family Partner

## **Siraad Yusuf**

Whittier Street HC Family Partner

## **Rosita Centeio**

Bowdoin Street HC Family Partner

## **Charise Simmons**

Healthy Baby, Healthy Child Family Advocate

## **Garody Joseph**

Mattapan CHC Family Partner

## **Johnny Taylor & Erick Dos Santos**

Father Friendly Initiative Case Managers

## **Brandy Watts**

CAN Coordinator

## **Silkia Ramos Felix**

Data Coordinator

## **Cherline Arnoux**

Behavioral Health Clinician

## **Richard DeRosa**

Director, Behavioral Health/ Father Friendly Initiative

## **Morgan Taylor-McFadden**

BHSI Director, Project Manager

## **Becky Cruz Crosson**

Project Director, HSS Division Director





**HSA**  
Neighborhood Summit  
and Annual Conference

**Celebrating NHSA's 25-Year Legacy**

Grounded in Equity, Engaging & Lifting Community Voice  
March 26-30, 2023



# Program Highlights

Support affiliated health centers by funding a community health worker (CHW) “family partner” to assist families with accessing resources, care coordination, advocacy, and health education.

- Increased sites funding for client support material budget. Allowing sites the ability to purchase items such as diapers, wipes, clothing, etc.
- Increased participant compensation) from \$50 to \$75. We believe community led initiatives & people should be paid for their time.
- Partnered with Little Cocoa Bean Inc. to provide baby nutrition, education and resources.
- Partnered with March of Dimes to host implicit bias training for providers in maternal health.
- Recognize wellness and self-care as necessary component of the work. implement wellness activities and conversations in every staff meeting.
- Improved data collection processes that reduce burden on families and staff.
- Expanding Father specific Healthy Start in Housing slots/units



# Program Highlights

## Community Action Network

- Uplift the CAN Tuesdays
- Large Quarterly CAN Meetings
  - Policy Priorities:
  - Local Fetal Infant Mortality Review
  - Preconception Health : **Community-Driven Opportunities to Improve Preconception Health in Boston (Report)**



## Perinatal Behavioral Health

- Individual therapy
- Virtual Support Drop in's
- Support Group ( 4<sup>th</sup> Trimester: Black Women in Motherhood)
- Presented our work at CityMATCH in 2022



**For babies to be born healthy and stay healthy, mothers and families need to have access to quality health care and physical, social, and economic environments that promote health throughout their lifetimes.**

# Thank You!

Morgan Taylor-McFadden

[mtaylor@bphc.org](mailto:mtaylor@bphc.org)







# A safe future for the 40 million Americans in transition

**Dr. Michael Warren**

Medical Director  
Child Health

# Updates from the Division

**Lisa Hund, MPHA**

*Senior Policy Analyst,  
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

**Lisa Hund, MPH**

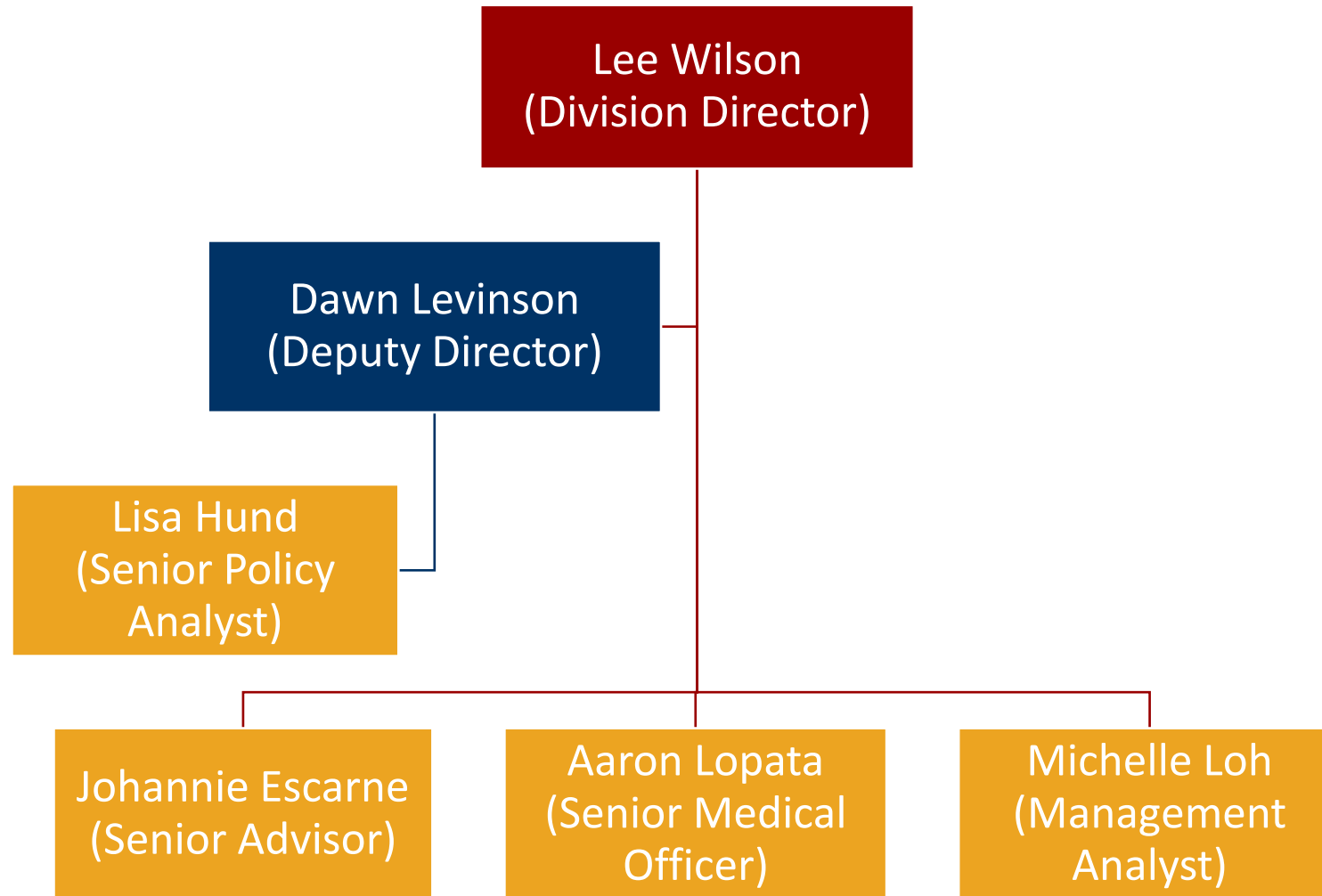
**Senior Policy Analyst, DHSPS**

**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

- **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)

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	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

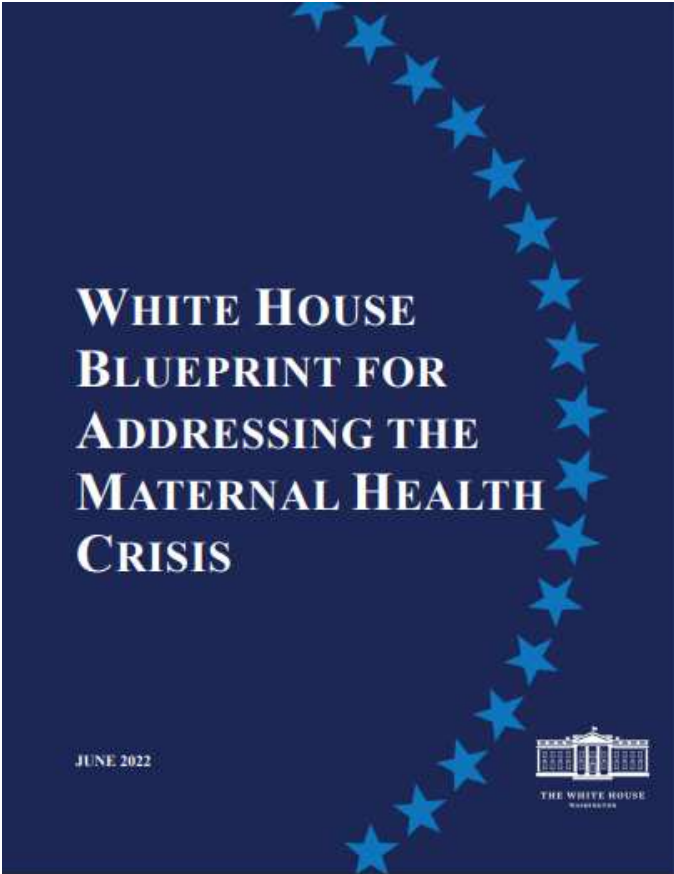
Achieve **health equity** for MCH populations.

### GOAL 3

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

### GOAL 4

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



# Contact Information

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## **Lisa Hund, MPH**

Senior Policy Analyst, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: [lhund@hrsa.gov](mailto:lhund@hrsa.gov)

Phone: 301-945-3075

Web: [mchb.hrsa.gov](http://mchb.hrsa.gov)



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[www.HRSA.gov](http://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**



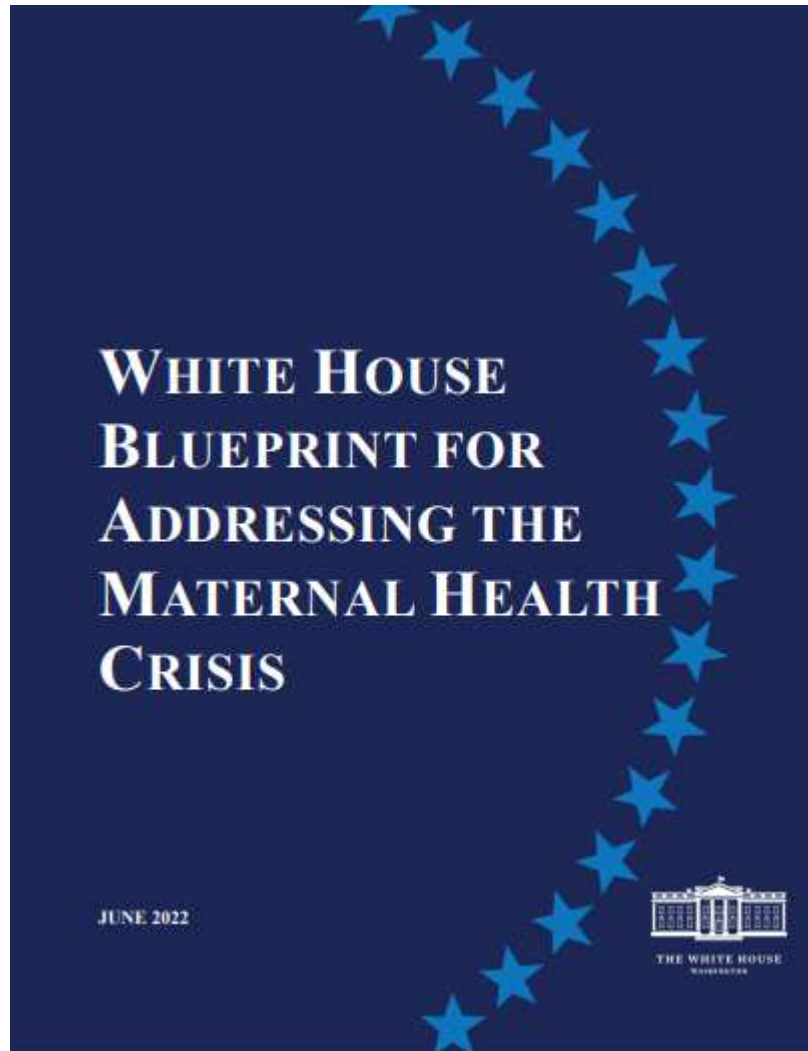
# Division Updates

## 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 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

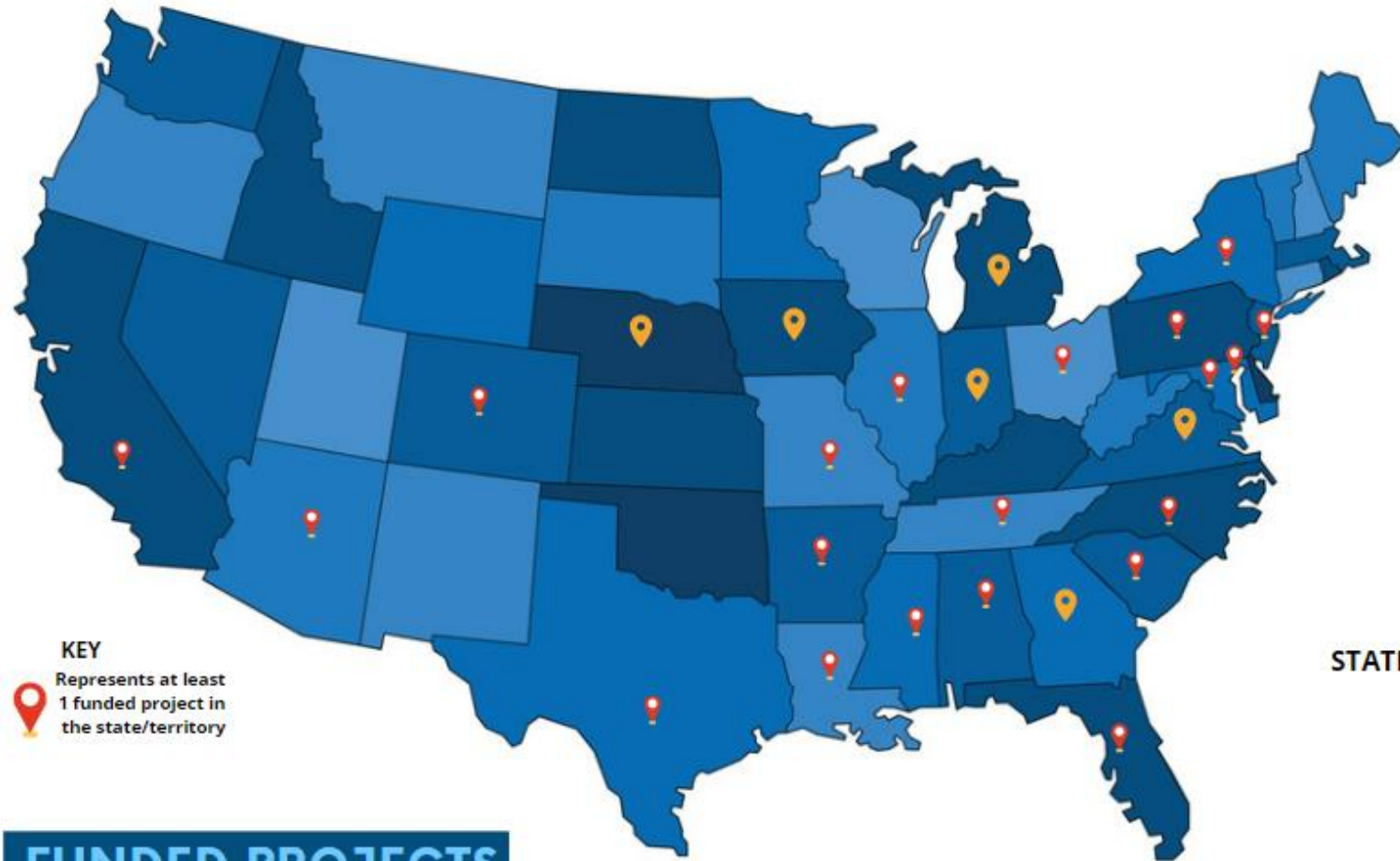
### Expand and Diversify the Perinatal Workforce

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

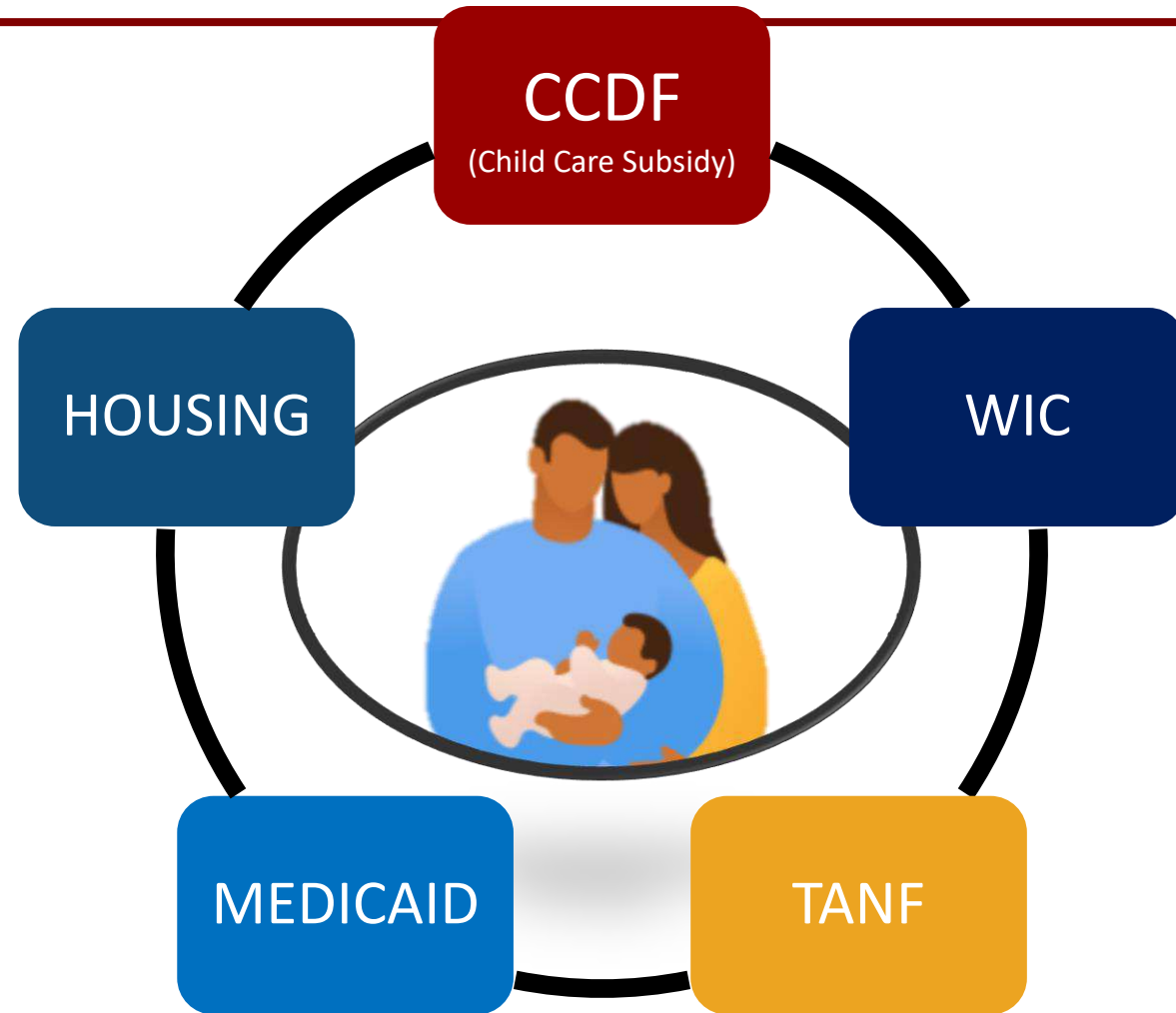
The Benefits Bundle project represents a joint effort between HRSA/MCHB and the Office of Management and Budget (OMB)/United States Digital Service (USDS). Other partners include USDA, DOE, HUD, and ACF, all working to improve the experiences of low-income families navigating the years from birth to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

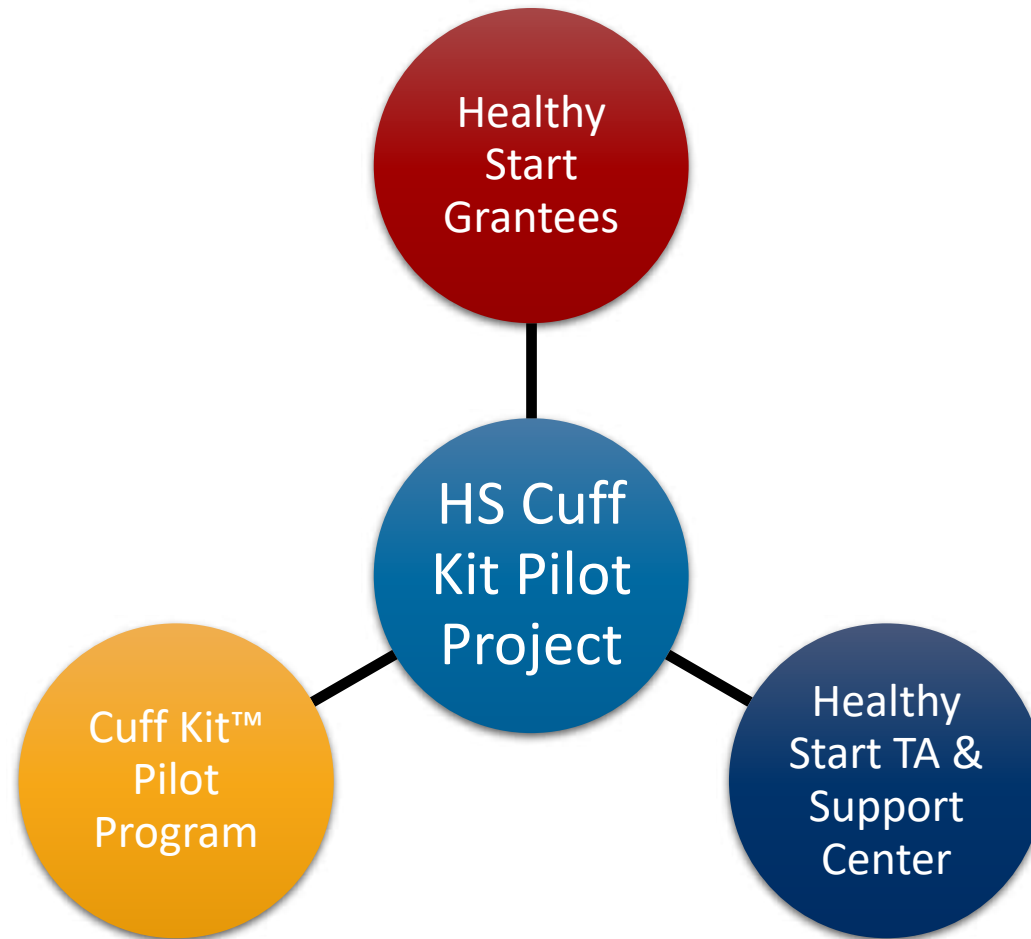
- Improve quality of care provided to pregnant and postpartum women **with or at risk for hypertensive disorders of pregnancy** by disseminating self-measured blood pressure monitoring tools and resources for obstetrical providers, primary care professionals, and the pregnant and postpartum women they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



# Blood Pressure Cuff Kit Pilot Project

## Purpose

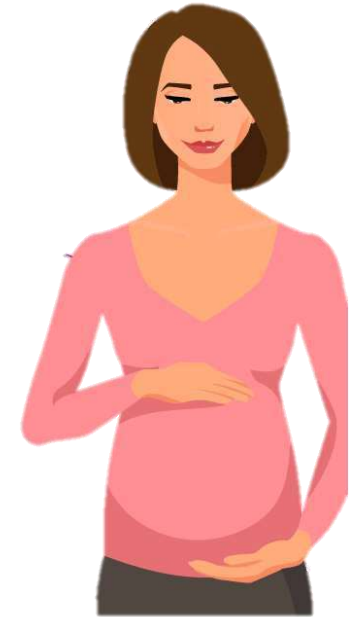
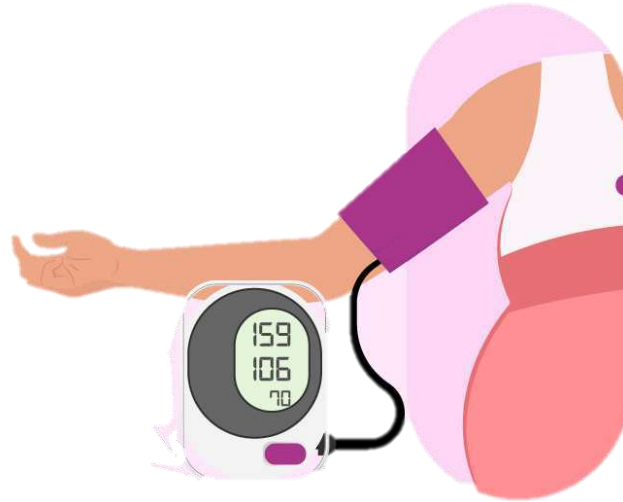
To ascertain the value of providing Blood Pressure Cuff Kits to Healthy Start communities.



# 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

**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**

**SELF CARE**

**FATIGUE IN THIS FIGHT**

**EMOTIONAL BURDEN**

**EXAMINE NON-CLINICAL FACTORS**

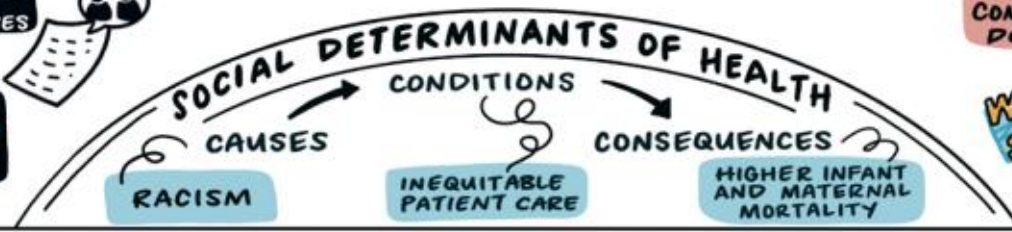
**ACCESS DISTANCE URBAN VS RURAL**

**CHOICE OF PROVIDER**

**BREAK DOWN SILOS**

**SMOOTHER COLLABORATION**

## WHAT ARE THE GAPS?



**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**

## 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**

## WHAT PROGRAMS AND SUPPORTS ARE NEEDED?

**COMMUNITY-BASED DOULA PROGRAMS**

# 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

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

SET BACK! take care of you!

GO UPSTREAM

THEME ANALYSIS OF QUESTIONS

LOCAL QUESTIONS

AUTHENTIC ASKING OF QUESTIONS

TRUSTWORTHINESS

QUALITATIVE DATA

3

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

TRANSPARENCY DATA REPORTING

COMMUNITY ORIENTED prenatal care

COMMUNITY VOICE

CHANGING PIPELINE OF PROVIDERS

RESIDENCY MEDICAL PROGRAMS (NURSING, ETC)

LOOK WITHIN

TYPES OF ENGAGEMENT

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

WHO IS AT THE TABLE?

VALUE AND ENGAGE MORE COMMUNITY NON-CLINICAL CHANGE MAKERS

CAREER PATHWAYS BIPOC COMMUNITIES

AFRICAN AMERICAN PROVIDERS

# 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



# 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

HAVE NEVER ACHIEVED the SURVIVAL RATES for BLACK & BROWN INFANTS



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

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

ENSURE ACCESS to CARE

ADDRESS SOCIO-ECONOMIC FACTORS

SUPPORT SYSTEMS for HC WORKERS

ADVOCACY: DOULA, MOTHER/INFANT

DATA COLLECTION, RESEARCH

BIAS HOW TO ELIMINATE?



# ADVANCE EQUITY

# 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

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



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 SSDOH

**Increased emphasis on upstream interventions**

**Increased emphasis on addressing SSDOH 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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# Massachusetts Title V Presentation

Elaine Fitzgerald Lewis, DrPH, MIA

Director  
*Bureau of Family Health & Nutrition*  
*Massachusetts Department of Public Health*



# MA Title V Update

## Healthy Start Regional Meeting

**Elaine Fitzgerald Lewis, DrPH, MIA**  
**Director, Bureau of Family Health and Nutrition**  
**State Title V Director**





# Overview

- Highlight MA Title V 2020 – 2025 Top 10 Priorities
- Crosswalk MCH population domains, priorities, and performance measures (State and National)
- Evidence-Based Strategy Measures (ESM)
- Opportunities for Collaboration

# Massachusetts Title V Priorities for 2020-2025



## 1. Racial equity

Eliminate institutional and structural racism in DPH programs, policies, and practices to improve maternal and child health.



## 2. Healing-centered systems

Support equitable, healing-centered systems and approaches to mitigate the effects of trauma, including racial, historical, structural, community, family, and childhood trauma.



## 3. Social determinants of health

Eliminate health inequities caused by unjust social, economic, and environmental systems, policies, and practices.



## 4. Substance use prevention

Prevent the use of substances, including alcohol, tobacco, marijuana, and opioids, among youth and pregnant people.



## 5. Mental health & emotional well-being

Strengthen the capacity of the health system to promote mental health and emotional well-being.

# Massachusetts Title V Priorities for 2020-2025 (cont.)



## 6. Nutrition & physical activity

Foster healthy nutrition and physical activity through equitable system and policy improvements.



## 7. Sexual & reproductive health

Promote equitable access to sexuality education and sexual and reproductive health services.



## 8. Maternal morbidity & mortality

Reduce rates of and eliminate inequities in maternal morbidity and mortality.



## 9. Health transition

Support effective health-related transition to adulthood for adolescents with special health needs.



## 10. Father, youth & family engagement

Engage families, fathers, and youth with diverse life experiences through shared power and leadership to improve maternal, child, and family health services.

# Title V Domains, Priorities & Performance Measures

Domain	Priority	Performance Measure
<b>Maternal/ Women</b>	Maternal Morbidity and Mortality	SPM1: % of cases reviewed by MMMRC within 2 yrs of death
	Substance Use Prevention	NPM14: % of women who smoke during pregnancy
	Mental Health and Emotional Well-being	See Child domain
<b>Perinatal/Infant</b>	Nutrition & Physical Activity	NPM4: % of infants ever breastfed and % breastfed exclusively through 6 mos
<b>Child</b>	Mental Health and Emotional Well-being	NPM6: % children (9-35 mos) who received a developmental screen in past year
	Nutrition & Physical Activity	See Perinatal/Infant domain
<b>Adolescent</b>	Sexual & Reproductive Health	SPM2: Rate of teen birth among LatinX adolescents NPM10: % adolescents (12-17 yrs) with preventive medical visit in past year
	Substance Use Prevention	See Maternal/Women domain
	Mental Health and Emotional Well-being	See Child domain

Note: SPM – State Performance Measures; NPM – National Performance Measures

# Title V Domains, Priorities & Performance Measures

Domain	Priority	Performance Measure
CYSHCN	Health Transition	NPM12: % of adolescents (12-17 yrs) who received services necessary to transition to adult health care
	Mental Health and Emotional Well-being	See Child domain
Cross-cutting	Racial Equity	SPM3: % of Bureau staff who have used any racial equity tool or resource in their work
	Family, Father & Youth Engagement	SPM4: % of Title V programs that offer compensated family engagement and leadership opportunities; using FESAT Family Voices assessment
	Social Determinants of Health	SPM5: % of families who have had difficulty since their child was born covering basics, like food or housing, on their income
	Healing & Trauma	SPM6: % of staff that report a workplace culture that reflects a safe and supportive environment to mitigate primary and secondary trauma

Note: SPM – State Performance Measures; NPM – National Performance Measures

# Process for Identifying Evidence-Based Strategy Measures (ESMs)

Title V Priority Implementation Teams identified ESMs that:

- ✓ Monitor effect of evidence-based or informed strategies aimed at achieving progress on NPMs
- ✓ State specific
- ✓ Actionable

<b>NPM</b>	<b>ESM</b>
NPM1. Breastfeeding	% of WIC participants receiving services from a Breastfeeding Peer Counselor who exclusively breastfed for at least 3 mos
NPM6: Developmental screening	% of infants and children enrolled in WIC who are monitored using Learn the Signs Act Early checklist
NPM10: Adolescent preventive medical visit	% of School Based Health Center clients who are male
NPM14. Smoking during pregnancy	% of women using the statewide smoking Quitline who are pregnant

# Collaboration Opportunities

## □ Participate in mutually reinforcing meetings

- **Title V Implementation Team** – join team and review respective State Action Plans, identify and contribute to areas of alignment with Healthy Start objectives and activities
- **Title V Advisory Committee** - Join quarterly meeting to raise emerging needs, trends, and opportunities for collaboration
- **Engage State Title V** to participate on Healthy Start Community Action Network (CAN)
- **Perinatal Neonatal Quality Improvement Network (PNQIN)**
  - Patient and Community Engagement Subcommittee
  - Align with participating hospital
  - Refer clients with lived experience to participate in PNQIN
- **Young Children's Council** - Participate in quarterly meetings with diverse stakeholders including families

# Collaboration Opportunities

- **Collaborate on MIECHV and doula integration effort**
- **Share referrals between Healthy Start and Title V programs**
  - Early Intervention
  - WIC
  - Growth Clinics
  - CYSHN programs (i.e. Newborn Hearing Screening, Pediatric Palliative Care, CICRF, Care Coordination, Community Support Line)
- **Information / Resource Sharing for Families** (i.e. Access to paid medical / family leave)
- **Future Opportunities**
  - **Breastfeeding** – Contribute to development and implementation of statewide breastfeeding strategy (TBD)
  - **Infant Mortality** – Partner on building out statewide Fetal Infant Mortality Review (FIMR)
  - Participate in next **Title V Needs Assessment** (2025 – 2030)





# Thank you!

**Elaine Fitzgerald Lewis, DrPH, MIA**  
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**State Title V Director**  
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