Welcome!

We are so glad you are here!

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



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

Conversations with the Division





THIS SESSION IS BEING RECORDED.



ALLPARTICIPANTS ARE MUTED UPON ENTRY. WE ASK THAT YOU REMAIN MUTED TO LIMIT BACKGROUND NOISE.



PARTICIPANTS ARE ENCOURAGED TO SHARE COMMENTS AND ASK QUESTIONS USING THE CHAT BOX.



Agenda	
--------	--

/ 18 cmaa		
WE LCOM E	Benita Baker	
Message from the Director	LEE WILSON	
BUDGET/NEW STAFF	JOHANNIE ESCARNE	
GROUP BASED EDUCATION MODIFIED PROTOCOL	Keri Bean	
Consortia Plan Draft Date Reminder & Next Steps	ZAIRE GRAVES	
SITE VISIT OVERVIEW	Ardandia Самрвец-Wiшams	
Data & Evaluation Branch	Ada Determan & Lina Barrett	
Grants Management Overview	Tya Renwick	
Break		
CATALYST/HSE UPDATE	India Hunter	
APN	AARON LOPATA & SHONTELLE DIXON	
Capacity Building / Staffing TA	Piia Brown	
PIP AWARDS	Maura Dwyer	
In-Person Convening Update	ROCHELLE LOGAN	
Q&A	MIA MORRISON	
Closing	Benita Baker	



Welcome

Benita Baker







DHSPS Organizational Chart

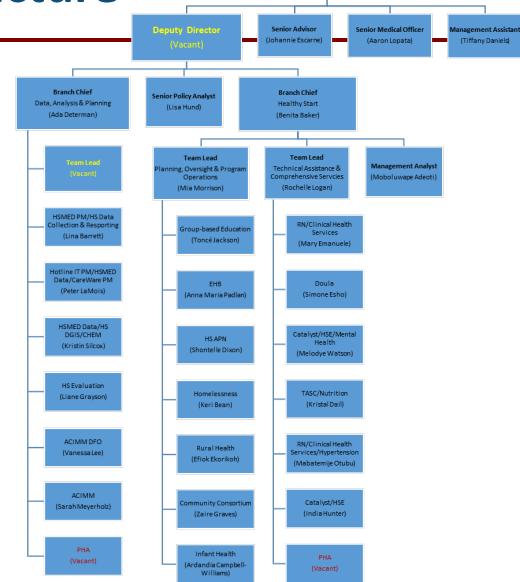




Current DHSPS Structure



(Lee Wilson)







New Healthy Start Staff

Moboluwape "Debbie" Adeoti



Anna Maria Padlan



Toncé Jackson







Group Based Education Modified Protocol

Keri Bean







Group-Based Health and Parenting Education: Data Collection Protocol

November 20, 2024

Keri Bean
Division of Healthy Start and Perinatal Services (DHSPS)
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Group-Based Education (GBE) – Data Collection Protocol

Background

- o Concerns administering Demographic Form in GBE setting
 - Participant privacy
 - Staff Capacity
- Revised protocol considerations
 - Flexibility
 - Quality data
- Grantee input via HS TASC Hub





Group Based Education – Data Collection Protocol

- Revised Protocol for Administering Demographic Form in GBE
 - Recommended Method *remains unchanged*
 - Healthy Start staff member administers the Demographic Form in a 1:1 setting
 - Encouraged to follow this to the best of your ability to ensure consistency
 - Modified Method
 - Allows for participant self-administration of Demographic Form in GBE
 - A trained HS staff member should facilitate the self-administration by:
 - ☐ Reading aloud the Public Burden statement, instructional statement and questions/response options
 - Assisting participants with questions
 - ☐ Completing a quality review of forms to ensure completion and clarity





Group Based Education – Data Collection Protocol

- Revised protocol now effective
 - Will post on the HS TASC Hub
- Self-administration method applies to the Demographic Form in GBE setting ONLY
- Demographic Form itself will <u>not</u> change
- Direct questions to your Project Officer











Community Consortium Plan: Updates and Reminders

Zaire Graves, MSPH
Project Officer,
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau (MCHB)

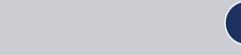
Vision: Healthy Communities, Healthy People



Community Consortium Plan Timeline

Submit draft plan to TASC for review Nov 27

Submit finalized plan to DHSPS Feb 2



Receive feedback from TASC review team Dec 20





Community Consortium Planning Overview & Support Materials

Contents:

- -TIMELINE
- -NOFO REQUIREMENTS
- -COMMUNITY CONSORTIUM PLANNING TOOL
- -ATTACHMENT A: COMMUNITY CONSORTIUM WORKPLAN TEMPLATE
- -ATTACHMENT B: RESOURCES









Site Visit Overview

Ardandia Campbell-Williams









Division of Healthy Start & Perinatal Services Health Start Branch

Site Visit Overview for Healthy Start (HS) Grantees
2024

Ardandia Campbell-Williams, Project Officer
Division of Healthy Start and Perinatal Services (DHSPS), Healthy Start Branch
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Site Visit Purpose

Ensures the grantee's program and budget activities comply with HRSA's program requirements.

Opportunity to provide technical assistance in response to challenges or areas for improvement.

Evaluates the project's grants management processes and their compliance with HRSA's budgetary requirements and policies.

Ensure grantees are monitoring their own subrecipients and are following the terms and conditions of the Notice of Award (NoA).

Site Visit Types & Duration

New Projects – Duration: 3-4 Days

Generally, occurs within Years 2-3 of the grant.

Comprehensive (Routine) Visit – Duration: 3-4 Days

All projects may receive at least 1 site visit within the 5-year grant cycle.

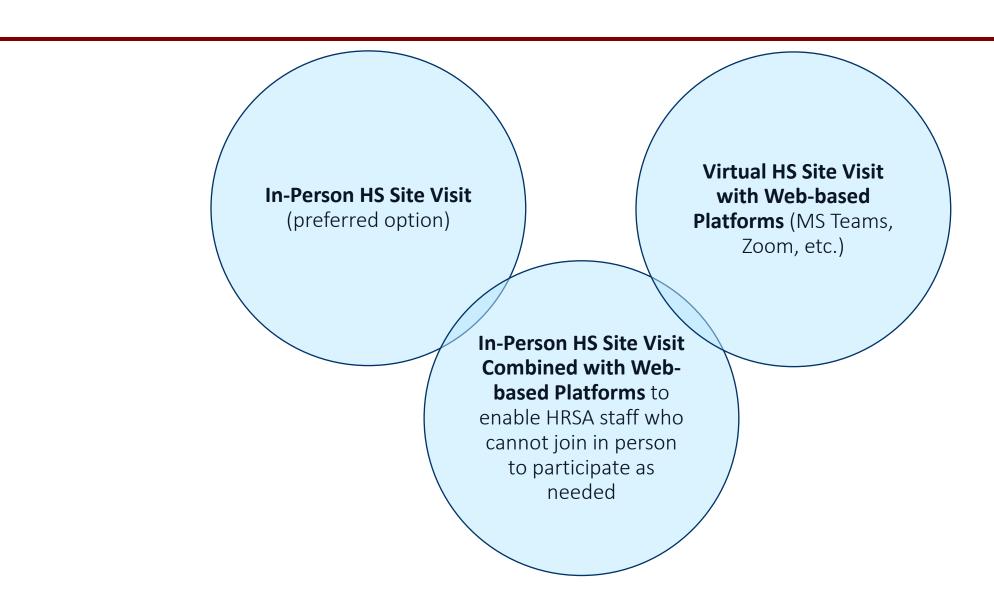
Technical Assistance – Duration: 3-4 Days

Assist new projects or address performance concerns of existing projects. A second visit likely will occur between Years 3-4.

Other HRSA Staff and/or Federal Agency Visits – Duration: Varies

Upon Request by HRSA Representative.

Site Visit Methods



Healthy Start Program Requirements & Expectations

PO will review the grantee's implementation and activities for meeting the following HS Program requirements and expectations:



Case Management/Care Coordination

- Family centered and strength-based
- Pregnant, preconception and interconception women, fathers, partners, infants and children



Group-Based Health and Parenting Education

- Robust learning and supportive connections
- Pregnant, pre-conception and interconception women, fathers/partners



Clinical Services

- 12% of annual budget
- Maternal and child health advanced practice professionals (e.g., certified nurse midwives)

Health Promotion



Community Consortium

Performance Concerns/Questions

If any programmatic and/or budgetrelated concerns arise during the visit:

- Project Officer will ensure to address questions and recommend technical assistance.
- For any concerns that cannot be addressed during the visit, Project Officer will follow up with the project after the visit.

Site Visit Summary

All meetings and observations should occur as outlined in the agenda.

A verbal report on visit findings will be presented at the Exit Meeting.

Verbal findings will state if the project met HRSA's programmatic and budgetary requirements, and discuss best practices, technical assistance needs and any recommendations.

Grantee will receive a written report of findings within 45 days of the site visit.

Post Visit – Project Officer Monitoring

PO will continue to monitor HS Project's performance through:

- Site Visit Reports
- Program Activities
- Benchmarks & Performance Measures
- Financial & Budgetary Requirements
- Progress Report
- Performance Report
- Monitoring Calls
- Aggregate and/or HSMED Data Submissions
- Prior Approval & Additional Information Requests
- Technical Assistance
- Correction Action Plan (if initiated)
- Other Communications





Data & Evaluation Branch

Ada Determan & Lina Barrett



Data Analysis & Planning Branch





Meet the Team

Lina Barrett, MPH



Liane Grayson, PhD, MPH, MS



Isabel Creasman, PhD, MS



Peter LaMois, MS



Ada Determan, PhD, MPH



Kristin Silcox, MPH



Data Collection Forms - Reminders

Prenatal Form – Post-Pregnancy Follow-Up - Question 1

	cord initial outcomes of this pregnancy.] all that apply)
	Live birth – Number of live births from this pregnancy: (# of live births)
Ц	Ectopic or tubal pregnancy
	Miscarriage (pregnancy ended spontaneously before 20 weeks)
	Stillbirth or fetal death (pregnancy ended at 20 weeks or more) – Number of stillbirth or
	fetal deaths occurred with this pregnancy: (# of stillbirth/fetal deaths)
	Termination of pregnancy
	Outcome unknown

Stillbirths should not be reported as an infant deaths

Parent/Child Form – Question 22

Staff - Comp	lete Q22 below <u>ONLY</u> if this enrolled child pa	assed away.]
22. This child	was enrolled in HS but then died:	
(Select	one)	
	Within 0 to 27 days of life (neonatal)	☐ 12 months or older (post-infancy)
	28 to 364 days after birth (infant)	

Please double-check reporting of infant deaths via HSMED





Upcoming Reports and Submissions

HSMED Reporting Timeline

- Report #3 Opens 1/1/25, due 1/21/25
- Report #4 Opens 4/1/25, due 4/15/25
- 5-year timeline on pg. 6 of HSMED User Manual

Other Grant Deliverables

FY24 HS Grant

- Progress Report due 12/2/24
- NCC Performance
 Report due June 2025

HSE Grant

- NCC Performance
 Report due 12/29/24
- Progress report due summer 2025





FY24 Grant Awards Participant Counts

FY24 Pro-rated Counts (11 months) – 641 total

- 412 participants served through CM/CC
 - A minimum of 229 pregnant women
 - A minimum of 23 fathers/partners*
 - **160** may be any combination of:
 - Pregnant women, preconception women, interconception women of reproductive age, infants/children from birth through 18 months of age, fathers/partners*
- 229 participants served through GBE
- Only applies to HRSA-24-033 awards (does not apply to HSE)

*NOFO describes eligible fathers/partners as having an infant or child from newborn to 18 months of age and/or are the current or former partner of an enrolled participant





Reporting Resources - HSMED

HealthyStart-tasc.org

- Implement > Data Collection and Reporting > Data Collection Forms
 - Latest form versions PDF, fillable PDF, Word, Spanish versions
 - Data Collection Forms Training Webinar and slides
- Implement > Data Collection and Reporting > Reporting
 - HSMED User Manual, Schemas, Templates
 - Form Implementation Guides
 - HSMED Training Webinar
 - HSMED Validation Tool Training

Have questions or need technical assistance? Contact HealthyStartData@hrsa.gov

Reporting Resources – Annual Reports

DGIS Performance Reports

- **DGIS User Guide** access in the Electronic Handbooks (EHBs) Knowledge Base (https://help.hrsa.gov/display/public/EHBSKBFG/DGIS+User+Guide#DGISUserGuide-DGISCurrentUserGuides)
- Additional information and instructions are sent via <u>HealthyStartData@hrsa.gov</u> when reports open
- A training will be provided in Spring 2025

Progress Reports

Instructions are emailed to Project Directors when the reports open

Have questions or need technical assistance? Contact your **Project Officer**.





Reporting Resources – CAREWare

For information about:

- System updates
- Demos/trainings and onboarding
- Custom form and report creation
- Technical assistance

Contact <u>careware@nichq.org</u>.

















Healthy Start Initiative: Eliminating Disparities in Perinatal Health (H49) and Catalyst for Infant Health Equity (U1V)

Post-Award Overview

Division of Grants Management Operations
Office of Federal Assistance Management (OFAM)
Health Resources and Services Administration (HRSA)





Grants Management Specialists

- Tya Renwick (Healthy Start) TRenwick@hrsa.gov
- Carla Lloyd (Healthy Start) CLloyd@hrsa.gov
- Ernsley Charles (Healthy Start) ECharles@hrsa.gov
- Marc Horner (Healthy Start) MHorner@hrsa.gov
- Emily Zido (Catalyst) Ezido@hrsa.gov

For the specific point of contact refer to the Notice of Award, Section #9



Prior Approval Requests

Common prior approval requests:

- Change in Project Director
- Significant Rebudgeting
- Carryover of Unobligated Balance

Prior approval requests must be submitted via EHB.



Prior Approval Requests - <u>Change In Project</u> <u>Director</u>

- Signed/dated letter from the authorizing official and project director outlining:
 - Explanation for change
 - Date change will be implemented
 - Name, address, email, & phone number for the new project director
- Resume for new project director
- Other pertinent information/supporting documentation



Prior Approval Requests - <u>Significant</u> <u>Rebudgeting</u>

Significant budget changes require prior approval when revisions to the approved budget exceed 25% of the awarded grant funds.

- <u>Signed/dated letter</u> from the authorizing official and project director explaining:
 - The need to rebudget grant funds.
 - Impacted project activities and budget categories.
- Revised budget justification
 - A table of the current funding allocations and the revised allocations.
 - Description of the revised line-items.
 - Cost breakout for the revised line-items.
 - Other pertinent information/supporting documentation.
- Revised SF-424A budget form reflecting the revised funding allocations.



Prior Approval Requests - <u>Carryover of</u> <u>Unobligated Balance</u>

General Information

- Unobligated balances are funds under the grant that have not been obligated. These funds appear on line "h" of the Federal Financial Report (FFR).
- Unliquidated obligations are commitments that have been made, but <u>not yet paid</u>. Unliquidated obligations <u>should</u> <u>not</u> be reported as part of an unobligated balance. These funds appear on line "f" of the FFR.
- If there is an unobligated balance from the previous budget period, a carryover request may be submitted via EHB for the active budget period.

Please note, the FFR must first be approved before a carryover request can be submitted.



Prior Approval Requests - <u>Carryover of</u> <u>Unobligated Balance - Catalyst Program</u>

Carryovers <u>ARE NOT AUTOMATIC</u> and must be submitted via EHB for review and approval. At a minimum, the following information must be included with the request:

- Cover letter signed/dated by project director and authorizing official including:
 - Grant number.
 - Explanation relating to why funds were not expended during the prior budget period.
 - Impacted project activities and budget categories.
 - The total requested for carryover.
- A budget justification describing how the carryover funds will be allocated and used during the current budget period.
 - The budget justification must include a narrative and line-item breakout to reflect how the carryover funds will be allocated.
 - Carryover funds can only be used for previously approved activities.
- A revised SF-424A budget form reflecting how the carryover funds will be allocated to each budget category.



Prior Approval Requests - <u>Carryover of</u> <u>Unobligated Balance - Healthy Start Program</u>

Expanded Authority (EA)

- May be utilized for the portion of the unobligated balance (UOB) that is no more than 25% of awarded funds from the prior budget period or no more than \$250,000, whichever is less.
- FFR comments section must include:
 - Confirmation if the permitted portion of the unobligated balance will be used under EA.
 - The specific amount used under EA.
 - If a carryover request will be submitted.
 - If neither EA will be used nor a carryover request will be submitted.

If a comment has not been entered on the FFR providing the UOB disposition the FFR will be returned for update.

Either EA may be used or a carryover may be submitted. You cannot opt to do both. Only one or the other.

Carryover requests must be submitted via EHB following the instructions on the prior slide.





Break

We will reconvene at 3:20pm ET









Division of Healthy Start & Perinatal Services

November 21, 2024

India Hunter, MPH, MSW

Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People

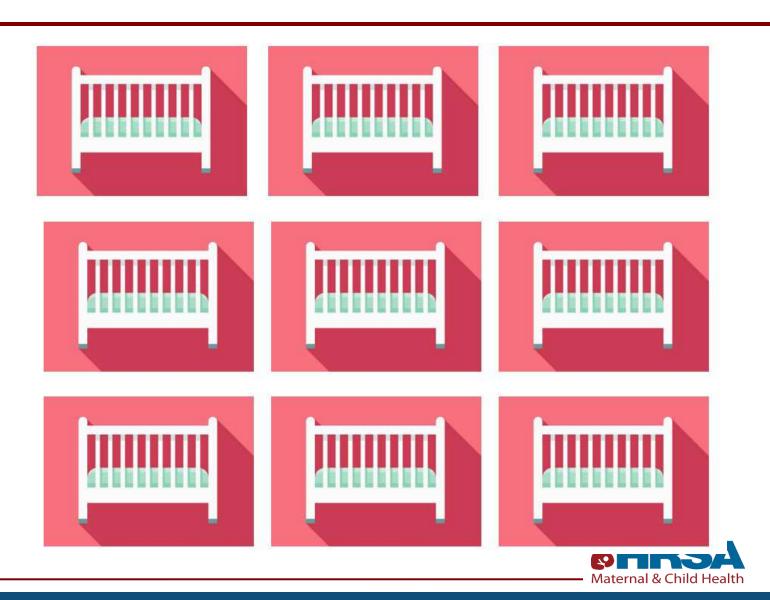


Eliminating Disparities in Perinatal Health | Healthy Start

The Healthy Start Program provides grants to high-risk communities with infant mortality rates at least

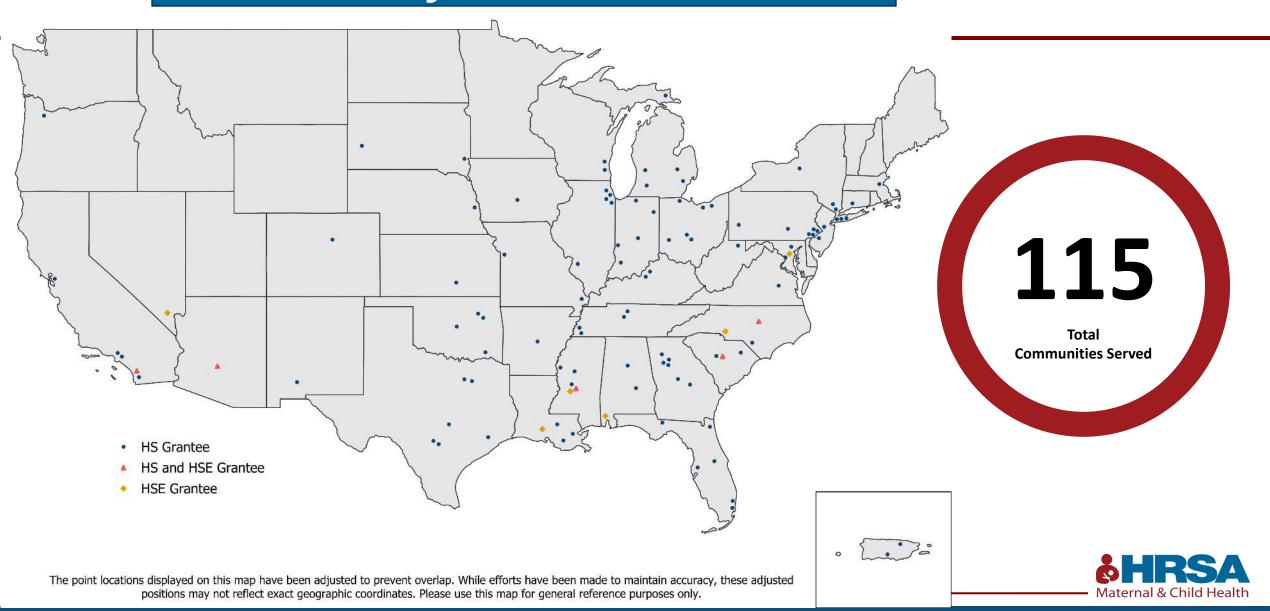
1.5x

the U.S national average.





Healthy Start Grantees

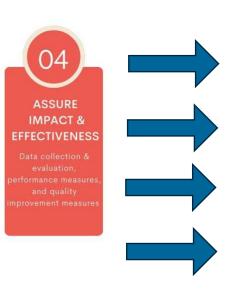


The Four Approaches - Infused Throughout the FY 2024 Program









Direct and Enabling Services



Community Consortia

HS Staff

HS Participants

Partners







Catalyst Purpose, Goals, and Objectives

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





Catalyst for IHE Recipient Locations



- 5 year grant at \$500,000 per year
- 9 Catalyst for IHE Grant Recipients
- FL, IN, LA, MD, NJ, OH, and PA
- 5 of 9 are current Healthy Start recipients
- 2 Project Officer Site
 Visits in FY 2024
 - Broward County, FL
 - Newark, NJ





Mapping Our Programs: Catalyst for IHE Midstream Efforts

Midstream (Community/Individual)

Social Determinants of Health and Social Needs

- Economic disadvantage
- Unhealthy living, food, and exercise environments
- Toxic environmental exposures
- Lack of access to quality primary healthcare
- Interpersonally-mediated racism in education, healthcare employment, housing, justice system, banking etc.

(economic disadvantage)

Catalyst for IHE recipient in Baltimore, MD provides computer skills training through partner that offers employment skills training and job placement

(lack of access to quality primary healthcare)

Catalyst for IHE recipient in Broward County, FL implements group prenatal care at a family health center that offers integrated care model

(interpersonally mediated racism in systems/institutions/services)

Catalyst for IHE recipient in Columbus, OH intentionally recruits Black women with lived experience who are representative of the target population they are serving to work as CHWs in the prenatal clinics. This will help to diversify the prenatal healthcare workforce and address racism and discrimination

(Unhealthy living, food and exercise environments)

Catalyst for IHE recipient in Newark, NJ coordinates farmer's market vendors to educate target population on healthy food choices. Provides food prep demonstrations with fresh fruits and vegetables

interpersonally mediated racism in systems/institutions/services

Catalyst for IHE recipient in Bloomington, IN produces legal analyses and publications for court-based advocacy to transform judicial rules and procedures that support housing stability and quality.



Learn more at https://mchb.hrsa.c



Mapping our Programs: Catalyst for IHE Upstream Efforts

Upstream (Societal/Policy)

Structural Determinants

Legacy of slavery, genocide leading to unfair systems, laws, policies, established practices and entrenched beliefs.

For example:

- Unfair housing practices and policies
- Mass incarceration
- Gerrymandering and voter suppression
- Unjust labor and economic policies

(Unfair housing practices and policies)

Bloomington, IN Catalyst recipient is strategically using litigation to both improve housing stability and conditions for women and to realign incentives system-wide toward provision of quality housing services. Developing "Know Your Rights" educational materials based on examining legal processes and possible changes to standards to prevent or mitigate the impact of eviction and to improve access to safe, habitable housing for women in the first 1000 days of their child's development.

(addressing healthcare policy and unjust labor and economic policy)

To enhance economic mobility of the CHWs, Catalyst for IHE in Columbus, OH provides ongoing training in relevant areas of MCH (e.g., health literacy, lactation consulting, perinatal support doula care) and connecting the CHWs to resources (e.g., Mobility Mentoring, employee home buying program, credit literacy programs). CHWs are trained and supported to act as change agents within their institutions and will secure institutional engagement and participation in health literacy and racial equity assessment processes.

(unfair housing practices and policies)

Catalyst for IHE in Baltimore, MD developed Housing University in partnership with tenants, landlords and housing developers. The Housing University educates and prepares tenants on best practices in credit repair, job retention, utilities and home maintenance, and good neighbor etiquette.



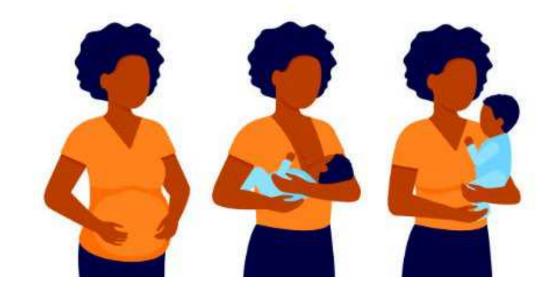




Healthy Start Initiative - Enhanced Purpose

The purpose of HSE is to improve health outcomes before, during, and after pregnancy and reduce the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes.

HSE is intended to support projects in diverse communities and populations experiencing the greatest disparities in maternal and infant health outcomes.









Healthy Start Initiative - Enhanced Core Components

Focus

- Provide direct and enabling services (e.g., screening and referrals, case management and care coordination, health and parenting education, and linkage to clinical care to enrolled HSE participants
- Convene a Community Consortium comprised of diverse multi-sector partners that advise and inform HSE activities and develop and implement plans to improve perinatal outcomes within the selected project area

Goals

- Reduce infant mortality rates (IMR) in the U.S., and
- Decrease disparities in infant mortality (IM) across racial/ethnic groups by achieving steeper declines for groups with the highest infant mortality rates (e.g., non-Hispanic Black and Al/AN infants).



Healthy Start Enhanced Activities

10 Healthy Start Enhanced Grant Recipients

- AL, AZ, LA, MD, MS, NC, SC
- 4 of 10 are current Healthy Start '24 Recipients

Key Highlights of Grant Activities

- Staffing complete
- Review and implementation community consortium plans
- Submission of quarterly HSMED data
- Participation in Enhancing Maternal Health Initiative
- Project Officer Transitions

Year One Activities

- Kick Off Meeting in October 2023
- Quarterly Grantee Progress Webinars
- Evaluation Plan Submission
- Consortium Plan Submission

Year Two Activities

- Ongoing Quarterly Grantee Progress Webinars
- Ongoing Customized Feeback and Technical Assistance from NICHQ
- Peer to Peer Technical Assistance Opportunities for Grantees and Evaluators
- In-person convening in April 2025











Overview of the Alumni Peer Navigator (APN) Pilot

Shontelle Dixon, MPH, CHES Project Officer,

Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



- December 2021 President Biden signed an Executive Order on Customer Experience.
- The pilot launched July 10, 2023, in collaboration with USDS, HRSA Healthy Start and the HS TASC to improve a family's experience navigating enrolling in benefits.
- After conducting 10 learning visits across various community types.
 Six Healthy Start pilot sites were selected, and a series of in-person and virtual design visits were conducted to help shape the program design and define peer role to be developed.
- The pilot applies a peer support model that seeks to 1)reduce stress levels of HS participants by reducing barriers to benefits, 2)address under-enrollment, and 3) ensure retention in Healthy Start.







Our Goals

- Reduce maternal and caregiver stress
- Make benefits enrollment easier for families by reducing mental load
- 3. Improve capacity of the client support team

Our Process

- 1. **Build relationships** to better understand the needs of communities
- Invite communities (Healthy Start sites)
 to lead design of solution to their
 challenges
- 3. Create, deliver, iterate, repeat





Alumni Peer Navigator - Understanding the role

Alumni Peer Navigators (APNs):

Former Healthy Start participants assist current participants in signing up for government and community programs like Medicaid, WIC, and SNAP while being paid.







Key Accomplishments

AFTER WORKING WITH AN APN

49%

OF FAMILIES FELT more satisfied with their support system. **69.2**%

OF FAMILIES FELT more confident they could find resources for themselves and their kids. **54**%

OF FAMILIES FELT less lonely.

n=39

79%

OF FAMILIES FELT that they were connected to a program or other help in their community that they didn't know about.

n=28

96%

OF FAMILIES FELT their trust in the Healthy Start Program's responsibility to support them and their family increased.



APN Playbook Overview

- Purpose: Provide a comprehensive guide for integrating APNs into service models
- Audience: Healthy Start sites, CMS Maternity Care Teams, other stakeholders
- **Sections:** Introduction, Building the Team, Training and Development, Starting the Services, Community-Based Participatory Design, Evaluation
- Includes: Checklists, key questions, and actionable steps
- Access: Published playbook on NICHQ website and performance.gov























Six Pilot Sites

- Pilot v. 2 runs September 1, 2024 May 31, 2025
- 1. Great Plains Tribal Leaders Health Board, Turtle Mountain Reservation, ND (Tribal, rural)
- 2. SHIELDS for Families, Los Angeles, CA
- 3. Pee Dee Healthy Start, Florence, South Carolina (rural)
- 4. Family Road, Baton Rouge, LA
- 5. Center for Black Women's Wellness, Atlanta, GA
- 6. Delta Health Alliance, Inc., Stoneville, MS





Current Status

- HRSA and NICHQ have now taken lead on this project
- Supporting sites as they restart their APN activities

 An additional site was added -Delta Health Alliance, MS Evaluation design

 Went on a learning visit to Arkansas in August Creating a survey for family participants and alumni navigators.

- Will conduct a kickoff webinar for pilot sites on December 2, 3-4pm ET.
- Track progress and impact: Number of sites and APNs, enrollment of families, improved experience measures
- Continuous feedback and adaptation.



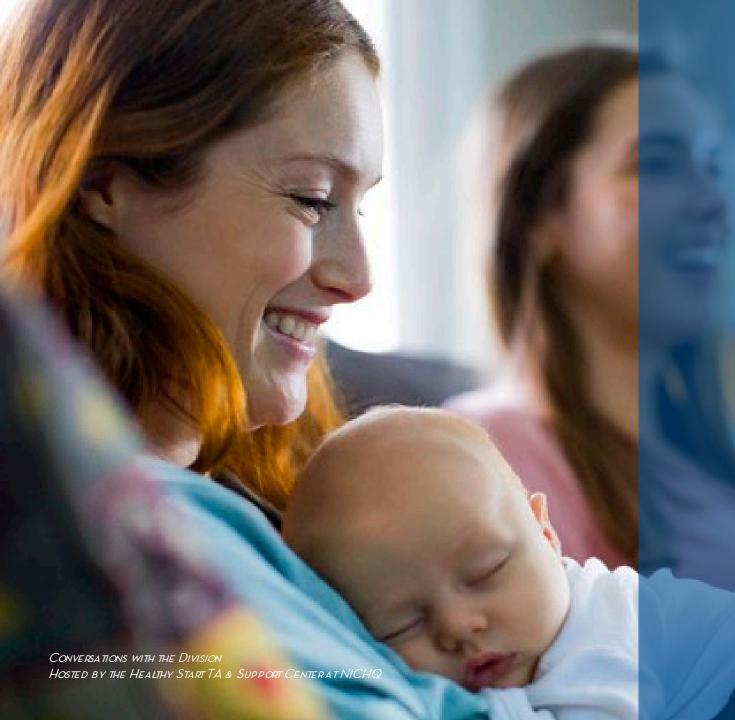


Interested in learning more about APN Services?

Reach out to Shontelle Dixon at sdixon@hrsa.gov







Capacity Building / Staffing TA

Piia Brown



Mentimeter Join at menti.com | use code 7369 2679 What practices does your organization use to advertise available HS staff positions and where do you advertise? 76 responses Organizations website, LinkedIn, project Organization Website, Indeed, social Indeed, social media, and internally social media, email to Consortium media, Community partners Recruitment websites (e.g. Indeed); job Org website fairs; and local collage alumni list serves Indeed indeed, organization website. Alliance Public Health Staffing Agency, Indeed Cumberland County Health Dept. NC Local provider mailings Website Local agencies hire, we help recruit via community email networks, medical provider facebook groups, indeed, social media Internal organization, Indeed, Social Agency website, community partners,



What specific strategies have been successful for recruiting staff?

39 responses

Other employees

Employee referrals

other employees

CHWs sharing with previous clients

word of mouth

Previous participants

Word of mouth from other program

Internal referrals from our broader health

system

Hiring former participants

Current employees

employee referrals

Peer to peer referrals.

Employees

Word of mouth

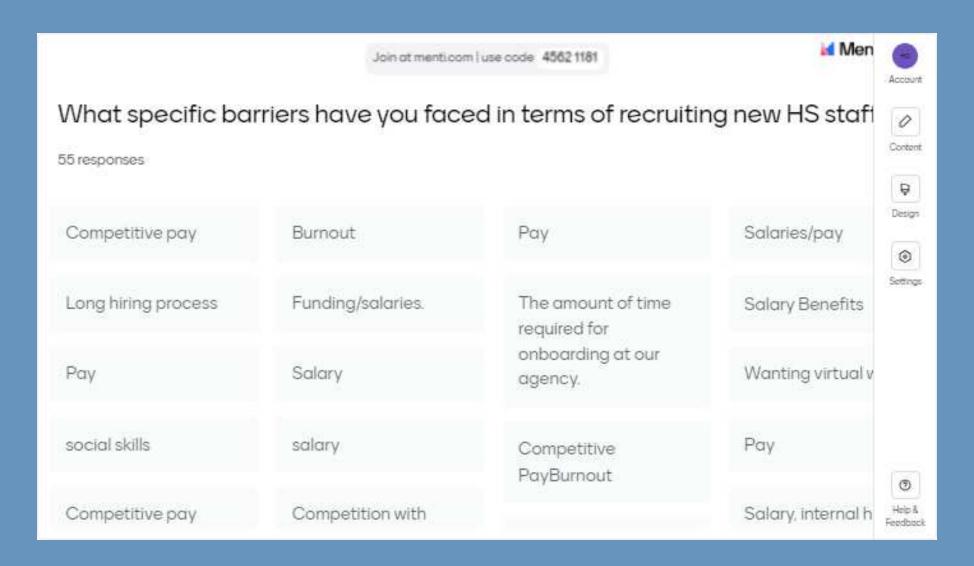
Collaborating with

Benefits

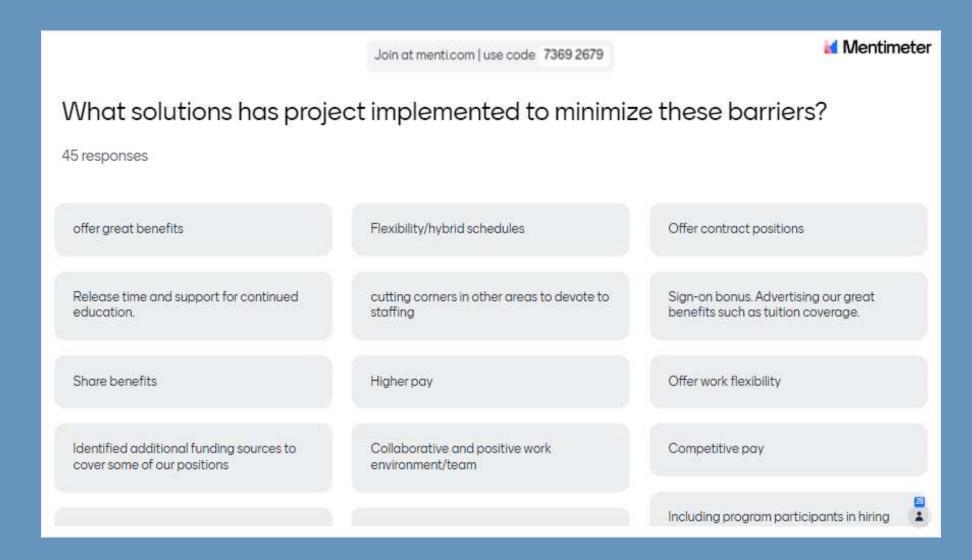
employees

Working with current











How do you stay competitive with pay?

13 responses

We can't

Our pay is regulated by the state, so we are limited. But PD advocated for a pay review and our staff did receive a small pay increase as a part of that. Braided funding

Lots of company holidays and full family insurance that's free for employees

We have two remote days per week, which helps. Also, our staff

Pay equity analysis and utilizing GOS grants to supplement salaries

I work to bring folks on at the higher end of the available budget. and work hard to hire well! Provide free professional development and self care activities through other sources of funding Benefits and pension

Paying staff more requires new grants or cuts to services or







If applicable, how has your program adapted when you have been short-staffed?

22 responses

Consolidate roles

Blended funding

Volunteers and interns

Supervisor handles caseload

Collaborating with other divisions in the agency

Cut activities

Delegating to team members

Doing the hest we

Interns!

It's hard. Higher caseloads.

Offer overtime/banked pay

Cross training and

All hands on deck

Temporary pay increases for additional responsibilities

Doing more with less. Getting it done to the best of our abilities









MCH Policy Innovation Program (MCH PIP)

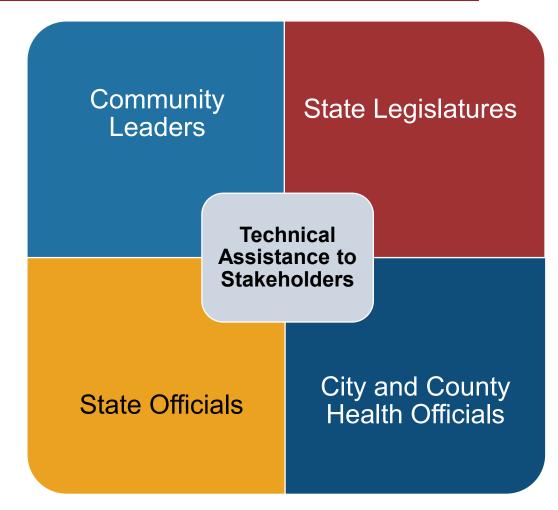
Maura Dwyer, DrPH, MPH
Project Officer
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



New: MCH Policy Innovation Program (MCH PIP)

- Objective: Implement new city, county, or state policy initiatives to improve MCH outcomes and reduce health disparities
- Approach: Convene learning communities to provide technical assistance that supports policy initiatives focused on social determinants of health, MCHB priorities, and emerging MCH issues







MCH PIP Awardee	Stakeholder Audience	Areas of Focus
AMCHP	Title V directors and staff, housing and social service agencies, CBOs, LHDs	Housing and food security
NACCHO	Local health officials	Housing, transportation, food/nutrition security
NASHP	State health officials	Housing, transportation, and nutritious food
NCSL	State legislators, legislative staff with a focus on health committees	Housing, transportation, access to nutritious and age-appropriate foods
NHSA	Other state and local officials, including program leaders, community residents, faith-based leaders, Title V staff, medical and social service providers, members of HS Community Consortia	Income, transportation, education, and housing
Public Health Law Center	State and local health officials	Healthy food access





What can MCH PIP do for you?

- Connect you to learning communities and TA to develop and implement policies that address social determinants of health (housing, food access, etc.) in MCH populations
- Connect you to technical expertise and resources regarding:
 - Engaging legislators
 - MCH-related legislation
 - Engaging Title V and systems change
 - Coalition building and working with local health departments
 - Medicaid
 - Community leadership development and policy advocacy
 - Policy and law
- Share resources (blogs, legislative and policy trackers, briefs, case studies), expertise, and opportunities for collaboration focused on SDOH







2025 All Grant Recipient Meeting

April 28th – May 1st
Hyatt Regency Crystal City (main event venue)
2799 Richmond Hwy, Arlington, VA 22202

Courtyard Arlington Crystal City (overflow venue) 2899 Richmond Highway, Arlington, VA, 22202



National Head
Start Association
Fatherhood
Summit

Targeted interactive plenaries and breakout sessions

Opportunities for collaboration, information sharing & relationship building

Registration Link:

PHINTING SERVICES - Lies

https://nichq.iad1.qualtrics.com/jfe/form/SV_2auWszNIJlPt8yO



What do YOU want to SEE & LEARN at the 2025 All Grant Recipient Meeting?





Join at menti.com | use code 7369 2679

Mentimeter

What types of topics would you like to see covered during the all-grantee meeting?

14 responses

Data & Reporting Braiding funding - how to Clinician Success stories

Consortium examples lessons

Clinician Service

Sustainability planning

Results Based Accountability approaches

Free CEU training offerings

How to do the work through politics

Updates and tips on working with the new administration

Goal setting for performance measures/benchmarks

Clinical services updates

Consortium - mid and upstream policy work best practices

Qualitative data collection and analysis

Federal policy on braided vs blended funding to supplement Medicaid funding for home visitors and CHWs













