

Welcome!

We are so glad you are here!

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



Review today's
agenda in your folder



Review the lunch
options in your folder



Help yourself to
hand sanitizer



Silence your cell
phone



Grab a snack and
coffee, tea or water



Stretch



Contribute to our
gratitude board



Take a bio break

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





Mindfulness

Olivia Kean

Senior Project Manager
Healthy Start TA & Support
Center, NICHQ

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



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Healthy Start Regional Meeting

Regions 7, 8, 9, & 10

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





Icebreaker

Rochelle Logan, DrPh, MPH, CHES

Supervisory Public Health Analyst
Division of Healthy Start and
Perinatal Services

Ardandia Campbell-Williams, MPH

Healthy Start Project Officer
Division of Healthy Start and
Perinatal Services



Welcome & Overview of the Agenda

Kenn L. Harris

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

Land Acknowledgment

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

Visit native-land.ca

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



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

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



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	Rachael Glisson, MPH <i>Education Development Center</i>
	Jason Perry <i>Oak Tree Leadership</i> Kenn L. Harris <i>NICHQ</i>
	Sue Kendig, JD, MSN, WHNP-BC, FAANP Lidyvez Sawyer, EdD, MPH <i>AIM CCI Program</i> Brenda Blasingame <i>Vav Amani Consulting</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	
Sustainability: The Role of Innovation, Creativity, and Diversity 3:45-4:30	Brenda Blasingame <i>Vav Amani Consulting</i>
Adjourn at 4:30	
Optional Group Discussion: Social Media & Program Marketing 4:30-5:15	Cynthia Dean <i>Missouri Bootheel Healthy Start. (Sikeston, MO)</i>
Optional Fatherhood Coordinator Meetup 7-8	N/A



HRSA
Maternal & Child Health

NICHQ
National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER



Host Site Greeting

Alliss Hardy

*Community & Family
Development Manager*

Healthy Babies Strong
Families

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

 **HRSA**
Maternal & Child Health

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start 
TA & SUPPORT CENTER

A woman with dark hair and glasses is holding a baby wrapped in a pink blanket. She is looking down at the baby with a gentle expression. The background is a soft, out-of-focus blue.

A Message from the MCHB Associate Administrator

Dr. Michael Warren

Associate Administrator
Maternal and Child Health Bureau



Updates from the Division

Dawn Levinson, MSW

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

Rochelle Logan, DrPh, MPH, CHES

*Supervisory Public Health Analyst,
DHSPS*

Mia Morrison, MPH

*Supervisory Public Health Analyst,
DHSPS*



Division of Healthy Start and Perinatal Services Welcome

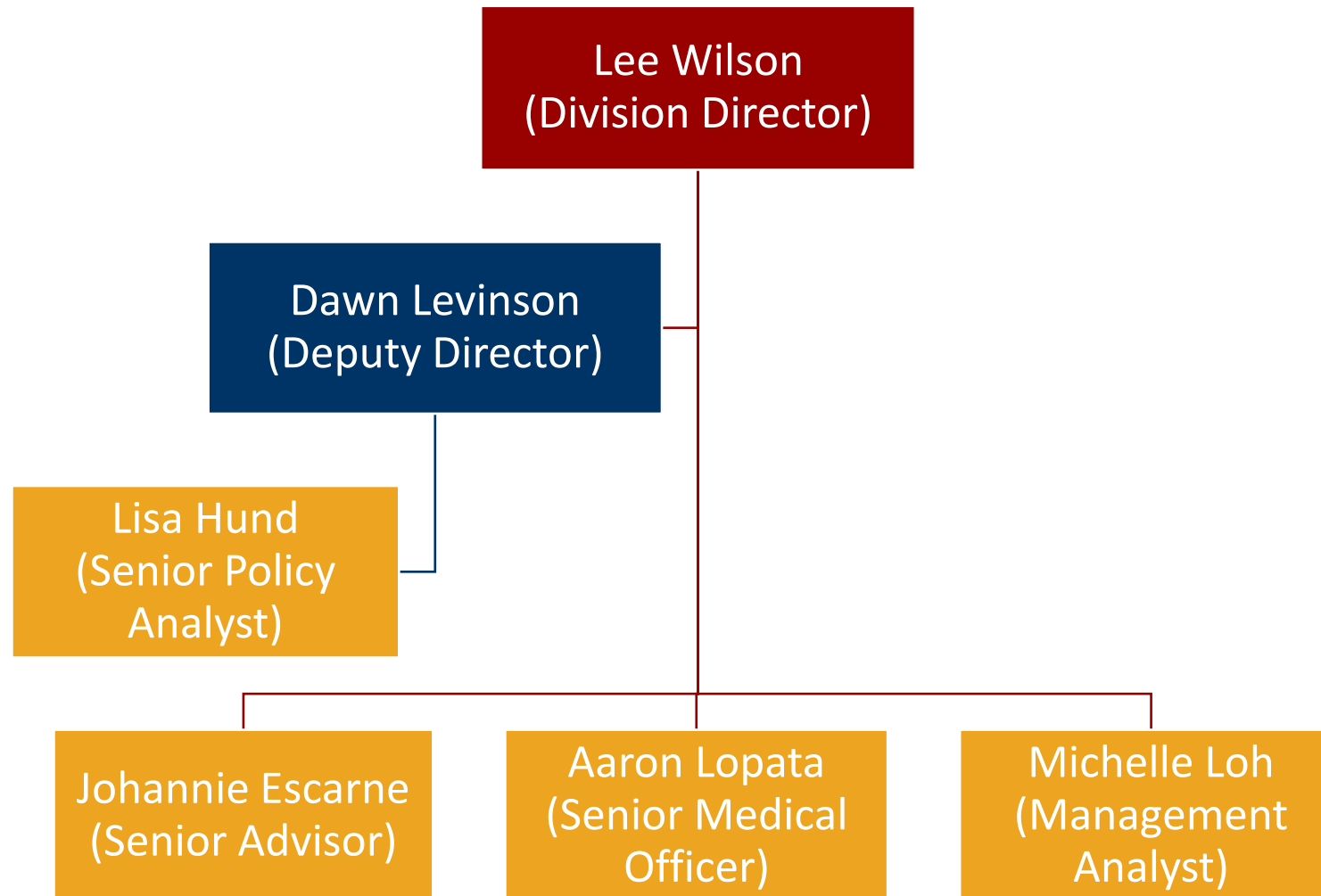
Healthy Start Regional Meetings 2023

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

Vision: Healthy Communities, Healthy People



Office of the Director



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)
- Cardora Barnes
(TASC/Mentoring)
- Mary Emmanuele
(RN/Clinical Health Services)
- Mabatemije Otubu
(RN/Clinical Health Services/
Hypertension)
- Simone Esho
(Doula)
- India Hunter
(Health Equity Scholar)

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.

WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

JUNE 2022



Contact Information

Dawn Levinson, MSW

Deputy Director, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: dlevinson@hrsa.gov

Phone: 301-945-0879

Web: mchb.hrsa.gov



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www.HRSA.gov



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Division of Healthy Start & Perinatal Services Updates

Grantee Regional Meetings

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

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

Vision: Healthy Communities, Healthy People



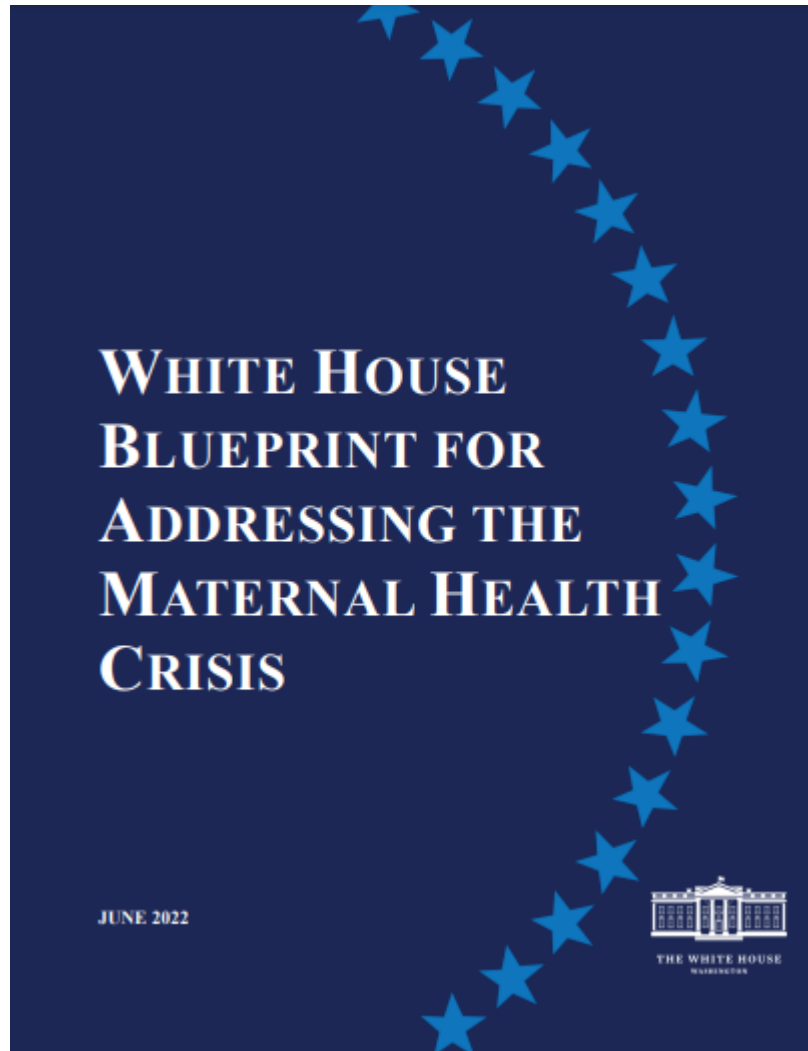
Division Updates


AGENDA

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



Mission Informed: White House Blueprint





AdministrationPriorities

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 committing the next step toward a future where the United

WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

JUNE 2022



Maternal Health Actions Goal 4

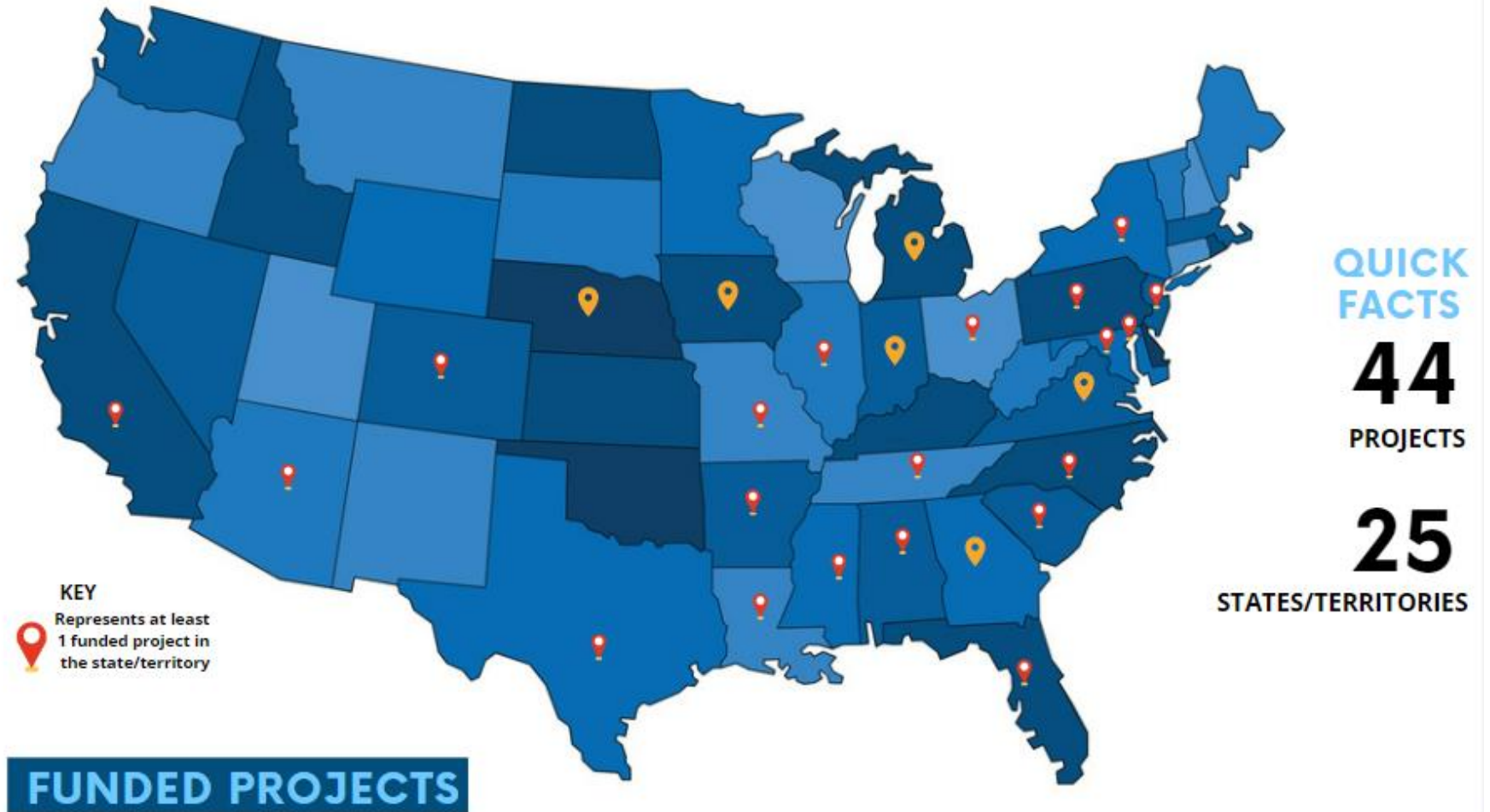
Expand and Diversify the Perinatal Workforce

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



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

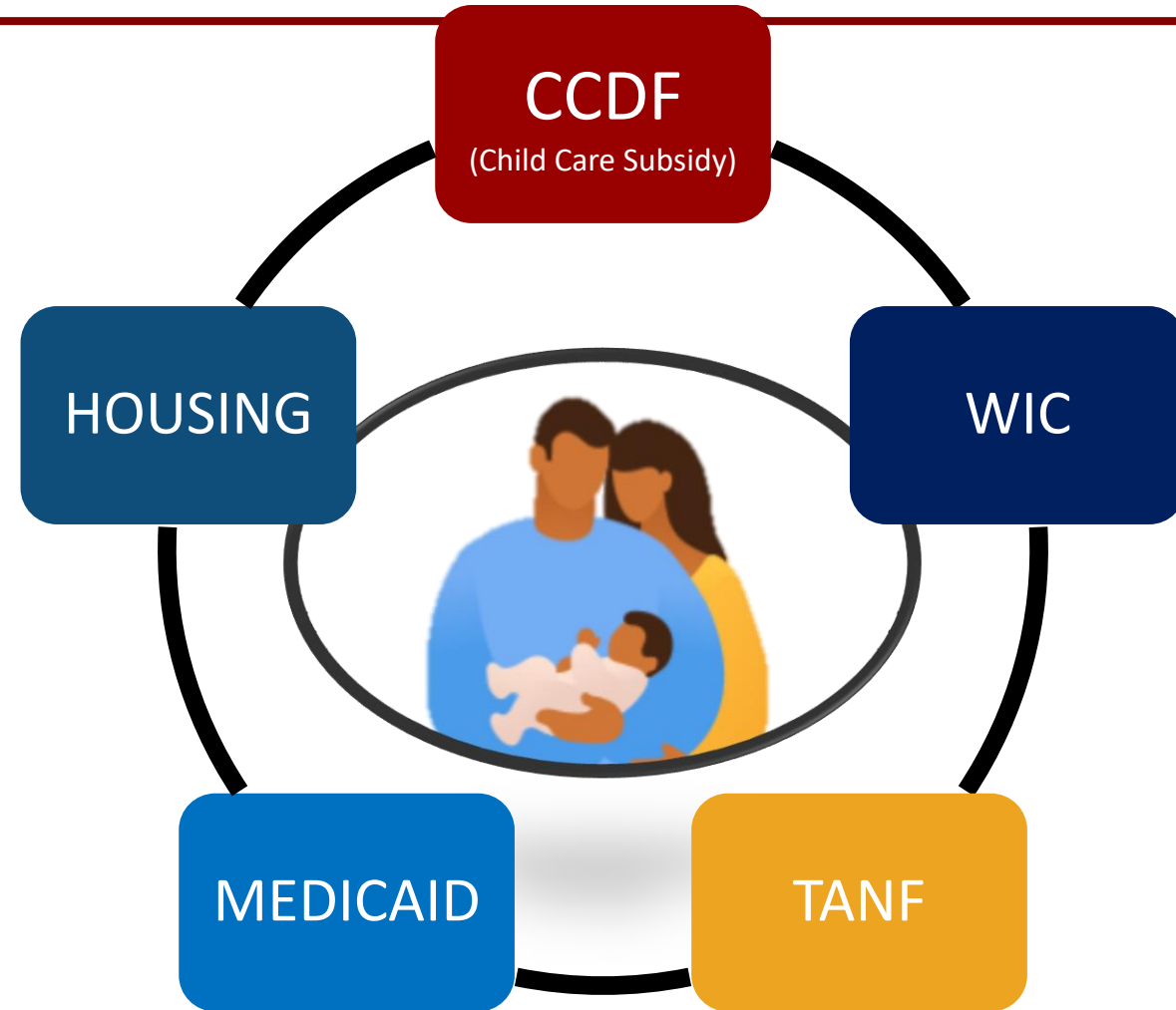
The Benefits Bundle project represents a joint effort between HRSA/MCHB and the Office of Management and Budget (OMB)/United States Digital Service (USDS). Other partners include USDA, DOE, HUD, and ACF, all working to improve the experiences of low-income families navigating the years from birth to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



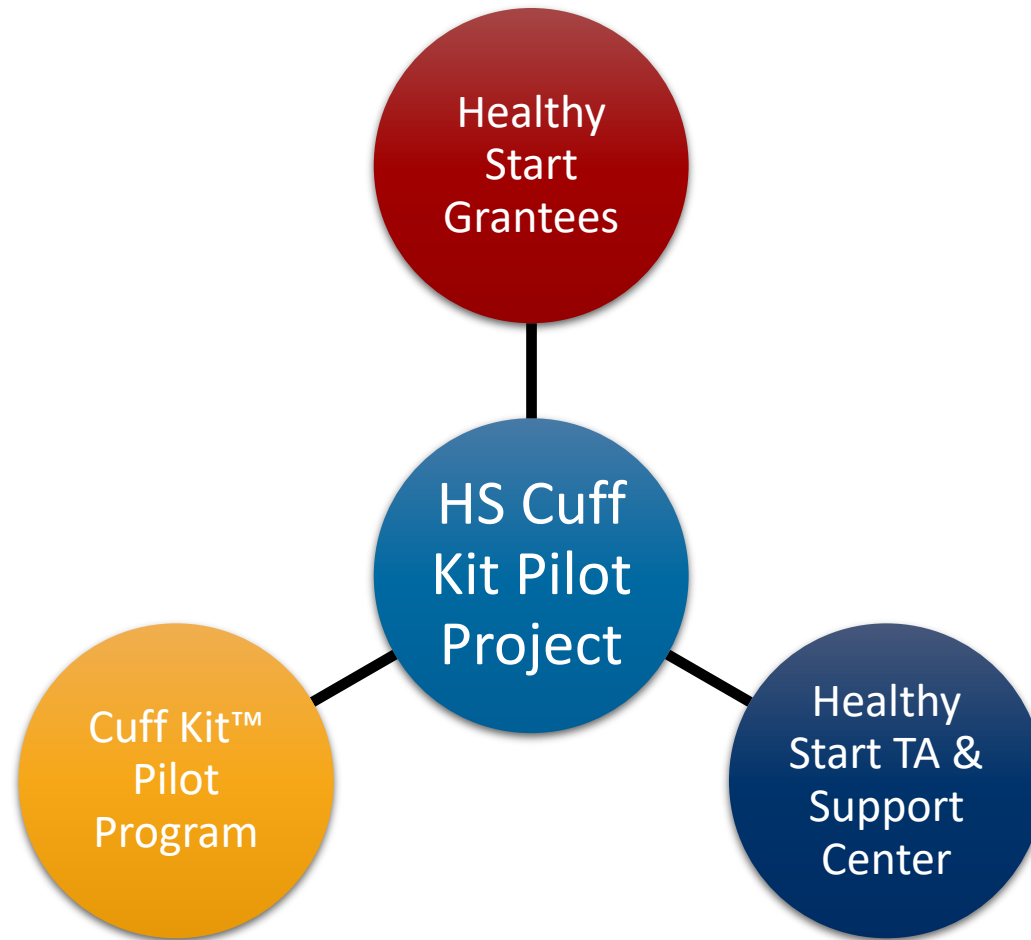
Maternal Health Actions Goal 1.7

- 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

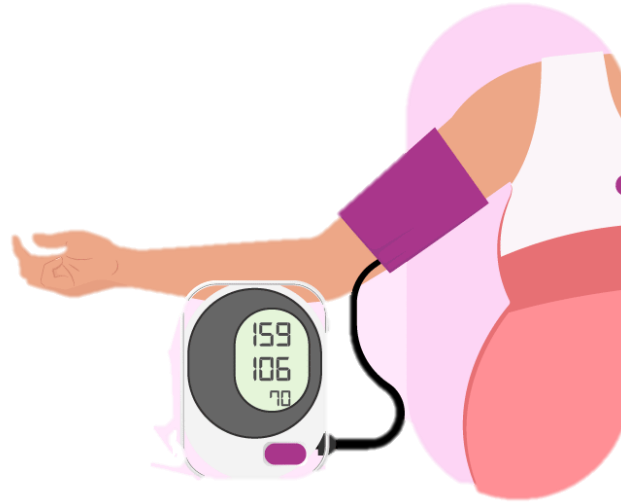
To ascertain the value of providing Blood Pressure Cuff Kits to Healthy Start communities.



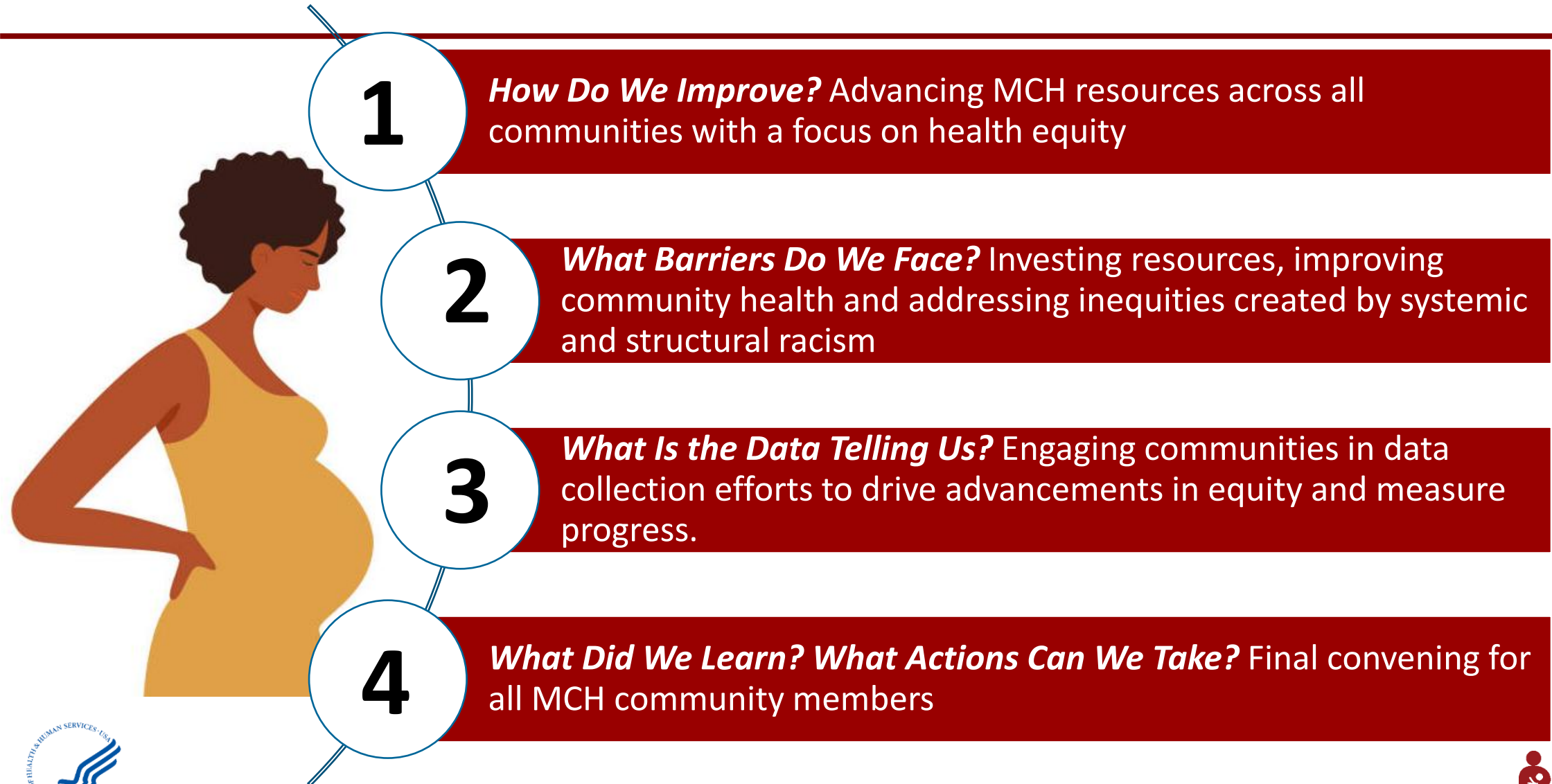
Cuff Kit Pilot Project

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



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

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

→ ACCESS → EQUITY → CAPACITY → IMPACT



CENTER FAMILY VOICES

REPRESENTATION OF BIPOC HEALTH PRACTITIONERS

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

INVOLVE COMMUNITY IN PROGRAM DESIGN

FEAR AND DISRESPECTFUL CARE AFFECTS EQUITABLE ACCESS

TAMELA MILAN-ALEXANDER

RACISM DIRECTLY AFFECTS HEALTH EQUITY

FUND COMMUNITY-LED PROGRAMS

EMBED HIGH QUALITY HEALTH CARE IN COMMUNITY

ART JAMES

SOCIAL INEQUALITY KILLS

REQUIRE COMMUNITY PARTNERS

NEED SOLUTION-FOCUSED RESEARCH

LEARN FROM COUNTIES THAT HAVE ELIMINATED EXCESS MORTALITY

GIVING VOICE TO DATA SHOWS BIAS

CO-LOCATE TAX SERVICES WITH HEALTH SERVICES

ASHLEY HIRAI

NEED INCLUSIVE REPORTING WITH MULTIPLE RACIAL CATEGORIES

ELEVATE STORIES FROM FAMILIES

LOOK ACROSS FAMILY HEALTH

REPRESENTATION IN PROVIDERS

IMPROVE QUALITATIVE POPULATION DATA

HOW DO WE ACHIEVE INFANT HEALTH EQUITY?

MANDATE CARE FOR HEALTH OF MOTHERS

FATIGUE IN THIS FIGHT

EXAMINE NON-CLINICAL FACTORS

CHOICE OF PROVIDER

ACCESS DISTANCE URBAN VS RURAL

BREAK DOWN SILOS SMOOTHER COLLABORATION

WHAT ARE THE GAPS?

SOCIAL DETERMINANTS OF HEALTH

CAUSES

CONDITIONS

CONSEQUENCES

RACISM

INEQUITABLE PATIENT CARE

HIGHER INFANT AND MATERNAL MORTALITY

ENVIRONMENTAL JUSTICE

FOOD EQUITY HEALTH EQUALITY

INVESTMENT IN PERINATAL COMMUNITY WORKERS

DOULAS POST-PARTUM

WHICH POLICIES NEED CHANGING?

ADVANCE HEALTH EQUITY THROUGH CITY PLANNING

AFFORDABLE CHILDCARE

REPRODUCTIVE JUSTICE

GUARANTEED BASIC INCOME

HOME VISITS POST-PARTUM EMBEDDED IN COMMUNITIES

FUNDING! SO NEEDED PROGRAMS CAN ACTUALLY RUN

COMMUNITY-BASED DOULA PROGRAMS

WHAT PROGRAMS AND SUPPORTS ARE NEEDED?

WHAT BARRIERS DO WE FACE?

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

COVID'S IMPACT: BARRIERS, CHALLENGES and POTENTIAL SOLUTIONS

EXISTING BARRIER MADE WORSE!

COVID-19 ISOLATION → LABOR DELIVERY APPTS

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

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 REQs
EXPERIENCED LIVED = ED REQs
EQUITABLE PAY REGARDLESS

REVIEWING w/ a LENS of EQUITY:
- CANDIDATE DIVERSITY
- DOES PROCESS RESPECT POC?
- PAY SCALE EQUITY

LANGUAGE in JOB DESCRIPTIONS

CAREER PATHWAYS

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

SET BACK! take care of you!

QUALITATIVE

GO UPSTREAM

THEME ANALYSIS OF QUESTIONS

LOCAL QUESTIONS
QUALITATIVE DATA

??

AUTHENTIC ASKING OF QUESTIONS

TRUSTWORTHINESS

3

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

DATA COLLECTION TRAINING
• SUPERVISORS
• HEALTH CARE WORKERS

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

WHO IS AT THE TABLE?

VALUE AND ENGAGE MORE COMMUNITY NON-CLINICAL CHANGE MAKERS

FISCAL YEAR FUNDING OPPORTUNITY TO APPLY IDEAS

what is the DATA telling us?

NICHQ
National Institute for Children's Health Quality

HEALTHY start
TA & SUPPORT CENTER

08.24.22

Third Strategic Convening for Maternal and Child Health Alignment and Impact Towards Infant Health Equity

Breakout Discussion

see in
Colors

WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

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



WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

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

REDWOODS are STRONG, RESILIENT CREATURES that USES ITS RESOURCES to

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

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

WHAT CAN HC INSTITUTIONS and GOVT DO?

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

→ the LANGUAGE USED WHEN WRITING AND SPEAKING

→ MORE TRANSPARENCY from IHS

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

REFRAME

→ COMMUNITY LEADERSHIP

→ TRIBAL AUTONOMY and WISDOM

→ NON-TRADITIONAL HEALTH WORKERS

→ NOT JUST ALLYSHIP but ALSO ADVOCACY

the STORY & 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 TOWN - IT MEANT DEATH by EXPOSURE

NATIVE FAMILIES were DESTROYED & TORN APART

NO 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 THEY DID NOT KNOW WE WERE SEEDS

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

FORCED ASSIMILATION into WHITENESS

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**

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

(NOT JUST AT WORK EITHER)



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



Continued Priorities – Addressing the Key Drivers of Infant Mortality

Leading Causes of Infant Mortality

Infant deaths and mortality rates for the top 5 leading causes of death for African Americans, 2020 (Rates per 100,000 live births)					
Cause of Death (By rank)	# Non-Hispanic Black Deaths	Non-Hispanic Black Death Rate	# Non-Hispanic White Deaths	Non-Hispanic White Death Rate	Non-Hispanic Black / Non-Hispanic White Ratio
(1) Low birthweight	1,136	214.4	1,040	56.4	3.8
(2) Congenital malformations	705	133.1	1,976	107.2	1.2
(3) Sudden infant death syndrome (SIDS)	472	89.1	563	30.5	2.9
(4) Accidents (unintentional injuries)	375	70.8	547	29.7	2.3
(5) Maternal Complications	337	63.6	370	20.1	3.2

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

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

Social Determinants of Health



Continued Priorities – Addressing the Key Drivers of Infant Mortality

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

Future Priorities

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



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Colorado Title V Presentation

Rachel Hutson, MSN, RN, CPNP

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

MCH Colorado



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

2021 - 2025



COLORADO
Department of Public
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2020 MCH Needs Assessment Summary

2020 MCH NEEDS ASSESSMENT SUMMARY

PREVENTION SERVICES DIVISION
MATERNAL AND CHILD HEALTH



BACKGROUND

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

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

PROCESS DESIGN

OCTOBER 2017 - MAY 2018

Title V Block Grant Guidance and Public Health Approach

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

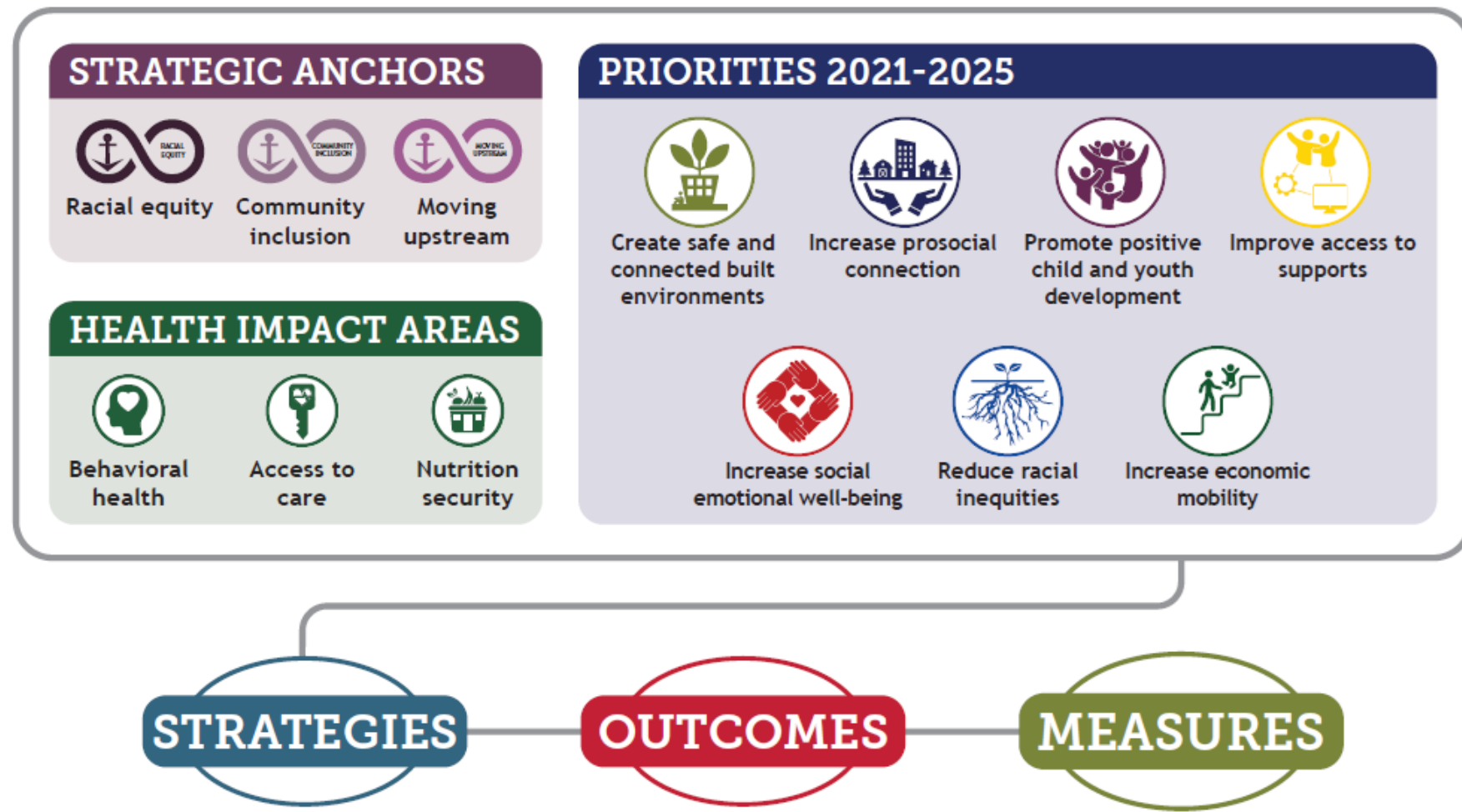


- Uses Evidence-Based Public Health Framework
- Leverages other state processes and resources
- Integrates cross-sector data and perspectives
- Population domain → Common issues

[Learn more here.](#)

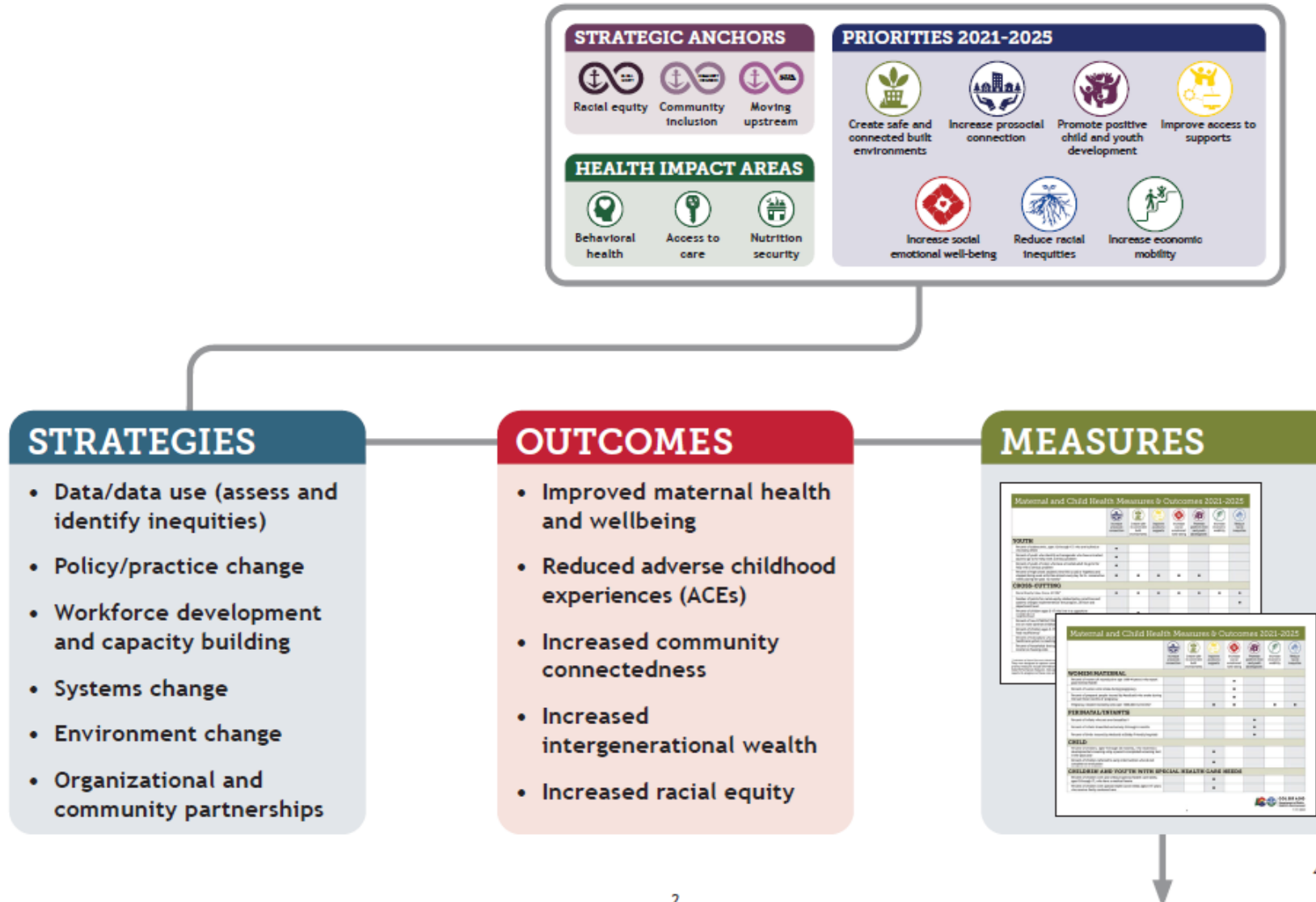
MCH Framework

Vision: To Increase Community and Family Resilience



MCH Theory of Change

Vision: To Increase Community and Family Resilience



2021-2025 Health Impact Areas



- Behavioral Health



- Access to Care










- Nutrition Security

National Performance Measures

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



Maternal and Child Health Measures & Outcomes 2021-2025








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



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Maternal and Child Health Measures & Outcomes 2021-2025

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

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



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MCH Partners, Roles and Resources



National Partners

Maternal and Child Health Bureau (MCHB)

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

- [MCH Navigator](#)

Association of Maternal and Child Health Programs (AMCHP)

- [Innovation Hub](#)

CityMatCH

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



Colorado MCH - Roles

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

State and Local Resources

- [MCH Intranet](#) - CDPHE staff only
- [MCHcolorado.org](#)
 - [State Implementation](#)
 - [Local Implementation](#)
 - [Downloadable Materials](#)
 - [MCH Data](#)
- [MCH Core Measures](#)

MCH Workforce Development

Areas of Expertise

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

Workforce Request System



④ Q & A

Evaluation of Today's Session

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Colorado Maternal and Child Health Block Grant (B04MC32529). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.





Thank You!



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Iowa Title V Presentation

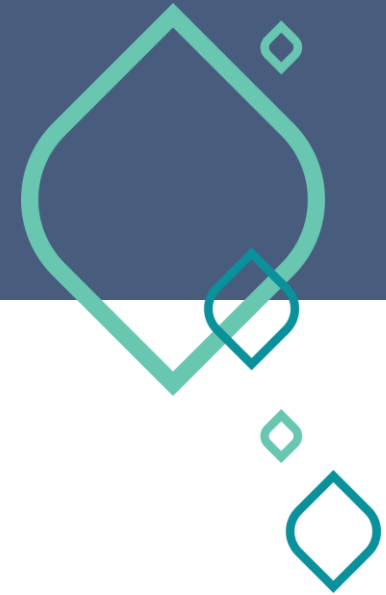
Marcus Johnson-Miller, CPM

Title V Director and Bureau Chief
Bureau of Family Health
Iowa Department of Public Health

Iowa's Title V Program

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

Population Domains and Selected NPMs and SPMs



■ Maternal Health

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

■ Perinatal and Infant Health

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

Population Domains and Selected NPMs and SPMs, continued

■ Child Health

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

■ Adolescent Health

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

Population Domains and Selected NPMs and SPMs, continued

■ Cross Cutting

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

■ Children and Youth with Special Health Care Needs

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



Selecting Evidence-Based or Evidence Informed Strategy Measures

MCH Evidence Center

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



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

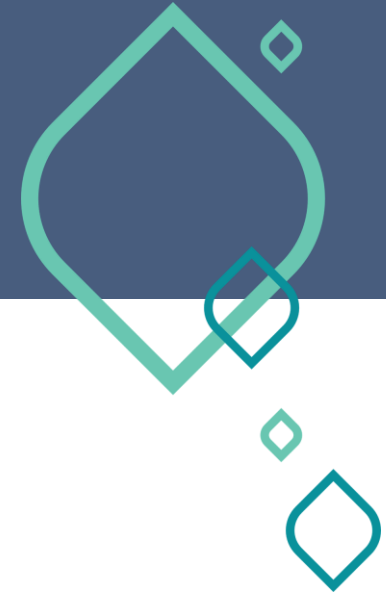
AMCHP Innovation Hub

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



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

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



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

Questions

Thank you!

Marcus Johnson-Miller
marcus.johnson-miller@idph.iowa.gov



Missouri Title V Presentation

Martha Smith, MSN RN, LNHA

Director
Missouri Maternal Child Health/Title V
Missouri Department of Health & Senior Services



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Missouri Title V MCH Update

2023 Healthy Start Regional Meeting

Martha Smith, MSN, RN
Missouri Maternal Child Health Director

Presentation Outline

1

Brief overview of the six MCH population domains and the National Performance Measures (NPMs) prioritized in Missouri

3

Description of process used to identify the State Evidence-Based or Evidence-Informed Strategy Measures (ESMs)

2

State Performance Measures (SPMs) to address the identified priorities based on Missouri's needs assessment findings

4

Ways Healthy Start programs can become involved in MCH work in Missouri

Missouri FFY 2021-2025 Title V MCH Priorities

National Performance Measures (NPMs)

Women/ Maternal Health

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

NPM 1

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

Perinatal/ Infant Health

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

NPM 5

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

Child Health

Reduce intentional and unintentional injuries among children and adolescents

NPM 8.1

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

Adolescent Health

Reduce obesity among children and adolescents

NPM 7.2

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

CYSHCN

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

NPM 11

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

Missouri FFY 2021-2025 Title V MCH Priorities

State Performance Measures (SPMs)

Child Health

Enhance access
to oral health care
services for
children

SPM 1

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

Adolescent Health

Promote
Protective
Factors for Youth
and Families

SPM 2

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

Cross-cutting & System Building

Address Social
Determinants of
Health Inequities –
Training and Health
Literacy

SPM 3

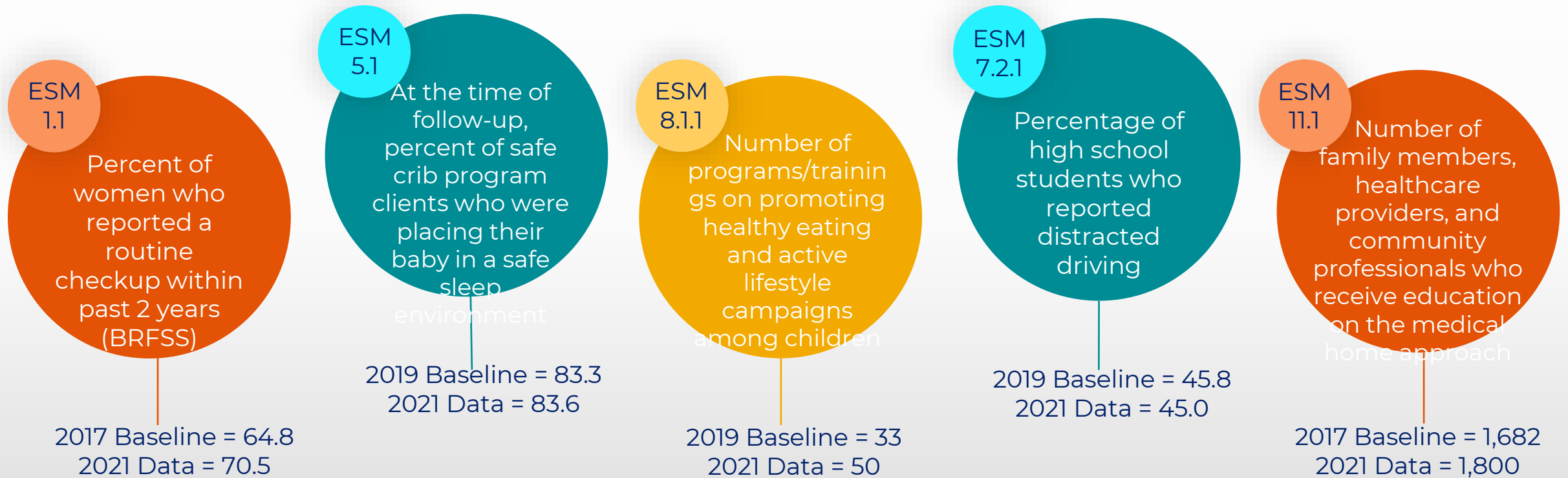
Number of DCPH staff
and contracted partners
working with maternal
and child populations who
complete core MCH,
Health Equity, and Racial
Justice trainings

Overarching Principles

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

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

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



Title V and Healthy Start Synergy

DIRECTION-ALIGNMENT-COMMITMENT

Statewide Needs Assessment
Processes

**Collaboration on Maternal-
Child Action Networks &
Initiatives**

Resource Sharing

Mutual Support for &
Collaboration on Funding
Opportunities

Shared Learning & Workforce
Development

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

Collaboration on innovative
approaches to address
emerging topic areas





MISSOURI DEPARTMENT OF
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QUESTIONS?



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KEEPING PEOPLE SAFE**