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

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Mindfulness

Melodye Watson, LCSW-C

Healthy Start Project Officer

Division of Healthy Start and Perinatal Services

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Welcome!

We are so glad you are here!

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

Review today's agenda in your folder

Review the lunch options in your folder

Help yourself to hand sanitizer

Silence your cell phone

Grab a snack and coffee, tea or water

Stretch

Contribute to our gratitude board

Take a bio break

Healthy Start Region 4 Regional Meeting
Monday, April 17 from 9:00 am-4:30 pm ET

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

Healthy Start Regional Meeting

Region 4

Day 1: Monday, April 17
from 9 am-4:30 pm ET

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

Icebreaker

Rochelle Logan, DrPh, MPH, CHES

Supervisory Public Health Analyst

Division of Healthy Start and Perinatal Services

Kristal Dail, MPH

Healthy Start Project Officer

Division of Healthy Start and Perinatal Services

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Region 4 Regional Meeting

Welcome & Overview of the Agenda

Kenn L. Harris

Vice President, Engagement & Community Partnerships

Healthy Start TA & Support Center (TASC)

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Land Acknowledgment

We are gathered here today on the ancestral homeland of Muscogee Creek and Cherokee peoples.

Visit native-land.ca

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

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Welcome!

- **Please feel free to:**
  - View the agenda in the folder inside your tote bag.
  - Review the nearby lunch options in your folder and place an order for delivery or pickup in advance.
  - Write your thoughts on our Gratitude Board in the hallway.
- **Please also note:**
  - The bathrooms are located down the hall.
  - The TASC team is here to provide support or answer any questions during the meeting.
  - We will have the following breaks:
    - Quick break from 11-11:15 am
    - Lunch break from 12:45-1:45 pm
    - Quick break from 3:30-3:45 pm
  - Coffee and tea will be available in the hall during the quick breaks.

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** ***Kristal Dail, MPH*** *Division of Healthy Start and Perinatal Services (DHSPS)*
Opening Plenary ***9:15-10:15***	**Kenn L. Harris** *Healthy Start TA & Support Center* **Jemea Dorsey & Janina Daniels, MHSA, CWC** *The Center for Black Women's Wellness* **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* **Beryl Polk, PhD, MS, CPM, CCM** *Mississippi Department of Health* **Shelby Weeks, MHS & Tonya Daniels** *North Carolina Department of Health* **Kristen Shealy, MSPH, MPA** *South Carolina Department of Health*
Data & Evaluation Plenary ***10:15-11***	**Maura Dwyer, DrPH, MSPH, MPA** *DHSPS*
Break from *11-11:15 am*	

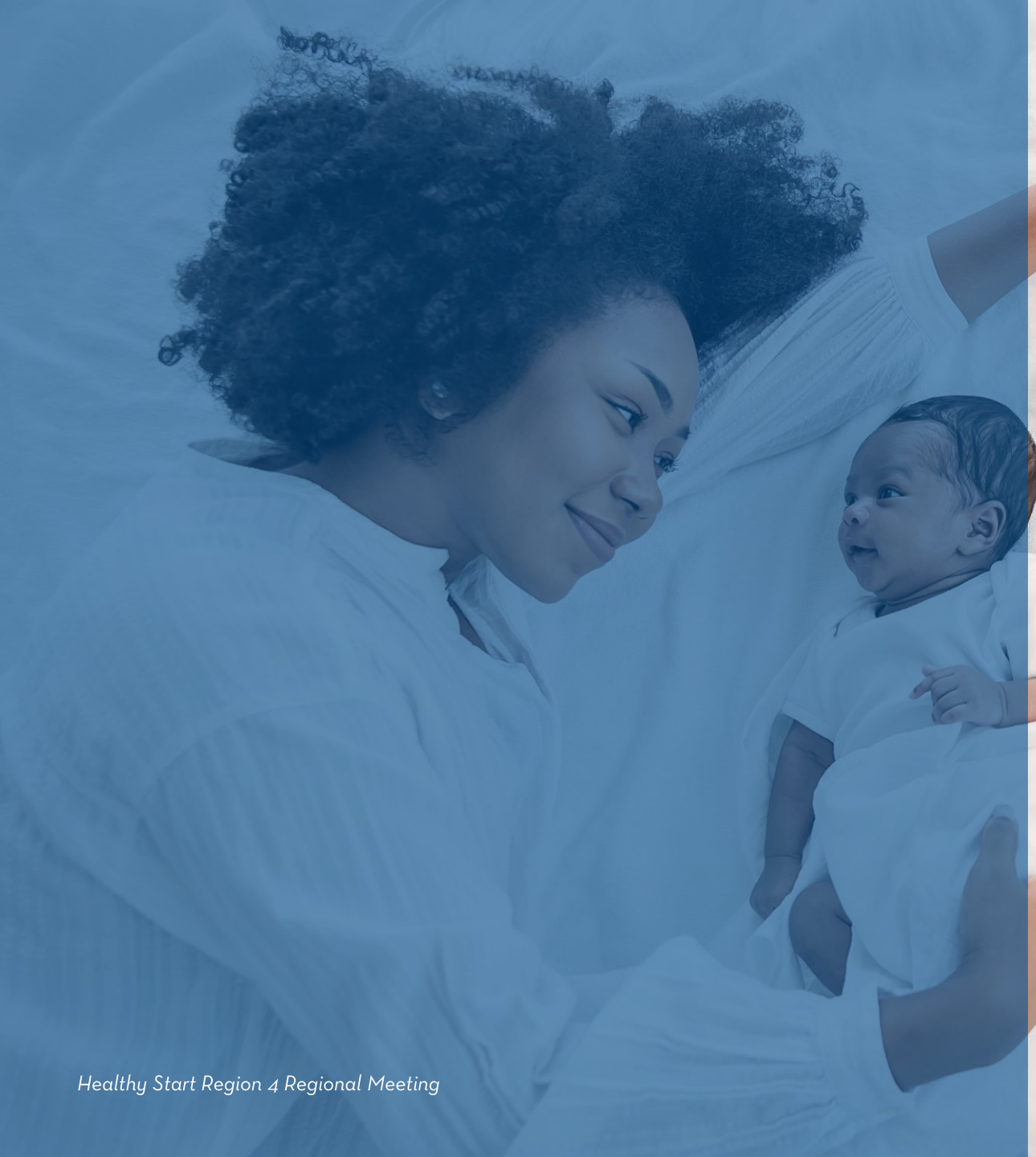
AIM CCI Plenary ***11-11:45***	**Valerie Newsome Garcia, PhD** *AIM CCI Program*
Skill-building Sessions Part 1 ***11:45-12:45***	**Anana Johari Harris Parris** *The Self Care Agency* **Donna Mertens, PhD** *Gallaudet University* **Kay Matthews** *Shades of Blue* **Rachael Glisson, MPH & Kate Teague** *Education Development Center*
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** *First TEAM USA* **Kenn L. Harris** *TASC*
Adjourn at *4:30*	
Optional Group Discussion: Staff Recruitment & Retention *4:30-5:15*	**N/A**
Optional Fatherhood Coordinator Meetup *7-8*	***N/A***

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 or scan the QR code below to sign up:



Host Site Presentation

Jemea Dorsey
Project Director
The Center for Black Women's Wellness

Janina Daniels, MHSA, CWC
Program Manager
The Center for Black Women's Wellness

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Region 4 Regional Meeting

WELCOME REGION 4 Healthy START GRANTEES TO ATLANTA

Jemea Dorsey, CEO/Project Director, CBWW/AHSI
Janina Daniels-Gilmore, AHSI Program Manager

https://www.youtube.com/watch?v=j5W73HaVQBg

Center for Black Women's Wellness

Atlanta Healthy Start Team in Action…

AHSI Evaluation/Data

Illuminating IMPACT

WISDOM KNOWLEDGE INFORMATION DATA

2023 Updated Atlanta Healthy Start Initiative Marketing Videos

AHSI Overview	https://vimeo.com/793508175
AHSI Recruitment	https://vimeo.com/796494553
AHSI Fatherhood	https://vimeo.com/796807220

Center for Black Women's Wellness

Healthy Start Region 4 Regional Meeting

A Message from the MCHB Associate Administrator

Dr. Michael Warren

Associate Administrator

Maternal and Child Health Bureau

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Updates from the Division

CDR Johannie Escarne, MPH

Senior Advisor, Division of Healthy Start and Perinatal Services (DHSPS)

Rochelle Logan, DrPh, MPH, CHES

Supervisory Public Health Analyst, DHSPS

Mia Morrison, MPH

Supervisory Public Health Analyst, DHSPS

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Region 4 Regional Meeting

HRSA
Health Resources & Services Administration

Division of Healthy Start and Perinatal Services Welcome

Healthy Start Regional Meetings 2023

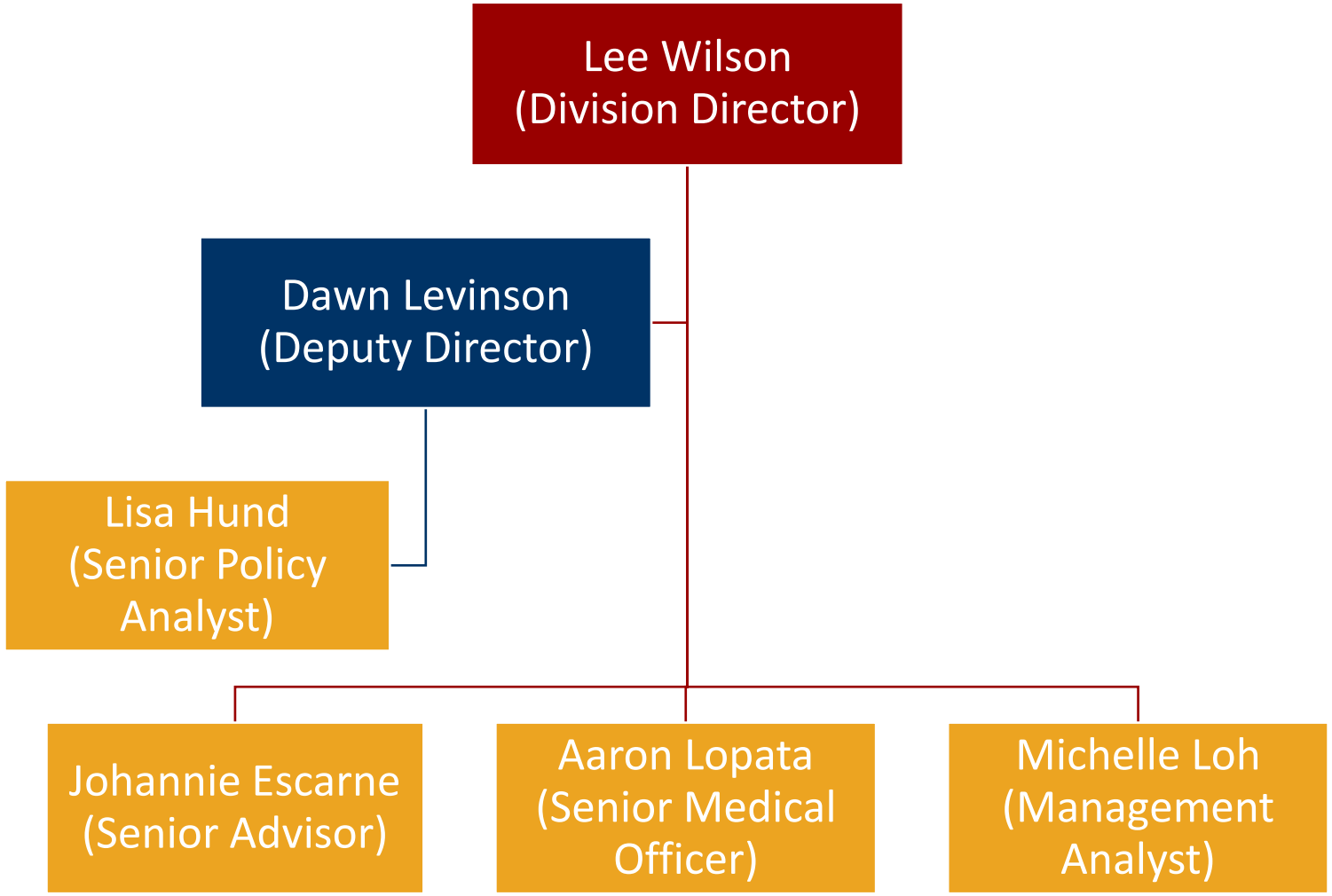
Johannie Escarne

Senior Advisor, DHSPS

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People

Office of the Director



HRSA Maternal & Child Health

Healthy Start Branch

Healthy Start Branch	Technical Assistance & Comprehensive Services Team	Planning, Oversight & Program Operations Team	Data & Evaluation Team
• **Benita Baker (Branch Chief)** • Management Analyst (Vacant)	• **Rochelle Logan (Team Lead)** • Kristal Dail (TASC/Nutrition) • Melodye Watson (IHE/Mental Health) • Cardors Barnes (TASC/Mentoring) • Mary Emmanuele (RN/Clinical Health Services) • Mabatemije Otubu (RN/Clinical Health Services/ Hypertension) • Simone Esho (Doula) • India Hunter (Health Equity Scholar)	• **Mia Morrison (Team Lead)** • Kevin Chapman (TASC/Domestic Violence) • Brandon Wood (Fatherhood/Fiscal Operations) • Shontelle Dixon (Reproductive Justice) • Keri Bean (Homelessness) • Zaire Graves (Health Equity) • Efiok Ekorikoh (Rural Health) • Ardandia Campbell-Williams (Technical Writing)	• **Ada Determan (Team Lead)** • Dianna Frick (MH Evaluation PM, Mapping Tool) • Maura Dwyer (HS Evaluation PM) • Sarah "Lina" Barrett (HSMED PM, HS Data Mailbox, HSMED and DGIS data) • Peter LaMois (CAREWare PM, Mapping Tool, HSMED and DGIS data)

Maternal and Women's Health Branch

Maternal & Women's Health Branch

- **Kimberly Sherman (Branch Chief)**
- Management Analyst (Vacant)

Quality Improvement, Data & Evaluation Team

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

Systems Improvement Team

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

HRSA Maternal & Child Health

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)

HRSA Maternal & Child Health

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

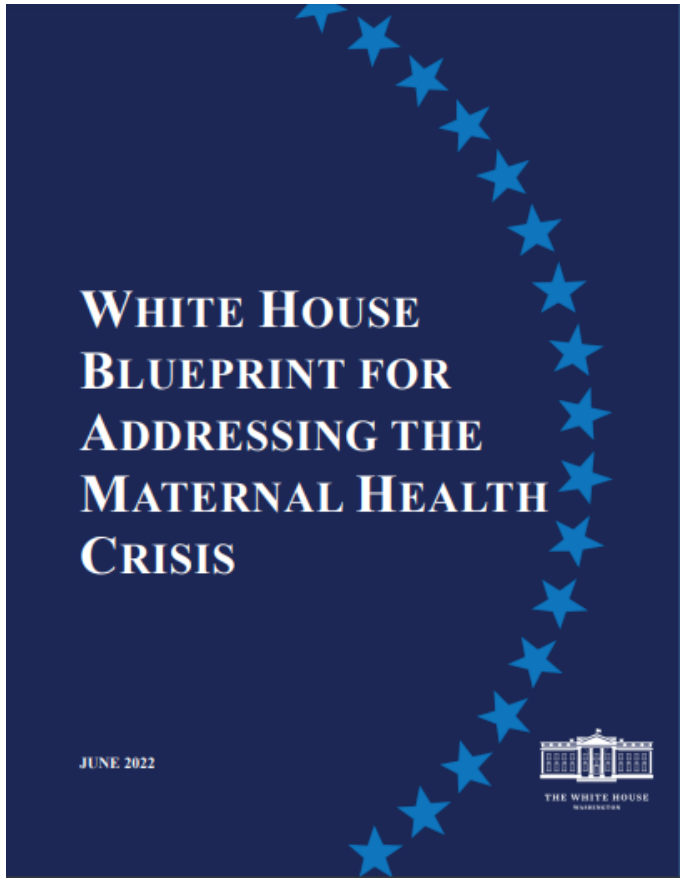
MCHB MISSION

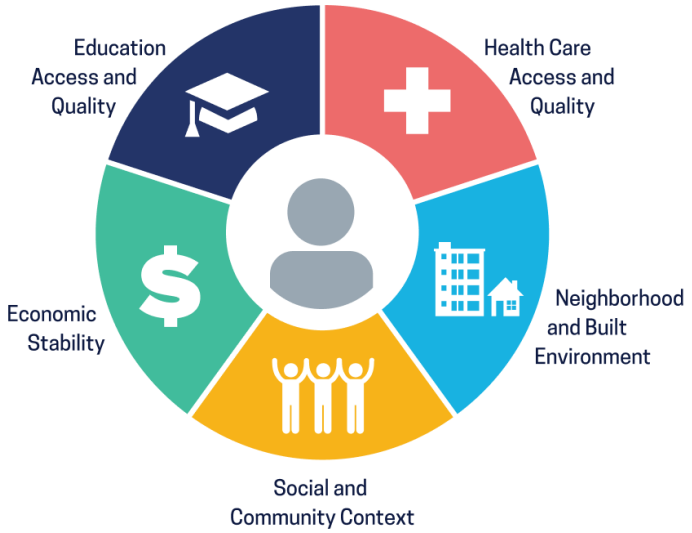
To improve the health and well-being of America's mothers, children, and families.

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

Johannie Escarne

Senior Advisor, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: jescarne@hrsa.gov

Phone: 301-443-5692

Web: mchb.hrsa.gov

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

 Sign up for the HRSA eNews

FOLLOW US:

HRSA
Health Resources & Services Administration

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

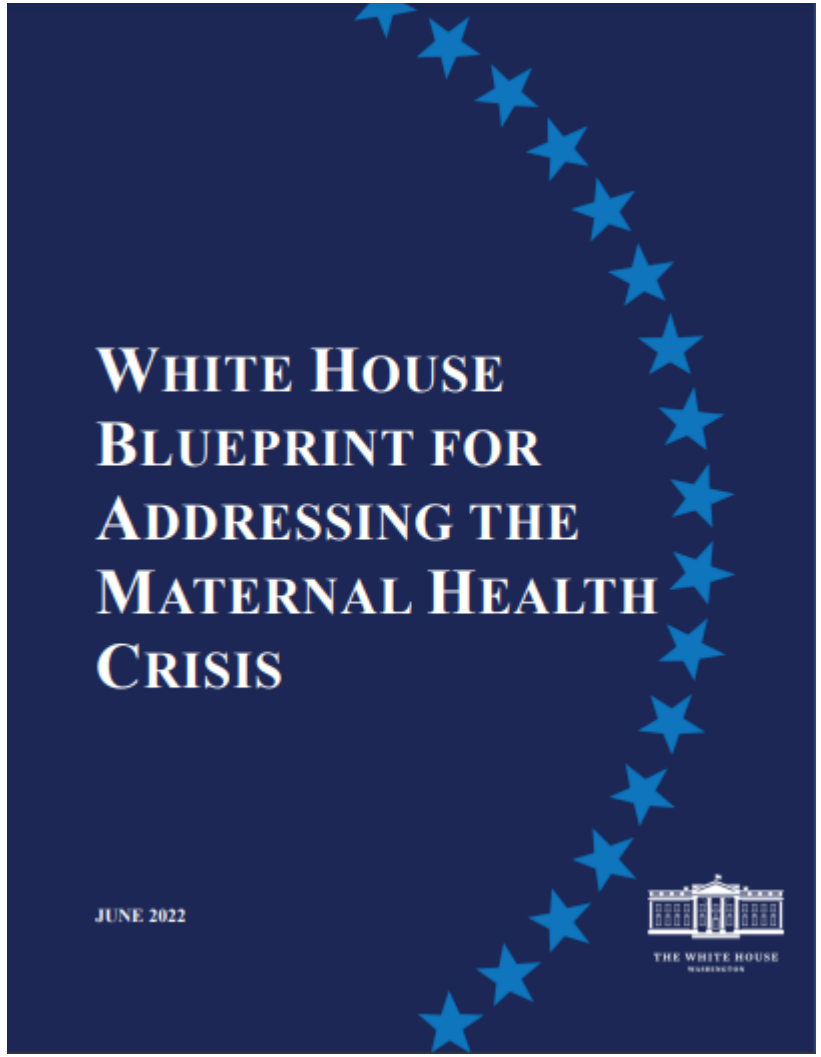
Division Updates

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

HRSA Maternal & Child Health

Mission Informed: White House Blueprint



Administration Priorities

BRIEFING ROOM

FACT SHEET: President Biden's and Vice President Harris's Maternal Health Blueprint Delivers for Women, Mothers, and Families

JUNE 24, 2022 • STATEMENTS AND RELEASES

Today, the White House released the Biden-Harris Administration's Blueprint for Addressing the Maternal Health Crisis, a whole-of-government approach to combatting maternal mortality and morbidity. For far too many mothers, complications related to pregnancy, childbirth, and postpartum can lead to devastating health outcomes — including hundreds of deaths each year. This maternal health crisis is particularly devastating for Black women, Native women, and women in rural communities who all experience maternal mortality and morbidity at significantly higher rates than their white and urban counterparts.

Under President Biden and Vice President Harris's leadership, this

HRSA Maternal & Child Health

Maternal Health Actions Goal 4

Expand and Diversify the Perinatal Workforce

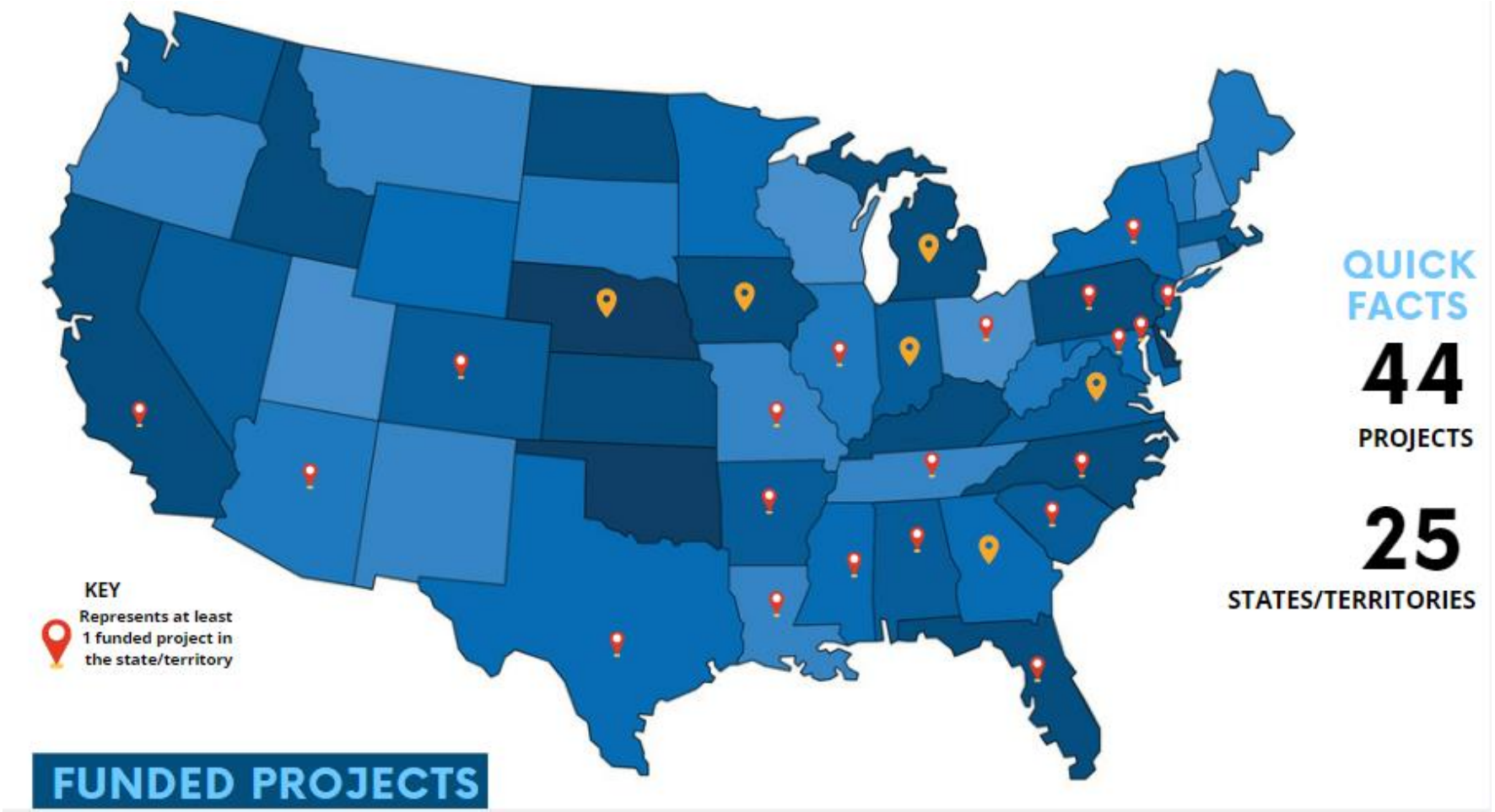
Our maternal health workforce is under-resourced and not representative of our country's diversity. Given the known benefits of culturally appropriate care, recruiting and training providers from diverse communities is paramount. **To address the gaps in our perinatal workforce, we will increase** the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

HRSA Maternal & Child Health

Community Based Doula Supplement

Community Based Doulas Supplement:

The purpose of this supplement is to increase the availability of doulas in Healthy Start service areas, which are those communities most affected by poor infant and maternal health outcomes



HRSA Maternal & Child Health

Doula Supplement: What We're Learning From the Field

NEEDS ASSESSMENTS

CULTURAL RESPONSIVENESS

COLLABORATION

INNOVATION

HRSA Maternal & Child Health

Maternal Health Actions Goal 5.2

Address the social determinants of maternal health.

Fund community-based organizations to **support projects to expand maternal mental health access**, **develop community needs assessments** in consultation with pregnant and postpartum individuals in local communities, increase access to effective digital tools to expand and enhance maternal health care, and expand models that train maternal health care providers and students on **how to address** implicit bias and racism and screen for **social determinants of health**.

HRSA Maternal & Child Health


National
Maternal
Mental Health
Hotline
HRSA
Health Resources & Services Administration

Catalyst for Infant Health Equity

Purpose

- To support the implementation of existing action plans that apply data-driven policy and innovative systems strategies to reduce IM disparities and prevent excess infant deaths.

Objectives

- Action Plan Implementation
- Strategic Partnerships
- Outcome Evaluation

Goals

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

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

HRSA Maternal & Child Health

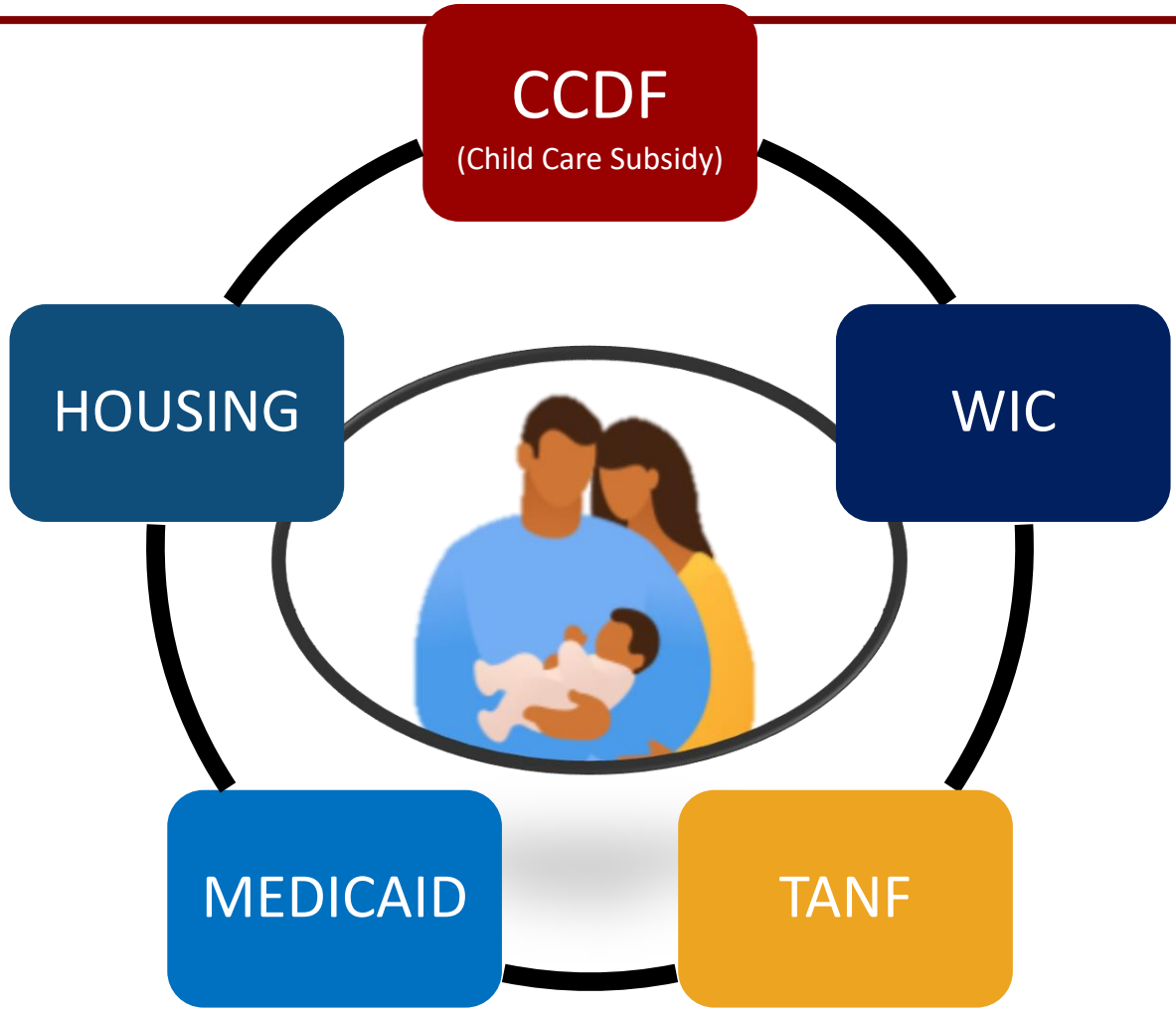
Benefits Bundle Pilot

The Benefits Bundle project represents a joint effort between HRSA/MCHB and the Office of Management and Budget (OMB)/United States Digital Service (USDS). Other partners include USDA, DOE, HUD, and ACF, all working to improve the experiences of low-income families navigating the years from birth to age five (0-5).

Benefits Bundle Pilot

What is the goal of the Benefits Bundle Pilot?

The goal of the Benefits Bundle Pilot is to support Healthy Start (HS) grantees in adopting and implementing peer-, community- and/or workforce-based models to improve family experiences in benefits navigation and beyond.



HRSA Maternal & Child Health

Maternal Health Actions Goal 1.7

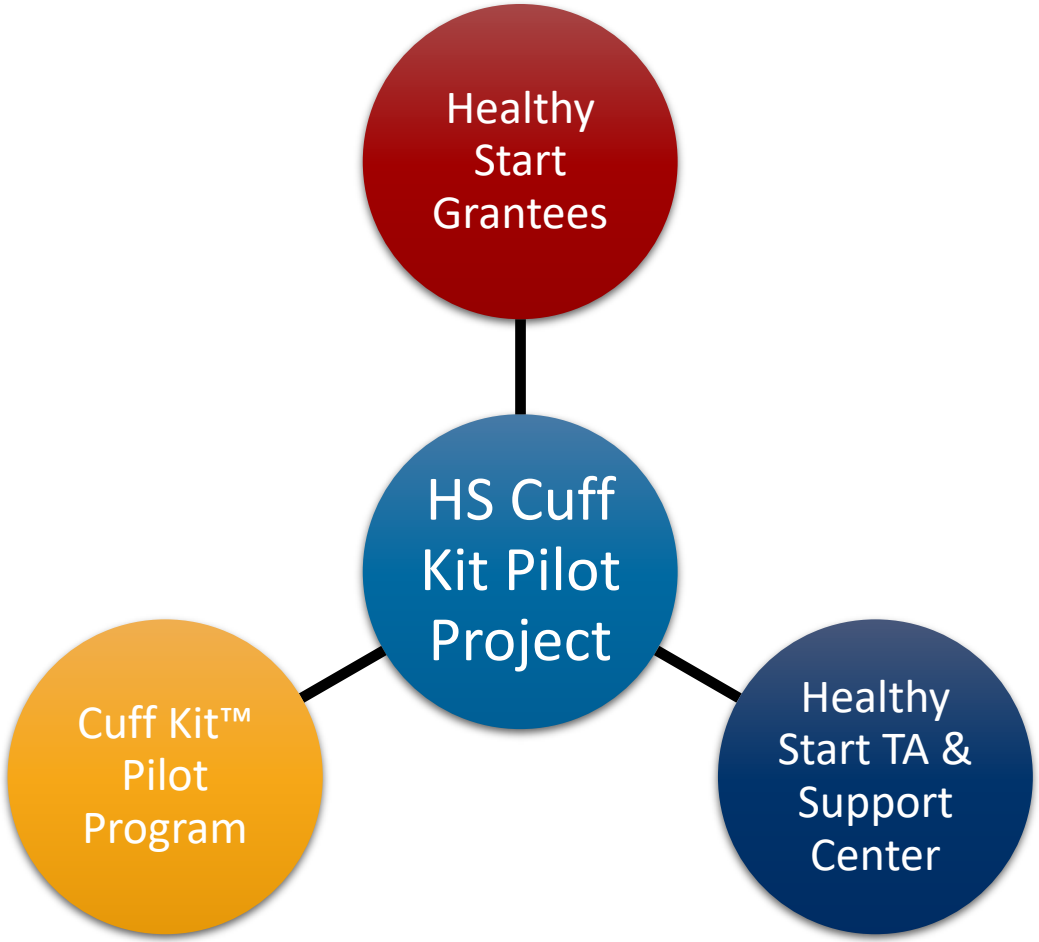
- Improve quality of care provided to pregnant and postpartum women **with or at risk for hypertensive disorders of pregnancy** by disseminating self-measured blood pressure monitoring tools and resources for obstetrical providers, primary care professionals, and the pregnant and postpartum women they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

HRSA Maternal & Child Health

Blood Pressure Cuff Kit Pilot Project

Purpose

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



PREECLAMPSIA™ FOUNDATION

HEALTHY start TA & SUPPORT CENTER

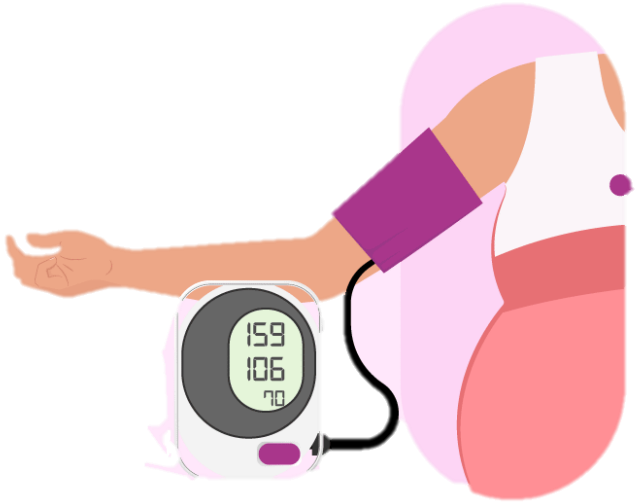
NICHQ National Institute for Children's Health Quality

HRSA Maternal & Child Health

Cuff Kit Pilot Project

Objectives:

- To **measure** the value of having a BP cuff in the house to support the HS participant in monitoring their BP.
- To **support** the HS participant in tracking and sharing BP readings with care providers.
- To **determine** how having a BP cuff in the home may result to broader utilization (e.g., partners, parents).

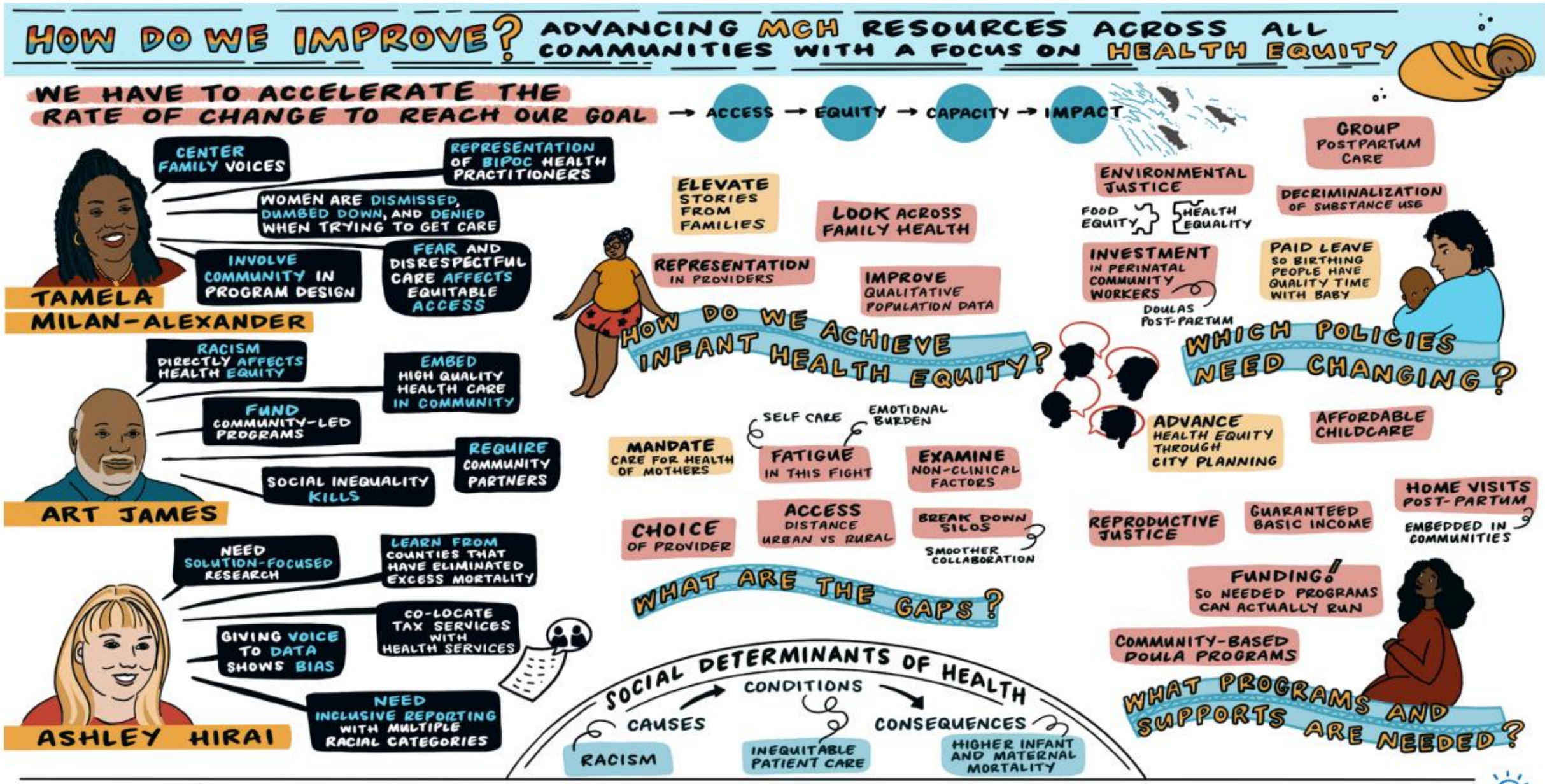


Lessons Learned: Infant Health Equity Convenings

1. ***How Do We Improve?*** Advancing MCH resources across all communities with a focus on health equity
2. ***What Barriers Do We Face?*** Investing resources, improving community health and addressing inequities created by systemic and structural racism
3. ***What Is the Data Telling Us?*** Engaging communities in data collection efforts to drive advancements in equity and measure progress.
4. ***What Did We Learn? What Actions Can We Take?*** Final convening for all MCH community members

HRSA Maternal & Child Health

44


HOW DO WE IMPROVE? ADVANCING MCH RESOURCES ACROSS ALL COMMUNITIES WITH A FOCUS ON HEALTH EQUITY
WE HAVE TO ACCELERATE THE RATE OF CHANGE TO REACH OUR GOAL
ACCESS
EQUITY
CAPACITY
IMPACT
TAMELA MILAN-ALEXANDER
CENTER FAMILY VOICES
REPRESENTATION OF BIPOC HEALTH PRACTITIONERS
WOMEN ARE DISMISSED, DUMBED DOWN, AND DENIED WHEN TRYING TO GET CARE
INVOLVE COMMUNITY IN PROGRAM DESIGN
FEAR AND DISRESPECTFUL CARE AFFECTS EQUITABLE ACCESS
ART JAMES
RACISM DIRECTLY AFFECTS HEALTH EQUITY
EMBED HIGH QUALITY HEALTH CARE IN COMMUNITY
FUND COMMUNITY-LED PROGRAMS
REQUIRE COMMUNITY PARTNERS
SOCIAL INEQUALITY KILLS
ASHLEY HIRAI
NEED SOLUTION-FOCUSED RESEARCH
LEARN FROM COUNTIES THAT HAVE ELIMINATED EXCESS MORTALITY
CO-LOCATE TAX SERVICES WITH HEALTH SERVICES
GIVING VOICE TO DATA SHOWS BIAS
NEED INCLUSIVE REPORTING WITH MULTIPLE RACIAL CATEGORIES
HOW DO WE ACHIEVE INFANT HEALTH EQUITY?
ELEVATE STORIES FROM FAMILIES
LOOK ACROSS FAMILY HEALTH
REPRESENTATION IN PROVIDERS
IMPROVE QUALITATIVE POPULATION DATA
MANDATE CARE FOR HEALTH OF MOTHERS
SELF CARE
EMOTIONAL BURDEN
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
GROUP POSTPARTUM CARE
DECRIMINALIZATION OF SUBSTANCE USE
INVESTMENT IN PERINATAL COMMUNITY WORKERS
DOULAS POST-PARTUM
PAID LEAVE SO BIRTHING PEOPLE HAVE QUALITY TIME WITH BABY
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 and DELIVERY

APPTS

LESS REPRODUCTIVE HEALTH ACCESS

INCREASED KNOWLEDGE of BENEFITS of TELEHEALTH

↑ C-SECTIONS

↓ SCREENINGS

LOTS OF APPTS CKLD

TECHNOLOGY: SHIFTING to HARDWARE ($$$)

ACCESS to COVID VAX

SCARCITY of PROVIDERS

TRANSPORTATION ISSUES

HOSPITAL POLICIES CHANGED W/O EXPLANATION

POLARIZATION of HC/POLITICS

LET COMMUNITY NAME NEEDS

DATA & HOW WE ASK WHAT

HOW WE UNDERSTAND WHAT WE ARE ARE ENTITLED to as PATIENTS

RESILIENCE BUILDING (ERODED)

LACK of TRUST

THIS!

BREAK OUTS

DEBRIEF DISCUSSION

SOCIO-ECONOMIC FACTORS WITHIN your ORGANIZATION

INCLUDE OTHER STRESS FACTORS

→ HOUSING, ENVIRONMENTAL, POLICING, GUN VIOLENCE, GANG VIOLENCE, LOSS and DEATH, GRIEF, TRAUMA, MENTAL HEALTH, DRUGS, EDUCATION, TRAINING SCHOOL DISTRICT CHANGES, etc.

MCH RESOURCES: HOW to USE STRATEGICALLY to ADVANCE HEALTH EQUITY

TECHNICAL ASSISTANCE

COMMUNITY at the TABLE

COMMITMENTS and PARTNERSHIPS

REVIEWING STRUCTURES

PUBLIC FUNDING

COMPENSATION for TIME & CONTRIBUTION

WORKFORCE: CORE ELEMENTS to DEVELOP CULTURALLY COMPETENT and DIVERSE WORKERS

TRAINING - DOING the WORK

HIRING: WHAT the EXPERIENCE LOOKS LIKE

JOB DESCRIPTIONS W/O ED REQS

→ EXPERIENCED LIVED = ED REQS ←

EQUITABLE PAY REGARDLESS

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

LANGUAGE in JOB DESCRIPTIONS

CAREER PATHWAYS that are NON-TRADITIONAL

WALK the TALK in DIVERSITY COMMITMENTS

STAFF RETENTION

$ FAIR PAY $&

COMPENSATION

RESPECT and FAIR TREATMENT

MEDICAL DISCRIMINATION of MIDWIFERY and DOULAS

RACISM

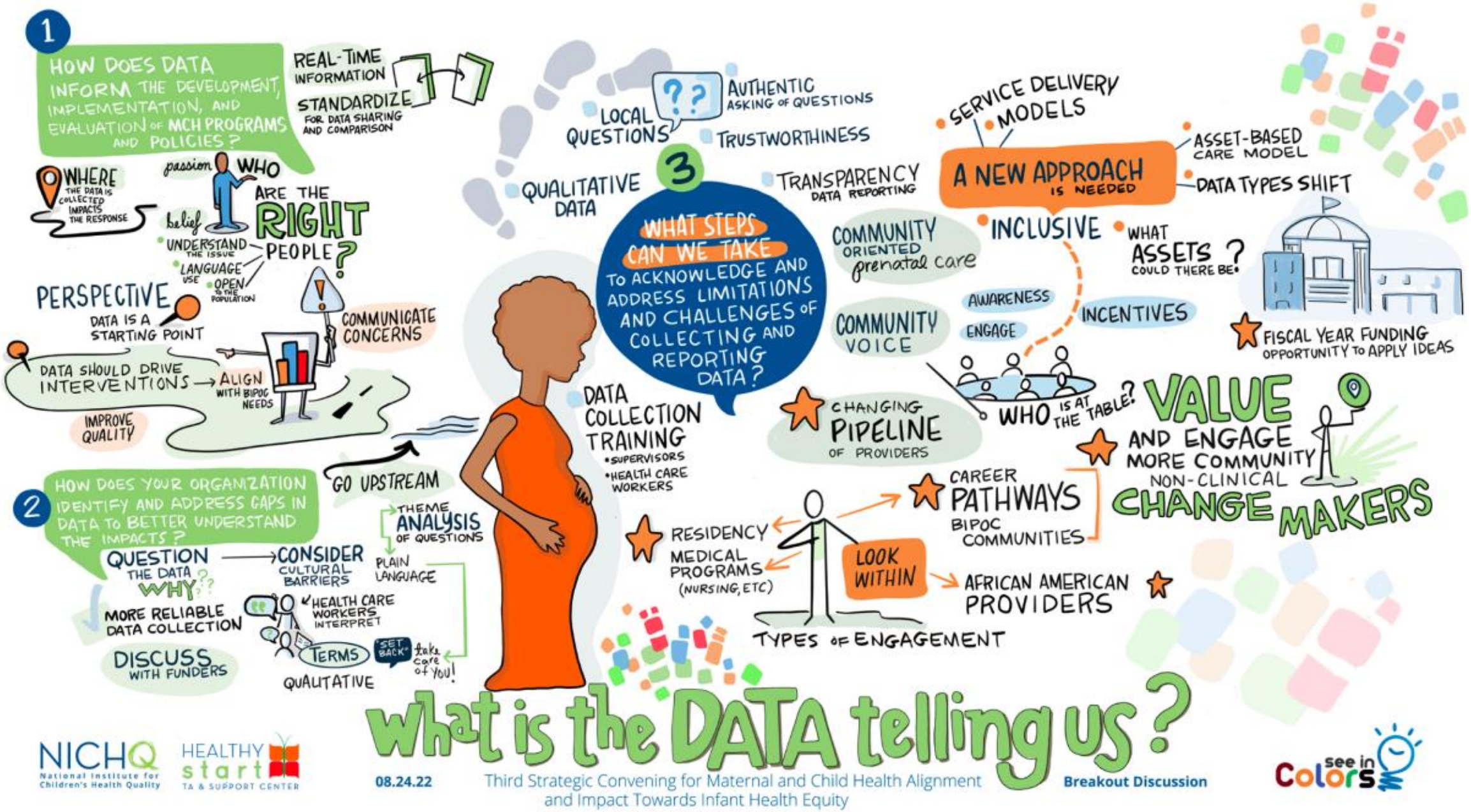
NORMALIZE BLACK CULTURAL FASHION AS "PROFESSIONAL"

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

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

Sunny @ see in Colors


1
HOW DOES DATA INFORM THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF MCH PROGRAMS AND POLICIES?
REAL-TIME INFORMATION
STANDARDIZE FOR DATA SHARING AND COMPARISON
WHERE THE DATA IS COLLECTED IMPACTS THE RESPONSE
WHO ARE THE RIGHT PEOPLE?
passion
belief
UNDERSTAND THE ISSUE
LANGUAGE USE
OPEN TO THE POPULATION
PERSPECTIVE
DATA IS A STARTING POINT
COMMUNICATE CONCERNS
DATA SHOULD DRIVE INTERVENTIONS → ALIGN WITH BIPOC NEEDS
IMPROVE QUALITY
GO UPSTREAM
2
HOW DOES YOUR ORGANIZATION IDENTIFY AND ADDRESS GAPS IN DATA TO BETTER UNDERSTAND THE IMPACTS?
QUESTION THE DATA WHY??
CONSIDER CULTURAL BARRIERS
MORE RELIABLE DATA COLLECTION
DISCUSS WITH FUNDERS
THEME ANALYSIS OF QUESTIONS
PLAIN LANGUAGE
HEALTH CARE WORKERS INTERPRET
TERMS
SET BACK*
take care of you!
QUALITATIVE
3
WHAT STEPS CAN WE TAKE TO ACKNOWLEDGE AND ADDRESS LIMITATIONS AND CHALLENGES OF COLLECTING AND REPORTING DATA?
LOCAL QUESTIONS
AUTHENTIC ASKING OF QUESTIONS
TRUSTWORTHINESS
QUALITATIVE DATA
TRANSPARENCY DATA REPORTING
DATA COLLECTION TRAINING
•SUPERVISORS
•HEALTH CARE WORKERS
A NEW APPROACH IS NEEDED
SERVICE DELIVERY MODELS
ASSET-BASED CARE MODEL
DATA TYPES SHIFT
INCLUSIVE
COMMUNITY ORIENTED prenatal care
WHAT ASSETS? COULD THERE BE•
COMMUNITY VOICE
AWARENESS
ENGAGE
INCENTIVES
FISCAL YEAR FUNDING OPPORTUNITY TO APPLY IDEAS
CHANGING PIPELINE OF PROVIDERS
WHO IS AT THE TABLE?
VALUE AND ENGAGE MORE COMMUNITY NON-CLINICAL CHANGE MAKERS
CAREER PATHWAYS BIPOC COMMUNITIES
RESIDENCY MEDICAL PROGRAMS (NURSING, ETC)
LOOK WITHIN
AFRICAN AMERICAN PROVIDERS
TYPES OF ENGAGEMENT
what is the DATA telling us?
08.24.22
Third Strategic Convening for Maternal and Child Health Alignment and Impact Towards Infant Health Equity
Breakout Discussion
NICHQ National Institute for Children's Health Quality
HEALTHY start TA & SUPPORT CENTER
see in Colors

WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

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

-30 YR LAG of SURVIVAL RATES

INFANT MORTALITY RATE to 5.0 %

21K BABIES DIE YEARLY

RACIAL BACKGROUND INFLUENCES SURVIVAL OUTCOMES

ADVANCE EQUITY

WE HAVE to CHANGE the WAY WE DO THINGS

HAVE NEVER ACHIEVED the SURVIVAL RATES for BLACK & BROWN INFANTS

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

FOCUS on STATES with ↑ INFANT DEATHS

MOST COUNTIES NEED to PREVENT 1-2 DEATHS MONTHLY

IT is NOT A HEAVY LIFT!

WAYNE CO, MI
COOK CO, IL
HOUSTON, TX

HEALTHY START DOULA SUPPLEMENT

HEALTH EQUITY GRANTS

REGION 5 INFANT MORTALITY PROJECT

ACCELERATING EQUITY LEARNING COMMUNITIES

GOALS

UNDERSTAND GAPS and NEEDS

UNDERSTAND COMMUNITY CONTEXT

ENSURE ACCESS to CARE

ADVOCACY: DOULA, MOTHER/INFANT

ADDRESS SOCIO-ECONOMIC FACTORS

DATA COLLECTION, RESEARCH

SUPPORT SYSTEMS for HC WORKERS

BIAS HOW TO ELIMINATE?

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

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

SUNNY @ see in Colors

WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

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

REDWOODS are STRONG, RESILIENT CREATURES that USES ITS RESOURCES to MAINTAIN, SUPPORT and HEAL at the COMPLEX ROOT NETWORK LEVEL...

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

WHAT CAN HC INSTITUTIONS and GOVT DO?

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

- → the LANGUAGE USED WHEN WRITING AND SPEAKING
- → MORE TRANSPARENCY from IHS
- → EXPAND the LIST of BOXES to INCLUDE ALL TRIBES of NORTH, CENTRAL and SOUTH AMERICA

REFRAME

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

the STORY of THOSE WHO NEVER GOT to DANCE

INCARCERATION - ACCESSIBILITY - TRANSPORTATION · VOTING RIGHTS · LACK of FOOD - the EXTINCTION of the PLAINS BUFFALO · LOOK UP the DEFINITION of STARLIGHT TOUR - IT MEANT DEATH by EXPOSURE

NATIVE FAMILIES were DESTROYED & TORN APART

NO (HOME PUNISHED NOT EVER) SINGING, DANCING or SPEAKING NATIVE LANGUAGES...

STRIPPED of LANGUAGE, CULTURE, RELIGION, FOODS and DRESS

OR, WE'LL BEAT it OUT of YOU!

MANY WERE STERILIZED WELL INTO the 1980s

QUAN TUMS

"WHERE'S YOUR CARD?"

THEY TRIED to BURY US

BUT THEY DID NOT KNOW WE WERE SEEDS

SO MANY DIED IN the NAME of WHITE FEAR

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

FORCED ASSIMILATION into WHITENESS

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

NICHQ National Institute for Children's Health Quality
HEALTHY start TA & SUPPORT CENTER
FOURTH STRATEGIC CONVENING FOR MATERNAL AND CHILD HEALTH ALIGNMENT AND IMPACT TOWARDS INFANT HEALTH EQUITY
Sunny @ see in Colors

WHAT DID WE LEARN? WHAT ACTIONS CAN WE TAKE?

KAREN SCOTT, MD, MPH, FAAP, CHIEF BLACK FEMINIST PHYSICIAN SCIENTIST, FOUNDING CEO, OWNER of BIRTHING CULTURAL RIGOR, LLC

KNOWLEDGE and WISDOM EXPERIENCES VOICES LOVE COMMUNITIES PARENTS

CHERISH BLACK MOTHERS BABIES FATHERS GRANDMOTHERS UNCLES AUNTIES GRANDFATHERS

BELIEVE THEM

LISTEN to THEM

THEY ARE NOT BROKEN NOR HELPLESS, THEY NEED CARE

BLACK DOCTORS, NURSE and OTHERS in HC NEED HELP and SUPPORT (NOT JUST AT WORK EITHER)

WE HAVE to BREAK these INSTITUTIONAL BIASES that HARM BLACK FAMILIES

HONOR NEW LIFE by BEING KIND

WHEN a PERSON is PREGNANT with a FEMALE, they HAVE 3 GENERATIONS INSIDE them...

DEVELOP the CULTURAL COMPETENCE to KNOW WHITE WAYS ARE NOT THE ONLY WAYS

BLACK BODIES DESERVE

CARE, KINDNESS, RESPECT, REST, APPRECIATION, TRUST, and UNCONDITIONAL LOVE

- ADVOCATE for BLACK PATIENTS
- SUPPORT BLACK PRACTITIONERS
- CHAMPION INSTITUTIONAL CHANGE
- WELCOME BLACK WISDOM in CARE

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

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

SUNNY @ see in Colors

Action Steps for Strengthening the MCH Workforce

Create a pipeline from the community to MCH careers to ensure the workforce is representative of service area

Create systems of support for MCH staff

Ensure pay equity for the MCH workforce

51

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

HRSA Maternal & Child Health

52

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

54

Lessons Learned: Grantee Listening Sessions

Addressing Social and Structural Determinants of Health

Increasing Grantee Flexibility

Reducing Grantee Burden

Grantee Listening Sessions – Increasing Grantee Flexibility

Community Level

Flexibility to address the main drivers of infant mortality within the project area and target population

Participant Level

Flexibility to customize the types and intensity of services

Grantee Listening Session – Addressing SSDOH

Increased emphasis on upstream interventions

Increased emphasis on addressing SSDOH for Healthy Start participants

Increased emphasis around activities that address racism and bias

HRSA Maternal & Child Health

Grantee Listening Sessions- Reducing Grantee Burden

Consider strategies to support Healthy Start staff retention

Consider requirements for number served - quality over quantity

Reduce data collection and reporting burden

Clarify program requirements (e.g., clinical funding, CAN activities)

Healthy Start Request for Information – Initial Takeaways

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

Continued Priorities – Addressing the Key Drivers of Infant Mortality

Leading Causes of Infant Mortality

Infant deaths and mortality rates for the top 5 leading causes of death for African Americans, 2020 (Rates per 100,000 live births)

Cause of Death (By rank)	# Non-Hispanic Black Deaths	Non-Hispanic Black Death Rate	# Non-Hispanic White Deaths	Non-Hispanic White Death Rate	Non-Hispanic Black / Non-Hispanic White Ratio
(1) Low birthweight	1,136	214.4	1,040	56.4	3.8
(2) Congenital malformations	705	133.1	1, 976	107.2	1.2
(3) Sudden infant death syndrome (SIDS)	472	89.1	563	30.5	2.9
(4) Accidents (unintentional injuries)	375	70.8	547	29.7	2.3
(5) Maternal Complications	337	63.6	370	20.1	3.2

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

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

Continued Priorities – Addressing the Key Drivers of Infant Mortality

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

Future Priorities

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

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

 Sign up for the HRSA eNews

FOLLOW US:

Mississippi Title V Presentation

Beryl Polk, PhD, MS, CPM, CCM

Health Services/Title V Director

State of Mississippi

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Region 4 Regional Meeting

April 17-18, 2023

Mississippi's Title V Journey 2022-2023

Mississippi State Department of Health

MCH Priorities Identified

- Reduce Maternal Morbidity and Mortality
- Reduce Infant Mortality
- Improve Access to Care and Family-Centered Care
- Increase Breastfeeding, Healthy Nutrition, and Healthy Weight
- Improve Oral Health
- Increase Access to Timely, Appropriate, and Consistent Health/Developmental Screenings
- Assure Medical Homes for CYSHCN
- Improve Access to Mental Health Services Across MCH Populations
- Ensure Health Equity by Addressing Implicit Bias/Discrimination/Racism

Mississippi
State Department of Health

Examining MCH Population Domains

Women/Maternal Health: *Improve health outcomes for all women, especially those who are or seek to be pregnant*

- **Reduce maternal morbidity and mortality**
  - SPM 10: Percent of severe maternal morbidity events related to hypertension **[NEW]**
  - SPM 16: Nulliparous, term singleton, vertex (NTSV) cesarean rate **[NEW]**
- **Improve access to care**
  - NPM 1: Percent of women (18-44) with a preventive medical visit in the past year
    - ESM 1.5: Promote the use of the Mississippi Quitline and Baby and Me Tobacco Free to assist women in quitting smoking during pregnancy **[NEW]**
- **Improve oral health**
  - NPM 13.1: Percent of women who had a preventive dental visit during pregnancy
    - ESM 13.1.1: Number of pregnant and postpartum women who received oral health education **– 0, performance hampered by COVID**

Mississippi State Department of Health

Examining MCH Population Domains

Perinatal and Infant Health: *Improve health outcomes for infants born in MS, being especially those in under-resourced communities, born to youth, and born to women of color.*

- **Reduce infant mortality**
  - NPM 5A: Percent of infants placed to sleep on their backs
  - NPM 5B: Percent of infants placed to sleep on a separate approved sleep surface
  - NPM 5C: Percent of infants placed to sleep without soft objects or loose bedding
    - ESM 5.1: Number of safe sleep educational books and resources distributed to families in all birthing hospitals **– 9,560, performance hampered by COVID**

Mississippi State Department of Health

Examining MCH Population Domains

Perinatal and Infant Health: *Improve health outcomes for infants born in MS, being especially those in under-resourced communities, born to youth, and born to women of color.*

- **Improve access to family-centered care**
  - SPM 17: Percent of women (18-44) on Medicaid with a preventive medical visit in the past year **[NEW]**
- **Increase breastfeeding, healthy nutrition, and health weight**
  - SPM 12: Percent of women who are enrolled in WIC and initiate breastfeeding **[NEW]**
  - NPM 4: (A) Percent of infants who are ever breastfed; (B) Percent of infants breastfed exclusively through 6 months
    - ESM 4.1: Number of hospitals certified as Baby Friendly to increase the percent of births occurring in Baby Friendly hospitals – **22 hospitals, exceeding target**

Mississippi State Department of Health

Examining MCH Population Domains

Child Health: *Improve health outcomes for children (1-21)*

- **Increase access to timely, appropriate and consistent health and developmental screenings**
  - NPM 6: Percent of children (9-35 months) who received a developmental screening using a parent-completed screening tool in the past year
  - SPM 14: Number of children (9-35 months) who receive developmental screening using a parent completed tool during an EPSDT visit **[NEW]**
    - ESM 6.2: Number of health professionals and parents/families who receive training on developmental screening and/or monitoring **[NEW]**
  - SPM 13: Percent of infants with a hearing loss who received confirmation of hearing status by 3 months of age **[NEW]**
  - SPM 15: Percent of newborns and infants diagnosed with a genetic or metabolic condition who were screened and referred for diagnosis timely **[NEW]**
  - SPM 3: Percent of children on Medicaid who receive a blood lead screening test at age 12 and 24 months of age **– 3.8%, performance hampered by COVID**

Mississippi State Department of Health

Examining MCH Population Domains

Child Health: *Improve health outcomes for children (1-21)*

- **Improve access to family-centered care**
  - SPM 21: Percent of children with and without special healthcare needs who have a medical home **[NEW]**
- **Increase breastfeeding, healthy nutrition, and health weight**
  - SPM 11: Percent of children (2-5) who have a BMI at or above the 85th percentile **[NEW]**
- **Improve oral health**
  - NPM 13.2: Percent of children (1-17) who had a preventive dental visit in the past year
    - ESM 13.2.1: Number of children (0-3) who had a preventive dental visit with referred dentist **– 0, provisional data**
    - ESM 13.2.2: Number of referrals of children (0-3) for a preventive dental visit by MSDH nurses **– 424, performance hampered by COVID**
    - ESM 13.2.3: Number of trainings completed by medical providers on use of fluoride varnish in the primary care setting **– 8, provisional data**

Mississippi State Department of Health

Examining MCH Population Domains

Adolescent Health: *Improve health outcomes for adolescents (12-17)*

- **Improve access to care**
  - NPM 10: Percent of adolescents (12-17) with a preventive medical visit in the past year.
    - ESM 10.2: Number of MSDH county health departments who provide integrated health services, including family planning, HIV/STI services, cancer screening, and sexual health counseling to adolescents (12-17) **[NEW]**
- **Increase breastfeeding, healthy nutrition, and health weight**
  - NPM 8.2: Percent of adolescents (12-17) who are physically active at least 60 minutes per day
    - ESM 8.2.1: Percent of junior high schools and high schools that complete the School Health Index (SHI) Self-Assessment and Planning Guide **– 20.6%**

Mississippi State Department of Health

Examining MCH Population Domains

Children with Special Health Care Needs (CYSHCN): *improve health outcomes for CYSHCN (0-21)*

- **Assure medical home for CYSHCN**
  - NPM 11: Percent of children with and without special health care needs (0-17) who have a medical home
    - ESM 11.1: Number of providers receiving education or technical assistance about the need and importance of a medical home and/or family-centered care **– 0, performance hampered by COVID**
  - SPM 18: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care **[NEW]**

Mississippi State Department of Health

Examining MCH Population Domains

Cross-cutting/System Building: *Improve health outcomes by reducing disparities, overcoming barriers to health, and addressing unmet needs*

- **Ensure health equity by addressing implicit bias, discrimination, and racism**
  - SPM 20: Number of MCH programs that have developed a written plan to address health equity **[NEW]**
- **Improve access to mental health services across MCH populations**
  - SPM 19: Adolescent suicide rate **[NEW]**

Mississippi State Department of Health

Healthy Start Support

- Assist in identifying health care partners
- Training in capacity building via leveraging partnerships with FQHCs
- Supporting access to materials for provider and consumer education
- Repository of Best/Evidenced Based Measures adopted by funded Healthy Start Programs (if not developed)
- Strategies to reduce health disparities among populations
- Understanding the challenges programs have post-COVID-19

Mississippi
State Department of Health

North Carolina Title V Presentation

Shelby M. Weeks, MHS

Branch Head

Infant & Community Health Branch, North Carolina Department of Health

Tonya Daniels

Project Director

Baby Love Plus, North Carolina Department of Health

Healthy Start Region 4 Regional Meeting

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





NC Department of Health and Human Services

Title V Update

April 17, 2023

NC Healthy Start Sites

- **Healthy Start Baby Love Plus**
- **Healthy Start Corps**
- **Triad Baby Love Plus**

NCDHHS Priorities

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.*

Behavioral Health & Resilience

We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and to **reduce the stigma** around accessing these services.

Child & Family Well-Being

We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities**. Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society**.

Strong & Inclusive Workforce

We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services to** North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

Child & Family Well-Being

Child behavioral health

Bring together programs and data to support children's behavioral health needs in their communities

Child welfare

strengthen the services and supports available across NC for our most vulnerable children and families

Nutritional insecurity for children & families

Increase access to heathy, nutritious food through innovative strategies

Maternal & infant health

Equitably improve women's health and birth outcomes

Child & Family Well-Being

Maternal and Infant Health

In 2020, infant deaths accounted for 63% of all child deaths in NC.

KEY STRATEGIES

Reproductive life planning

Prenatal and perinatal services, including doula services and group prenatal care

Ensuring appropriate level of care for newborns and pregnant women

Evidence-based home visiting and parenting education

https://webservices.ncleg.gov/ViewDocSiteFile/71090

Updated Perinatal Health Strategic Plan: 2022-2025

A **statewide guide to improve maternal and infant health** and the health of all people of reproductive age

Based on the “12-Point Plan to Close the Black-White Gap in Birth Outcomes: A Life-Course Approach” (Lu, et al.)

Encompasses infant mortality, maternal morbidity and mortality, and the health of all women and men of reproductive age

Key differences from 2016-2020 plan:

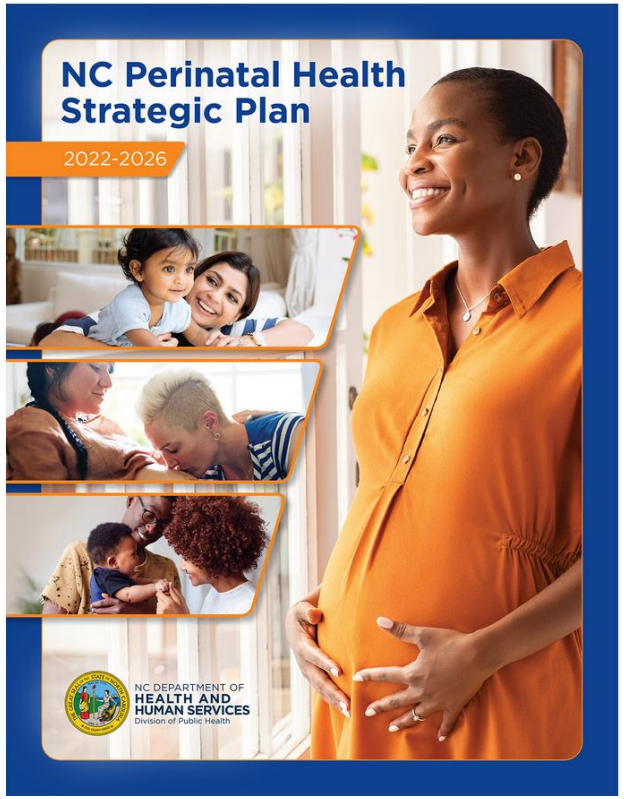
Increased emphasis on **health equity**

- Highlights the challenges of structural racism and the social drivers of health

Establishes **greater accountability**

- Puts an evaluation plan in place to better track outcomes
- Includes four overarching indicators that focus on reducing health inequities in maternal and infant health

Strives to use **more inclusive** language, representative of all NC families



https://wicws.dph.ncdhhs.gov/phsp/

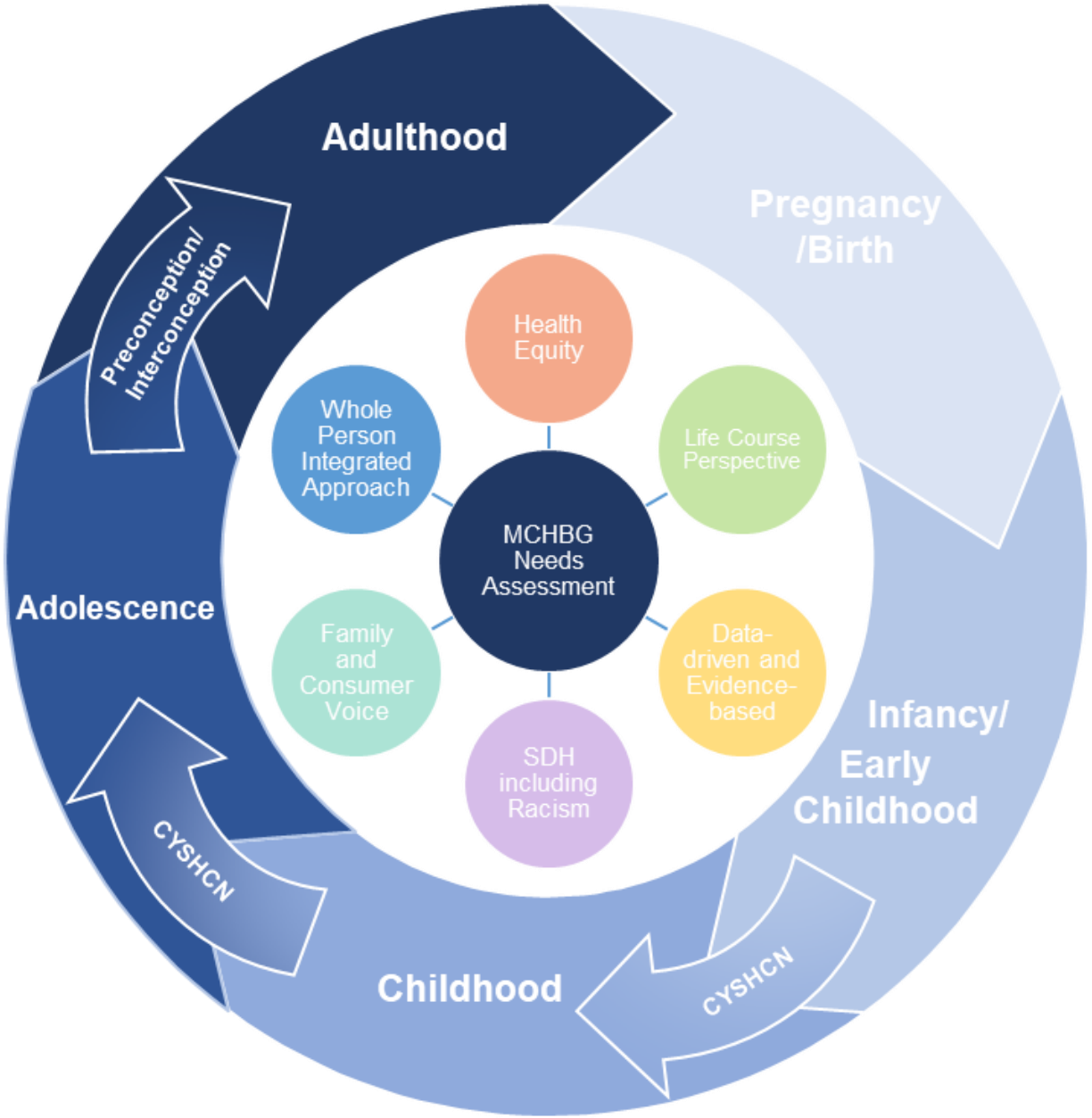
Recent documentary featuring NCDHHS staff and partners highlighting perinatal disparities

- WRAL released the documentary “Critical Term: Why Are Black Mothers and Babies Dying?”
- Available to watch at: https://www.youtube.com/watch?v=vWvpwaf_Rsg
- Powerful documentary highlights not only the stories of birthing people, but also of doulas working throughout the state with members of our Perinatal Health Equity Collective featured in their work.
- Supports our efforts for increased supports for pregnant individuals, such as doula services, as a way to improve birth outcomes and decrease disparities

NC Title V 2021-2025 Priority Needs

Women/Maternal Health
1. Improve access to high quality integrated health care services
2. Increase pregnancy intendedness within reproductive justice framework
Perinatal/Infant Health
1. Improve access to high quality integrated health care services
3. Prevent infant/fetal deaths and premature births
Child Health
4. Promote safe, stable, and nurturing relationships
5. Improve immunization rates to prevent vaccine-preventable diseases
Adolescent Health
6. Improve access to mental/behavioral health services
CYSHCN
7. Improve access to coordinated, comprehensive, ongoing medical care for CYSHCN
Cross-Cutting/Systems Building
8. Increase health equity, eliminate disparities, and address social determinants of health

2020 NC Title V Needs Assessment Framework



COIIN Ongoing Efforts

- **SDOH - #impactEQUITYNC**
- **Perinatal Regionalization**
  - **Neonatal and Maternal Levels of Care Action Teams**
- **Preconception Health**

#impactEQUITYNC

Collaboration dedication to promoting health equity for North Carolinians through public policies, programs, and administrative practices

Health Equity Impact Assessment (HEIA)

Partners:

- NC Child
- March of Dimes
- UNC Collaborative for Maternal & Infant Health and Jordan Institute for Families
- NC Division of Public Health
- NC Office of Minority Health and Health Disparities

What is the HEIA?

The Health Equity Impact Assessment (HEIA) provides a structured process to guide the development, implementation and evaluation of policies and programs in order to **promote health equity and ultimately reduce disparities.**

South Carolina Title V Presentation

Kristen Shealy, MSPH, MPA

Deputy Director

Maternal and Child Health Bureau, South Carolina Department of Health

Healthy Start Region 4 Regional Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

SOUTH CAROLINA: PROCESS FOR DEVELOPING TITLE V ACTION PLAN AND MEASURES

WAVE Trend Analysis

- Population Health Domain Workgroups

Need & Feasibility Prioritization

- Entire Advisory Committee

Connecting the Dots

- Strategy → ESM development

Women/Maternal Health Measures/Strategies	
NPM 1: Preventive Medical Visit	ESM 1.1: Number of downloads of the family services directory ESM 1.2: Percent of counties with low utilization of preventive health visits among women that are served by a CHW
NPM 2: Low Risk 1st C-sections	ESM 2.1: Percent of SC birthing facilities that adopt evidence-based safety bundles ESM 2.2: Pilot the CDC Locate Model in a Level III hospital ESM 2.3: Percent of birthing facilities that receive education on providing post-birth messaging to women at risk of maternal morbidity and mortality ESM 2.4: Develop and disseminate annual topic-specific data briefs centered around SC MMMRC Committee findings
SPM 1: Postpartum Check-up	
Perinatal/Infant Health Measures/Strategies	
NPM 3: VLBW Born in Level III Hospitals	ESM 3.1: Publish report on data trends and disparities in VLBW births at Level I and Level II facilities ESM 3.2: Number of providers that complete training on non-punitive conversation re: substance use ESM 3.3: Percent of Medicaid prenatal care providers screening pregnant women for smoking, alcohol and drug use, domestic violence and depression using the SBIRT tool

NPM 4: Breastfeeding (A-Ever; B-Exclusive)	ESM 4.1: Conduct a SWOT analysis with lactation support professionals to strengthen statewide breastfeeding efforts
NPM 5: Sleep Environment	ESM 5.1: Number of culturally appropriate translations of material created for populations at risk of infant mortality ESM 5.2: Number of participants that complete financial literacy curriculum among MCH program settings
SPM 1: Breastfeeding Duration	
Child Health Measures/Strategies	
NPM 6: Developmental Screening	ESM 6.1: Collaborate with partners to develop a state-wide developmental screening registry ESM 6.2: A) Percent identified as having a birth defect through the SCBDP who are referred to Babynet, and B) percent of referrals who are eligible have scheduled an intake appointment
NPM 8.1: Physical Activity	ESM 8.1: Percent of school districts participating in professional development opportunities that promote physical activity for all students before, during, and after the school day
NPM 13.2: Preventive Dental Visit	ESM 13.2: Number of new partnerships to improve coordination between oral health services and well child visits

Adolescent Health Measures/Strategies	
NPM 9: Bullying	ESM 9.1: Publish a white paper describing the impact and cost of bullying on families, stratified by race/ethnicity and related equity metrics
NPM 10: Preventive Medical Visit	ESM 10.1: Number of telehealth providers that adopt a standard of care for adolescents ESM 10.2: Percent of school districts that offer telehealth services and access to students
CYSHCN Measures/Strategies	
NPM 11: Medical Home	ESM 11.1: Percent of SC AAP members trained on NBS abnormal notification and referrals ESM 11.2: Conduct a point in time survey of DHEC's CYSHCN to assess barriers and identify any racial/ethnic disparities in establishing a medical home
NPM 12: Transition	ESM 12.1: Percent of pediatric providers who use telehealth to assist CYSHCN transition to adult care
Cross-Cutting Measures/Strategies	
SPM 3: Implement CDC's Hear Her Campaign	
SPM 4: Develop a social marketing/awareness campaign to increase families' efficacy to access available resources and services across the state	

HEALTHY START AND TITLE V COLLABORATIONS

5-year and annual MCH Needs Assessments

State Action Plan-related activities

Local and state-wide workgroups and committees

Grant funding opportunities