

Welcome!

We are so glad you are here!

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



Review today's
agenda in your folder



Review the lunch
options in your folder



Help yourself to
hand sanitizer



Silence your cell
phone



Grab a snack and
coffee, tea or water



Stretch



Contribute to our
gratitude board



Take a bio break

Healthy Start Region 6 Regional Meeting
Monday, March 6 from 9:00 am-4:15 pm CT



Healthy Start Regional Meeting

Region 6

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





Icebreaker

Rochelle Logan, DrPh, MPH, CHES

Supervisory Public Health Analyst
Division of Healthy Start and
Perinatal Services

Kristal Dail, MPH

Healthy Start Project Officer
Division of Healthy Start and
Perinatal Services



Welcome & Overview of the Agenda

Kenn L. Harris

Executive Director
Healthy Start TA & Support Center
(TASC)

Land Acknowledgment

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

Visit native-land.ca

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



Welcome!

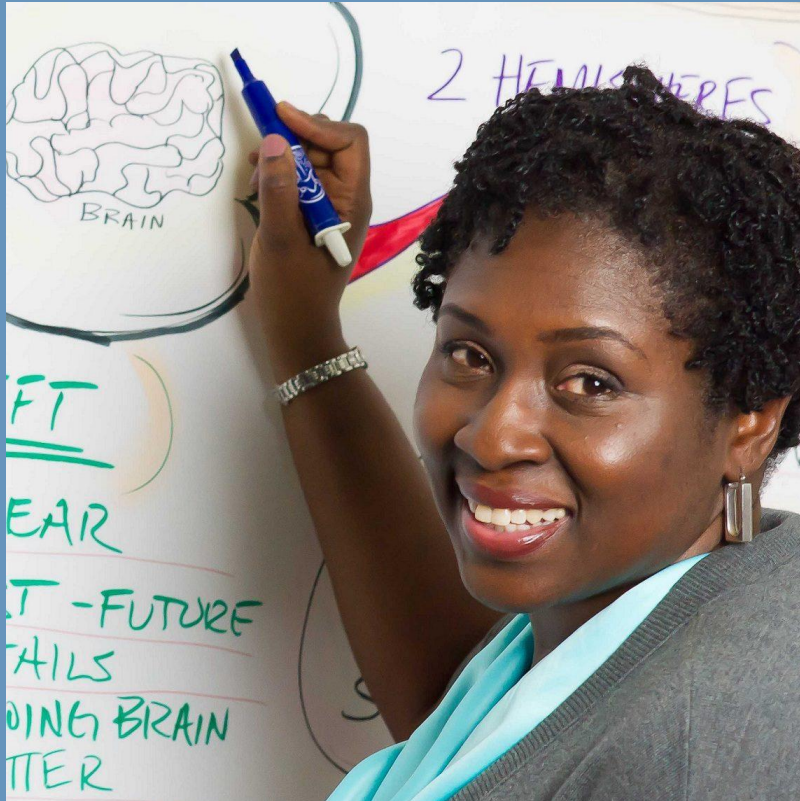
- **Please feel free to:**

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

- **Please also note:**

- The bathroom is located straight across the rotunda.
- The TASC team is here to provide support or answer any questions during the meeting.
- We will have the following breaks:
 - Quick break from 11-11:15 am
 - Lunch break from 12:45-1:45 pm
 - Quick break from 3:30-3:45 pm
- Coffee and tea will be available in the hall during the quick breaks

See in Colors



Lisa Nelson,
Founder and Creative Director at
See in Colors



Sunny Belbenkacem
Graphic Recorder at See in Colors

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

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

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

Kenn L. Harris
Healthy Start TA & Support Center

Kori Eberle, MS
San Antonio Healthy Start

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

Lee Wilson, MA
DHSPS

Rochelle Logan, DrPh, MPH, CHES
DHSPS

Mia Morrison, MPH
DHSPS

Susannah Boudreaux
Louisiana Department of Health

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

Peter LaMois, MS
DHSPS

Break from 11-11:15 am

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

Saanie Sulley, MD, PhD
AIM CCI Program



HRSA
Maternal & Child Health

NICHD
National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER

Skill-building Sessions Part 1 11:45-12:45	Angela Rau, MAT ACTT Consulting
	Brenda Blasingame Vav Amani Consulting
	Art James, MD, FACOG TASC Consultant
	Kenn L. Harris TASC
	Kenn Scarborough NHSA
G. Wesley Bugg, JD Reaching Our Brothers Everywhere	
Lunch Break from 12:45-1:45	
Skill-building Sessions Part 2 1:45-3:30	Same as above
Quick Break from 3:30-3:45	
Overview & History of the CAN Plenary 3:45-4:30	Kenn L. Harris TASC
Adjourn at 4:30	
Optional Group Discussion: Staff Recruitment & Retention 4:30-5:15	N/A
Optional Fatherhood Coordinator Meetup 7-8	N/A



HRSA
Maternal & Child Health

NICHQ
National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER



Host Site Presentation

Kori Eberle

Project Director
San Antonio
Healthy Start

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

Lee Wilson, MA

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

Rochelle Logan, DrPh, MPH, CHES

*Supervisory Public Health Analyst,
DHSPS*

Mia Morrison, MPH

*Supervisory Public Health Analyst,
DHSPS*



Division of Healthy Start and Perinatal Services Welcome

Healthy Start Regional Meetings 2023

Lee Wilson

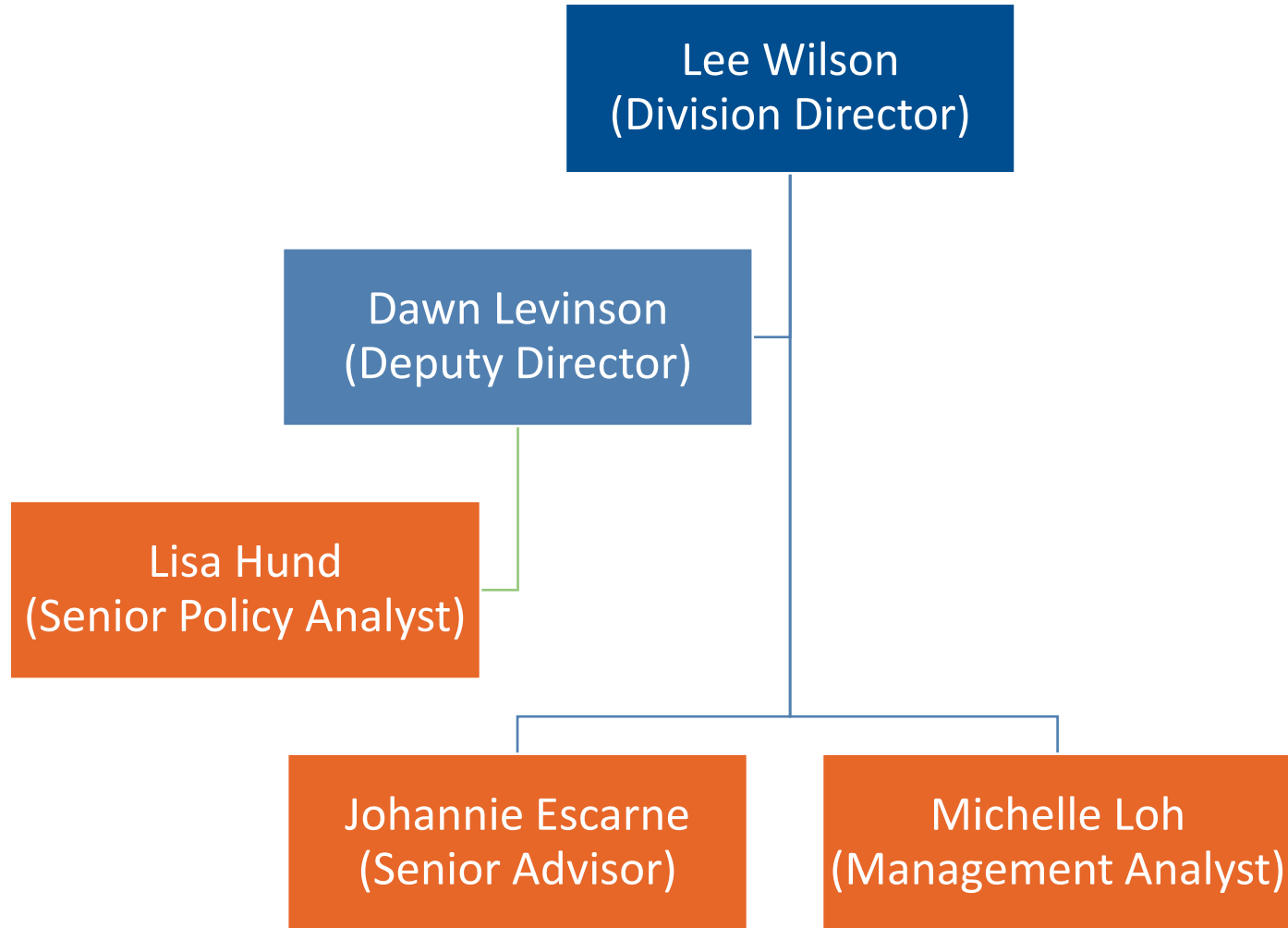
Division Director

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Office of the Director



Healthy Start Branch

Healthy Start Branch

- **Benita Baker**
(Branch Chief)
- Management Analyst
(Vacant)

Technical Assistance & Comprehensive Services Team

- **Rochelle Logan**
(Team Lead)
- Kristal Dail
(TASC/Nutrition)
- Melodye Watson
(IHE/Mental Health)
- Cardors Barnes
(TASC/Mentoring)
- Mary Emmanuele
(RN/Clinical Health Services)
- 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

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

Systems Improvement Team

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

FY23 Appropriations

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

Current and Future Work

MCHB MISSION

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

MCHB VISION

An America where all mothers, children, and families are thriving and reach their full potential.

GOAL 1

Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

GOAL 2

Achieve **health equity** for MCH populations.

GOAL 3

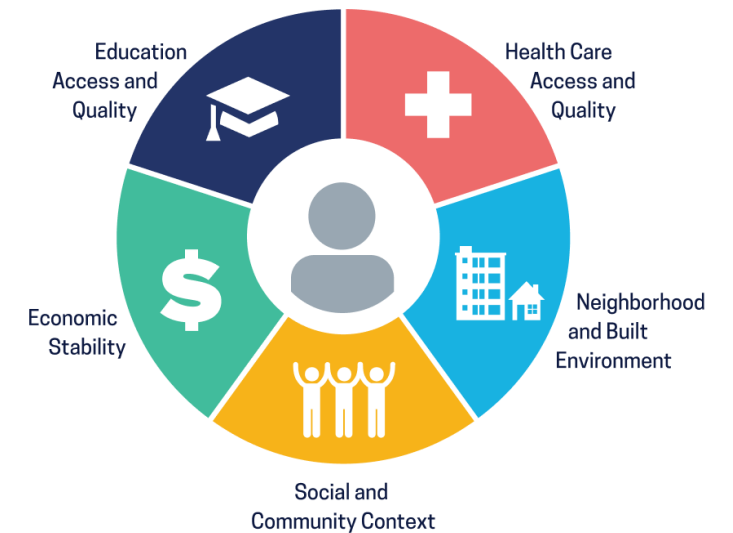
Strengthen **public health capacity and workforce** for MCH.

GOAL 4

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

WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

JUNE 2022





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



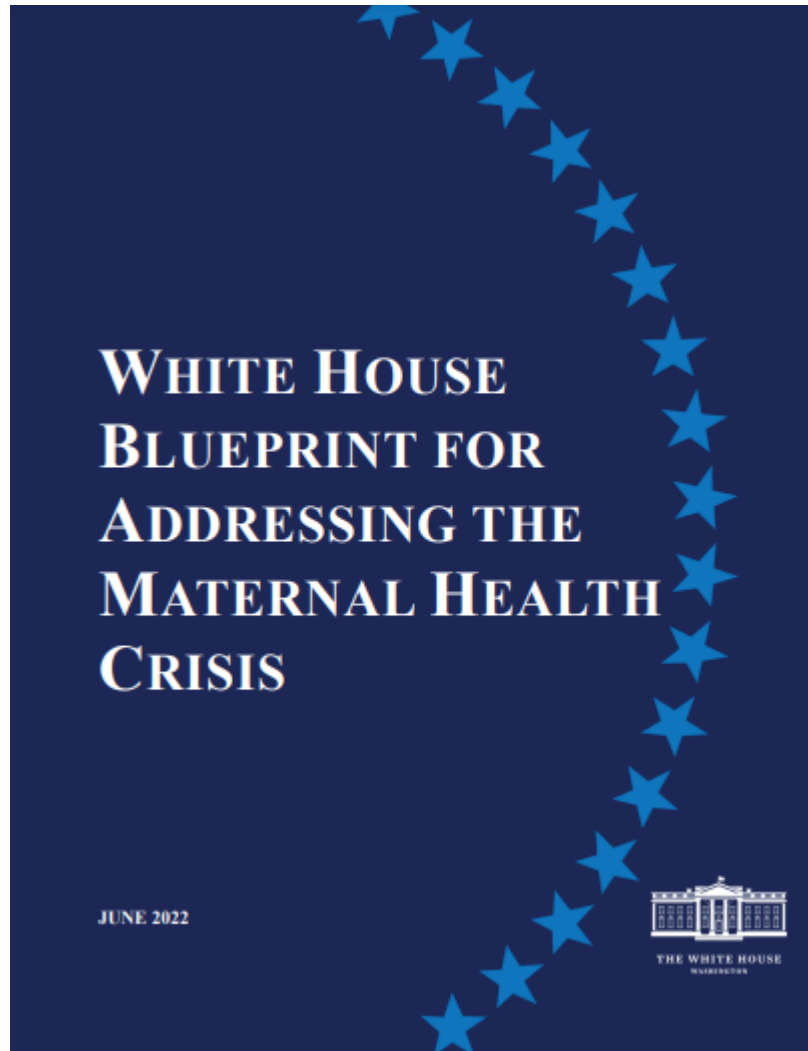
Division Updates

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

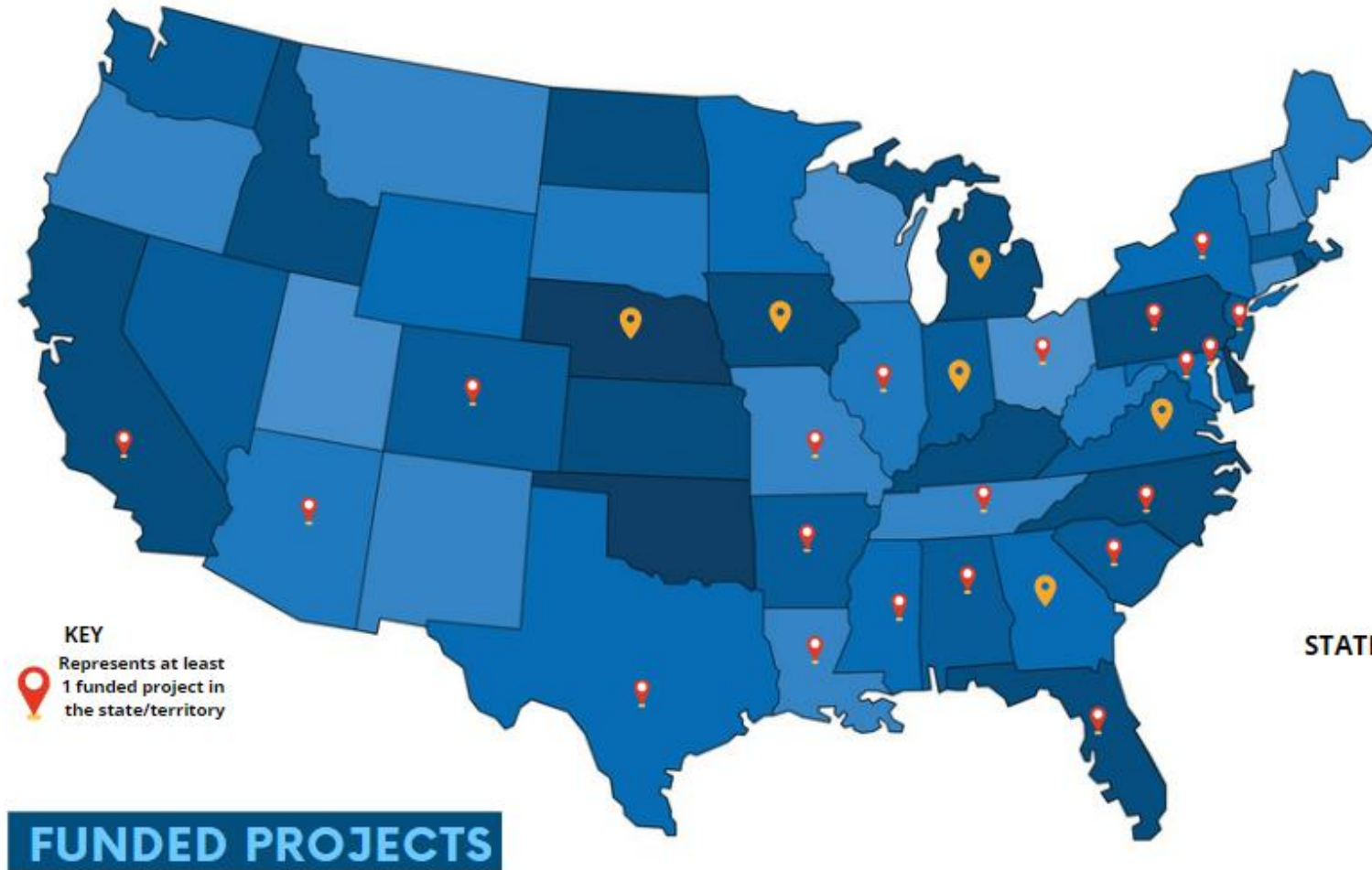
Expand and Diversify the Perinatal Workforce

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



QUICK
FACTS

44

PROJECTS

25

STATES/TERRITORIES

Doula Supplement: What We're Learning From the Field



**NEEDS
ASSESSMENTS**



**CULTURAL
RESPONSIVENESS**



COLLABORATION



INNOVATION

WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

JUNE 2022



Maternal Health Actions Goal 5.2

Address the social determinants of maternal health.

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

National Maternal Mental Health Hotline



HRSA

Health Resources & Services Administration

Catalyst for Infant Health Equity

Purpose

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

Objectives

- Action Plan Implementation
- Strategic Partnerships
- Outcome Evaluation



Goals

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

WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

JUNE 2022



Maternal Health Actions Goal 5.1

Strengthen Economic and Social Supports for People Before, During, and After Pregnancy

Streamline enrollment in benefit programs for housing, child care, financial assistance, and food by building better linkages between these programs so that pregnant and postpartum women can more easily obtain services that address their needs outside the doctor's office

Benefits Bundle Pilot

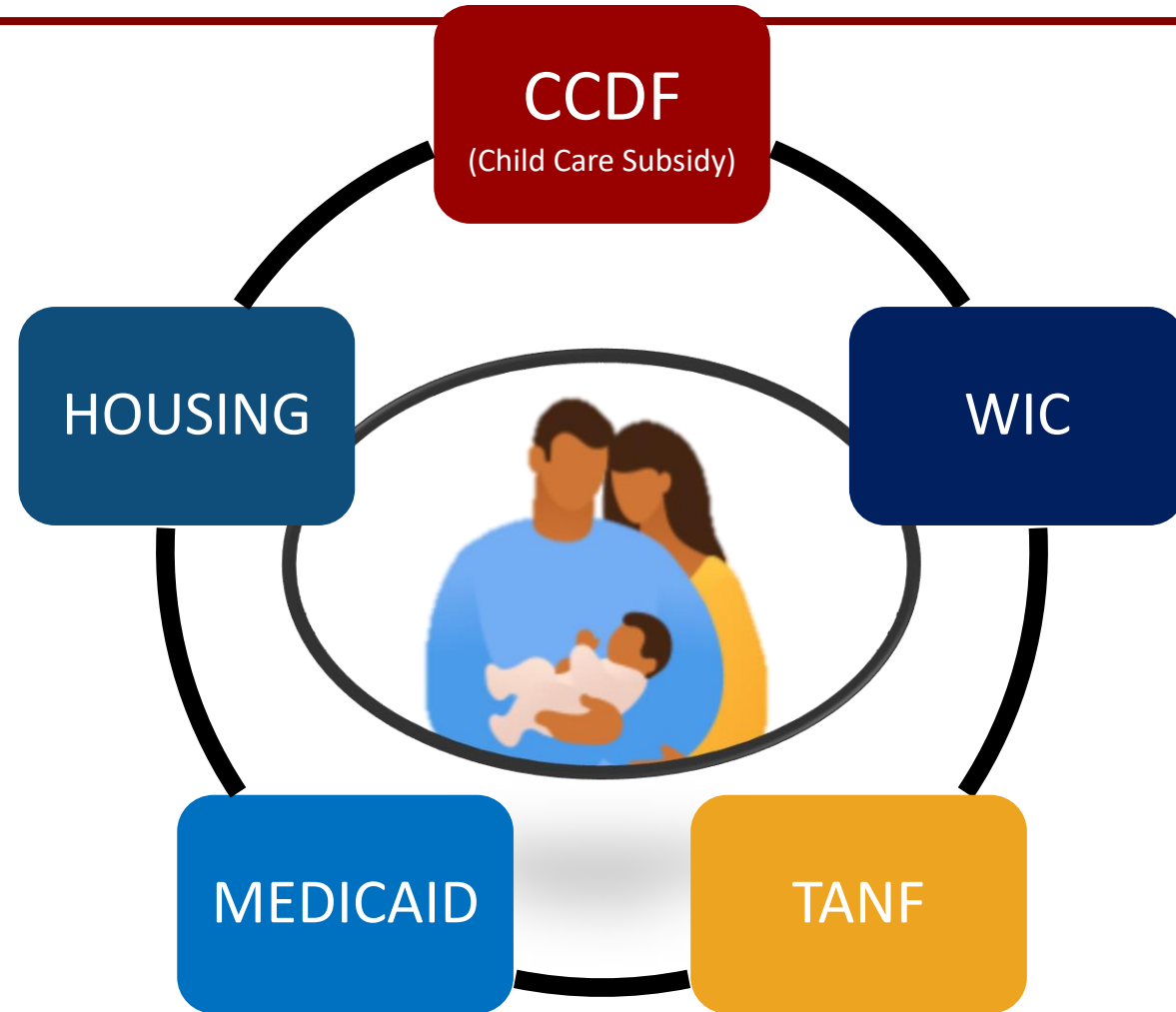
The Benefits Bundle project represents a joint effort between HRSA/MCHB and the Office of Management and Budget (OMB)/United States Digital Service (USDS). Other partners include USDA, DOE, HUD, and ACF, all working to improve the experiences of low-income families navigating the years from birth to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



Benefits Bundle Pilot

What is the goal of the Benefits Bundle Pilot?

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



WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

JUNE 2022



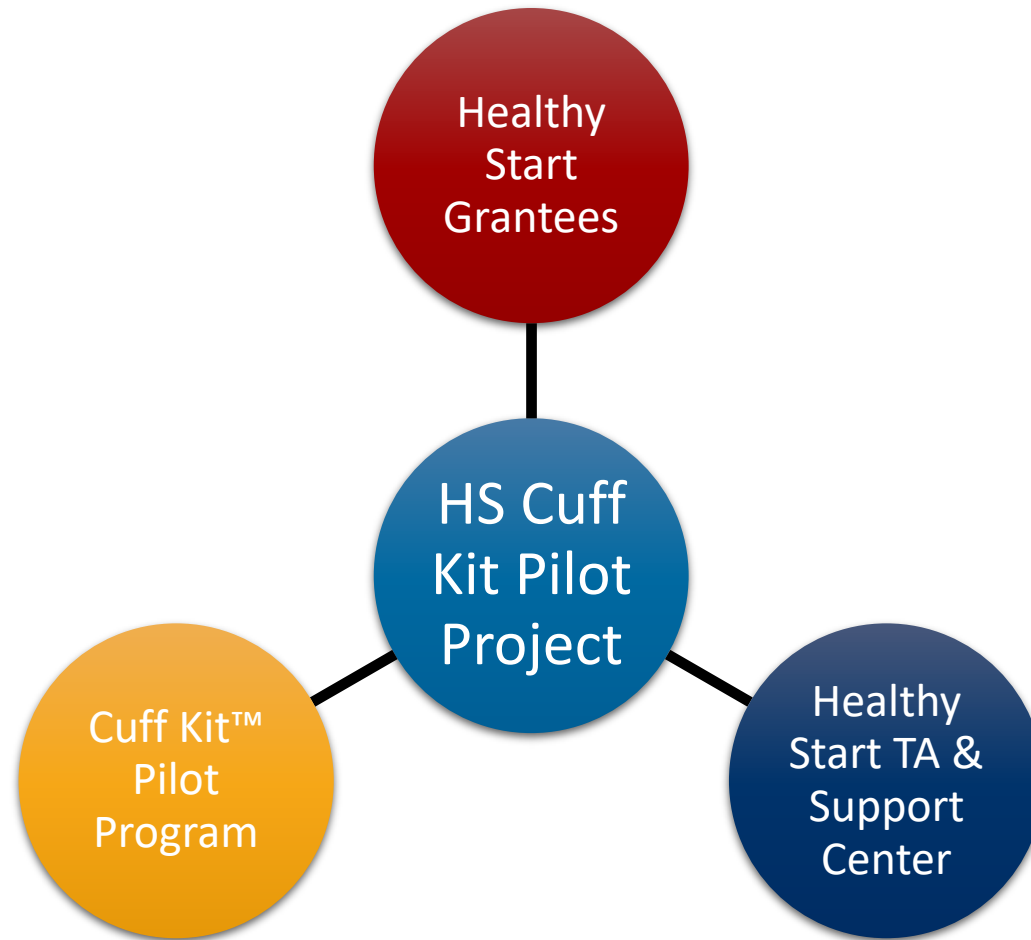
Maternal Health Actions Goal 1.7

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

Blood Pressure Cuff Kit Pilot Project

Purpose

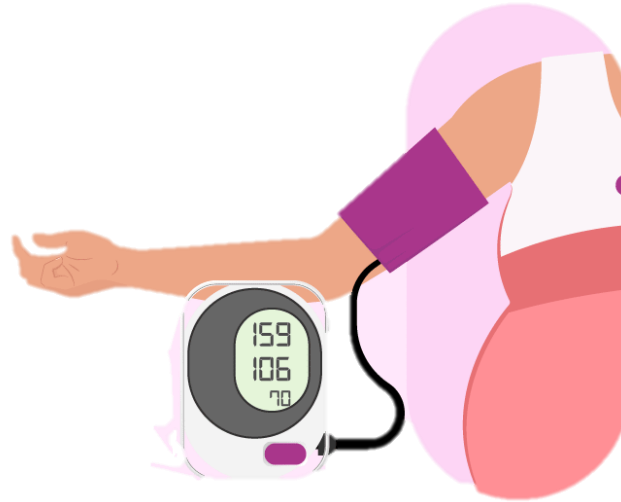
To ascertain the value of providing Blood Pressure Cuff Kits to Healthy Start communities.



Cuff Kit Pilot Project

Objectives:

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



Lessons Learned: Infant Health Equity Convenings



1

How Do We Improve? Advancing MCH resources across all communities with a focus on health equity

2

What Barriers Do We Face? Investing resources, improving community health and addressing inequities created by systemic and structural racism

3

What Is the Data Telling Us? Engaging communities in data collection efforts to drive advancements in equity and measure progress.

4

What Did We Learn? What Actions Can We Take? Final convening for all MCH community members

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



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

→ 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

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 (\$\$\$) → ACCESS TO COVID VAX

TRANSPORTATION ISSUES → HOSPITAL POLICIES CHANGED w/o EXPLANATION

LESS REPRODUCTIVE HEALTH ACCESS → INCREASED KNOWLEDGE OF BENEFITS OF TELEHEALTH

↑ C-SECTIONS → LET COMMUNITY NAME NEEDS

↓ SCREENINGS → DATA & HOW WE ASK WHAT

LOTS OF APPTS CKLD → HOW WE UNDERSTAND WHAT WE ARE ENTITLED TO AS PATIENTS

SCARCITY OF PROVIDERS → RESILIENCE BUILDING (ERODED) LACK OF TRUST

POLARIZATION OF HC/POLITICS

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
THE WHY?

MORE RELIABLE DATA COLLECTION

DISCUSS WITH FUNDERS

CONSIDER CULTURAL BARRIERS

HEALTH CARE WORKERS INTERPRET

TERMS
QUALITATIVE

THEME ANALYSIS OF QUESTIONS
PLAIN LANGUAGE

SET BACK! take care of you!

GO UPSTREAM

LOCAL QUESTIONS

AUTHENTIC ASKING OF QUESTIONS

TRUSTWORTHINESS

QUALITATIVE DATA

3

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

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

CAREER PATHWAYS BIPOC COMMUNITIES

AFRICAN AMERICAN PROVIDERS

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



Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



[Sign up for the HRSA eNews](#)

FOLLOW US:





Title V Presentation

Susannah Boudreaux

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

Healthy Start -Louisiana Title V




Title V National Performance Measures of Focus

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

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

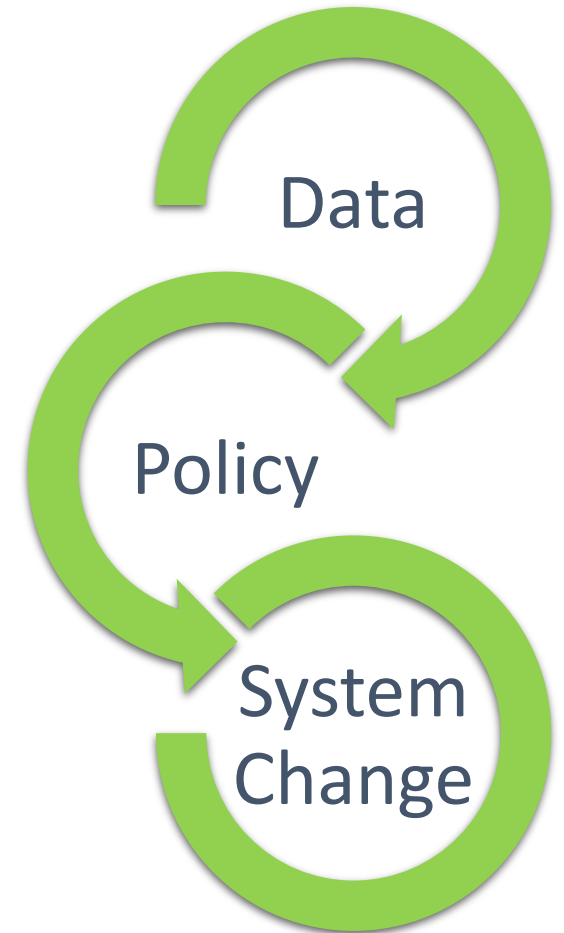
How is Louisiana Title V working to have population-level, widespread impact?

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



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

Organizational
strategies



Every Mom. Every Family. Every Baby.

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

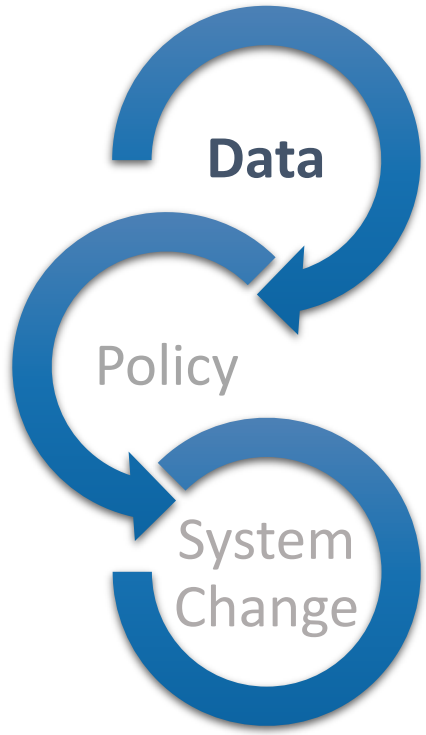
Why these priorities?

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

Public health data to inform and clarify needed actions.

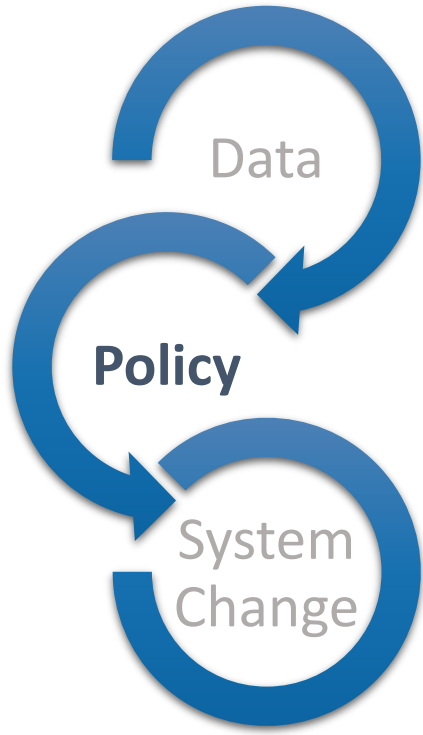
Policy that enables and reinforces what we want to see.

Support for our systems to execute.



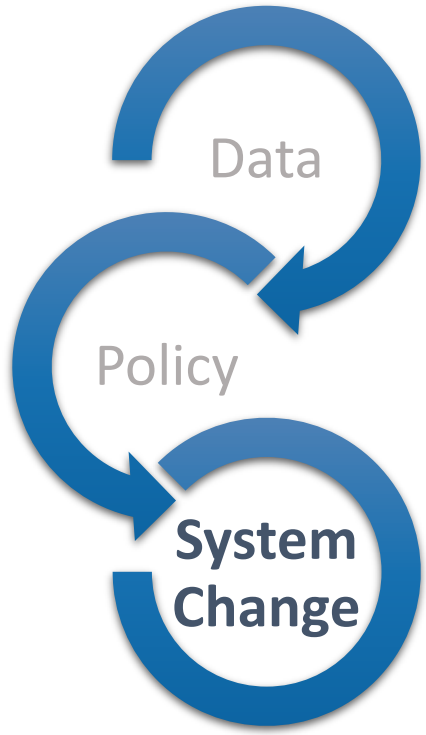
Public health data to inform and clarify needed actions.

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



Policy that enables and reinforces what we want to see.

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

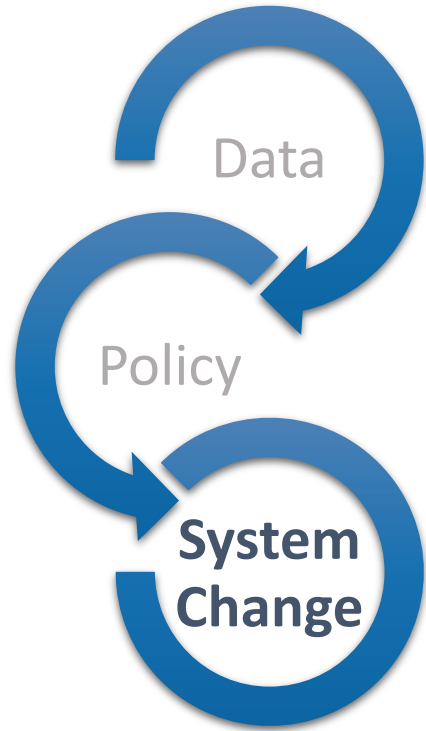


Support for our systems to do what is needed to improve outcomes.

Vision:

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

Support for our systems to execute change.



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

How Can Healthy Start Help?

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