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 5 Meeting
Monday, May 22 from 9:00 am-4:30 pm CT

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

Mindfulness

Angela Ellison, MSEd

Project Director

University of Illinois
Healthy Start

Healthy Start Region 5 Meeting

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 5 Meeting
Monday, May 22 from 9:00 am-4:30 pm CT

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

Healthy Start Regional Meeting

Region 5

Day 1: Monday, May 22
from 9 am-4:30 pm CT

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

Icebreaker

Healthy Start Region 5 Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

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)

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 Ojibwe, Odawa, and Potawatomi 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.
  - Take a photo with the photographer!
- **Please also note:**
  - The TASC team is here to provide support or answer any questions during the meeting.
  - The bathrooms are located outside the ballroom to the left.
  - We will have the following breaks:
    - Quick break from 10:35-10:45 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

Host Site Presentation

Timika Anderson-Reeves, PhD, MSW

Project Director

Westside Healthy Start

Lisa Sargent-Davis, MA

Project Director

SGA Youth & Family Services Healthy Start

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Region 5 Meeting

A
A

Dr. Michael Warren

ern

Healthy Start Region 5 Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Updates from the Division

Lee Wilson, MA

Director
Division of Healthy Start and Perinatal Services (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 5 Meeting

HRSA
Health Resources & Services Administration

Division of Healthy Start and Perinatal Services Welcome

Healthy Start Regional Meetings 2023

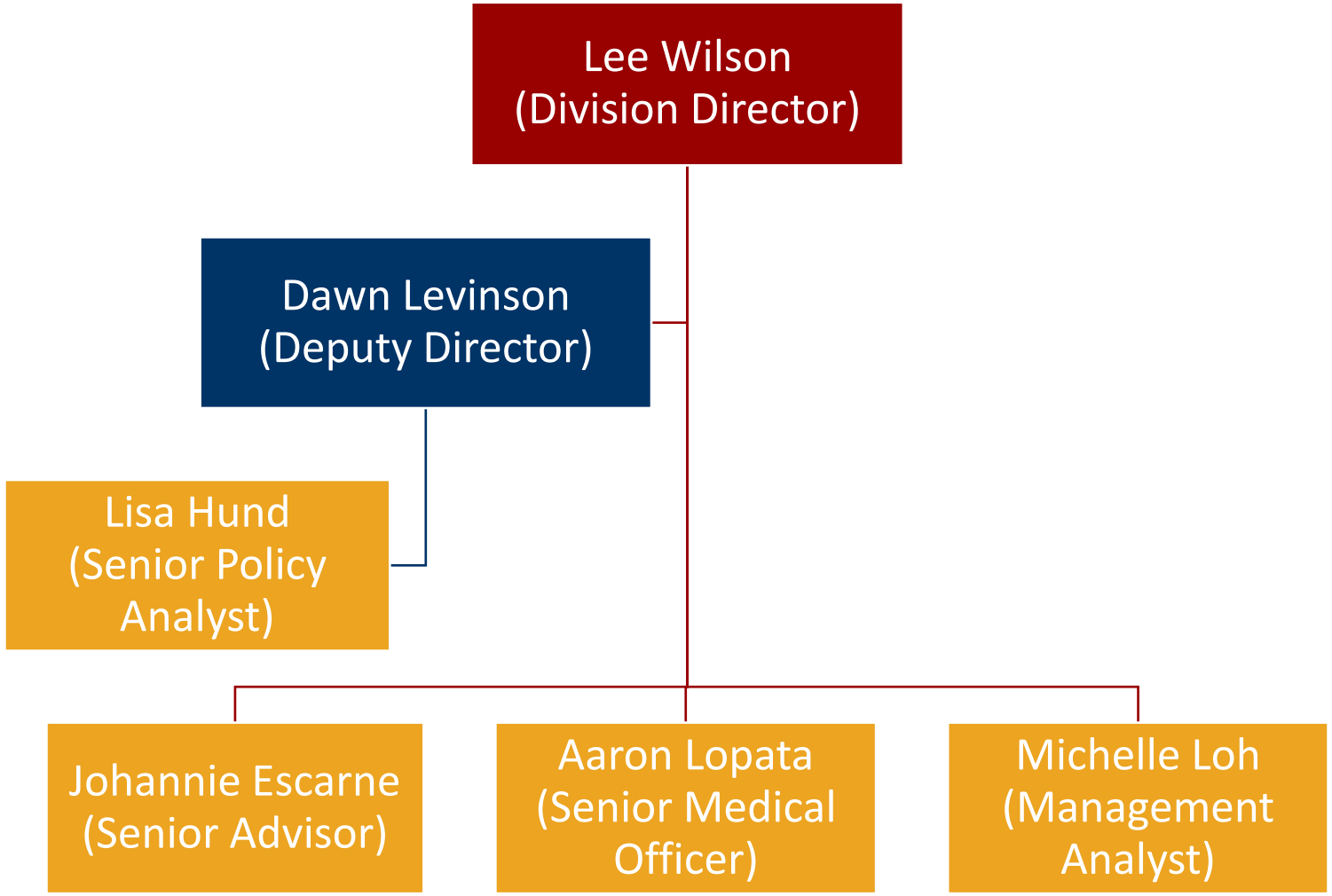
Lee Wilson

Director, 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	Quality Improvement, Data & Evaluation Team	Systems Improvement Team
• **Kimberly Sherman (Branch Chief)** • Management Analyst (Vacant)	• **Cassandra Phillips (Team Lead)** • Vanessa Lee (ACIMM DFO & Catalyst PO) • Kimberly Burnett-Hoke (Hotline & HS Evaluation COR) • Physician/Medical Officer (Vacant)	• **Lud Abigail Duchatelier-Jeudy (Team Lead)** • Martha "Sonsy" Fermin (MHI, MDRDB, FASD PO) • Sandra Sayegh (MHLIC & MHI PO) • Sarah Meyerholz (MHI PO & ACIMM)

DHSPS FY23 Appropriations

State Maternal Health Innovation ($55M)

Healthy Start ($145M)

- Screening and Treatment for Maternal Depression ($10M)
- Alliance for Innovation on Maternal Health ($15.3M)

Integrated Maternal Health Services ($10M)

- 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	July 17, 2023

Current and Future Work

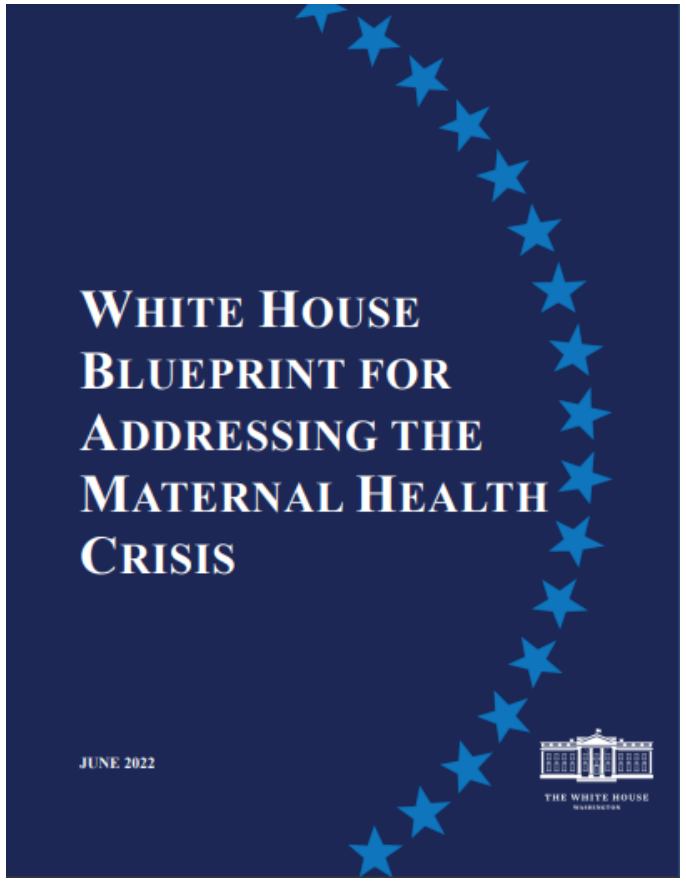
MCHB MISSION

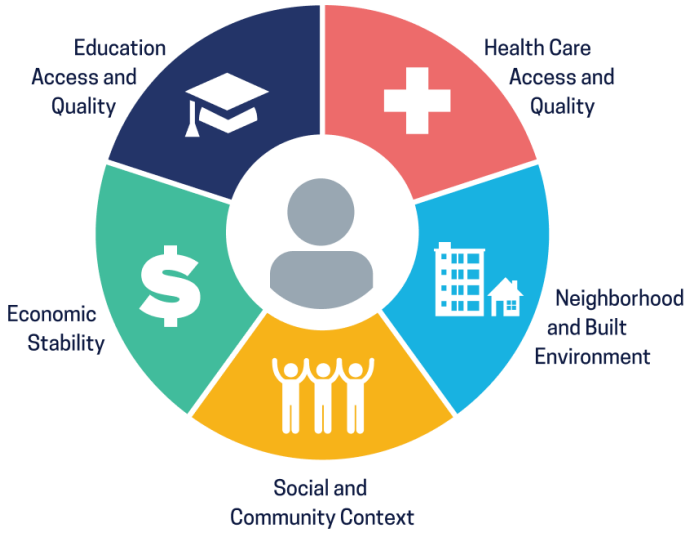
To improve the health and well-being of America's mothers, children, and families.

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

Lee Wilson

Director, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: lwilson@hrsa.gov

Phone: 301-443-0940

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

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

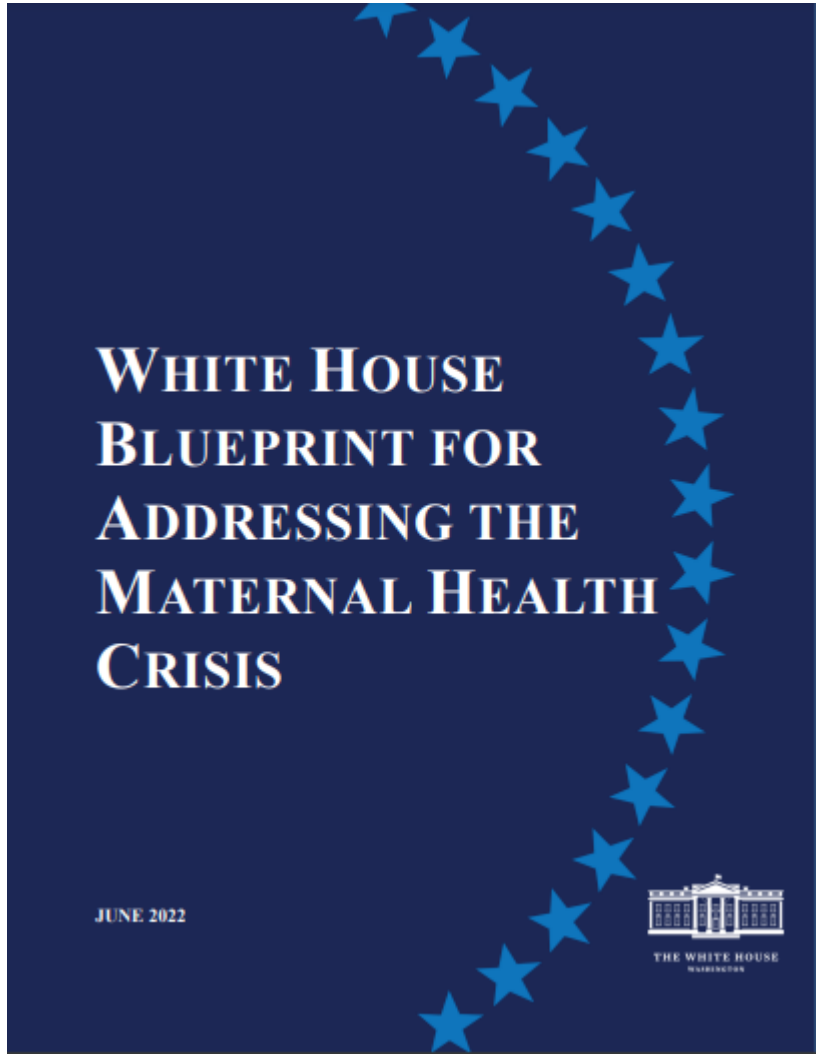
Vision: Healthy Communities, Healthy People

Division Updates

AGENDA

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

Mission Informed: White House Blueprint



Administration Priorities

BRIEFING ROOM

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

JUNE 24, 2022 • STATEMENTS AND RELEASES

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

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

HRSA Maternal & Child Health

Maternal Health Actions Goal 4

Expand and Diversify the Perinatal Workforce

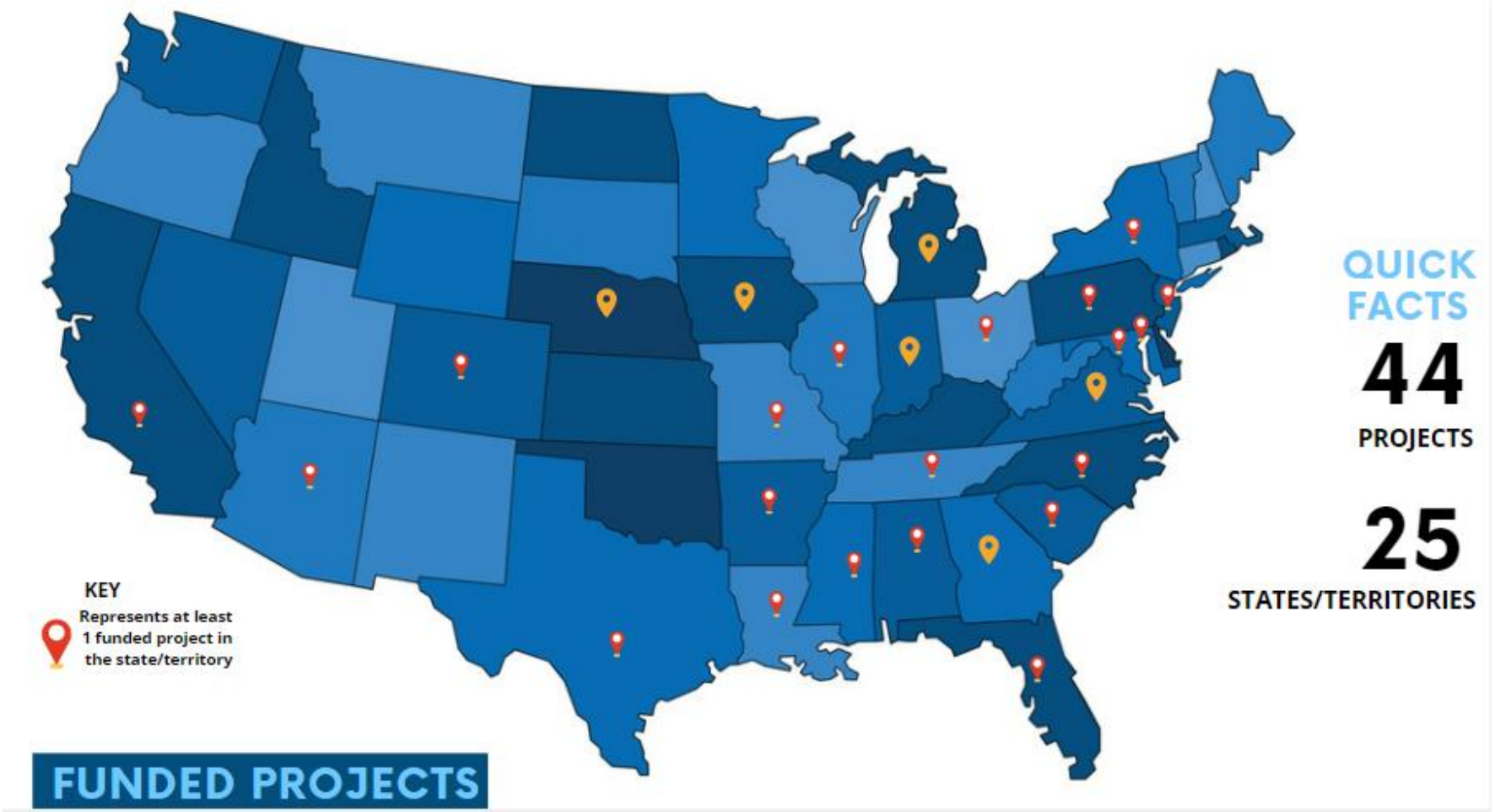
Our maternal health workforce is under-resourced and not representative of our country's diversity. Given the known benefits of culturally appropriate care, recruiting and training providers from diverse communities is paramount. **To address the gaps in our perinatal workforce, we will increase** the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

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.

HRSA Maternal & Child Health

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

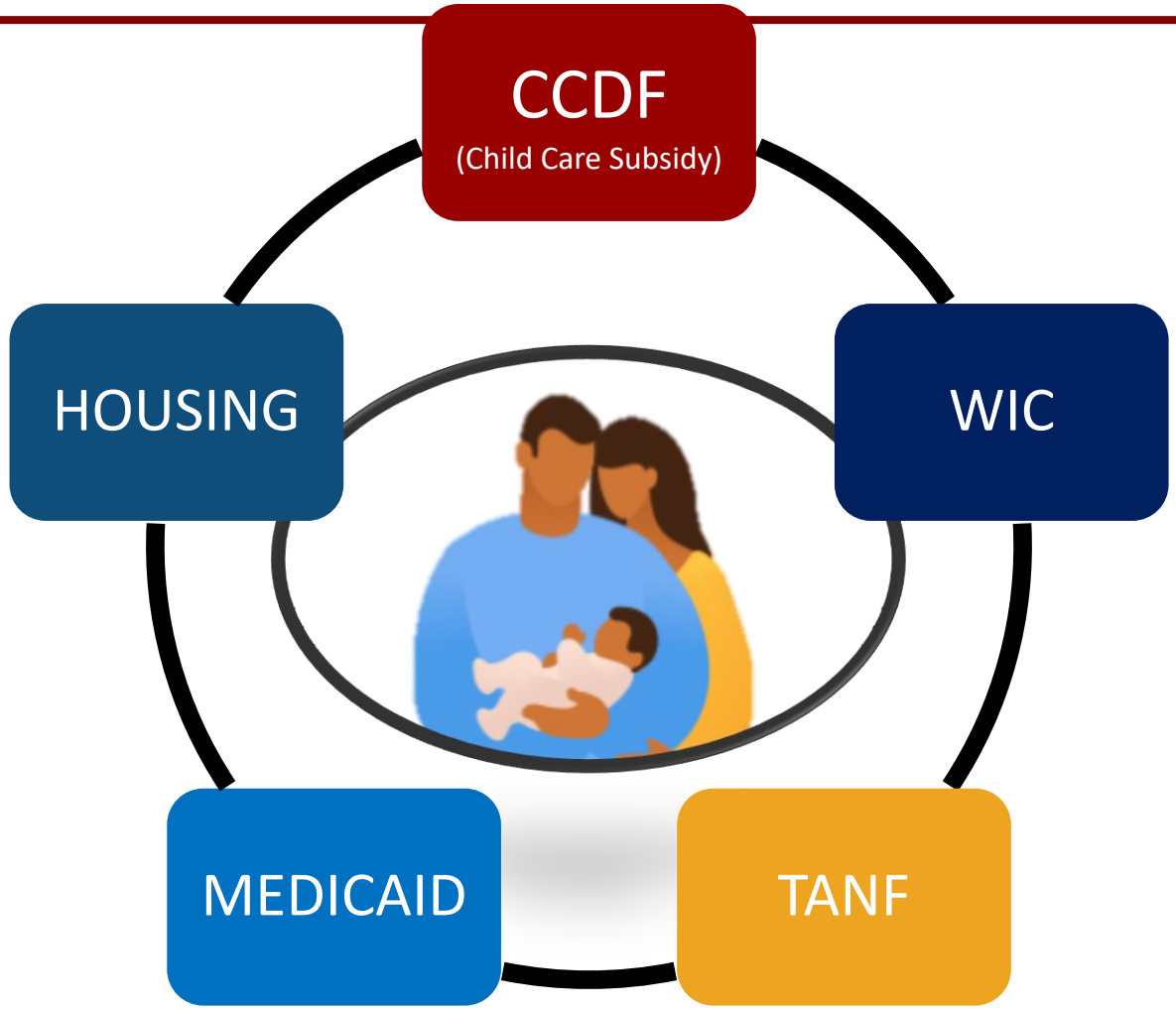
Benefits Bundle Pilot

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.



HRSA Maternal & Child Health

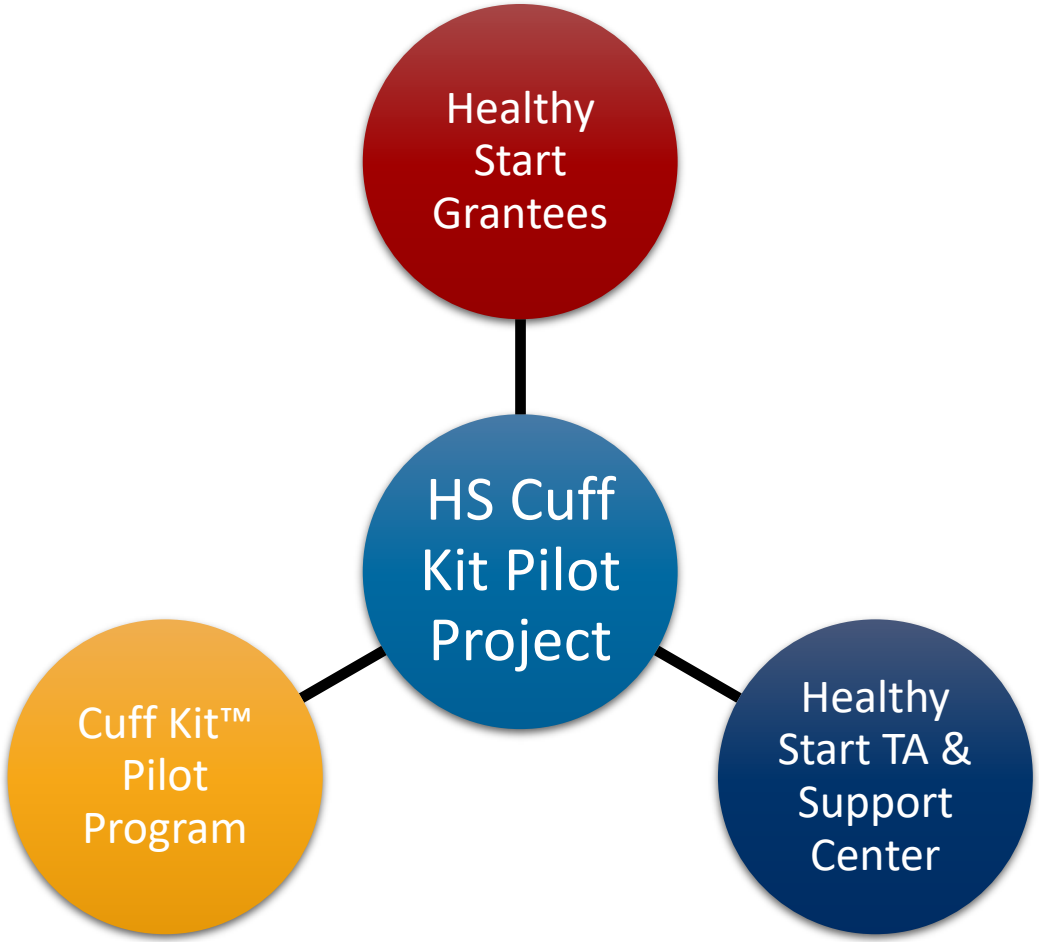
Maternal Health Actions Goal 1.7

- 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.

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

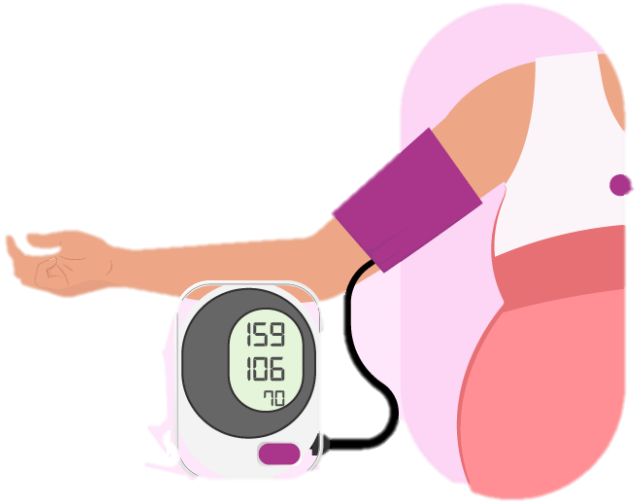
NICHQ National Institute for Children's Health Quality

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

39

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

WHICH POLICIES NEED CHANGING?

- GROUP POSTPARTUM CARE
- ENVIRONMENTAL JUSTICE
  - FOOD EQUITY
  - HEALTH EQUALITY
- DECRIMINALIZATION OF SUBSTANCE USE
- INVESTMENT IN PERINATAL COMMUNITY WORKERS
  - DOULAS
  - POST-PARTUM
- PAID LEAVE SO BIRTHING PEOPLE HAVE QUALITY TIME WITH BABY

- MANDATE CARE FOR HEALTH OF MOTHERS
- FATIGUE IN THIS FIGHT
  - SELF CARE
  - EMOTIONAL BURDEN
- EXAMINE NON-CLINICAL FACTORS
- ADVANCE HEALTH EQUITY THROUGH CITY PLANNING
- AFFORDABLE CHILDCARE
- CHOICE OF PROVIDER
- ACCESS
  - DISTANCE
  - URBAN VS RURAL
- BREAK DOWN SILOS
  - SMOOTHER COLLABORATION
- REPRODUCTIVE JUSTICE
- GUARANTEED BASIC INCOME
- HOME VISITS POST-PARTUM
  - EMBEDDED IN COMMUNITIES

WHAT ARE THE GAPS?

- FUNDING! SO NEEDED PROGRAMS CAN ACTUALLY RUN
- COMMUNITY-BASED DOULA PROGRAMS

WHAT PROGRAMS AND SUPPORTS ARE NEEDED?

SOCIAL DETERMINANTS OF HEALTH

- CAUSES → RACISM
- CONDITIONS → INEQUITABLE PATIENT CARE
- CONSEQUENCES → HIGHER INFANT AND MATERNAL MORTALITY

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

Maternal and Child Health (MCH) Alignment and Impact Towards Infant Health Equity (IHE) | Strategic Convening #1, June 24, 2022

Carina Nilsson @ see in Colors

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

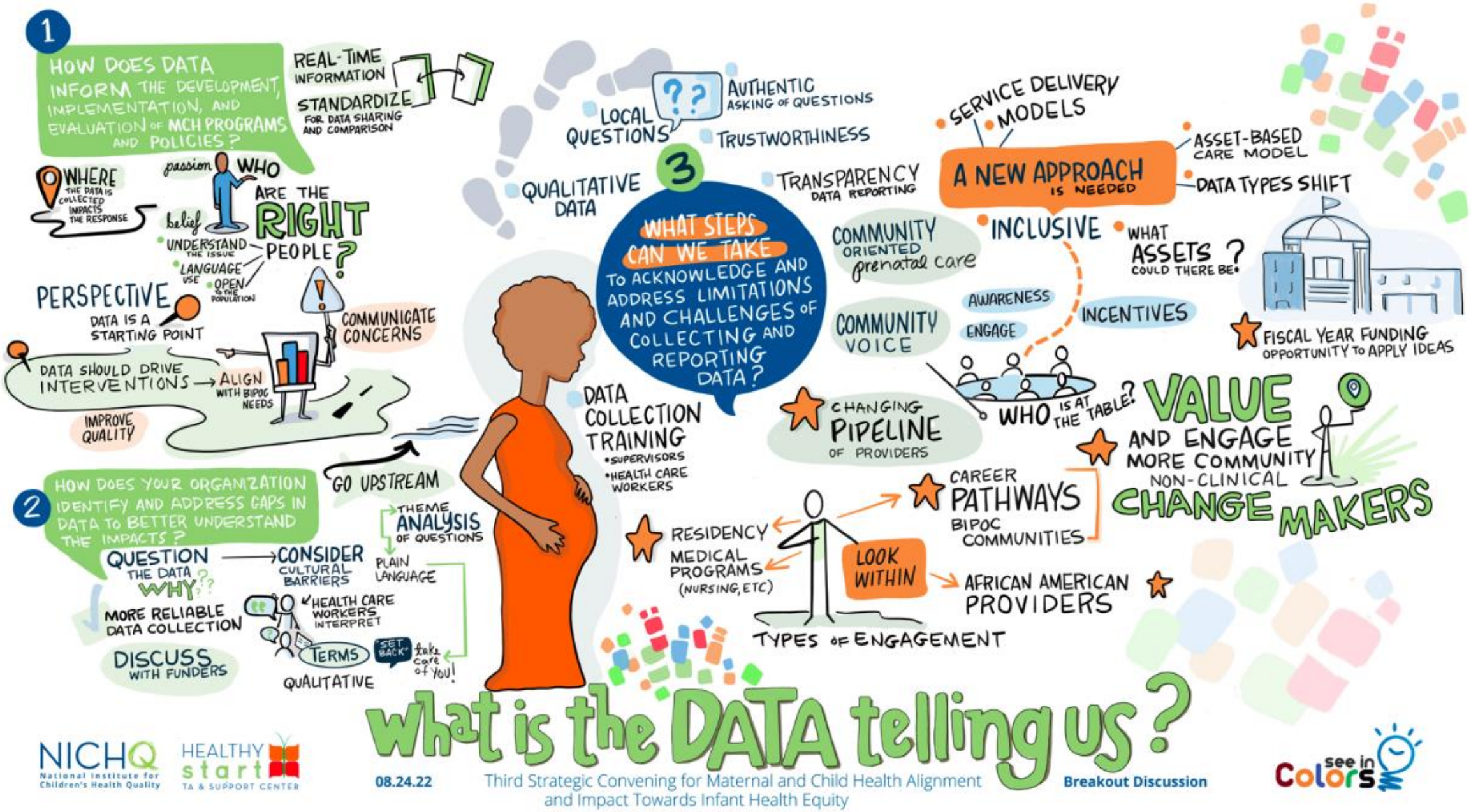
NORMALIZE BLACK CULTURAL FASHION AS "PROFESSIONAL"

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
COMMUNITY VOICE
AWARENESS
ENGAGE
INCENTIVES
WHAT ASSETS? COULD THERE BE•
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

ONE SIZE FITS ALL is NOT GONNA WORK!

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

HRSA Maternal & Child Health

46

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

47

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

HRSA Maternal & Child Health

48

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

HRSA Maternal & Child Health

49

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 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

55

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:

Ohio Title V Presentation

Megan Walsh

Deputy Project Director

MomsFirst Healthy Start

Cleveland Department of Health

Healthy Start Region 5 Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

Healthy Start Regional Meeting

Ohio | Department of Health

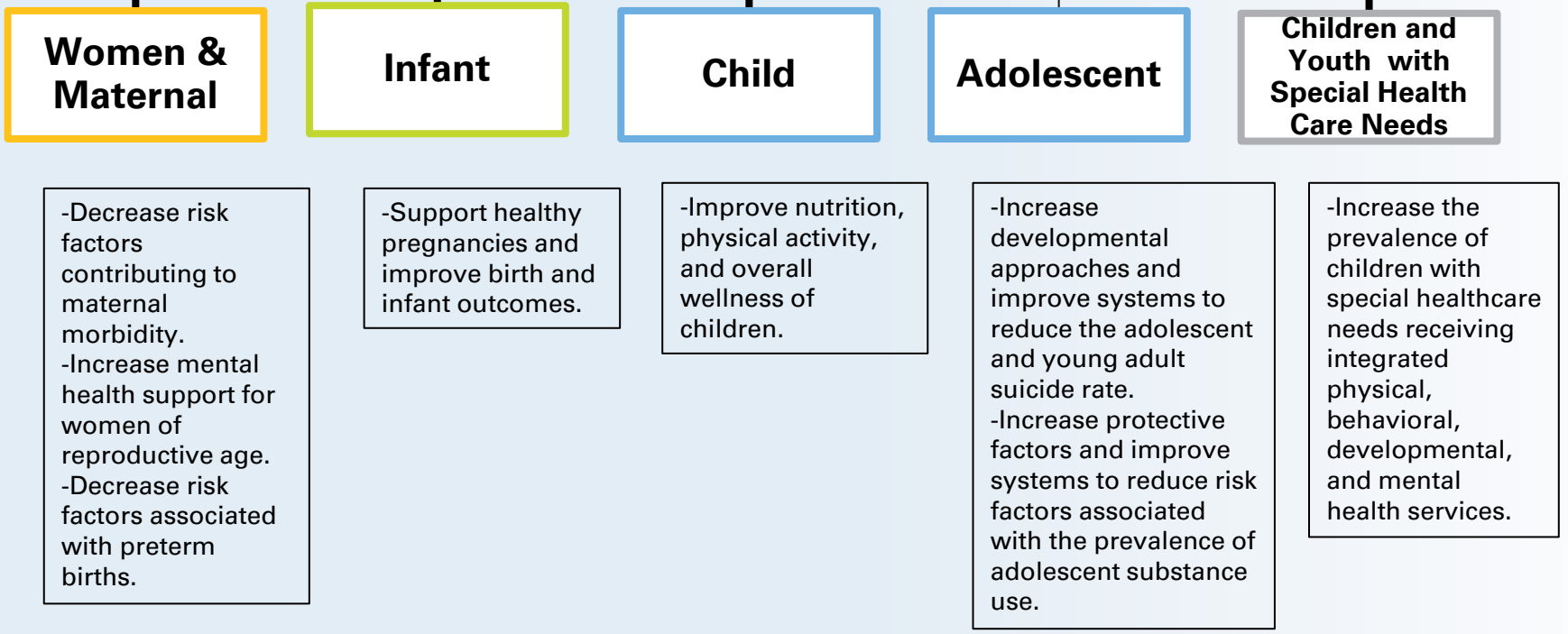
CoIIN

- Ohio participated in the Social Determinants of Health (SDOH) CollN 2018-2020.

- Project goal: Define the Ohio Equity Initiative (OEI) role in addressing the social determinants of health, each OEI will implement at least one policy and/or practice at the local level which will directly impact determinants of health impacting birth outcomes by Spring 2020.

- Progress: The Ohio Equity Initiative grant was re-designed in 2019 to address the biggest drivers of inequities in poor birth outcomes and infant mortality in the 10 counties with the greatest racial disparities.

Title V MCH Block Grant Action Plan Priorities 2021-2025



Cross-Cutting/Systems Building Priorities

-Prevent and mitigate the effects of adverse childhood experiences.
-Improve healthy equity by addressing community and social conditions and reduce environmental hazards that impact infant and child health outcomes.

MCH Domains and NPMs

Women/Maternal Health

- **NPM 1:** Percent of women ages 18-44 with a preventive medical visit in the past year.

Perinatal/Infant Health

- **NPM 4:** Percent of infants, A) who are ever breastfeed; B) are breastfed exclusively through 6 months.
- **NPM 5:** Percent of infants, A) placed to sleep on their backs; B) placed to sleep on a separate approved sleep surface; C) placed to sleep without soft objects or loose bedding.

Child Health

- **NPM 6**: Percent of children ages 9-35 months who received a developmental screening using a parent-completed screening tool in past year.

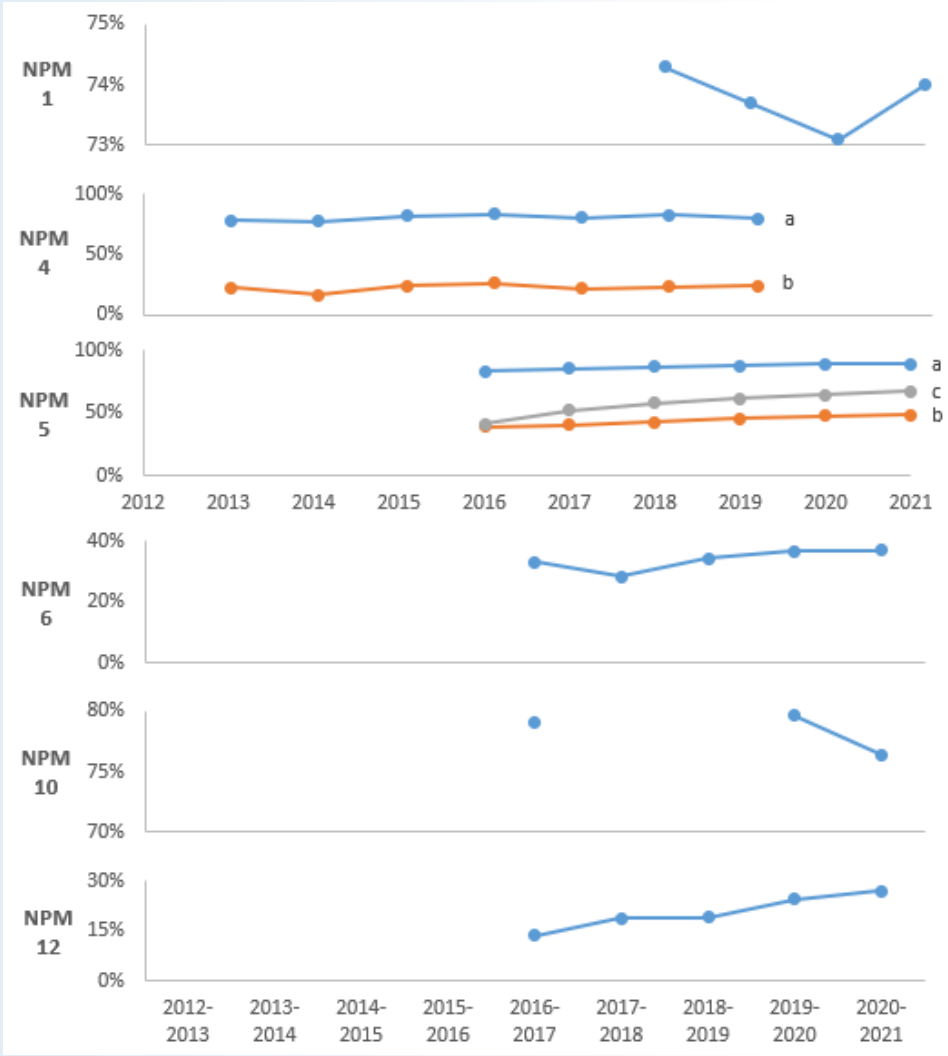
Adolescent Health

- **NPM 10:** Percent of adolescents ages 12-17 with a preventive medical visit in the past year.

Children with Special Health Care Needs (CYSHCN)

- **NPM 12:** Percent of adolescents with special health care needs ages 12-17 who received services necessary to make transitions to adult healthcare.

Cross-Cutting



Update on SPMs

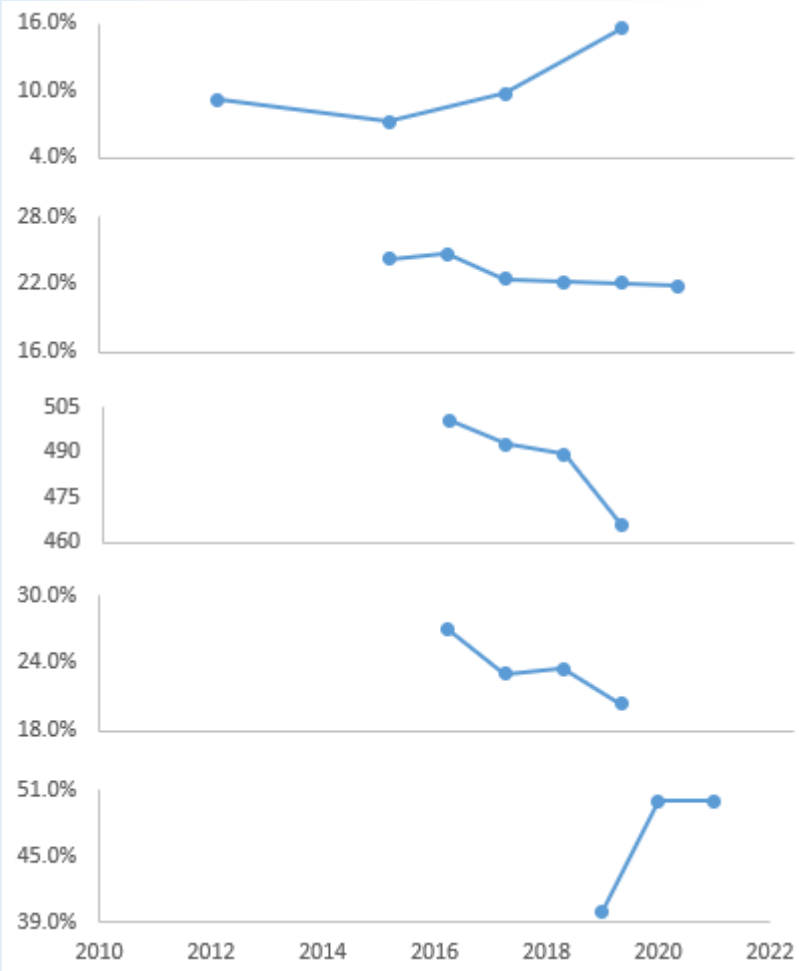
SPM 1: Percent of women ages 19-44 who had unmet mental healthcare or counseling needs in the past year.

SPM 2: Percent of women ages 18-44 who smoke.

SPM 3: Rate of emergency department visits and hospitalizations for nonfatal intentional self harm among adolescents ages 15-19, per 100,000.

SPM 4: Percent of children ages 0-17 who have experienced 2 or more adverse childhood experiences.

SPM 5: Percent of performance measures that include at least one strategy focused on social determinants of health, at-risk populations, or health disparities.



Process for identifying ESMs

Population Domains:

- Women/Maternal Health.
- Perinatal/Infant Health.
- Child Health.
- Adolescent Health.
- Children with Special Health Care Needs (CYSHCN).
- Cross-Cutting.

- Percent of birthing hospitals that have implemented the AIM hypertension bundle.
- Percent of birthing hospitals receiving recognition from Ohio First Steps for Healthy Babies.
- Percent of children, ages 1 through 66 months, receiving home visiting services who have received a developmental screening.
- Percent of Ohio schools that have a school-based health center that offers health services to students.
- Percent of CSHCN ages 12-17 enrolled in CMH with a transition plan in place.
- N/A for Cross-Cutting.

Involvement of Healthy Start Programs

- Utilize similar definitions (e.g. performance benchmarks for Healthy Start and MIECHV).
- Require collaboration, with some guidance, for all funding sources.
- Consider how local-to-federal and federal-to-state strategies are different and similar and share rationale with grantees.
- Regularly convene grantees/program officers to discuss collaboration/alignment opportunities.

Wisconsin Title V Presentation

Kenmikiiya Terry

Maternal & Infant Mortality Prevention Unit Supervisor

State of Wisconsin

Healthy Start Region 5 Meeting

HRSA Maternal & Child Health

NICHQ National Institute for Children's Health Quality

HEALTHY start TA & SUPPORT CENTER

WISCONSIN DEPARTMENT of HEALTH SERVICES

Healthy Start Regional Meeting

Kenmikiiya M. Terry
Maternal and Infant Mortality Prevention Unit Supervisor
May 22, 2023

MCH Population Domains National Performance Measures

- **Women/Maternal**
  - Well Women Visit (NPM 01)
- **Children**
  - Developmental Screening (NPM 06)
  - Physical Activity, 6 through 11 years (NPM 08.1)
- **Children & Youth With Special Health Care Needs**
  - Medical Home (NPM 11)
  - Youth Health Transition (NPM 12)

State Performance Measures (SPMs)

- **Infant/Perinatal**
  - African American Infant Mortality (SPM01)
  - High Quality Perinatal Care (SPM02)

- **Children**
  - Adolescent Health

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

- Identified staff to lead the action plan development of each performance measure we identified.
- Led root cause analysis activities, developed clear 5-year objectives for each performance measure, and reviewed both current work and evidence-based strategies.
- Gathered input from community members, partner agencies, and other stakeholders was solicited in order to inform strategy development.

ESMs continued

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

Establish regular meetings between Title V Maternal and Child Health Block Grant coordinator, Title V epidemiologist and evaluator, and performance measure lead staff to:

- Assess the action plan.
- Address emerging needs of our Wisconsin communities.
- Determine the effectiveness of strategies in order to refine and update our plans in an effort to implement relevant, effective activities that will positively impact the health of our communities.

Healthy Start Program & DHS Partnering

Additional coordinating activities:

- Attend the DHS Maternal and Infant Mortality Unit annual Gathering.
- Subscribe to the DHS Maternal and Infant Mortality Unit mailing list.
- Maintain regular contact and information sharing with the Maternal and Infant Mortality Unit.

Michigan Title V Message

Dawn M. Shanafelt, MPA, BSN, RN

Director, Division of Maternal & Infant Health

Director, Title V Maternal Child Health Block Grant Program

Michigan Department of Health & Human Services

Healthy Start Region 5 Meeting

HRSA Maternal & Child Health

National Institute for Children's Health Quality

start TA & SUPPORT CENTER

On behalf of the Michigan Department of Health and Human Services (MDHHS) Division of Maternal and Infant Health and the Michigan Title V Maternal Child Health Block Grant Program, I would like to thank the Michigan Healthy Start Programs for their longstanding commitment to serving pregnant and postpartum individuals, infants/toddlers and families of Michigan. The HRSA Healthy Start grantees are longstanding advocates for and ground breakers of achieving birth equity. Healthy Start Programs are shining examples of the force of collective impact and the power of grass roots mobilization.