

Welcome!

We are so glad you are here!

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



Silence your cell
phone



Stretch



Close the door



Take a few deep
breaths



Close browser
windows



Emotionally release
your to-do list



Check your audio
and video



Take a bio break

Infant Health Equity Supplemental Funding Kick Off

Tuesday, October 5, 2021 || 3:00pm to 4:30pm ET





Infant Health Equity Supplemental Funding Kick Off

October 5, 2021



Agenda

Housekeeping	Lisa Hong, NICHQ
Welcome & Introduction From TASC	Kenn Harris, NICHQ
Welcome & Overview	Melodye Watson, DHSPS Vanessa Lee, DHSPS
HRSA Expectations	Melodye Watson, DHSPS
Systems Level Overview & Group Engagement Activities	Kenn Harris, NICHQ
TASC Activities to Support Awardees	Nikki Maffei, NICHQ
Wrap Up	Kenn Harris, NICHQ

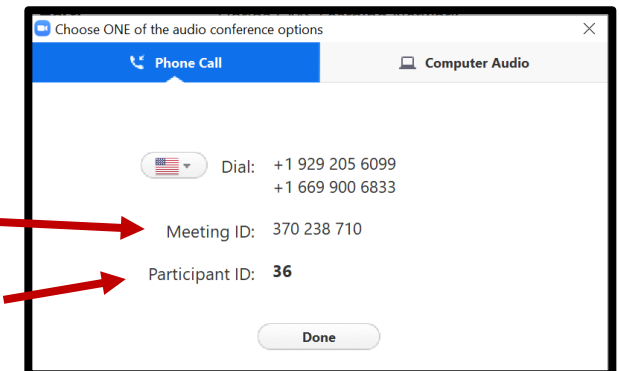
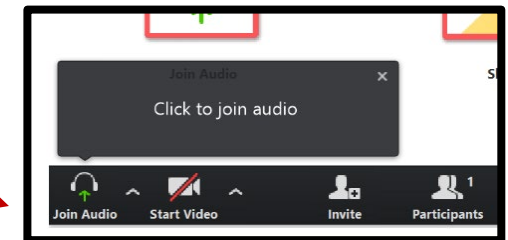
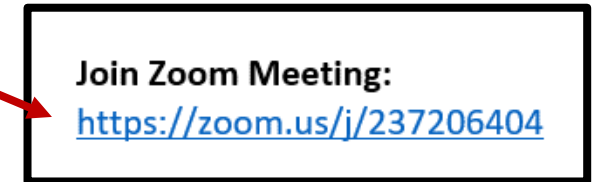
Meeting Logistics



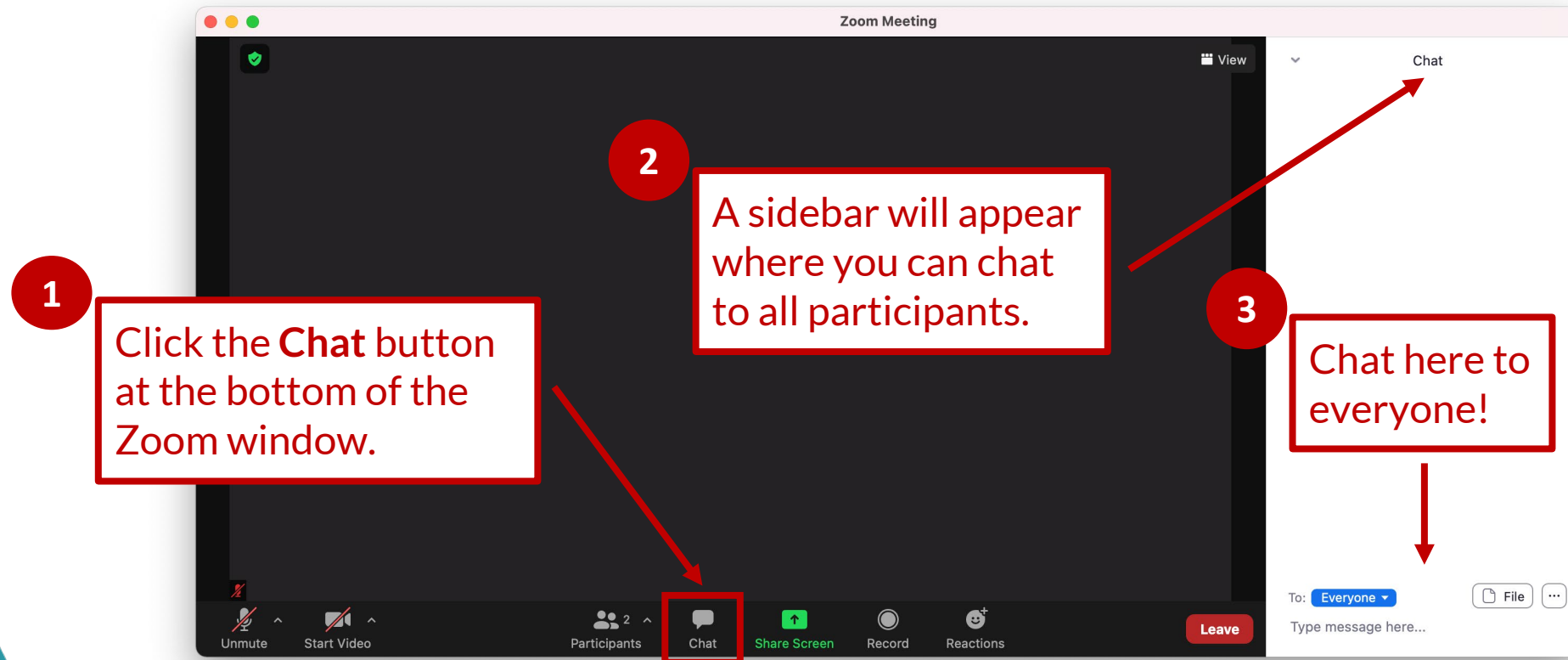
- This session is being recorded.
- All participants are muted upon entry. We ask that you remain muted to limit background noise.
- Members are encouraged to participate in the discussion by typing your comments or asking questions using the chat box.

Connecting to the Audio Conference

- Join the Zoom Meeting by **clicking the Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box, click '**Join Audio**'
- From the audio conference box, select '**Phone Call**' or '**Computer Audio**'
 - If using the phone:
 - Dial one of the given numbers next to "**Dial**"
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**



How to Chat



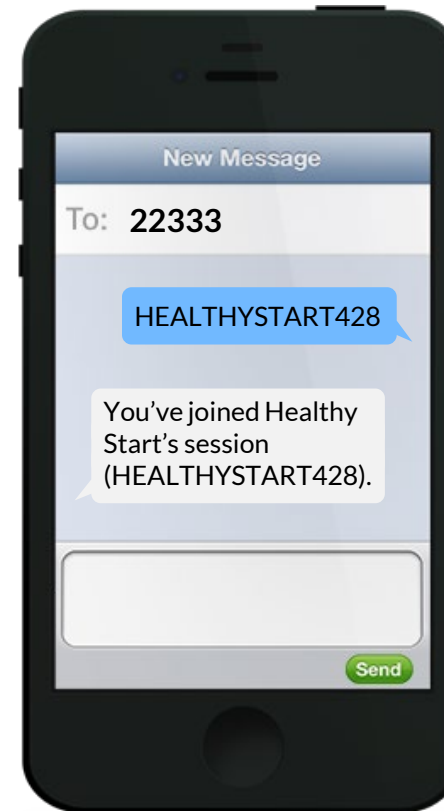
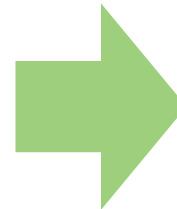
Participating with Poll Everywhere

via text messaging

Send all messages to
the five-digit number
22333

To join, include in body
of text the word
HEALTHYSTART428

*You only need to do this
once*



After you have
successfully joined, you
will receive a
confirmation message.

Additional Tips for Poll Everywhere

- Capitalization does not matter; spelling and spaces do.
- You only have to text '**HEALTHYSTART428**' the first time. After that, send normal text messages to respond to polls.
- If texting **22333** does not work, visit pollev.com/HEALTHYSTART428 to respond to the current poll.
- There will be NO charges to your cellphone beyond what your phone carrier typically charges for a text message.



Welcome & Introduction from TASC

Kenn Harris
Healthy Start TA & Support Center



Challenge!




Michael D. Warren, MD, MPH, FAAP
Associate Administrator
Maternal and Child Health Bureau (MCHB)

Accelerating Upstream

SURVIVAL LAG for AA/AI/AN

we need to accelerate efforts to
achieve equity now.

MCHB is committed to supporting
acceleration of progress.

A cartoon illustration of a blue river flowing from the top left towards the bottom right. Five grey fish with green mouths are swimming upstream. One fish is at the top of the river, and four are further down. The fish are drawn in a simple, hand-drawn style.

WE HAVE A BIG CHALLENGE THIS YEAR AND
WE ARE ALL GOING TO HAVE TO WORK HARD TO
ACHIEVE OUR GOALS.

Response!



Congratulation to 21 IHE Awardees!

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

**Healthy Start Initiative: Eliminating Disparities in Perinatal Health
Supplement: Action Plans for Infant Health Equity**

Funding Opportunity Number: HRSA-21-120
Funding Opportunity Type(s): Competing Supplement
Assistance Listings (CFDA) Number: 93.926

NOTICE OF FUNDING OPPORTUNITY
Fiscal Year 2021

Application Due Date: June 23, 2021

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: May 20, 2021

Melodye Watson
Healthy Start, Division of Healthy Start and Perinatal Services
Telephone: (301) 443-0543
Email: MCHBHealthyStart@hrsa.gov

Authority: 42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act)

Grantee Organization	City	State
NORTHEAST FLORIDA HEALTHY START COALITION, INC.	JACKSONVILLE	FL
FLORIDA DEPARTMENT OF HEALTH	ORLANDO	FL
CENTER FOR HEALTH EQUITY, INC.	QUINCY	FL
ACCESS COMMUNITY HEALTH NETWORK	CHICAGO	IL
COUNTY OF SEDGWICK	WICHITA	KS
FAMILY TREE INFORMATION EDUCATION & COUNSELING CENTER	LAFAYETTE	LA
BALTIMORE HEALTHY START, INC.	BALTIMORE	MD
INSTITUTE FOR POPULATION HEALTH, INC.	DETROIT	MI
INTER-TRIBAL COUNCIL OF MICHIGAN, INC.	SAULT SAINTE MARIE	MI
MISSOURI BOOTHEEL REGIONAL CONSORTIUM, INC.	SIKESTON	MO
NEWARK COMMUNITY HEALTH CENTERS, INC.	NEWARK	NJ
SOUTHERN NEW JERSEY PERINATAL COOPERATIVE, INC.	PENNSAUKEN	NJ
ALBERT EINSTEIN COLLEGE OF MEDICINE	BRONX	NY
COMMUNITY HEALTH CENTER OF RICHMOND, INC.	STATEN ISLAND	NY
COUNTY OF ONONDAGA	SYRACUSE	NY
FIVE RIVERS HEALTH CENTERS	DAYTON	OH
THE FOUNDATION FOR DELAWARE COUNTY	MEDIA	PA
HEALTHY START, INC.	PITTSBURGH	PA
UNIVERSITY OF HOUSTON SYSTEM	HOUSTON	TX
BCFS HEALTH AND HUMAN SERVICES	SAN ANTONIO	TX
URBAN STRATEGIES, L.L.C.	ARLINGTON	VA

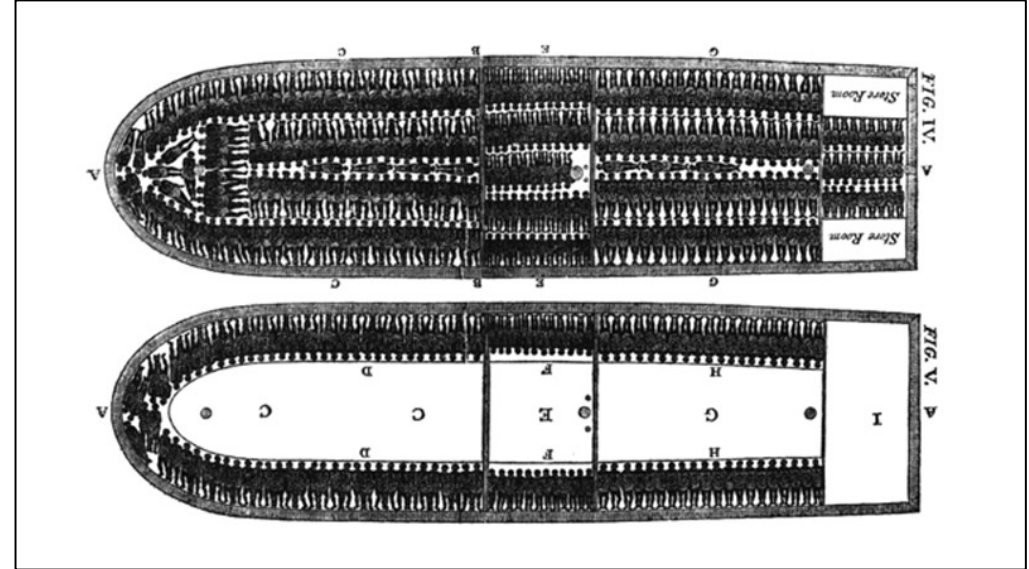


looking back, leaping forward

"The Grand Robe" (circa 1800-30), made by an artist from a Central Plains tribe. Photo by Patrick Gries and Valérie Torre / Musée du Quai Branly



500 years



400 years

OBSERVATIONS FROM TOP OF MOUNTAIN (systemic level)



UPSTREAM:

exploration journey (*environmental scan*)
information gathering
community engagement
consensus building

Welcome & Overview

Melodye Watson & Vanessa Lee
Division of Healthy Start &
Perinatal Services



Healthy Start Initiative: Eliminating Disparities in Perinatal Health Supplement: Action Plans for Infant Health Equity

Grantee Overview
Tuesday, October 5, 2021

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

Vision: Healthy Communities, Healthy People



MCHB Strategic Plan

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.

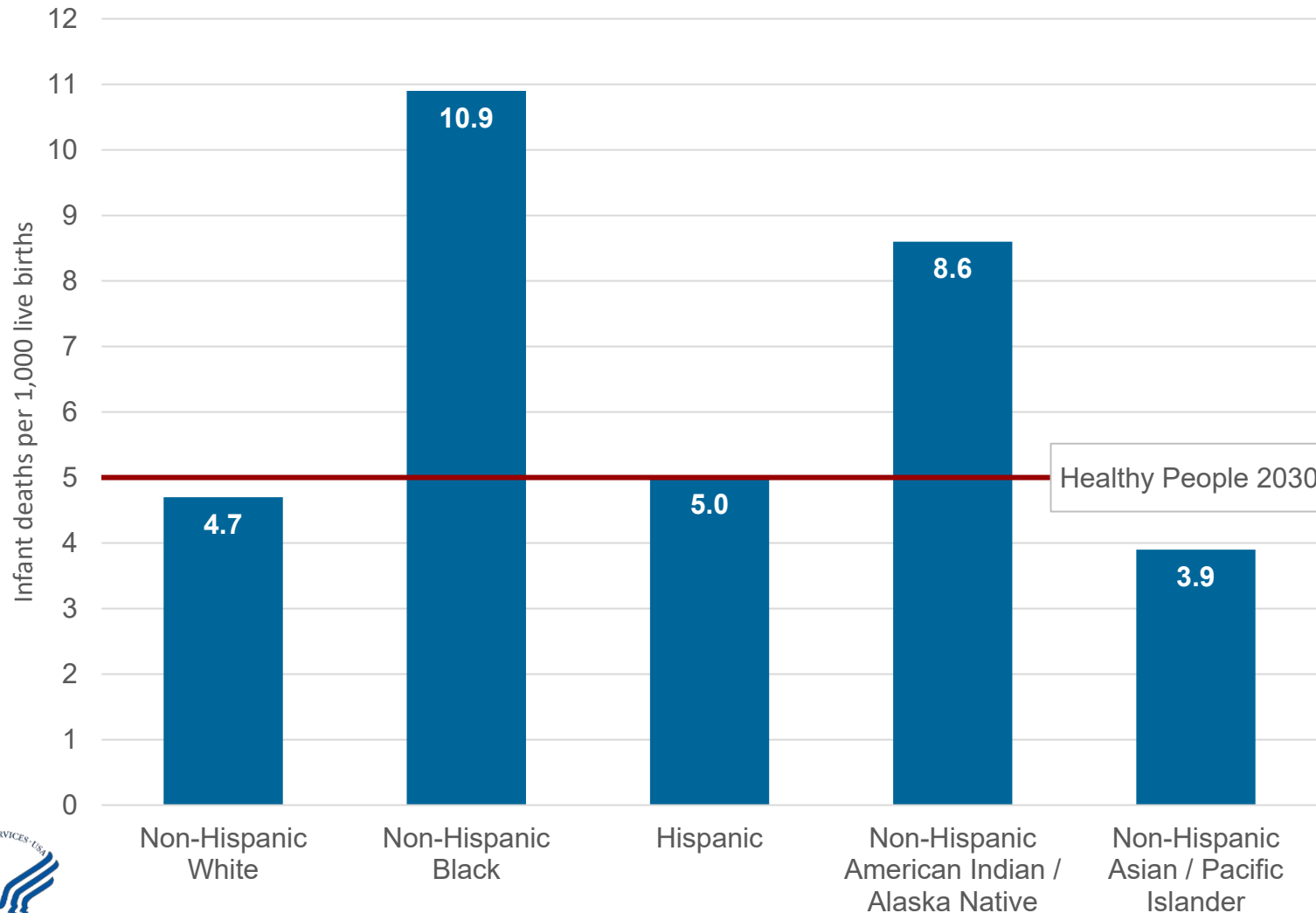
GOAL 4

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

- **Objective 2.1. Advance health equity** across all MCHB programs and investments.
- **Objective 2.2.** Strengthen MCHB's effectiveness by increasing organizational **diversity, equity and inclusion**.
- **Objective 2.3. Invest MCHB resources** to improve the health of all populations and communities that are marginalized, including those affected by racism and ableism.
- **Objective 2.4. Collect and use data** on race, ethnicity, culture, language, income, ability, health status, gender, sexual orientation, geographic location, or other factors to measure and address disparities and advance equity in access and outcomes.

What would it take to achieve equity in infant mortality rates by 2030?

Where Are We Now?



Of broad or bridged race/ethnic groups, **only NH Black and AI/AN infants have not already met the HP 2030 target.**

In fact, they have not even made the original HP 2000 target (7.0) 30 years after it was set.

Even if they meet the target, they wouldn't achieve equity with NH White majority group.

Using the same target setting projection for the overall IMR, NH White infants are projected to reach **4.0 by 2030** – this is the true target for equity.



MCHB Activities Related to Infant Mortality

EXISTING ACTIVITIES

- Title V/MCH Block Grant
- Healthy Start
- Maternal, Infant and Early Childhood Home Visiting Program
- Child Death Review/Fetal Infant Mortality Review
- National Safe Sleep Partnership
- New FY21 Funding
 - Infant Health Equity Plans
 - Doula Support

INFANT MORTALITY INITIATIVE

- Region 5 Project
- Exploring FY22/beyond funding opportunities
- Contractor-supported activities
 - Literature review of national, state, & local interventions
 - Environmental scan of federal agency and national organization activities
- Engagement of federal partners
- Broader external engagement/coalition
- Conversations with private funders

HRSA Expectations

Melodye Watson
Division of Healthy Start &
Perinatal Services

Infant Health Equity Supplement Purpose

The purpose of this HS supplement is to support the development of action plans that include innovative data-driven policy and systems level strategies to address the social and structural determinants of health that impact infant mortality (IM) disparities in HS communities.

Infant Health Equity Supplement Program Goal

The goal of this supplement is to reduce disparities in infant mortality (IM) within HS service area counties that have the highest numbers of excess annual non-Hispanic Black or non-Hispanic American Indian/Alaska Native (AI/AN) infant deaths.

Post Award Monitoring of the IHE Supplement

The objectives of this supplement require recipients to complete three key activities by March 31, 2022.

1. Engage their Community Action Network (CAN) and other cross-sector state and local partners, including individuals with lived experience, to inform and collaboratively develop the action plan
2. Identify and prioritize underlying root causes of disparities in IM within their HS communities, which they will share with HRSA through their progress report and use to inform their action plan
3. Develop and disseminate a plan for preventive action, including policy and systems change strategies



Post Award Monitoring of the IHE Supplement

CAN Engagement

- Regularly scheduled CAN meetings during the period of performance of the supplement
- CAN engagement throughout all aspects of the action plan development
- Participation in IHE supplement-related technical assistance CAN engagement

Environmental Scan

- Workplan date alignment with completion of the environmental scan, which is needed prior to action plan development
- Changes to the proposed methodology for conducting the scan
- Review of completed environmental scan's findings – what is contributing to disparities in the HS service area? did the assessment examine upstream factors/root causes?
- Assess the environmental scan for inclusion of policy and systems levels resources and gaps
- Participation in IHE supplement-related technical assistance for environmental scan



Post Award Monitoring of the IHE Supplement

Action Plan Development and Dissemination

- Status check on action plan completion and dissemination beginning in February 2022
- Review of action plan prior to end of performance period
- Reminders to submit the completed action plan in EHB by March 31, 2022

Reporting

- Submission of status report on supplement activities and the action plan in the NCC progress report narrative to HRSA during the period of performance
- Data collection on the following measures:
- *Number of state level partners engaged in the development of the plan*
- *Number of county level partners engaged in the development of the plan*
- *Number of community level partners engaged in the development of the plan*
- *Number of consumers/families/community members participating in the development of the plan*



Resources on IM and Health Equity

[AMCHP Infant Mortality Toolkit](#)

[Bay Area Regional Health Inequities Initiative \(BARHII\) Framework for Reducing Health](#)

[County Health Rankings & Roadmaps Action Learning Guide: Understand and Identify Root Causes of Inequities](#)

[National Academies of Sciences, Engineering, and Medicine Report: Communities in Action-Pathways to Health Equity](#)

[Racism as a Root Cause Approach: A New Framework](#)

[Let's Talk Cincy Segment: Ending High Rate of Infant Mortality in Black Community](#)



Q&A

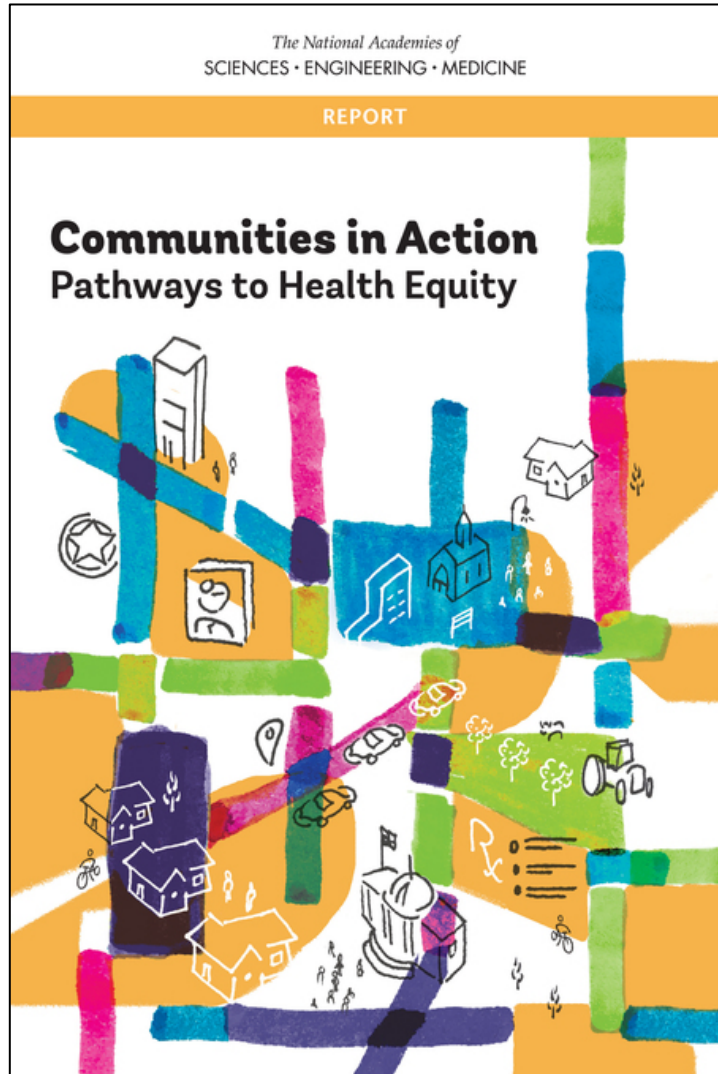




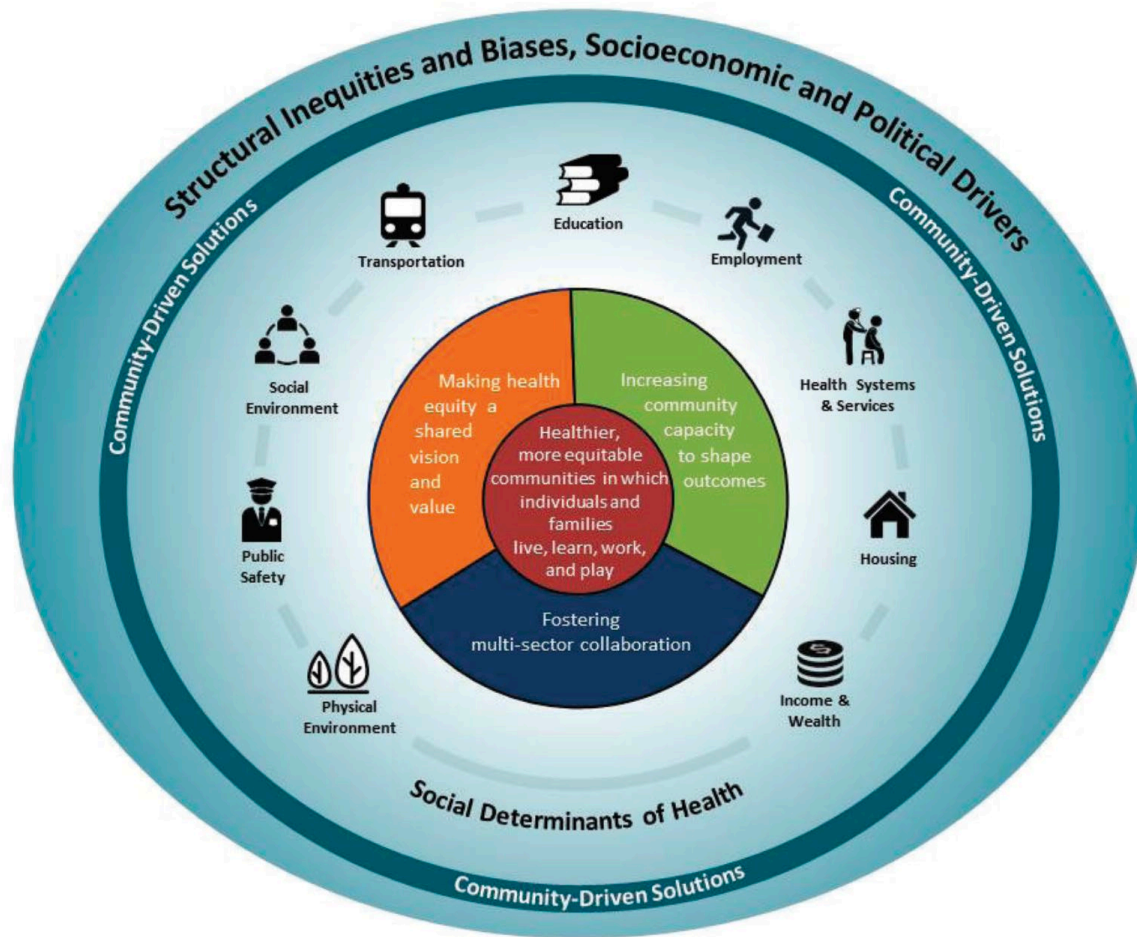
Systems Level Overview & Group Engagement Activities

Kenn Harris
Healthy Start TA & Support Center

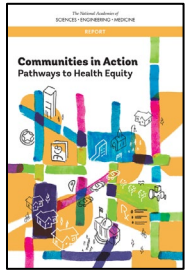




Helping us get started!



The conceptual model that grounds the report of the Committee on Community-Based Solutions to Promote Health Equity



The committee was asked to review the state of health disparities in the United States and to explore the underlying conditions and root causes contributing to health inequities and the interdependent nature of the factors that create them.

The committee drew on existing literature and comprehensive reviews to examine the state of health disparities by race and ethnicity, gender, sexual orientation, and disability status, highlighting those populations that are disproportionately affected by inequity. Health disparities stem from systematic differences—those that are preventable and unjust—among groups and communities occupying unequal positions in society (Graham, 2004).

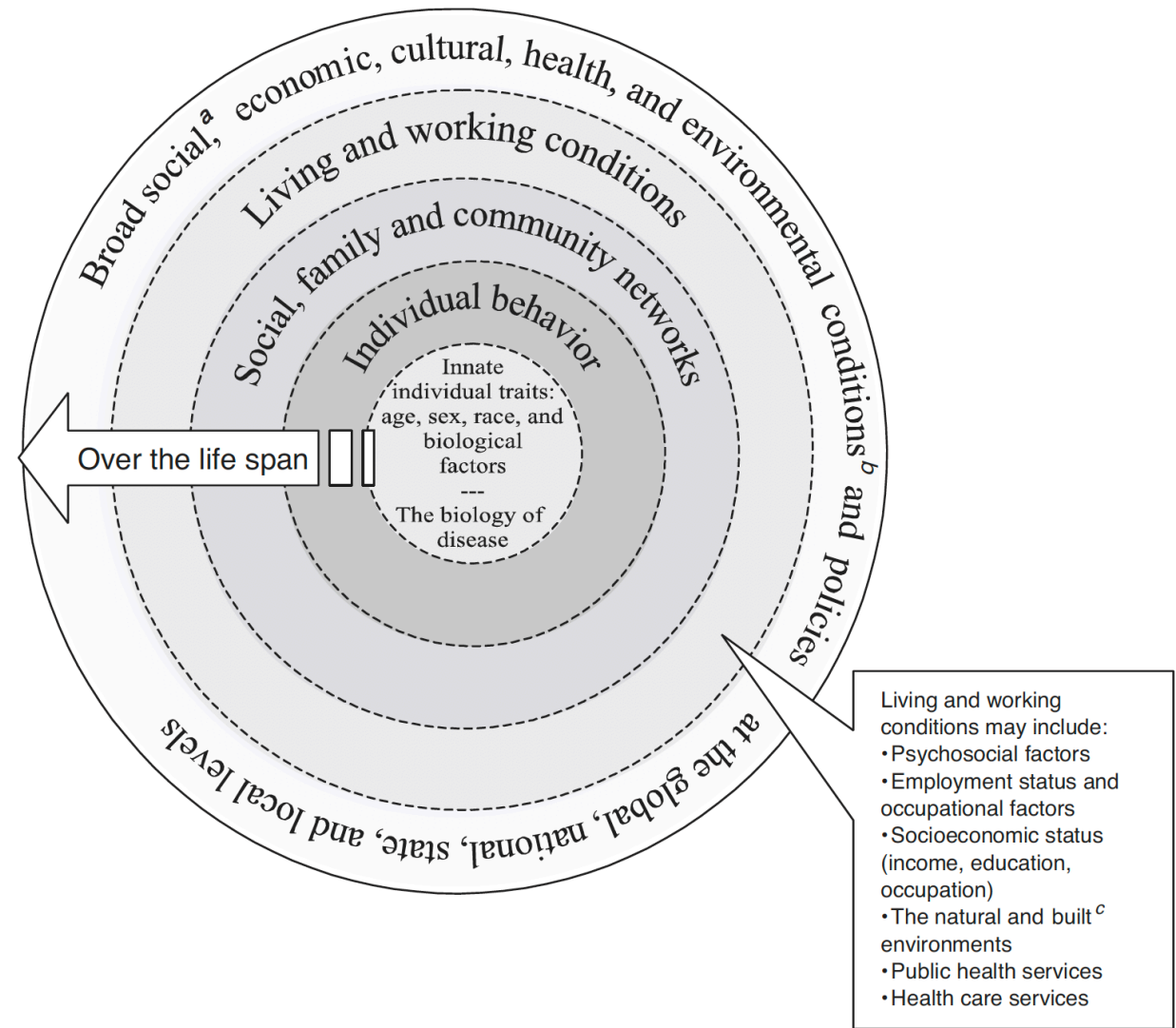
Multi-sector Collaboration

Multi-sector collaboration can include partners from agriculture, banking/finance, business/industry, economic development, education, health care, housing, human/social services, justice, labor, land use and management, media, public health, transportation, and workforce development, among other sectors.



Context of Inequities

Unlike a logic model, which is linear and progresses neatly from inputs to outputs and outcomes, this model is circular to reflect the topic's complexity, with inputs shown in the outer circle and background—depicting the context of structural inequities, socioeconomic and political drivers, and determinants of health in which health inequities and community-driven solutions exist.



Adapted from Dahlgren and Whitehead, 1991. The dotted lines between levels of the model denote interaction effects between and among the various levels of health determinants (Worthman, 1999).

Community action and community engagement play a vital role in effecting sustainable change.



Case Study

Case Study



Taking Community Action to Promote Health Equity:
The Thunder Valley Community Development Corporation
Written by Nick Tilsen, Founder and Executive Director of the
Thunder Valley Community Development Corporation
(Committee member)



[Thunder Valley Community Development Corporation](#) (CDC) is a Lakota-led, grassroots, community development organization located on the Pine Ridge Indian Reservation in southwest South Dakota.

Thunder Valley CDC has developed a comprehensive, innovative, and grassroots approach to collaborating with and empowering Lakota youth and families on the Pine Ridge Indian Reservation in order to improve the health, culture, and environment of our community in a way that heals and strengthens our identity.

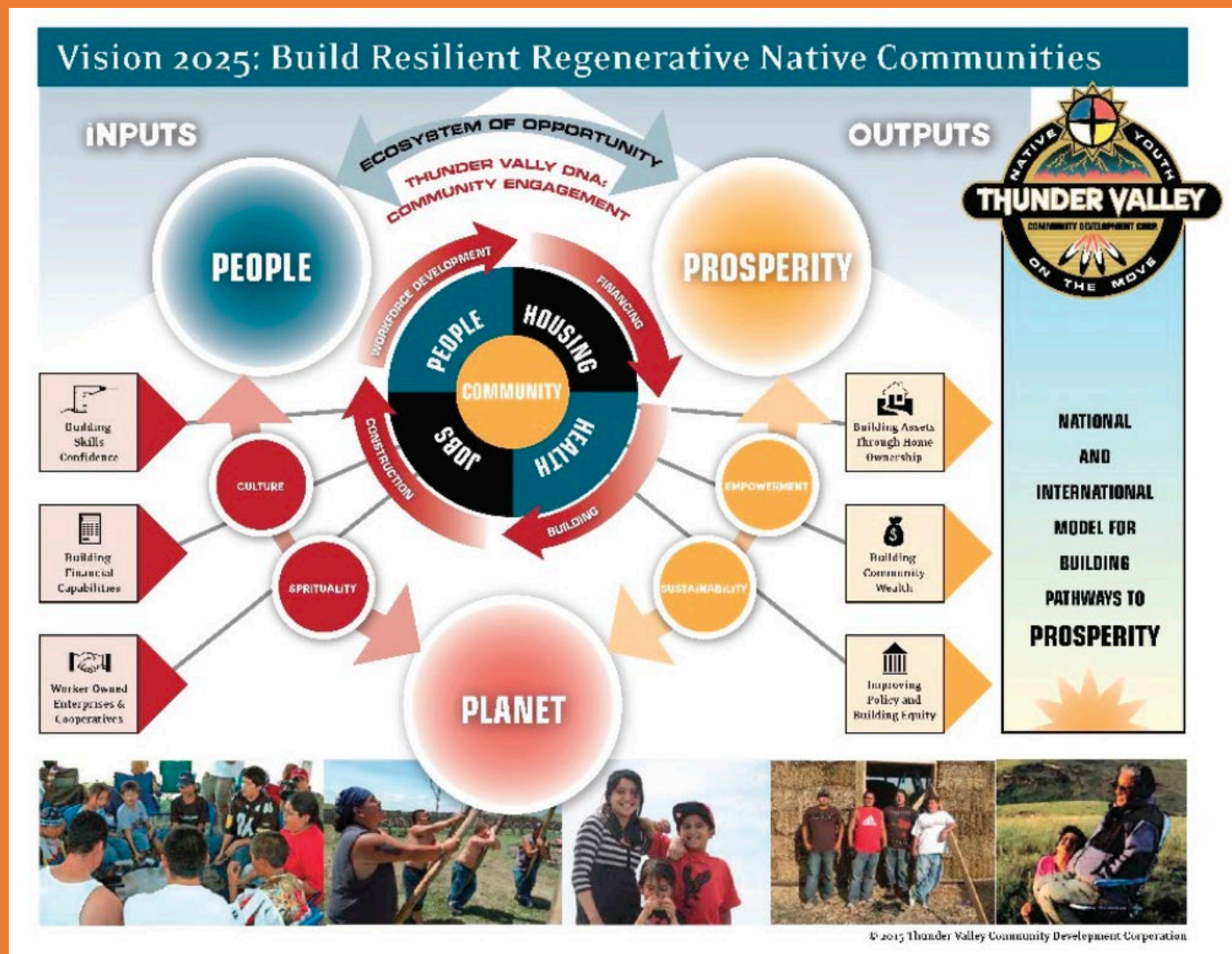


Dallas Nelson

Director of Lakota Language & Education Initiative at
Thunder Valley Community Development Corporation
Rapid City, South Dakota

Thunder Valley Community Development Corporation's Theory of Change

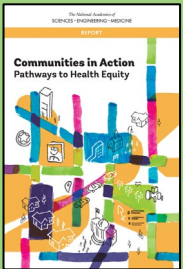
The Role of Communities in Promoting Health Equity





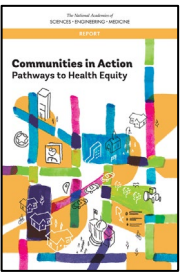
How would you describe your project's stage of readiness to develop a community action plan?

Looking at an ecological perspective on health promotion programs



SOURCE: [Concept from McLeroy et al., 1988](#)





The mechanisms by which the social determinants of health operate differ with respect to the level.

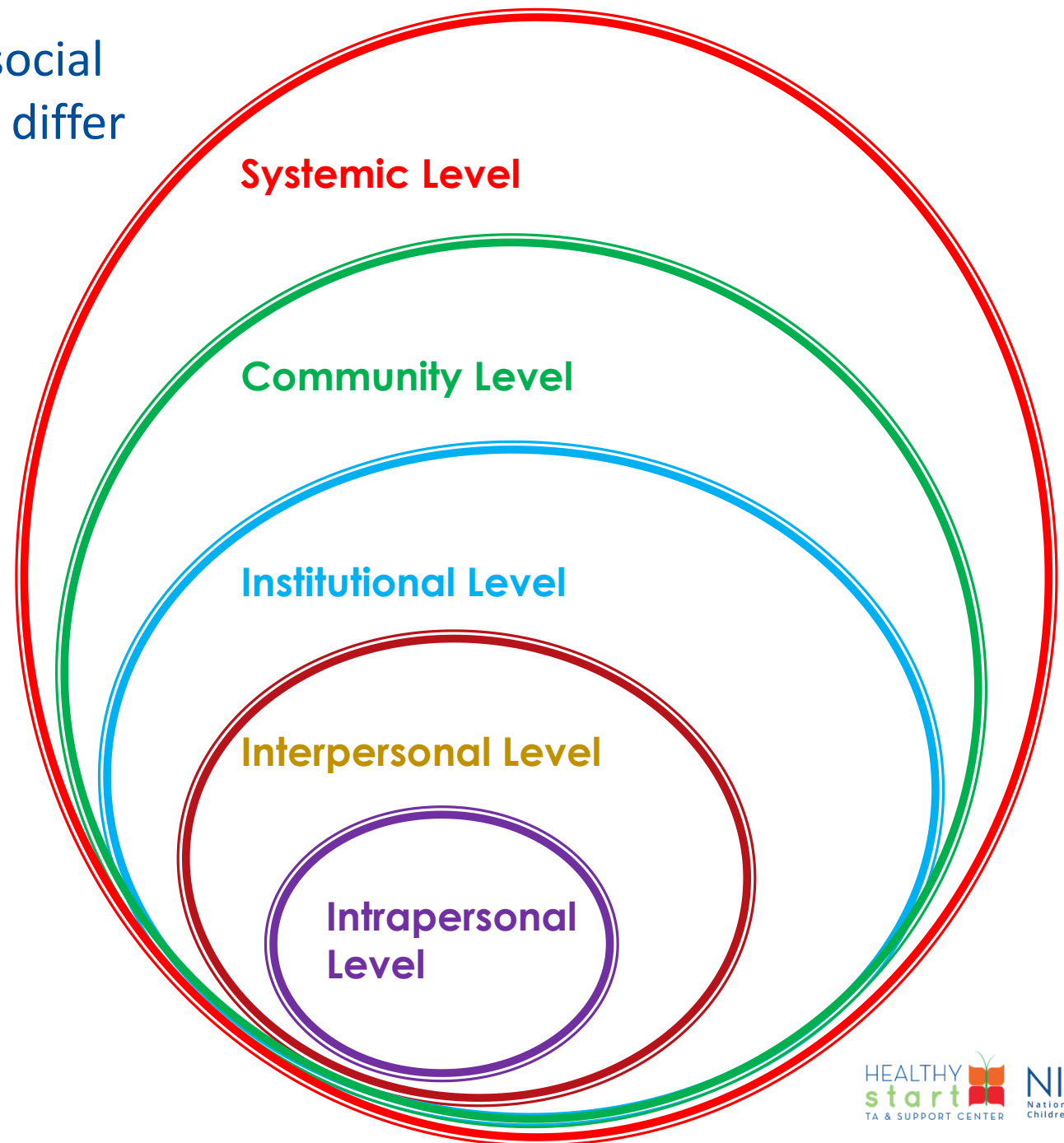
For the intrapersonal level, these mechanisms are individual knowledge, attitudes/beliefs, and skills.

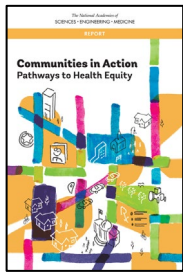
At the interpersonal level, they are families, friends, and social networks.

At the institutional level, they are organizations and social institutions.

At the community level, they are relationships among organizations.

At the systemic level, the mechanisms are national, state, and local policies, laws, and regulations.





Social ecological model with examples of *racism constructs*.

Systemic Level

- Immigration policies
- Incarceration policies
- Predatory banking

Community Level

- Differential resource allocation
- Racially or class segregated
- Schools

Institutional Level

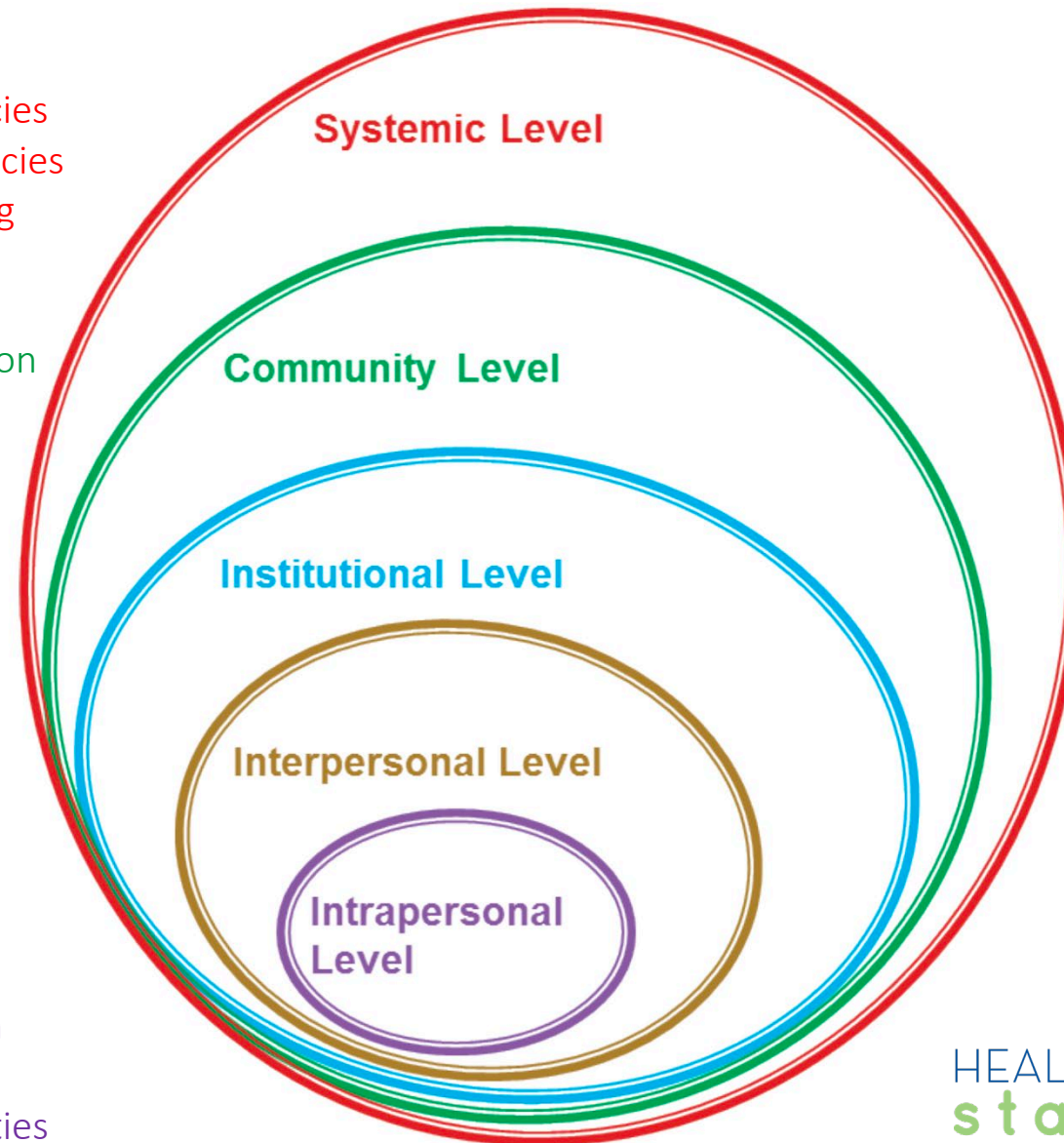
- Hiring and promotion practices
- Under- or over-valuation of contributions

Interpersonal Level

- Overt discrimination
- Implicit bias

Intrapersonal Level

- Internalized racism
- Stereotype threat
- Embodying inequities





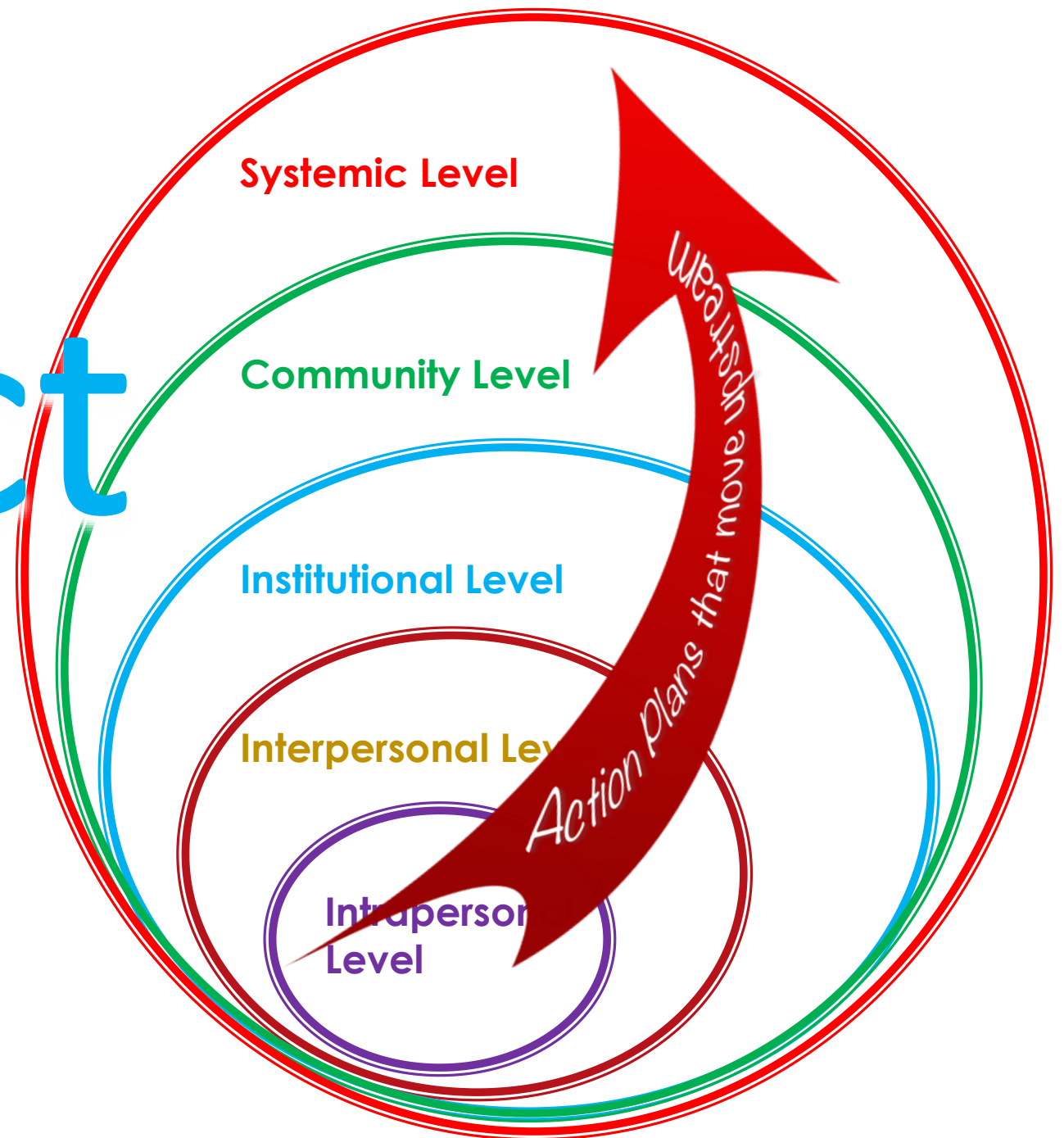
In the Action Plan you develop with this funding,
what level will your interventions target?

Levels: Systemic, Community, Institutional, Interpersonal, Intrapersonal

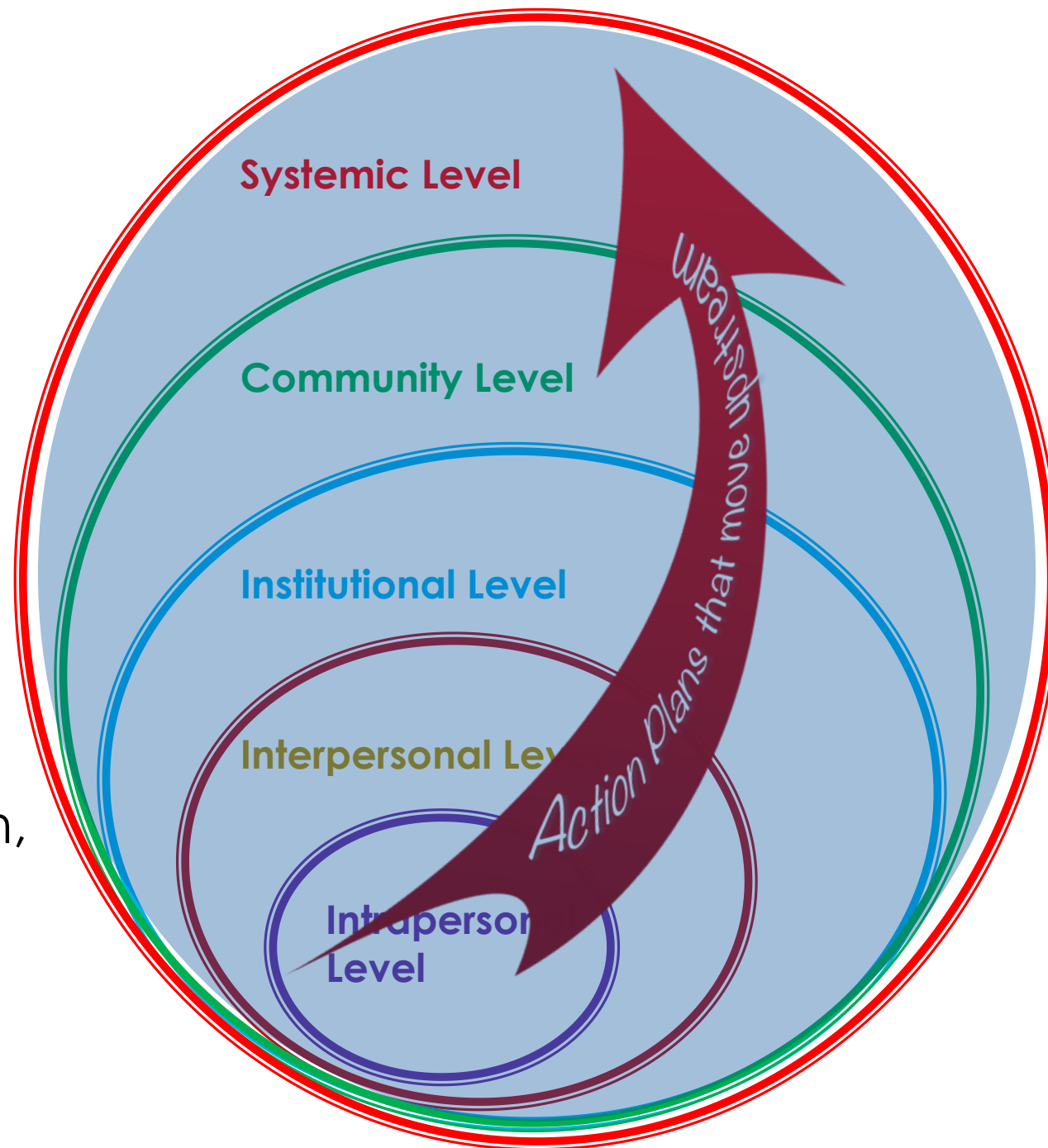
PUSH! effect

we will encourage you to push
upstream harder!

not “push back” but
pushing from behind you



if plans are
successful in
implementation,
the impact
addresses ALL
levels!



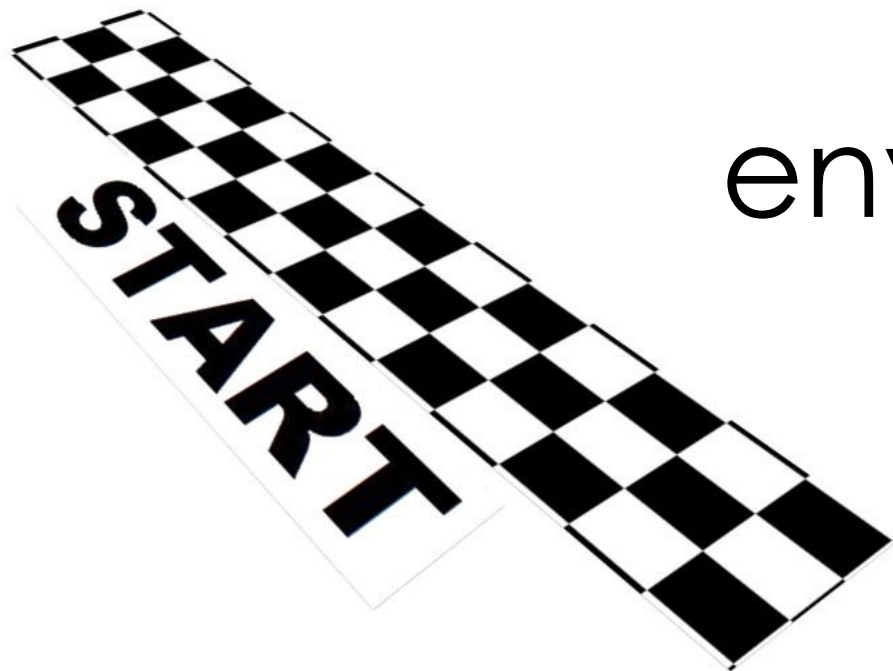


before you take off!

START



Where is everyone starting from?



the
environmental scan

Purpose of conducting an environmental scan or assessment is to identify and prioritize underlying root causes of disparities in IM in your HS community to inform your action plan.

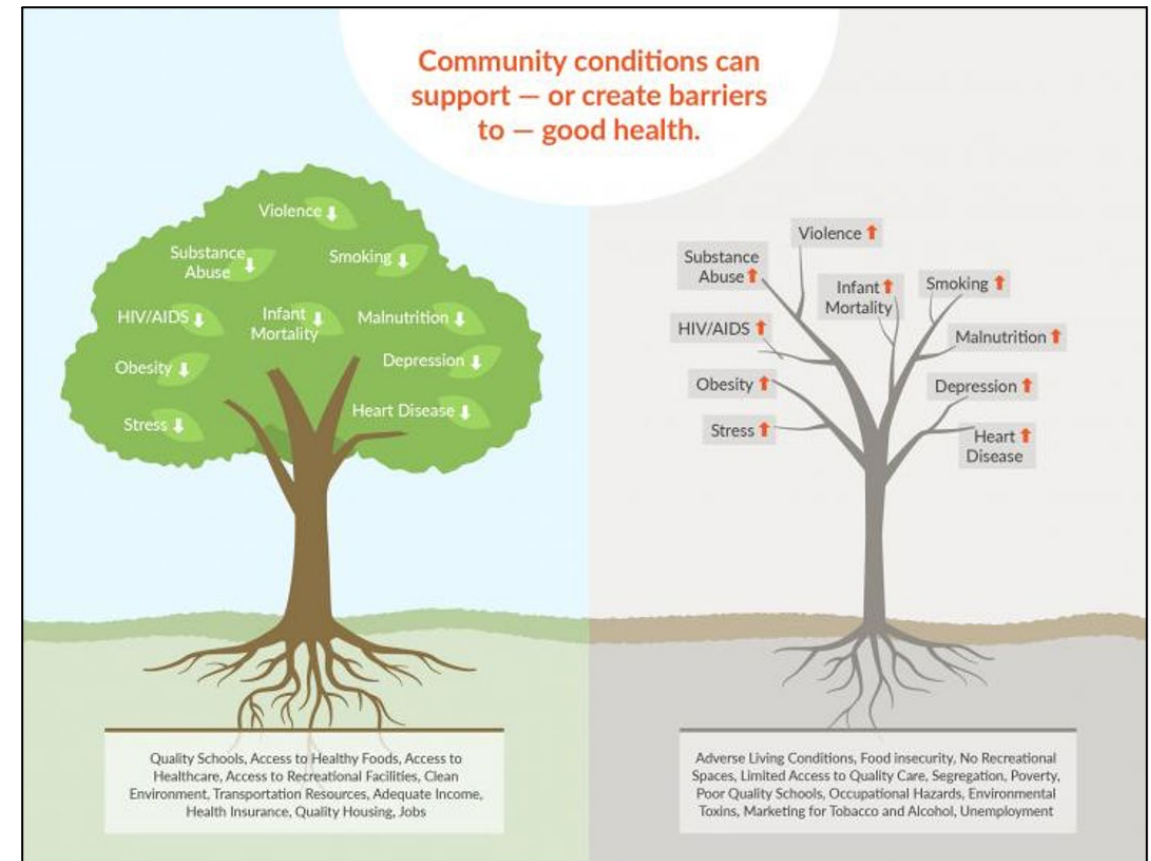
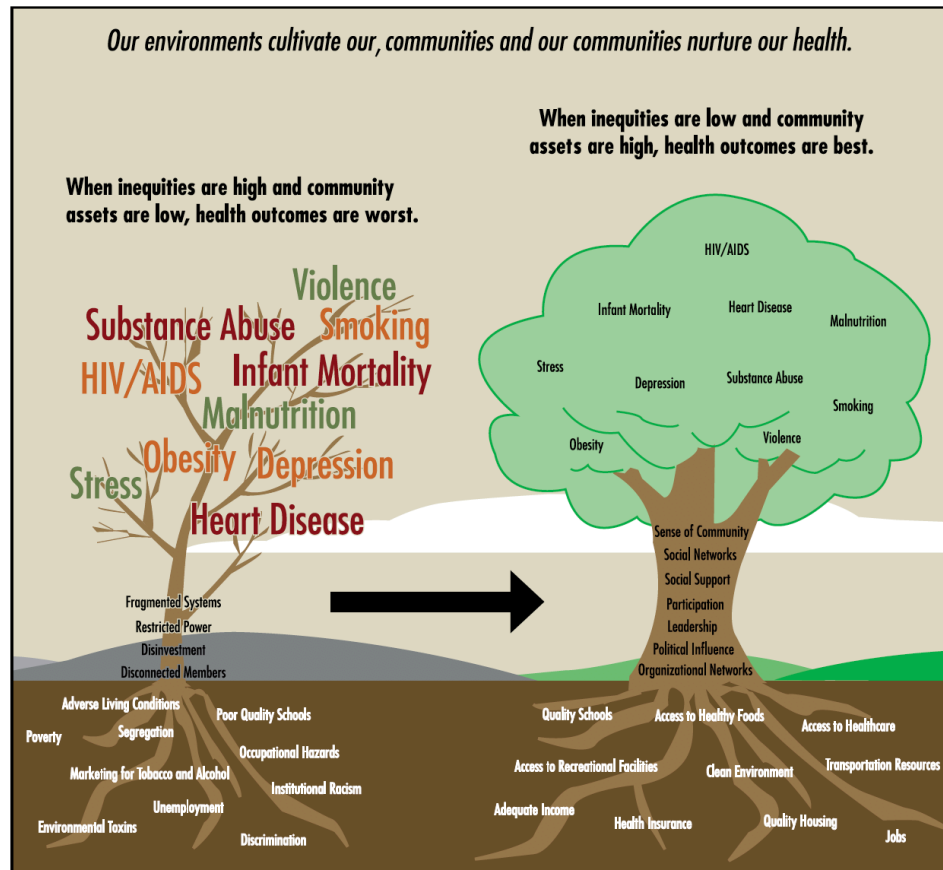


Figure adapted from Anderson et al, 2003; Marmoeal, 1999; and Wilkinson et al, 2003.³⁹⁻⁴¹

Adapted from Ramirez Brennan, Baker, & Metzler, 2008

Root Causes are the underlying reasons that create the differences seen in health outcomes. They are the conditions in a community that determine whether people have access to the opportunities and resources they need to thrive.

For example, the root cause of unequal allocation of power and resources creates unequal social, economic, and environmental conditions. Those conditions then lead to poorer health outcomes (National Academies of Sciences, Engineering, and Medicine, 2017).

Upstream Factors – The macro factors that comprise social structure influences on health systems, government policies, and the social, physical, economic and environmental factors that determine health. ([RAND](#), [BARHII Framework](#))

Below are some general ideas about upstream approaches to reduce IM:

- Development of partnerships and/or policies that support housing stabilization for pregnant and parenting women/families in order to reduce infant mortality.
- In states/localities with high rates of IM, develop policy and monitor the policy that requires all birthing hospitals/centers to conduct newborn screening for all core and secondary health conditions.
- Partner with medical schools to develop curricula component on SDOHs and impacts on infant and maternal mortality.
- Review and realign state and local funding streams to support action/programs that reduce IM. Newly aligned funds can support housing, transportation access, food security.

Findings from the environmental scan or assessment should help to inform and develop an action plan to reduce IM disparities within the selected priority population in your HS service area.

In order to reduce racial disparities in infant mortality (IM) during the project period, IHE Grantees will need to **examine and address the social determinants or root causes of the disparities, such as the impact of public policies, systemic racism and discrimination, and institutional practices on their communities.**

The **purpose** of this HS supplement is to support the development of action plans that include *innovative data-driven policy and systems level strategies* **to address** *the social and structural determinants of health* that impact IM disparities in HS communities.

Identify any known SDOH and causes believed to drive health inequity!

In order to achieve this goal of this supplement, IHE Grantees should meet the following program objectives by March 31, 2022:

1. IHE Grantees will engage their Community Action Network (CAN) and other cross-sector state and local partners, including individuals with lived experience, to inform and collaboratively develop the plan. (*engagement*)
2. IHE Grantees will identify and prioritize underlying root causes of disparities in IM within their HS communities, which they will share with HRSA through their progress report and use to inform their action plan. (*environmental scan/assessment*)
3. IHE Grantees will develop and disseminate a plan for preventive action, including policy and systems change strategies. (*action plan*)

The **Action Plan** should go beyond addressing barriers to care and improving the local system of care. Instead, it should address the environmental, social, and economic conditions, and structural and systemic barriers that are contributing to disparities in IM in your HS communities.

The **Action Plan** should include targeted policy and/or systems-level strategies that will reduce IM disparities among non-Hispanic Black or non-Hispanic American Indian/Alaska Native (AI/AN) infants.

Consider, and incorporate where appropriate, any existing state and/or local efforts/plans to achieve equity in infant and maternal health.

Environmental Scanning is a process that systematically surveys and interprets relevant data to identify external opportunities and threats that could influence future decisions.

It is closely related to a S.W.O.T. analysis and should be used as part of the strategic planning process.

community assessment needs resources partners listening visioning collaboration research funding champions networks agents inclusive transformation movement politics power equity analyze contributors contingents champions networks agents inclusive transformation movement politics power equity analyze contributors contingents



How are you approaching your environmental scan?



Let's go!



TASC Activities to Support Awardees

Nikki Maffei
Healthy Start TA & Support Center

TASC Activities Timeline

Ongoing TA:
1:1 TA available with Subject Matter Experts
CoLab Workspace for IHE Awardees

Monthly Webinars & Drop-Ins

Action Plan Refining Meetings – *Planned for early 2022*

Action Plan Reviews with Subject
Matter Experts

Action Plan Showcase – *Planned
for Spring 2022*

October

November

December

January

February

March



What topics do you hope to cover through this TA?

“ Frameworks for effectively facilitating discussion upstream to strategies that address systemic and structural factors ”

“ Test ”

“ sample action plans ”

“ Working through individual perspectives that

Next steps:

- *Calendar invitations for upcoming webinars and drop ins*
- *CoLab workspace invitations*
- *Links to resources on EPIC website*

Wrap Up



Thank
You!

