LOUISIANA

Building out the Title V State Action Plan

Amy Zapata, MPH
Director, DHH-OPH Bureau of Family Health
Leading up to State Action Plan....

- Needs Assessment
  - Quantitative
  - Qualitative
- Internal mini-SWOT review of NPMs in each domain
## Perinatal / Infant Health

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Leading up to State Action Plan....

- Needs Assessment
  - Quantitative
  - Qualitative
- Internal mini-SWOT review of NPMs in each domain
- Stakeholder meeting to identify and rank Priority Needs
  - Review Needs Assessment data
  - Confirm NPM selection
  - Rank overarching priority needs
- Refined Priority Needs

....Some challenges to reconcile NPMs with what we heard as the needs, for example:
Women’s and Maternal Health
Overarching Themes

- Economic hardship and lack of opportunities
- High cost of healthy food options
- Health care access and expense
- Housing and safe neighborhoods
- Access to role models, social support
- Access to health care and contraception
- Chronic diseases, obesity, STIs and behavioral health (depression and SA)
- Violence
- Father involvement
Perinatal/Infant Health
Overarching Themes

- Prenatal care access
- Substance abuse
- Stressors (violence)
- Breastfeeding
- Safe sleep

“Many women go to a free clinic then switch to OB once Medicaid kicks in”

“...every form and fashion of it, and if its not from family members, its from somebody you don’t know.”

“It was amazing.”

“It was terrible.”

“WIC clinics need to provide pumps.”

“I never had a problem with SIDS. They slept on their stomach, and I slept with them.”

NPM 4 - Breastfeeding
NPM 5 - Safe Sleep
Louisiana Priority Needs

- Ensure high performing essential MCH screening and surveillance systems.
- Improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination.
- Improve social and behavioral health supports, with a focus on child and family well-being and resiliency.
- Improve the ability of care systems to serve and support children, adolescents and CYSHCN through transitions.
- **Bolster local level capacity to promote and protect health and well-being of children, caregivers and families.**
- Advance understanding of drivers of disparities in MCH and CYSHCN outcomes and boldly work toward equity.
- Actively and meaningfully engage youth and families, building local level leaders across the state.
Building out our action plan...

- Held mini-work groups to build out action plans on NPM
  - Met 1-3 times
- Work group members provided a packet
  - Focus group report; flagged findings impacting that NPM
  - Background on problem and area for action
  - Link to Georgetown Resources
  - Epi presence in each
- Plans drafted
NPM 5: SIDS/Safe Sleep

PROBLEM:
- ASSB-sleep environment (blankets, pillows, where)
- co sleeping
- sleep position
- smoking during/after pregnancy

Protective: breastfeeding

Variables to change:
- Reduce barriers
- Address resistance points
- Increase perceived risk
- Consider role models, influencers, social norms, social support, positive reinforcement

Target Audiences:
parents, grandparents, caregivers, businesses and policymakers
NPM 5 Objectives

1) Reduce parents’ and influencers’ perceived barriers/resistance points to creating and using a safe sleep environment by 10% from baseline each year for 5 years.

2) Increase by 5 the number of coroners who will accurately code SIDS/SUIDS, each year, for 5 years.

3) A minimum of 50 professionals (individuals or facilities) will be trained to recognize, identify, model safe sleep environments, and educate parents, as part of their work, each year, for 5 years.

4) By the end of 5 years, five (5) Consumer business partners will change their policy related to the manner in which they promote, advertise, and display products related to safe sleep environments.

5) At minimum in the next year, 5 local programs will integrate PRAMS/SUIDS data to develop target interventions. (1 additional program each year until 2020)
Next Steps

- Plans drafted for each NPM
- To be reviewed by epi team
- To be reviewed by Director (me)
- Consider the best way to organize the State Action Plan
  - Reality: NPMs are driving the application plans
  - Priority Needs are not written to address a single NPM
  - Priority Needs cross several population domains
  - We intend to work fairly deeply into some systems (e.g. Medicaid, DCFS) across NPMs, across populations, across Priority Needs)
  - TVIS seems to be requiring the State Action Tables in a particular format??
  - Not sure how best to tell the “Louisiana Story” ...yet...
- Focus
  - Build strong action plans around the NPMs using data, evidence, and “authentic voice” to inform strategies
  - Begin to craft SPMs
  - Get it all in to TVIS with an eye toward what may need to be reshaped over the next year (content and presentation)