MCH TA Webinar
Women’s and Maternal Health
Perinatal and Infant Health

For Assistance:
Please contact Jessica Teel at
Jteel@amchp.org
Overview of Technology

Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

Asking a Question

You can type your questions into the chat box (shown right)

Raise your hand. Using the icon at the top of your screen (example shown right)

Active Participation = 😊

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May 26, 2015
Overview of Technology

1. Downloading Files

2. Upload File... & Download File(s)

3. Save to My Computer

4. Click to Download

May 26, 2015
Overview of Technology

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at

  http://www.amchp.org/AboutTitleV/Resources/Pages/State-Action-Plan.aspx

• Please complete the survey to be shared and emailed at the conclusion of the webinar
Poll

• What is the weather like where you are?
  – Breezy
  – Cloudy
  – Drizzly
  – Foggy
  – Rainy
  – Stormy
  – Sunny
Objectives

• Share TA resources to support states’/jurisdictions’ action planning
• Facilitate peer-to-peer learning about approaches being taken in response to the transformed MCH Services Block Grant guidance
• Identify and help to solve challenges states/jurisdictions face as they complete their action planning
Poll

• How satisfied are you with where your block grant application and annual report is at the moment?
  – Very satisfied
  – Satisfied
  – Neither satisfied nor dissatisfied
  – Dissatisfied
  – Very dissatisfied
Agenda

• Introductions and Overview
  • MCHB Resources
    – Michele Lawler, Acting Director, Division of State & Community Health
    – Hani Atrash, MD, MPH, Division of Healthy Start and Perinatal Services
    – Keisher Highsmith, DrPH, Division of Healthy Start and Perinatal Services
    – Kimberly Sherman, MPH, Division of Healthy Start and Perinatal Services
    – Carlos Cano, MD, MPM, Division of Home Visiting and Early Childhood Services
    – Vanessa Lee, MPH, Division of Healthy Start and Perinatal Services
    – Erin Reiney, MPH, Division of Children, Family and Adolescent Health
    – Diane Pilkey, MPH, Division of Children, Family and Adolescent Health
    – Lauren Raskin Ramos, MPH, Acting Director, Division of MCH Workforce Development

• Strengthen the Evidence-Based Project Activities
  – Cynthia Minkovitz, MD, MPP, Johns Hopkins University

• Examples of DRAFT Preliminary State Action Plan Table
  – Amy Zapata, MPH, Director, Bureau of Family Health, Louisiana

• Open Discussion and Q&A
Maternal and Child Health
Town Hall

Transforming the Title V Block Grant
Women’s and Maternal Health
Perinatal and Infant Health

Michele Lawler, Acting Director
Division of State and Community Health
Maternal & Child Health Bureau
Health Resources & Services Administration
U.S. Department of Health & Human Services

MLawler@hrsa.gov
• **Purpose** – support States in their action planning for the fiscal year (FY) 2016 Title V MCH Services Block Grant Application/FY 2014 Annual Report

• **3 Webinars**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DOMAIN</th>
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<tbody>
<tr>
<td>Tuesday, May 19</td>
<td>3:00 – 4:30 pm ET</td>
<td>CYSHCN and Family/Consumer Partnerships*</td>
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<tr>
<td>Tuesday, May 26</td>
<td>3:00 – 4:30 pm ET</td>
<td>Women’s/Maternal and Perinatal/Infant Health</td>
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<tr>
<td>Tuesday, June 2</td>
<td>3:00 – 4:30 pm ET</td>
<td>Child and Adolescent Health</td>
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Population Health
Women’s & Maternal Health
Perinatal & Infant Health
Resources

Presenters:
Hani Atrash, MD, MPH; Keisher Highsmith, DrPH; Kimberly Sherman, MPH; and Vanessa Lee, MPH: Division of Healthy Start and Perinatal Services
Carlos Cano, MD, MPM: Division of Home Visiting and Early Childhood Services
Erin Reiney, MPH; and Diane Pilkey, MPH: Division of Children, Family and Adolescent Health
Lauren Raskin Ramos, MPH: Division of MCH Workforce Development
Maternal and Child Health Bureau
National Performance Measures

1. Well woman care (percent of women with a past year preventive visit)
2. Low-risk cesarean deliveries (percent of cesarean deliveries among low-risk first births)
3. Perinatal regionalization (percent of very low birth weight infants born in a hospital with a Level III+ NICU)
4. Breastfeeding (A. percent of infants who are ever breastfeed and B. percent of infants breastfed exclusively through 6 months)
5. Safe sleep (percent of infants placed to sleep on their backs)
14. Smoking (A. percent of women who smoke during pregnancy; and B. percent of children who live in households where someone smokes)
Alliance for Innovation on Maternal Health

• Women’s & Maternal Health Domain
  – National Outcomes Measures
    • Maternal mortality ratio
    • Severe maternal morbidity
  – National Performance Measures
    • Well woman care
      – Percent of women with a past year preventive visit
    • Low risk cesarean deliveries
      – Percent of cesarean deliveries among low-risk first births

• Goal: Save women from maternal deaths and severe complications during pregnancy, labor and delivery in the U.S.

• Key activities:
  • Reduce low-risk cesarean deliveries
  • Integrate patient safety bundles in maternity care in birthing hospitals across the U.S.
  • Promote pre-/interconception health and healthcare

Contact information: Keisher Highsmith, Dr.P.H; khighsmith@hrsa.gov
For more information visit http://www.safehealthcareforeverywoman.org/aim.html
Healthy Start Initiative

National Performance Measures Addressed
- 1 Well Woman Care
- 4 Breastfeeding Initiation

Program Overview
The purpose of the grant program is to improve perinatal health outcomes and reduce racial and ethnic disparities in perinatal health outcomes by using community-based approaches to service delivery, and to facilitate access to comprehensive health and social services for women, infants and their families.

Key Activities
1) Improve Women’s Health
2) Promote Quality Services
3) Strengthen Family Resilience
4) Achieve Collective Impact
5) Increase Accountability through Quality Improvement, Performance Monitoring, and Evaluation

Contact Information: Kimberly Sherman ksherman@hrsa.gov
Resource: Healthy Start EPIC Center

Resource Description
The Healthy Start EPIC Center serves as the technical assistance center for the Healthy Start community. The HS EPIC Center partners with the MCHB to provide capacity building assistance to grantees, and to ensure program effectiveness in achieving program outcomes.

Available Tools & Resources
1) MCH Webinars Presentations to Build Program Capacity
2) Training & Technical Assistance to Strengthen the MCH Workforce
3) Technology/Information Transfer & Dissemination to Share Lessons Learned

Contact Information: Suz Friedrich, Project Director, S_friedrich@jsi.com

http://healthystartepic.org/

Supporting communities to give every child a Healthy Start.
The Home Visiting Collaborative Improvement and Innovation Network (HVCoIIN)

NPM 4: % of infants who are ever breastfed / % of infants breastfed exclusively through 6 months
- HV CoIIN: Time-limited learning activity: 36 teams from local home visiting service agencies across 10 states, two tribal entities, and one non-profit grantee
- Four topics for improvement: including initiation and extent of breastfeeding

Process and Outcome Aims
- Example: Increase by 20% from baseline the % of women exclusively breastfeeding at 6 months

Activities:
- First national HV improvement collaborative utilizing rapid tests of change (Plan-Do- Study-Act cycles) to adapt evidence-based practices recommended by the faculty to the local context
- The collaborative tracks individual agency and overall progress using a family of indicators (measuring HV training, provision of peer or professional support, initiation, duration)
- Each agency reports these measures monthly as they test and adapt the recommended changes
- Proportion of home visitors trained in infant feeding and lactation went from 60% to 80% in first 7 months

Contact information:
- Mary Mackrain: HV CoIIN Project Director, mmackrain@edc.org
- Carlos Cano: Project Officer, ccano@hrsa.gov
Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN)

- NPM #3, #5, and #14
- The IM CoIIN is a national initiative to accelerate reductions in infant mortality and improve birth outcomes within 12-18 months by providing a platform for multi-disciplinary and multi-sector teams from all states/jurisdictions to engage in collaborative learning, apply quality improvement methods, and spread policy and program innovation through 6 Learning Networks focused on common strategies that will improve birth outcomes:
  - Safe Sleep
  - Smoking Cessation
  - Preconception/Interconception Care
  - Preterm/Early Term Birth
  - Risk Appropriate Care (Perinatal Regionalization)
  - Social Determinants of Health
Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN)

• **Key activities:**
  – Coordinate/facilitate Learning Networks to promote collaborative learning across states/jurisdictions
  – Provide training & technical assistance (QI, innovation, data/measurement, etc.)
  – Provide an online community and data tracker system (IM CoIIN Collaboratory)

• **Contact information:**
  Vanessa Lee, MPH  
  IM CoIIN Coordinator
  HRSA/MCHB  
  **VLee1@hrsa.gov**

  Lauren Smith, MD, MPH  
  Executive Project Director
  NICHQ  
  **lsmith@nichq.org**
<table>
<thead>
<tr>
<th>Title V National Outcome Measures and National Performance Measures</th>
<th>IM CoIIN Overall and Learning Network Aims</th>
</tr>
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<tbody>
<tr>
<td><strong>NOM 9.1</strong>: Infant mortality rate per 1000 live births</td>
<td><strong>The overall goal of the IM CoIIN is to reduce infant mortality</strong></td>
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<tr>
<td><strong>NOM 9.2</strong>: Neonatal mortality rate per 1000 live births</td>
<td></td>
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<tr>
<td><strong>NOM 9.3</strong>: Postneonatal mortality rate per 1000 live births</td>
<td></td>
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<tr>
<td><strong>NOM 9.4</strong>: Preterm-related mortality rate per 100,000 live births</td>
<td></td>
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<tr>
<td><strong>NOM 9.5</strong>: Sleep-related SUID rate per 100,000 live births</td>
<td></td>
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<tr>
<td><strong>NPM 1</strong>: % of women with a past year preventive medical visit</td>
<td><strong>Improve life course care for women related to pre and interconception care; Improve adolescent well visit rate 10% or more relative to the State baseline</strong></td>
</tr>
<tr>
<td><strong>NPM 10</strong>: % of adolescents with a past year preventive medical visit</td>
<td></td>
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<tr>
<td><strong>NOM 5.1</strong>: % of preterm births (&lt;34 wks)</td>
<td><strong>Reduce prevalence of preterm and early term singleton births</strong></td>
</tr>
<tr>
<td><strong>NOM 5.2</strong>: % of early preterm births (&lt;34 wks)</td>
<td></td>
</tr>
<tr>
<td><strong>NOM 5.3</strong>: % of late preterm births (34-36 wks)</td>
<td></td>
</tr>
<tr>
<td><strong>NOM 6</strong>: % of early term births (37-38 wks)</td>
<td></td>
</tr>
<tr>
<td><strong>NOM 7</strong>: % of non-medically indicated early elective deliveries</td>
<td></td>
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<tr>
<td><strong>NPM 3</strong>: % of VLBW infants born in hosp with Level III+ NICU</td>
<td><strong>Increase the % of VLBW (&lt; 1500 grams) and very preterm (&lt;32 weeks gestation) infants delivering at risk appropriate facilities (Level III+ Neonatal Intensive Care Units) to 90% (or 20% increase relative to state baseline)</strong></td>
</tr>
<tr>
<td><strong>NPM 5</strong>: % of infants placed to sleep on their backs</td>
<td><strong>Reduce infant sleep-related deaths by improving safe sleep practices</strong></td>
</tr>
<tr>
<td><strong>NOM 9.5</strong>: Sleep-related SUID rate per 100,000 live births</td>
<td></td>
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<tr>
<td><strong>NPM 14A</strong>: % of women who smoke during pregnancy</td>
<td><strong>Reduce tobacco and nicotine dependency in women in reproductive years</strong></td>
</tr>
<tr>
<td>NOM 9.1: Infant mortality rate per 1000 live births</td>
<td>CW1: Infant mortality rate</td>
</tr>
<tr>
<td>NOM 9.2: Neonatal mortality rate per 1000 live births</td>
<td>CW2: Neonatal mortality rate</td>
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<tr>
<td>NOM 9.3: Postneonatal mortality rate per 1000 live births</td>
<td>CW3: Postneonatal mortality rate</td>
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<tr>
<td>NOM 9.4: Preterm-related mortality rate per 100,000 live births</td>
<td>CW4: SUID mortality rate</td>
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<tr>
<td>NOM 9.5 Sleep-related SUID rate per 100,000 live births</td>
<td>CW5: Preterm-related mortality rate</td>
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<tr>
<td>NOM 5.1: % of preterm births (&lt;34 wks)</td>
<td>CW6: Preterm birth rate</td>
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<tr>
<td>NOM 5.2: % of early preterm births (&lt;34 wks)</td>
<td>• Initiation of progesterone in women with prior preterm birth</td>
</tr>
<tr>
<td>NOM 5.3: % of late preterm births (34-36 wks)</td>
<td>• Early term birth rate</td>
</tr>
<tr>
<td>NOM 6: % of early term births (37-38 wks)</td>
<td>• Non-medically indicated early elective delivery</td>
</tr>
<tr>
<td>NOM 7: % of non-medically indicated early elective deliveries</td>
<td>• Fetal mortality rate (balancing measure)</td>
</tr>
<tr>
<td>NOM 9.5 Sleep-related SUID rate per 100,000 live births</td>
<td>CW4: SUID mortality rate</td>
</tr>
<tr>
<td>NPM 3: % of VLBW infants born in hosp with Level III+ NICU</td>
<td>• % of VLBW infants born at Level III/IV facility</td>
</tr>
<tr>
<td>NPM 5: % of infants placed to sleep on their backs</td>
<td>• % of Very preterm infants born at Level III/IV facility</td>
</tr>
<tr>
<td>NOM 9.5 Sleep-related SUID rate per 100,000 live births</td>
<td>CW4: SUID mortality rate</td>
</tr>
<tr>
<td>NPM 14A: % of women who smoke during pregnancy</td>
<td>• Percentage of infants sleeping on back</td>
</tr>
<tr>
<td>NOM 9.5 Sleep-related SUID rate per 100,000 live births</td>
<td>• % of women who report smoking during pregnancy</td>
</tr>
<tr>
<td>NPM 14A: % of women who smoke during pregnancy</td>
<td>• Smoking cessation prior to pregnancy</td>
</tr>
<tr>
<td>NOM 9.5 Sleep-related SUID rate per 100,000 live births</td>
<td>• Smoking cessation during pregnancy</td>
</tr>
<tr>
<td>NPM 14A: % of women who smoke during pregnancy</td>
<td>• # women (childbearing age) in Quitline who report cessation after 7 months</td>
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National Action Partnership to Promote Safe Sleep

- **Domains:** Perinatal/ Infant Health
- **National Performance Measure #5:** Safe sleep
  - **Goal:** Increase the adoption of safe infant sleep behaviors among infant caregivers through the integration of effective programs and policies within service delivery systems that intersect with families.
  - **Key activities:**
    1. Identify and convene multi-disciplinary stakeholders to form a national coalition
    2. Facilitate the coalition’s development of a strategic plan to unify and augment the safe sleep message across systems that reach infant caregivers based on evidence based recommendations
    3. Leverage partnerships to advance the recommended organizational policies and practices outlined in the strategic plan, including the tracking of systems changes at the national, state and local levels.
    4. Coordinate the development of resources such as training modules, model policy templates or health promotion materials, to facilitate the attainment of goals related to safe infant sleep promotion at the national, state and local levels

- **Contact information:** Georgetown University NAPPSS Team at mchgroup@georgetown.edu
- **URL:** www.nappss.org
National Fetal, Infant, and Child Death Review Center

- Domains: Women/ Maternal Health, Perinatal/ Infant Health, Child Health, Adolescent Health
  - National Performance Measures: Safe sleep, child injury, bullying, perinatal regionalization, breastfeeding, well-woman visit
  - Outcome Measures: Maternal mortality, low birth weight, preterm birth rate, infant mortality, child mortality, adolescent mortality, maternal morbidity, and others
- Goal: Improve and strengthen state and local capacity to perform complete and accurate fetal, infant and child death reviews in order to prevent future deaths of children
- Key activities:
  1. Expand and support standardized data collection and quality improvement.
  2. Provide leadership, training, and technical support to the FIMR and CDR programs.
  3. Develop a centralized national network to coordinate and disseminate information and findings related to FIMR and CDR.
  4. Facilitate the translation of recommendations from CDR and FIMR programs into action and practice.

- Contact information: National Center for Fetal, Infant and Child Death Review info@childdeathreview.org
- URLS: https://www.childdeathreview.org and www.nfimr.org
Additional Resources

MCHB Training Programs

- Centers of Excellence in MCH Education, Science and Practice (Schools of Public Health)
  - needs assessment and evaluation
  - determining evidence-based or evidence-informed practices
  - ongoing collaboration regarding Title V workforce development

MCH Workforce Development Center

http://www.mchb.hrsa.gov/training
Bright Futures

https://brightfutures.aap.org/Pages/default.aspx

• Bright Futures Guidelines and NPM

• Periodicity Schedule

• Community and Relationships and Resources
STRENGTHEN THE EVIDENCE BASE FOR MCH PROGRAMS

Cynthia Minkovitz, MD, MPP
Spring 2015

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

- To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a **Team of Experts** with specialty background and experience related to the performance measures

2) Provide reports including a **critical review of the evidence** of effectiveness of possible strategies to address National Outcome Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures via the Team of Experts

3) Provide ongoing **consultation to State Title V MCH programs** through the Team of Experts to support the State’s development of evidence-based or evidence-informed State Action Plans

4) Develop **web-based supports and resources** for State Title V programs

5) Establish an online platform for sharing best practices via a “**Community of Practice**” and to **facilitate communication and information sharing** on topics about the emerging needs of Title V state and discretionary grantees for implementing the Title V MCH Block Grant Transformation Process

6) Maintain and enhance an **MCH digital library** including the historical collection
Organization

HRSA

Women’s and Children’s Health Policy Center

Welch Medical Library

Consortium of 21 Maternal and Child Health Research Experts

Association of Maternal and Child Health Programs

Title V State and Discretionary Grantees
Key Players

- **Management Team**
  - Women’s and Children’s Health Policy Center (WCHPC): Cynthia Minkovitz (PI), Donna Strobino, and Holly Grason
  - Association of Maternal and Child Health Programs: Lacy Fehrenbach
  - Welch Medical Library: Claire Twose.

- **Team of Experts**
  - 6 WCHPC Core Faculty (Michele Decker, Pam Donohue, Holly Grason, Cynthia Minkovitz, Donna Strobino, Peter van Dyck)
  - 8 Other Hopkins Faculty (Christina Bethell, Robert Blum, Tina Cheng, Joanna Cohen, Andrea Gielen, Susan Gross, Phil Leaf, Keshia Pollack)
  - 7 Faculty from other Universities (Burton Edelstein, Arden Handler, Colleen Huebner, Marie McCormick, Cheri Pies, William Sappenfield, Judith Shaw)
TA Related to Performance Measures and State Strategies

- “No wrong door” approach
- Complement ongoing HRSA investments and expertise among discretionary grantees
- **Strengthen the Evidence** team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  - Varying levels of TA intensity
  - Recognize continuum of available evidence
  - Individual vs. groupings of states depending on needs
  - Sample activities-- In depth evidence reviews, connect states with expert MCH consultants, work collaboratively to provide communities of practice
Comments or questions?

Please contact Cynthia Minkovitz, cmink@jhu.edu

THANK YOU!!!
Poll

• The one thing my state or jurisdiction is struggling most with right now is....
  – Identifying state priorities
  – Selecting our National Performance Measures (NPMs)
  – Developing State Outcome or Performance Measures
  – Developing Objectives related to National or State Performance Measures
  – Identifying evidence-informed strategies to achieve our objectives and support progress on NPMs or SPMs
  – Other (please write a comment in the chat box)
State Example: Louisiana

Amy Zapata
Louisiana Office of Public Health
Open Discussion/Q&A
Thank You!