

# Health Equity Work in the Bureau of Maternal, Child & Family Health

Title V MCH Partnership Meeting

03/31/22



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**Ohio**

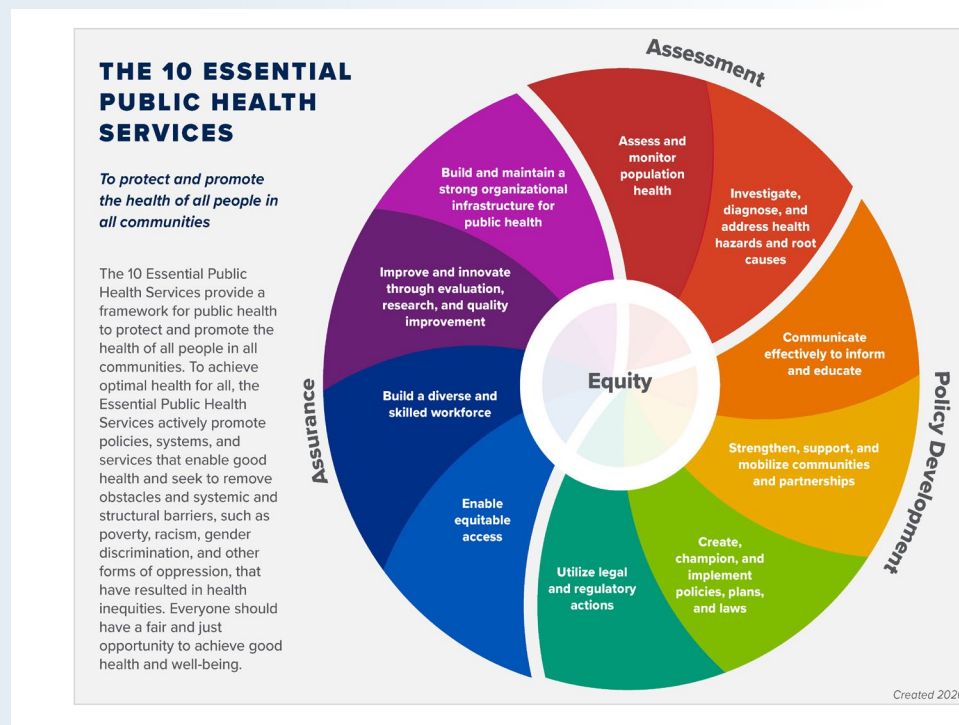
Department  
of Health

# Bureau of Maternal, Child & Family Health

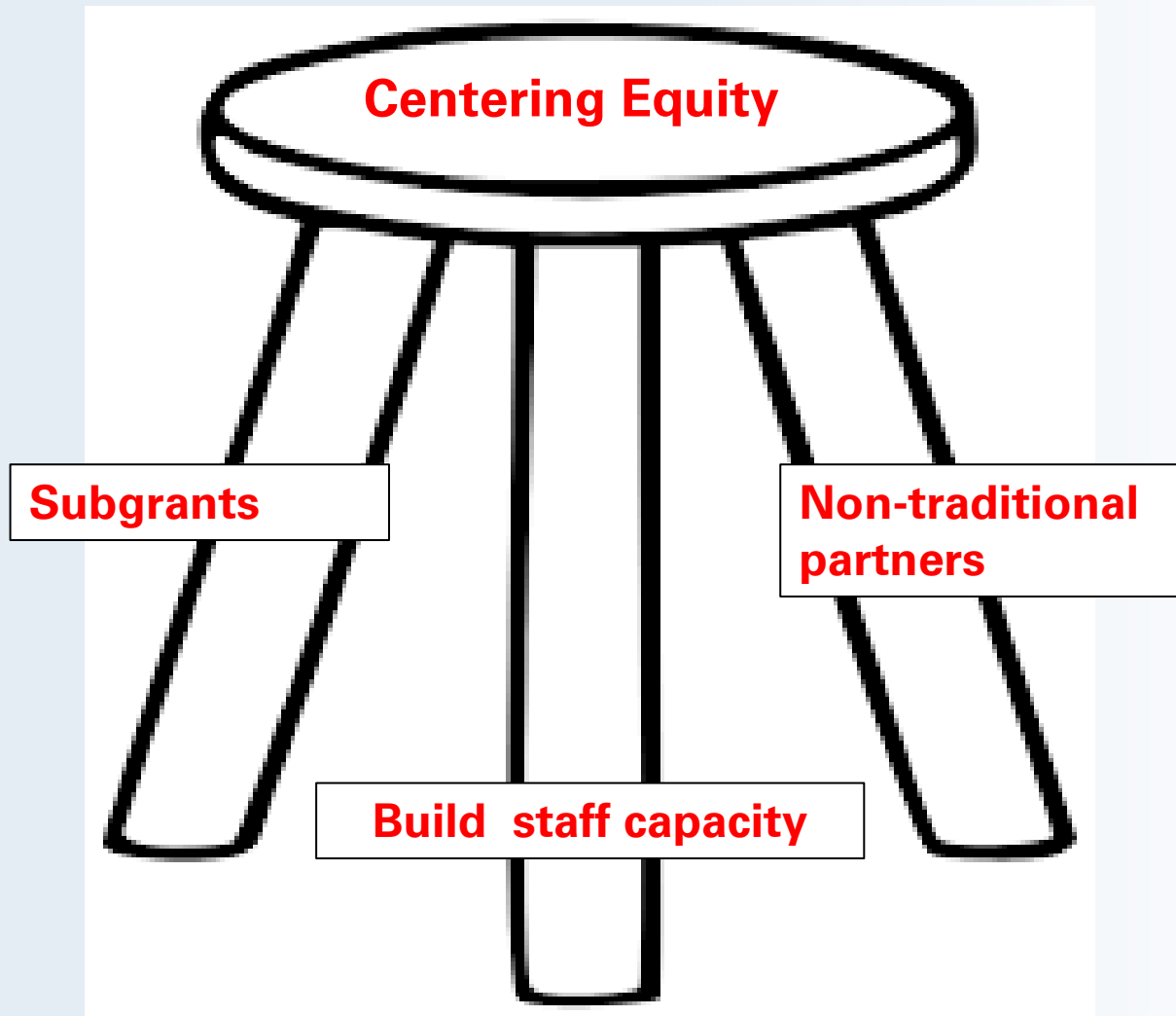
- Title V MCH Block Grant
- CYSHCN Programs
- WIC
- Title X Reproductive Health
- MIECHV, Evidence-Based Home Visiting
- Infant Vitality
- PAMR, Maternal Health & Safety
- NBS follow-up, EHDI, CCHD
- School Health, Adolescent Health, Youth Homelessness
- Oral Health
- Birth Defects Surveillance
- Breastfeeding initiatives
- Nearly 200 staff
- More than 40 programs administered for the MCH population throughout Ohio
- 20 discrete funding sources between federal grants, state GRF lines, and fees
- >\$375,000,000 annual budget
- 2,770,881 Ohioans served/year (all MCH pyramid levels)

## BMCFH Health Equity Committee convened in July 2020

- Disparities/equity are SHIP and MCHBG priorities.
- More data showing disparities in all MCH population domains.
- New 10 Essential Public Health Services centering equity.
- Bureau HE Committee works together to improve internal culture and ultimately improve the MCH programs we administer by making health equity part of everything we do.
- Group has met entirely virtually.
- HE Committee - Equity 101..
- 2 sessions on WI CEAT Assessment.



# Bureau of Maternal, Child & Family Health



# BMCH Health Equity Strategy

Staff Survey  
Minnesota

Program  
Review

Community  
Survey  
Wisconsin

## Outcome

Staff Equity  
Trainings

Program ideas to  
address Health  
Equity

Increase  
community  
engagement with  
subgrantees

# Build staff capacity

- Staff survey (Minnesota)
  - Gaps identified between level of importance and level of competence.
  - Have held multiple learning sessions for all staff on equity/disparities.
  - 21-Day challenge.
  - Building online onboarding tool.
  - Weekly emails from bureau chief include equity resources.
  - Conducted program review with seven programs (labor intensive).

# Staff Survey Results

- Of 186 BMCFH staff, 67 responded. (36% response rate)
- Staff ranked levels of Proficiency and Importance competency areas. (Scale of 1 to 5.)

Competency Area	Average Proficiency	Average Importance	Difference Between Importance and Proficiency
Communication	2.7	4.0	1.3
Cultural Competency	3.0	4.2	1.2
Program Planning and Development	2.5	4.0	1.5
Analytic Assessment	2.6	4.1	1.5
Community Practice*	2.4	4.1	1.7
Leadership and Systems Thinking*	2.5	4.2	1.7

# BMCFH Onboarding Tool

## BMCFH

- Program Map (excel and word)
- Bureau learning session recordings
- Title V MCH BG
- Social media and web pages
- Mentorship Program

## ODH

- State Health Assessment (SHA)
- State Health Improvement Plan (SHIP)
- Ohio's Executive Response: Plan of Action to Advance Equity
- Branding Guidelines

## Learn about Public Health

- 10 Essential Public Health Services
- Healthy Equity and ACEs primers
- Maternal and Child Health Resources
- Agencies and Acronyms
- Public Health Terms/Jargon

## Tools/Software

- Basic procedures
- ODH & DAS Workshops
- MS Teams Trainings
- Redcap, Survey Monkey
- Google tools



# Program Review

## Four buckets:

- Build Internal infrastructure.
- Work across government.
- Foster community partnerships.
- Champion transformative change.

7 programs have completed

# Program Review



**Facilitated program-level review**



**Adapted from Massachusetts**



**Utilizes Google Jamboard for anonymous data collection**



**Educates staff on four buckets and facilitates idea generation**

Each program staff person responds to program review questions- individual reflection and more specific ideas for programs.

Facilitated focused conversations- program staff meet without supervisors for collaborative idea generation and learning.

End result- each program team meets and agrees on plan of action for program.

# Centering equity in grants we fund

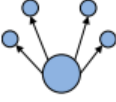
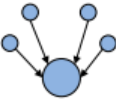
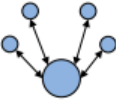
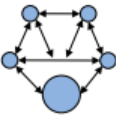
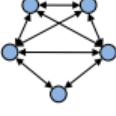
- Participated in National MCH Workforce Development Center Cohort in 2021: seven-month learning and practice process with coaches and other states.
- Goal: To institutionalize health equity in bureau subgrant activities.
- Consensus on implementing the Wisconsin Community Engagement Assessment Tool (CEAT).
  - Multiple subgrant programs piloting this with their local subgrantees during State Fiscal Year '23.
  - In communication with Wisconsin staff to provide TA.
- Planning TA sessions for: writing deliverables for subgrants; translating data to action.

# Community Engagement Assessment- Moving from Development to Pilot Testing

- Local subgrantees of BMCFH grants (FY23) to conduct the CEAT.
- Adapted from Wisconsin Community Engagement Assessment Tool (CEAT).
- More directly responsive to family, youth, and community needs.

“Do you wait for the people to ask for it, or do you set things up prior to people asking?”

--Cam, dad of one and participant in StrongerGenerations program in Massachusetts

	<b>Inform &amp;/or Educate</b>
	<b>Gather</b>
	<b>Discuss</b>
	<b>Involve</b>
	<b>Partner</b>

# Engage Non-traditional Partners

- ODH has some recent examples of funding non-traditional community-based organizations for special projects, e.g., maternal health supports; housing as a strategy for improving health outcomes; medical/legal partnership.
- Hoping to do more!

# Thank you!

## Questions?

### For Discussion:

- Creating a culture where everyone, regardless of their job title sees how they can contribute to equity.
- Responding to challenges – “Our program is available to all.”
- Building staff capacity for equity in an already heavy workload? (It’s not an additional assignment.)