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

Title V MCH Partnership Meeting

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### 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

Centering Equity

Subgrants

Non-traditional partners

Build staff capacity
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.)

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Average Proficiency</th>
<th>Average Importance</th>
<th>Difference Between Importance and Proficiency</th>
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<td>Communication</td>
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<td>4.0</td>
<td>1.3</td>
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<td>Cultural Competency</td>
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<td>4.2</td>
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<td>Program Planning and Development</td>
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<td>Community Practice*</td>
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<td>4.1</td>
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<tr>
<td>Leadership and Systems Thinking*</td>
<td>2.5</td>
<td>4.2</td>
<td>1.7</td>
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Program Review

Four buckets:

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

7 programs have completed
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 Stronger Generations program in Massachusetts
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.)