Georgia Department of Public Health

MCH Title V Health Equity Priorities

AMCHP Partnership Meeting, April 28, 2022
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Health Equity Discussion

1. Georgia MCH Health Equity Framework
2. High Impact Priority Areas
3. Health Equity in Title V Priorities
4. Health Equity Special Projects
Health Equity Framework

Georgia MCH seeks to improve health outcomes for children, women and families through a tiered approach to health equity. By incorporating health equity components from organizations and partners on the local, state and national levels, Georgia MCH is positioned to create and assure conditions of optimal health and wellbeing for all MCH populations. The framework aims to address health inequities and disparities, and the social determinants of health in a sustained manner.
Tier 1 – The 10 Essential Public Health Services

The 10 Essential Public Health Services

To protect and promote the health of all people in all communities
Tier 2 - MCHB Strategic Plan - Equity

Goal: Achieve health equity for MCH Populations

2.1 Advance health equity across all MCHB programs and investments.

2.2 Strengthen MCHB’s effectiveness by increasing organizational diversity, equity and inclusion.

2.3 Invest MCHB resources to improve the health of all populations and communities that experience inequities, including those affected by systemic and structural barriers including poverty, racism, ableism, gender discrimination, and other forms of contemporary and historical injustices.

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.
In a continued effort to reduce the burden and impact of COVID-19 among vulnerable populations and communities of color, DPH developed a four-prong approach for ensuring health equity:

**Identify Vulnerable Populations**
- Define populations adversely impacted by COVID-19
- Understand COVID-19 infection/case rates, vaccination rates, contact tracing outreach impact, and testing rates among vulnerable populations

**Community Engagement and Outreach**
- Recognize and address historical distrust, trauma, and broken relationships as a result of systemic inequities, racism, and medical harm marginalized groups have experienced
- Sponsor COVID-19 related events or “pop-up” sites to increase community access and testing
- Develop and leverage various platforms such as social media, print and television to reinforce the importance of stopping the spread
- Ensure communications are culturally competent and linguistically appropriate
- Empower public ownership of COVID-19 vaccination to reduce hesitancy
- Provide language access services
- Communicate public health’s response to COVID-19
- Adapt messaging as the response evolves

**Utilize Data and Technology**
- Identify and leverage data to inform the health equity strategy and interventions
- Collect health equity data from community residents across the state to understand perceptions, preferred communications channels, trusted messages and messengers

**Identify and Engage Stakeholders**
- Identify and partner with the Health Equity Council, local public health districts, employers, community partners and stakeholders to formulate and refine the strategy
- Serve as “trusted messengers” to ensure equity in the implementation of COVID-19 prevention and intervention strategies
- Enhance collaboration with providers who serve disproportionately impacted communities
MCH seeks to address health inequities and disparities, and social determinants of health to assure conditions of optimal health and wellbeing for all MCH populations.

Partnerships and Collaborations
- Cross Sector Collaboration with Traditional and Non-traditional Partners
- Leverage Capacity and Resources

Community Engagement
- Recognize and address historical distrust, trauma, and broken relationships as a result of systemic inequities, racism, and medical harm marginalized groups have experienced
- Community Awareness, Capacity Building and Empowerment

Utilize Data and Technology
- Understand Health Disparities
- Title V 5-Year and Ongoing Needs Assessments
- Monitor Health Outcome Data
- Community Surveys/Feedback

Infrastructure and Programs
- Health Equity Plan
- Health Equity Change Agents
- Health Equity Training
- Strategies to Address SDOH, root causes and –isms
- Policy, System and Environmental (PSE) Changes

Tier 4 – Georgia MCH Health Equity Strategic Plan
MCH Fatherhood Initiative

- Morehouse School of Medicine has embedded Georgia MCH’s Fatherhood Initiative strategies into its Fatherhood Project. Morehouse SOM hosts trainings, conferences and community events that support creating father-friendly environments at organizations and in the community. A recent webinar hosted by GA Strong Families Columbus discussed how providers’ implicit biases toward fathers affect routine perinatal care.

MCH Women’s Health Project

- MCH’s Office of Women’s Health partnered with the Institute of Perinatal Quality Improvement and Georgia March of Dimes to train birthing hospital teams, leadership teams, advisory councils and key partners on implicit bias. After initial training, hospital teams were charged to create health equity action plans based upon their unique needs for the “Translating Knowledge into Action” phase.

MCH Infant Mortality Project

- Mercer University School of Medicine’s Center for Rural Health and Health Disparities partners with MCH to conduct an environmental scan in rural Georgia counties with the highest infant mortality rates. They use focus groups, interviews, surveys and other methods to identify place-based effects on infant mortality disparities in Georgia.
High Impact Priority Areas

- Women’s Health
  - Maternal Mortality

- Infant Health
  - Infant Mortality

- Child Health
  - EHDI

- Adolescent Health
  - Bullying & Suicide

- CYSHCN
  - Telehealth

- Crosscutting
  - Fatherhood

Population Based or Place Based
Health Equity Special Projects

- Infant Mortality Project
- Workforce Development Advancing Equity
- COVID-19 WOMEN’s Research
- Early Intervention
- Fatherhood
Priority Need: Promote developmental screenings among children

**NPM 6** – Percent of children, ages 9 through 35 months who received a developmental screening using a parent-completed screening tool in the past year

**Health Equity Activity to support Developmental Screening Priority:** EHDI Diversity and Inclusion Plan (Focus on geography and socio-economic status)

**Objective:**
By the end of year 2, develop a plan to address diversity and inclusion in the EHDI system to ensure that the state or territory’s EHDI system activities are inclusive of and address the needs of the populations it serves, including geography, race, ethnicity, disability, gender, sexual orientation, family structure, socio-economic status.

**Action Plan to Reach Target Population:**
EHDI proposes to improve access to infant hearing assessment services throughout the state through four primary activities:

1) Expansion of Tele-audiology services.
2) Collaborations with Georgia Mobile Audiology (GMA).
3) Expansion and promotion of District Hearing Clinics.
4) Promote utilization of the EHDI-Pediatric Audiology Links to Services (EHDI-PALS) website for families and professionals.
Project Goals and Objectives: Increase equities in EI access and usage through alignment with three-tiered frameworks for reducing disparities (Kilbourne et al., 2006).

The Social Ecological Model in Healthcare Framework:

Step 1: Examine Patterns of Use
Step 2: Organizational Factors – Administrator Perspective
Step 3: Individual and Interpersonal Perspectives
Disparities Reduction Framework:

**Step 1:** Defining and documenting existing disparities.
**Step 2:** Engaging in mechanistic research examining causes of identified disparities.
**Step 3:** Developing interventions to reduce disparities.
Babies Can’t Wait (BCW) – Early Intervention Project

**Project Outcomes:**

- Develop a Health Equity Early Intervention Plan
- Develop Multi-prong Interventions to Increase Access and Usage
- Develop a Provider Engagement Strategy for Recruitment.
Improving Birth Outcomes Initiative
Infant Mortality in Georgia, by Race, 2010-2019

Number of White, Non-Hispanic Infant Deaths per 1,000 Live Births by County of Maternal Residence, 2010-2019

Number of Black, Non-Hispanic Infant Deaths per 1,000 Live Births by County of Maternal Residence, 2010-2019
Improving Birth Outcomes Year-One Activities

- Convene the Infant Mortality Working Group
- Convene the DPH Improving Birth Outcomes Working Group
- Improve Fetal Death Certificate reporting
- Develop and disseminate the Improving Birth Outcomes Community Toolkit
- Conduct an Environmental Scan of counties in rural Georgia
- Expand Home Visiting
Infant Mortality Environmental Scan of Rural Georgia

- An environmental scan to better understand the dynamics of infant mortality in rural Georgia is being conducted in partnership with Mercer University School of Medicine, Center for Rural Health and Health Disparities.

- 3-phased initiative designed to generate actionable recommendations to guide strategic planning and decision-making regarding rural infant mortality prevention in the State.

- Phase I Focus Groups- Clinch, Irwin, Seminole, and Wilcox Counties
QUESTIONS
Contact Information

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