New York State Title V Program

Integrating a Racial Justice Framework into Title V

April 28, 2022
Where we began
Building Internal Capacity
What we did:

– MCH Workforce Development Project 2016
– Professional Development
– MCH Technical Assistance
– DFH Health Equity Workgroup

Four Domains of Team Strength

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<table>
<thead>
<tr>
<th>EXECUTING</th>
<th>INFLUENCING</th>
<th>RELATIONSHIP BUILDING</th>
<th>STRATEGIC THINKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achiever</td>
<td>Activator</td>
<td>Adaptability</td>
<td>Analytical</td>
</tr>
<tr>
<td>Arranger</td>
<td>Command</td>
<td>Connectedness</td>
<td>Context</td>
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<tr>
<td>Belief</td>
<td>Communication</td>
<td>Developer</td>
<td>Futuristic</td>
</tr>
<tr>
<td>Consistency</td>
<td>Competition</td>
<td>Empathy</td>
<td>Ideation</td>
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<tr>
<td>Deliberative</td>
<td>Maximizer</td>
<td>Harmony</td>
<td>Input</td>
</tr>
<tr>
<td>Discipline</td>
<td>Self-Assurance</td>
<td>Individualization</td>
<td>Intellection</td>
</tr>
<tr>
<td>Focus</td>
<td>Significance</td>
<td>Positivity</td>
<td>Learner</td>
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<td>Responsibility</td>
<td>Woo</td>
<td>Relator</td>
<td>Strategic</td>
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<td>Restorative</td>
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People with dominant Executing themes know how to make things happen.

People with dominant Influencing themes know how to take charge, speak up, and make sure the team is heard.

People with dominant Relationship Building themes have the ability to build strong relationships that can hold a team together and make the team greater than the sum of its parts.

People with dominant Strategic Thinking themes help teams consider what could be. They absorb and analyze information that can inform better decisions.
DFH Health Equity Team

- Multidisciplinary Representation
  - Across DFH
  - Including administrative and fiscal staff/units
DFH Health Equity Team

- DFH Staff Training
  - Online training via PH Learns
  - In-person training

- Ongoing Engagement
  - Book Club
  - Woke Wednesdays
Using Data
Using Data to Make our Case

– Begin by understanding capacity, limitations, and opportunities
– Developing a comprehensive data strategy
– Taking advantage of external interest and opportunities
Note: Due to the small number of cases in the cohort, rates may be unstable and must be cautiously interpreted.
Pregnancy-related Mortality Rate by Race/Ethnicity and Delivery Method, NYS 2018

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Pregnancy-related Mortality Rate by Race/Ethnicity and Education Level, NYS 2018

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Source: NYS MMR and NYS Vital Statistics
Pregnancy-Related Mortality Rate by Race/Ethnicity and Pre-pregnancy BMI, NYS 2018

Mortality Rate per 100,000 Live Births

- Black, non-Hispanic
- White, non-Hispanic
- Hispanic
- Other, non-Hispanic
- All

Source: NYS MMR and NYS Vital Statistics

Note: Due to the small number of cases in the cohort, rates may be unstable and must be cautiously interpreted.
Centering
Community
Feedback
Why Listening Sessions

- Hear directly from the community
- Give community an opportunity to speak directly to us
- Get DOH staff into the community
- Create accountability

Empower Individuals

Create bridging social ties

Create cooperation among CBOs

Explore Barriers

Discuss strategies
Feedback Received

- Maternal Mortality Listening Sessions
  - Racism, Bias, & Discrimination were key themes
  - Urgency from community members
  - Structural and systemic barriers
- Title V/MCHSBG Listening Sessions
  - Lack of providers and support in many communities
  - Impact of poverty
  - Lack of social support and social cohesion
Integrating Racial Justice into Programming
How we integrate into programming:

- Program Goals/Priorities
- Procurements and Program Structure and Activities
- Staffing/Hiring Practices Policies
- Specific Projects focused on Racial Justice
Highlight: Birth Equity
Birth Equity (noun):

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD, FACOG
NYSBEIP Project Goal

During the NYS Birth Equity Improvement Project, January to October 2022, all New York State birthing hospitals and centers will **identify how individual and systemic racism impacts birth outcomes** at their facility and will take actions to **improve both the experience of care and perinatal outcomes of Black birthing people** in the communities they serve.
Participant Commitments

- Identify a multi-disciplinary team
- Team attends virtual learning sessions over the course of the project
- Collect and submit monthly data via NYSDOH Health Commerce System
- Conduct ongoing small tests of change at hospital level to impact project goal
Team Process

Prepare
- Facility Readiness Assessment
- Team Formation
- Project Aim

Curriculum
- Learning Sessions 1, 2
- Data Training
- Coaching Calls
- PDSA
- Test ideas
- PREM

Implementation
- PDSA
  - Implement and adapt plan to achieve project aim
- Project Measurements
- Learning Session 3
- Team Share
- Solidify gains, set new goals

Sustain, Improve, and Scale

NYSBEIP Expert and Team Support
NYSBEIP – Participating Hospitals

71 birthing facilities representing about 73% of NYS births as of September 1, 2021

Source: 2019 NYS Birth File
NYSBEIP Aim Statement

New York State birthing hospitals and centers will accomplish this by:

1. 100% of birthing hospitals and centers implementing policies and procedures to mitigate subjective decisions based on race and promote respectful and standardized care with shared decision making with Black birthing people.

2. Utilizing perspectives of Black birthing people to improve their experience of care as measured by 50% improvement in patient experience measure.

3. 100% of birthing hospitals and centers collecting and utilizing perinatal data by demographics including race, ethnicity, gender identity and language.

4. Decreasing the Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by 5% overall and by 5% among Black birthing people.
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