

# Title V Diverse Partnerships & Collaborations

## INTRODUCTION

Title V Maternal and Child Health (MCH) programs are tasked with a mandate to “promote and improve the health and well-being of the nation’s mothers, children, including children with special needs, and their families.”<sup>1</sup> The 2015 Title V MCH Block Grant transformation encouraged state MCH programs to strengthen and develop multidisciplinary, cross-sector collaborations, and broaden the scope of their partnership efforts beyond those with other state agencies.<sup>2</sup> In addition, the transformation included a greater emphasis on the impact of social determinants of health and health equity,<sup>3</sup> and state MCH programs have intensified their focus on the relationship between MCH outcomes and socioeconomic status, education, neighborhood and physical environment, employment, social

support networks, and access to health care. Recognizing and addressing the impact of social determinants of health is critical to improving health disparities caused by racial, gender and economic inequalities.

Cultivating meaningful and diverse partnerships that can promote the health of MCH populations and address social determinants of health and health inequities requires MCH programs to work across organizational boundaries and bridge siloes to bring stakeholders together. The case studies in this paper highlight MCH partnerships with state and community-based organizations and illustrate how MCH programs can increase their impact through joint efforts, work

<sup>1</sup> Health Resources and Services Administration, Maternal and Child Health Bureau. (December 2019). [Title V Maternal and Child Health Services Block Grant Program](#).

<sup>2</sup> Lu, M., Lauver, C., Dykton, C., Kogan, M., Lawler, M., Raskin-Ramos, L., Waters K., & Wilson, L. (2015). Transformation of the Title V Maternal and Child Health Services Block Grant. *Maternal and Child Health Journal*. <https://doi.org/10.1007/s10995-015-1736-8>.

<sup>3</sup> Social determinants of health are the conditions in which people are born, grow, live, work, and age.

intentionally to advance MCH priorities in their communities, expand the reach of their programs, and address the unmet social and health care needs of their communities.

This paper highlights partnership models for addressing inequities and increasing access to the resources needed to promote health and well-being. These partnerships also provide examples of effective strategies that state MCH programs can use to meet their national performance measures, as required by the Title V MCH Block Grant. These case studies demonstrate the benefits that can be reaped

## WHY COLLABORATE?

Title V/MCH programs work in meaningful ways with a range of communities and partners to reach all women, children, and families in their states and territories. Partnering with diverse stakeholders is a way to inform MCH programs about the needs of families and communities through the

through partnering with diverse stakeholders and identify successful collaborations between Title V MCH programs and their strategic partners. One case study illustrates a successful partnership between state public health and a faith-based community to provide dental services to people with low incomes in Mississippi; another illustrates a creative partnership in Arkansas to train fathers with infants on safe sleep practices. These case studies demonstrate how diversifying partnerships and using creative approaches to problem-solving can help partners mitigate shared challenges.

multiple perspectives of knowledgeable partners. Partners can use this insight to develop and scale programs to meet these needs. Collaborative programs ignite creativity and allow traditional public health activities to be reimaged in innovative ways.

## OPPORTUNITIES FOR ACTION – AN OVERVIEW OF STRATEGIES

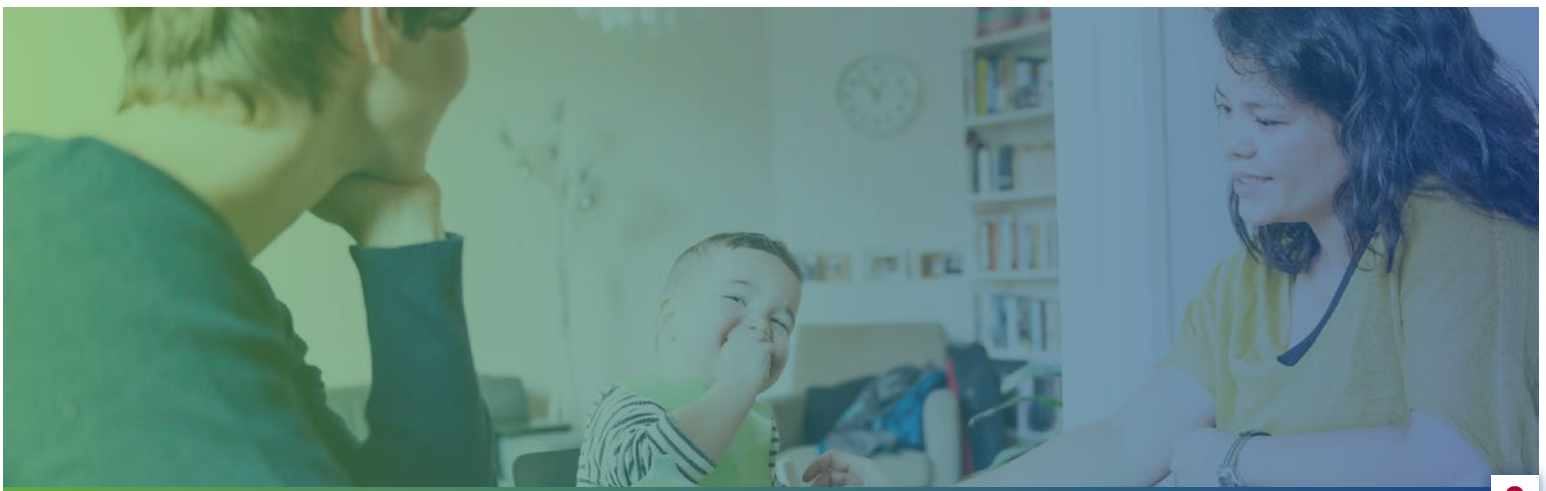
The following case studies highlight a variety of unique Title V partnerships and opportunities for collaboration. Each case study aligns with a specific strategy that MCH programs can replicate to build diverse partnerships and expand the reach of their programs.

Broadly speaking, these strategies include:

- Collaborating intentionally
- Leveraging national initiatives

- Integrating programming within a community or organization
- Aligning efforts across systems

Each case study applies one of these strategies to a specific partner—whether it be a community group, a faith-based organization, or other type of partner. Programs can use these strategies to develop meaningful partnerships with many entities.



➔ CASE STUDY: ARKANSAS ENGAGES IN A PARTNERSHIP WITH BROTHERS UNITED TO CREATE CHANGE AGENTS FOR SAFE SLEEP PRACTICES

In Arkansas, the infant mortality rate for African American babies is nearly twice as high as the infant mortality rate for white babies. This racial disparity in infant mortality rates is reflective of the national trend.<sup>4</sup> The Arkansas Department of Health's [Office of Minority Health and Health Disparities](#) is working with a nontraditional partner —Brothers United—to address this disparity and improve maternal and infant health outcomes, by promoting safe sleep and breastfeeding. Brothers United is an alliance of African American fraternities, including Alpha Phi Alpha, Kappa Alpha Psi, Omega Psi Phi, Phi Beta Sigma, and Iota Phi Theta.

the work conducted in their own state and from states across the nation. Arkansas' Office of Minority Health and Health Disparities supported Brothers United outreach efforts in their communities by providing them with intensive training on infant mortality prevention. The trainings focus on two strategies proven to reduce infant death: promoting safe sleep behaviors and supporting breastfeeding mothers. The state's Safe Sleep Infant Mortality CoIIN team is involved in the training program, reviewing and approving all training materials and resources to ensure that attendees are benefiting from real-time information.

*National Performance Measures (NPMs) Supported by this Partnership:*

NPM 4: Breastfeeding

NPM 5: Safe Sleep

Arkansas is one of four states in the National Institute for Children's Health Quality-led Safe Sleep Infant Mortality Collaborative Improvement and Innovation Network (Safe Sleep Infant Mortality CoIIN). This initiative aims

to improve infant safe sleep practices and reduce current racial disparities in safe sleep outcomes. The Safe Sleep Infant Mortality CoIIN provides an opportunity for states to build on the findings and lessons learned from the Infant Mortality CoIIN's Safe Sleep Learning Network, both from

After completing the trainings, Brothers United members become [change agents in their communities](#), and host educational events that encourage men to prioritize infant health. To reach men in the community, Brothers United alumni chapters host "Tailgate Parties for new and expectant fathers," a twist on traditional baby showers. Tailgate parties feature innovative activities to teach attendees how to recognize unsafe sleep environments, understand proper latch-on practices and show support for their breastfeeding partners. Because of this partnership, fraternities have also begun extending their outreach to undergraduate chapters, thereby cultivating additional safe sleep champions.

***Expand Services through Innovative Collaborations: [Trauma-Informed Yoga for Youth](#)***

The Nevada Title V program funds Urban Lotus Project (ULP), an organization that provides trauma-informed yoga and mindfulness training to at-risk and underserved youth in Reno and surrounding areas. The program is open to youth ages 12 to 17 and aims to help them cope with stress and increase their levels of resilience. ULP offers yoga classes at schools, juvenile detention centers, youth drop-in centers, community agencies, social services agencies, and inpatient mental health and substance use treatment facilities. The Title V program provides brochures for distribution related to adolescent health and wellness, insurance access, and the value of annual well-visits. This program has been accepted to the [AMCHP Innovation Station](#) database of promising practices.

<sup>4</sup> National Institute for Children's Healthy Quality. (2020). [An African-American Fraternity Alliance is Changing Infant Health Outcomes.](#)

## ► STRATEGY: LEVERAGE NATIONAL INITIATIVES FOR LOCAL PROGRAMS

### ➔ CASE STUDY: MOTHERTOBABY OFFERS WOMEN VITAL PRENATAL AND POSTPARTUM INFORMATION THROUGH UTAH TITLE V AFFILIATION

Many rural states in the U.S. are deemed health professional shortage areas and reaching women in these states with information on promoting healthy pregnancies is challenging. The Organization of Teratology Specialists (OTIS), through its service arm, MotherToBaby, is addressing this challenge by increasing access to evidence-based, readily accessible, and free information to promote healthy pregnancies across all populations and communities.

MotherToBaby is a national service with 14 state affiliates, and MotherToBaby Utah is the state's regional teratogen information service, available to both residents and providers. A teratogen is an environmental exposure that can cause birth defects (structural malformations) or functional problems (developmental delays). MotherToBaby Utah provides information regarding exposures in pregnancy and breastfeeding to prevent birth defects and other adverse outcomes for mothers and their children. The program began as the Pregnancy Risk Line in 1984, with the support of the state Title V program. MotherToBaby Utah is now the only MotherToBaby affiliate that receives Title V Block Grant funding and is housed within a Title V agency. The Bureau of Maternal and Child Health of the Utah Department of Health and the University of Utah's Department of Pediatrics jointly administer the program.

MotherToBaby Utah receives approximately 7,000 inquiries per year via phone, text, chat, and email, and the accessibility of the service helps to bring information to many communities in need. The goal of the program is to reduce disparities in access to care and to promote healthy pregnancies. By adapting a national program to the needs of the state, MotherToBaby Utah has reached populations that may not otherwise be aware that this important resource exists. MotherToBaby Utah provides information on a range of topics, including:

- The importance of controlling chronic conditions while pregnant
- Use of anti-depressants and smoking cessation medication during pregnancy and breastfeeding
- Dental care during pregnancy
- Insurance coverage

MotherToBaby Utah provides subject matter expertise to other MCH organizations and initiatives. Recently, staff from MotherToBaby Utah represented OTIS and the national MotherToBaby program on the steering committee for the Association of Maternal and Child Health Program's (AMCHP's) [Maternal and Child Environmental Health \(MCEH\) CoIIN](#), a learning collaborative for states to improve their capacity to address lead exposures in women, infants, and children. At the request of the participating states, AMCHP and MotherToBaby partnered to develop a resource for providers that offered guidelines for the prevention and primary care management of [maternal](#) and [child](#) lead exposures.



MotherToBaby Utah's Title V funding is subject to the changing priorities of the Title V program, as the program seeks to address needs that are identified through the MCH Block Grant's five-year needs assessment process.

Over the past 35 years, women, local obstetricians, pediatricians, nurse midwives, nurse practitioners, physician assistants, dermatologists, psychiatrists, lactation consultants, and other professionals and community members have relied on MotherToBaby Utah to stay updated on the latest research discoveries regarding the risks of exposures in pregnancy and breastfeeding. MotherToBaby Utah is working with the University of Utah's Department of Pediatrics to explore funding options from local foundations and health plans to keep the program operating into 2021.

Residents and providers in Utah can contact MotherToBaby Utah through the website [www.mothersandbabies.org](http://www.mothersandbabies.org). Women and providers who live outside of Utah may reach their local MotherToBaby affiliate through the national organization's website at [www.mothersandbabies.org](http://www.mothersandbabies.org).

#### *NPMs Supported by this Partnership:*

**NPM 1 - Well-Woman Visit:** MotherToBaby Utah encourages well-woman visits to control conditions such as diabetes, the most common cause of birth defects in Utah.

**NPM 4 - Breastfeeding:** About 37 percent of the 6,681 inquiries Utah received in 2019 were related to breastfeeding.

**NPM 6 - Developmental Screening:** MotherToBaby Utah answered questions about antidepressants, which informed women that untreated depression can reduce breastfeeding success.

**NPM 13 - Preventive Dental Visit:** Experts answered questions about dental care and the use of nitrous oxide, lidocaine, and general anesthesia during pregnancy.

**NPM 14 - Smoking:** Experts answered questions about smoking during pregnancy and breastfeeding, including questions about smoking cessation medications.

**NPM 15 - Adequate Insurance:** MotherToBaby Utah asked women about their insurance coverage, referred them to community programs, including Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). MotherToBaby Utah also asks women about their insurance coverage for substance use disorders treatment.



## ► STRATEGY: INTEGRATE PROGRAMMING WITHIN FAITH-BASED COMMUNITIES

### 📍 CASE STUDY: ORAL HEALTH CARE AND EDUCATION OFFERED IN FAITH-BASED SETTINGS IN MISSISSIPPI

Early in life, Dr. Angela Filzen, D.D.S., realized that helping others was a part of achieving success. After serving in the National Health Service Corps, she continued her work in medically underserved and underinsured communities prior to her current role as the Director for the [Office of Oral Health](#) in the Mississippi State Department of Health. Access to dental care is one of the most glaring health inequities. Oral health inequities exist between racial groups, by socioeconomic status, gender, age, and geographic location. For example, white adults are significantly more likely to receive dental care than their Black and Hispanic counterparts.<sup>5</sup> Dr. Filzen believes that “no achievable work impacting grassroots efforts can be accomplished in Mississippi without partnership and inclusion of faith-based entities.” Faith-based partnerships are rooted in trust and shared goals for community enhancement. The following examples illustrate Dr. Filzen’s work with faith-based partners to provide oral health services and education.

#### *NPMs Supported by this Partnership:*

#### **NPM 13: Preventive Dental Visit**

In 2005, after Hurricanes Katrina and Rita wreaked havoc on the Mississippi Gulf Coast, “Tomorrow’s Dental Office Today” (TDOT) was dispatched to treat

Gulf Coast residents affected by the hurricanes. TDOT is a mobile dental unit with a fully functional office; it contains

two dental chairs and a state-of-the-art sterilization system. After the emergency post-hurricane response, the TDOT program was suspended due to a funding shortfall, and the mobile unit remained in Jonestown, Mississippi. A faith-based organization—But God Ministries—also located in Jonestown, reached out to the state Office of Oral Health to collaborate on providing dental services using the TDOT van, which sat dormant for 13 years.

In November 2018, the updated TDOT van was reopened and now operates as the Jonestown Dental Clinic under an agreement with But God Ministries. The faith-based organization helps coordinate the volunteer Mississippi dentists and clinic staff. In-kind services offered to adults include exams, x-rays, cleanings, extractions, and fillings. Patients also are educated about the impact of oral health on other chronic diseases. Dr. Filzen notes that the state would not be able to offer in-kind dental services to the community without federal funding through the Health Resources and Services Administration, and in-kind support from Mississippi dentists, dental hygienists, and dental assistants who volunteer their time and skills. However, due to Mississippi’s dental workforce shortage, limited funding, and lack of insurance coverage for many Mississippi adults, the TDOT program cannot accommodate all patients seeking dental services.



<sup>5</sup> Artiga, S., Orgera, K. (November, 2019). [Key Facts on Health and Health Care by Race and Ethnicity](#).

Mississippi's Office of Oral Health has faith-based partnerships for other health care services. Partnering with the General Missionary Baptist State Convention of Mississippi, the Office of Oral Health hosts exhibit booths at the annual meeting of the Convention. Dr. Filzen and her staff speak directly to youth and their parents about oral health and access to dental services in the community. Co-sponsored with the Jackson Tobacco Coalition, an exhibit in 2018 showcased the deleterious effect of smoking on the oral cavity and lungs.

To partner with faith-based communities, Title V programs need to develop a presence and cultivate connections within communities. Dr. Filzen states:

“People in the community must know that you care and are committed to helping them.

I am thankful for the opportunity to work with faith-based initiatives in nontraditional ways to provide care and education about oral health.”

### ***Diversify Partners for Outreach & Education: Examples from Title V Programs***

**Nevada:** In partnership with the Department of Taxation, the [MCH program](#) has provided pregnancy and marijuana prevention materials to all dispensaries in Nevada in response to Nevada's legalization of recreational marijuana. Educational materials include marijuana awareness posters and SoberMomsHealthyBabies.org referral cards and removable wall stickers.

**North Carolina:** The [Children and Youth Branch](#) maintains a state toll-free help line to assist families and providers with services for Children and Youth with Special Health Care Needs (CYSHCN) in the Title V program. To promote the help line, staff conduct outreach activities at Occaneechi Saponi Pow-Wow, Coharie Pow-Wow, North Carolina Indian Unity Conference, Bladen County Special Olympics, and local back-to-school events.



➔ CASE STUDY: SOUTH DAKOTA BRINGS PARTNERS TOGETHER TO PRESCRIBE A DAY IN THE PARK

The South Dakota Department of Health; South Dakota Game, Fish, and Parks Department; and South Dakota State University Extension partner to promote the use of state parks to improve health and the quality of life for state residents. Spending time outdoors, specifically in parks, offers many health benefits to both adults and children. Parks promote community engagement, provide space for people to participate in regular physical activity, and reduce stress. The national Park Prescription ([Park Rx](#)) initiative aims to encourage people to exercise by exploring the outdoors, with a recommendation (a “prescription”) from a health care professional. The program also encourages

*NPMs Supported by this Partnership:*

NPM 8: Physical Activity

collaboration among parks and recreation professionals, health care professionals, the state health department, and community partners.

Heart disease and stroke account for nearly 29% of deaths in South Dakota and over 9% of the population has diabetes, with many more at risk of developing diabetes. Additionally, many South Dakotans struggle with high blood pressure, high cholesterol, and obesity – chronic health conditions that can be improved with increased physical activity. These health issues disproportionately affect those with low socioeconomic status, individuals and families living in rural or underserved areas, and the Native American population.<sup>6</sup>

Similar to many rural states, South Dakota has difficulty promoting physical activity to its residents, due to limited

resources, cultural acceptance of sedentary lifestyles, and lack of awareness of alternative physical activity options. The National Physical Activity Plan and the South Dakota State Plan for Physical Activity and Nutrition both outline the important role the health care sector plays in promoting physical activity to reach communities disproportionately impacted by limited financial and environmental resources.

Since 2014, the South Dakota Department of Health; South Dakota Game, Fish, and Parks Department; and South Dakota State University Extension and many local communities have collaborated to adapt and implement the [Park Prescription](#) (Park Rx) Program. Patients take their “prescription” from a health care provider to any South Dakota state park and redeem it for a free one-day admittance or a discounted annual pass. The program’s philosophy is that South Dakota State Parks can function as outdoor wellness centers at minimal costs to state residents.

*Program Impact*

- In 2019, 143 South Dakota health care professionals participated in Park Rx and administered park prescriptions to their patients. The spectrum of providers included family medicine, pediatrics, oncology, bariatrics, physical therapy, and internal medicine.
- In 2019, South Dakota expanded implementation of Park Rx by collaborating with the South Dakota WIC Program, to offer prescriptions to WIC clientele in SD. Forty-one WIC nurses and dieticians have participated in the project to date.

<sup>6</sup> South Dakota Department of Health. (March, 2015). [The South Dakota State Plan for Physical Activity and Nutrition](#).



### Successes and Challenges

This program has helped rebrand state parks from weekend camping destinations to readily available resources that promote an active lifestyle. Park Rx program has raised awareness of the state park system among one-time users and giving people free admittance provides an extra incentive for them to become frequent visitors. The program builds on the natural partnership of health and the outdoors; thus, new populations are introduced to the value of the state's parks. The program's main challenge is that it relies heavily on the participation of health care providers, who have significant time constraints and may be reluctant to engage in additional health promotion programs. Through provider surveys and other tools, ParkRx staff regularly redesign and improve the program so that it is simpler for providers to administer. Another barrier to the program's success is long driving distances to state parks.

### South Dakota Park Rx Staff Tips for Title V Leaders

1. Consider collaboration with essential partners in the Park Rx movement to strengthen the program, including the state health department, state park divisions, health care professionals, prominent supporters, and the cooperative extension system.
2. Explore innovative approaches to implement programming in underserved and rural communities. Visit the program's national website (<https://www.parkrx.org>) to view Park Rx implementation approaches in other states.
3. Review Title V strategic plans closely to determine whether Park Rx aligns with state Title V goals.

### CHECKLIST FOR ACTION

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| <p>✓ Identify diverse partners and establish meaningful relationships. Look for partners that meet community-identified needs. Seek perspectives and leverage the networks of your staff and community MCH leaders.</p> | <p>✓ Demonstrate the value of Title V by inviting potential partners to visit MCH programs and attend agency events. Share <a href="#">Title V snapshots</a> to enable partners to understand your work at a high level.</p> | <p>✓ Determine shared goals and how you will achieve them through discussions with partners on funding, timelines, work plans, and planning for sustainability.</p> |
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### Acknowledgements

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