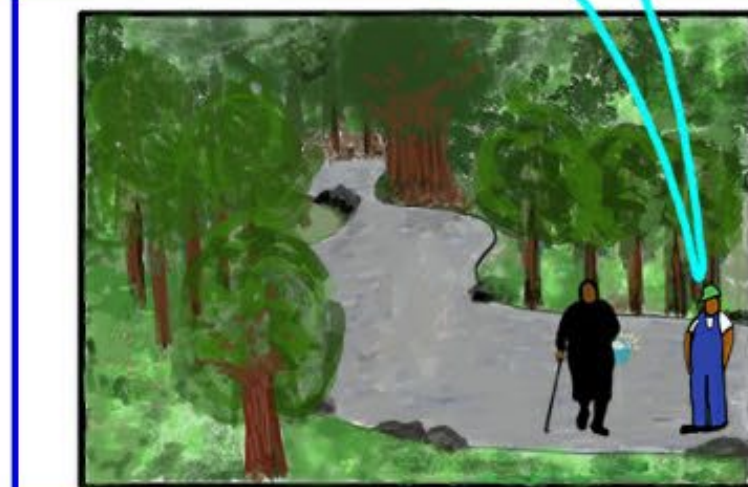


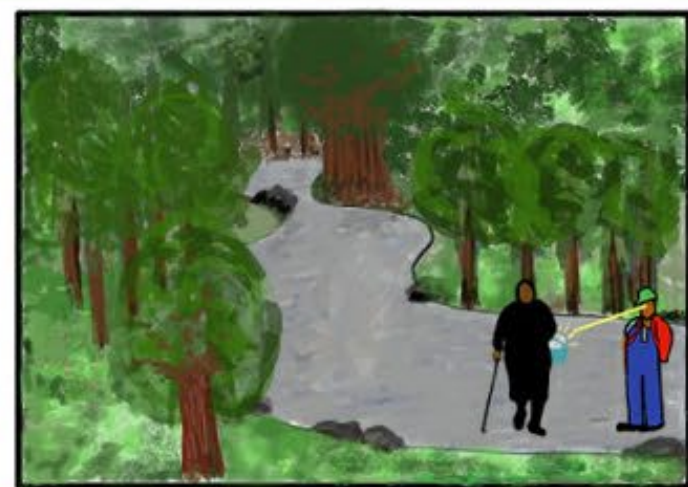
The Precious Stone



Do you have
anything to eat? Drink?
Can you help me, please?



May I have
the precious stone in
your pouch?

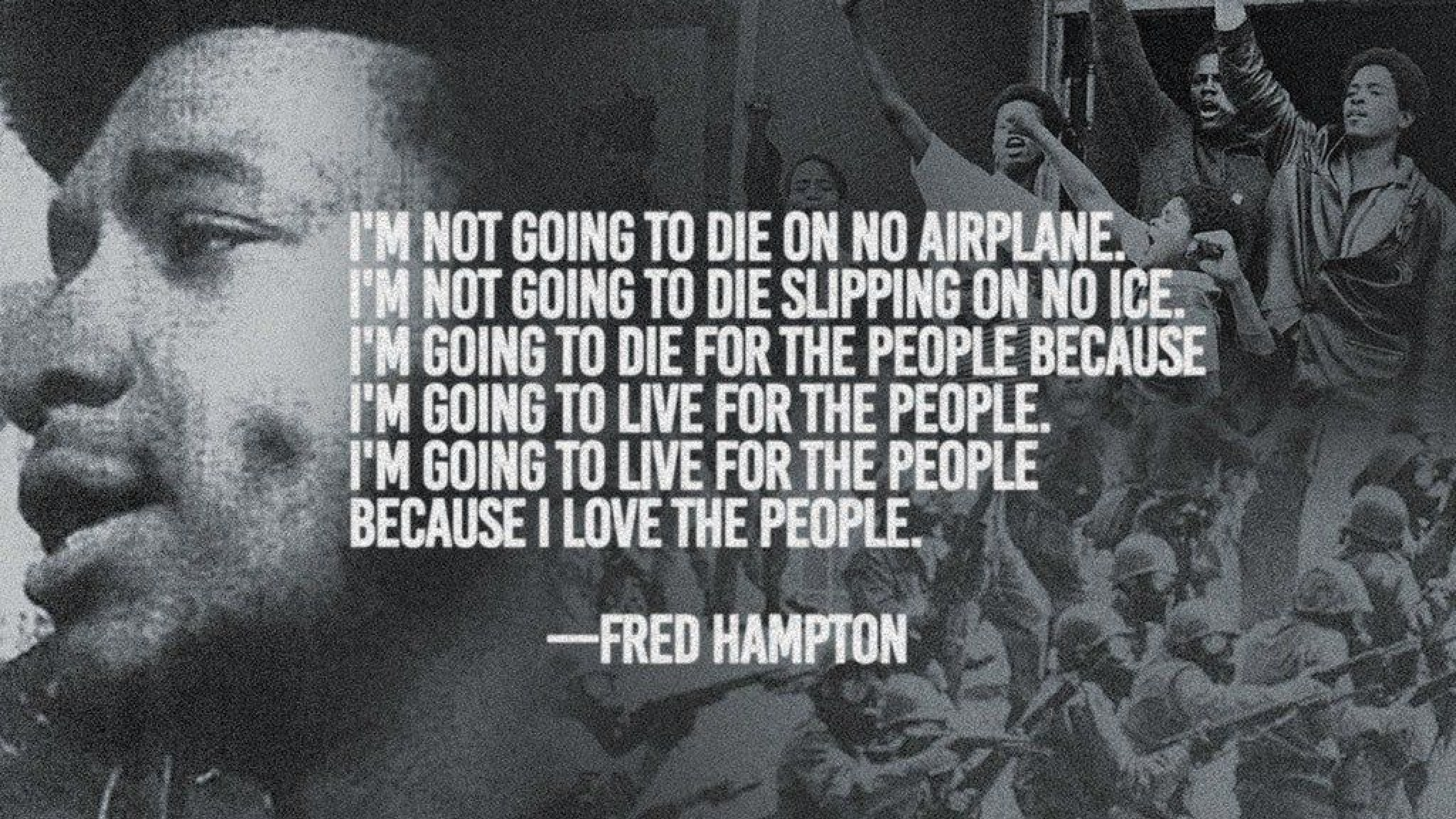


Ma'am - can I have
what's in you to give the
stone so freely to me?









**I'M NOT GOING TO DIE ON NO AIRPLANE.
I'M NOT GOING TO DIE SLIPPING ON NO ICE.
I'M GOING TO DIE FOR THE PEOPLE BECAUSE
I'M GOING TO LIVE FOR THE PEOPLE.
I'M GOING TO LIVE FOR THE PEOPLE
BECAUSE I LOVE THE PEOPLE.**

—FRED HAMPTON

WHAT IS PUBLIC HEALTH?



- **ANYTHING** related to the acknowledgement, appreciation, understanding and advancement of human health and wellbeing
- Practice, research, education, activism, advocacy, etc.

WHY AND HOW DO ARTS & CULTURE WORK IN HEALTH?

Short answer: It just does!

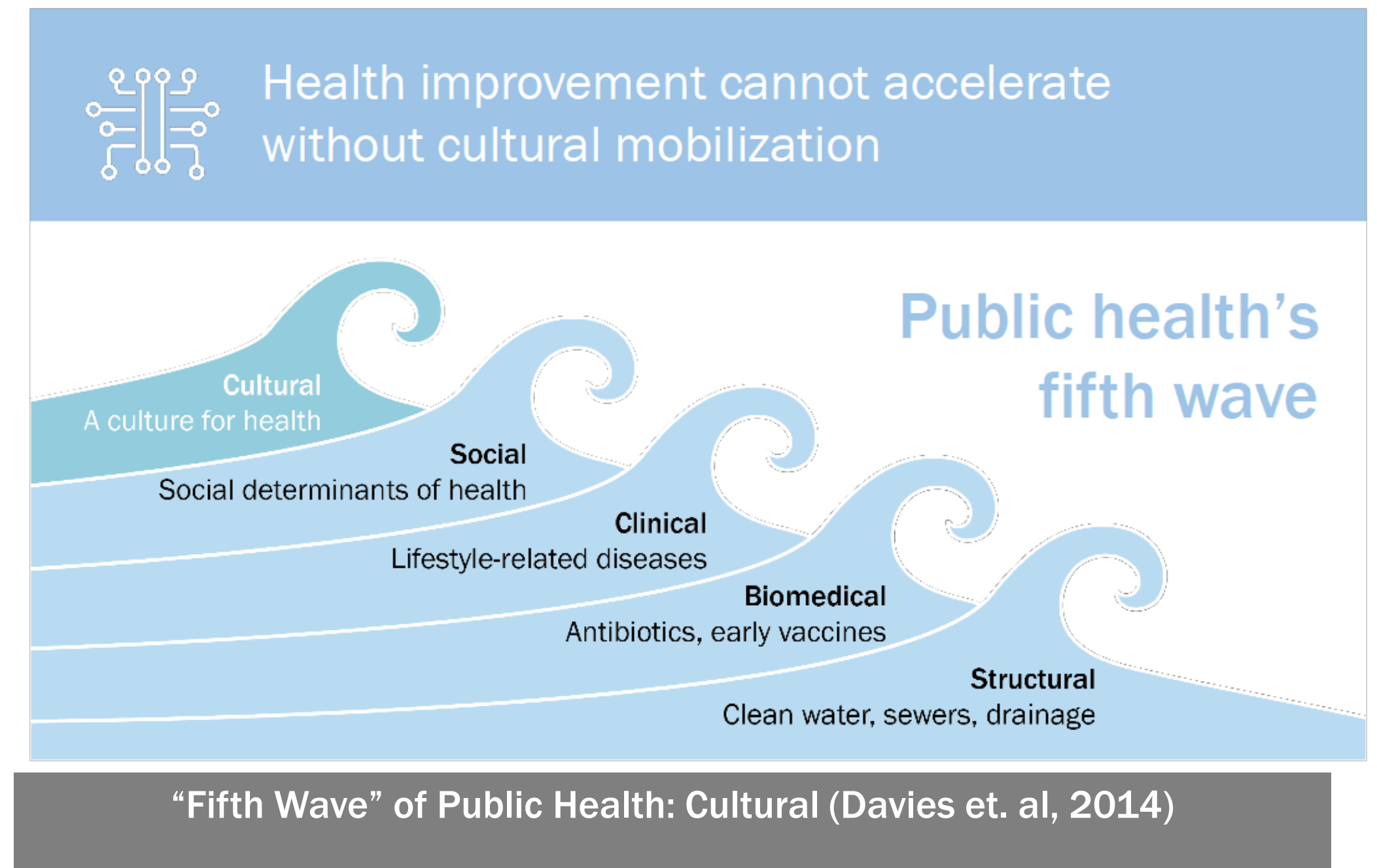
- Inherent to our human experience
- Experiential, not empirical

Many cultures do not separate arts, culture and health (e.g., the griot)

- Arts for purely aesthetic pleasure and/or entertainment is not typical

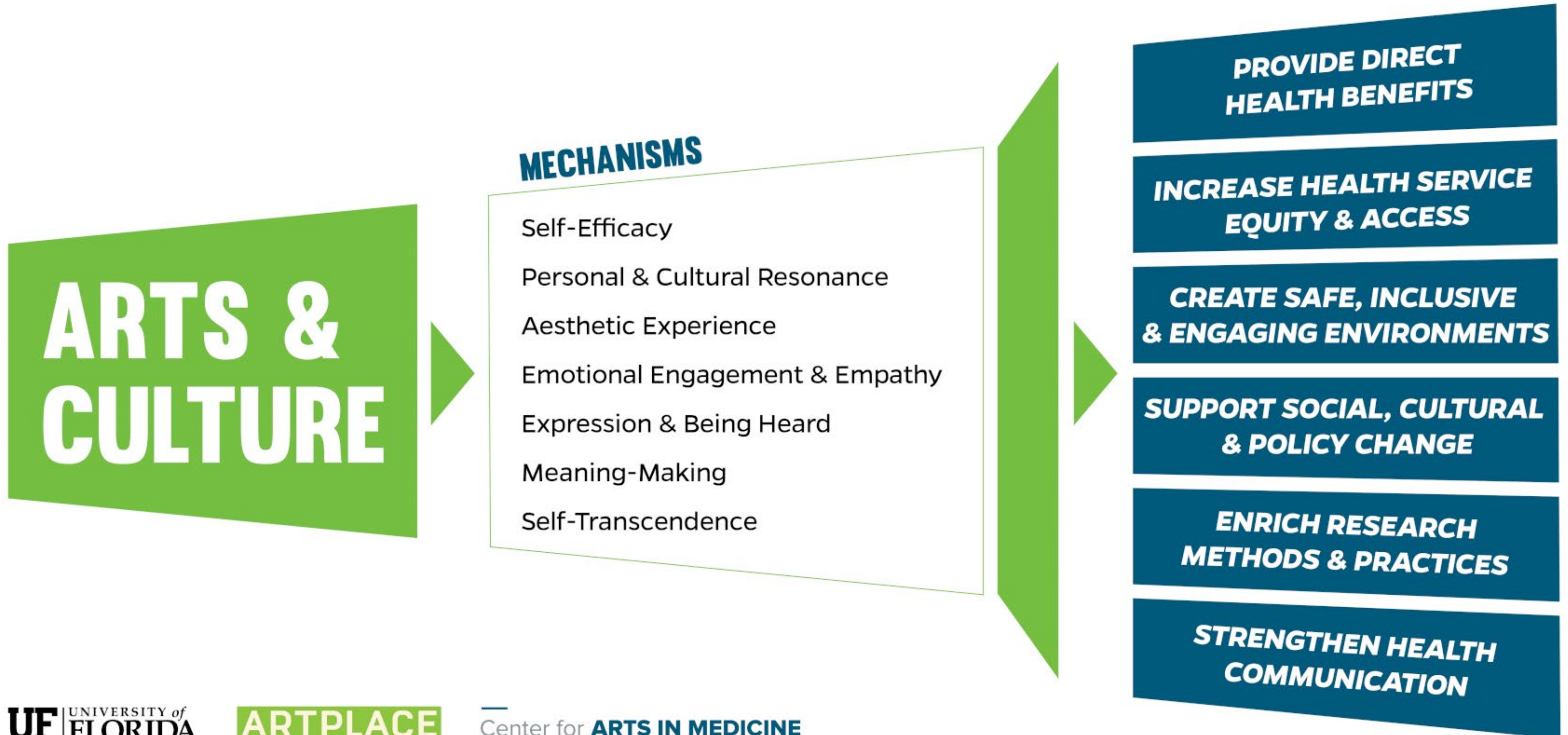
Foci should be on using arts and culture for people's health benefits

- Then foci on its minutiae and mechanisms



ARTS & CULTURE IN PUBLIC HEALTH

AN EVIDENCE-BASED FRAMEWORK



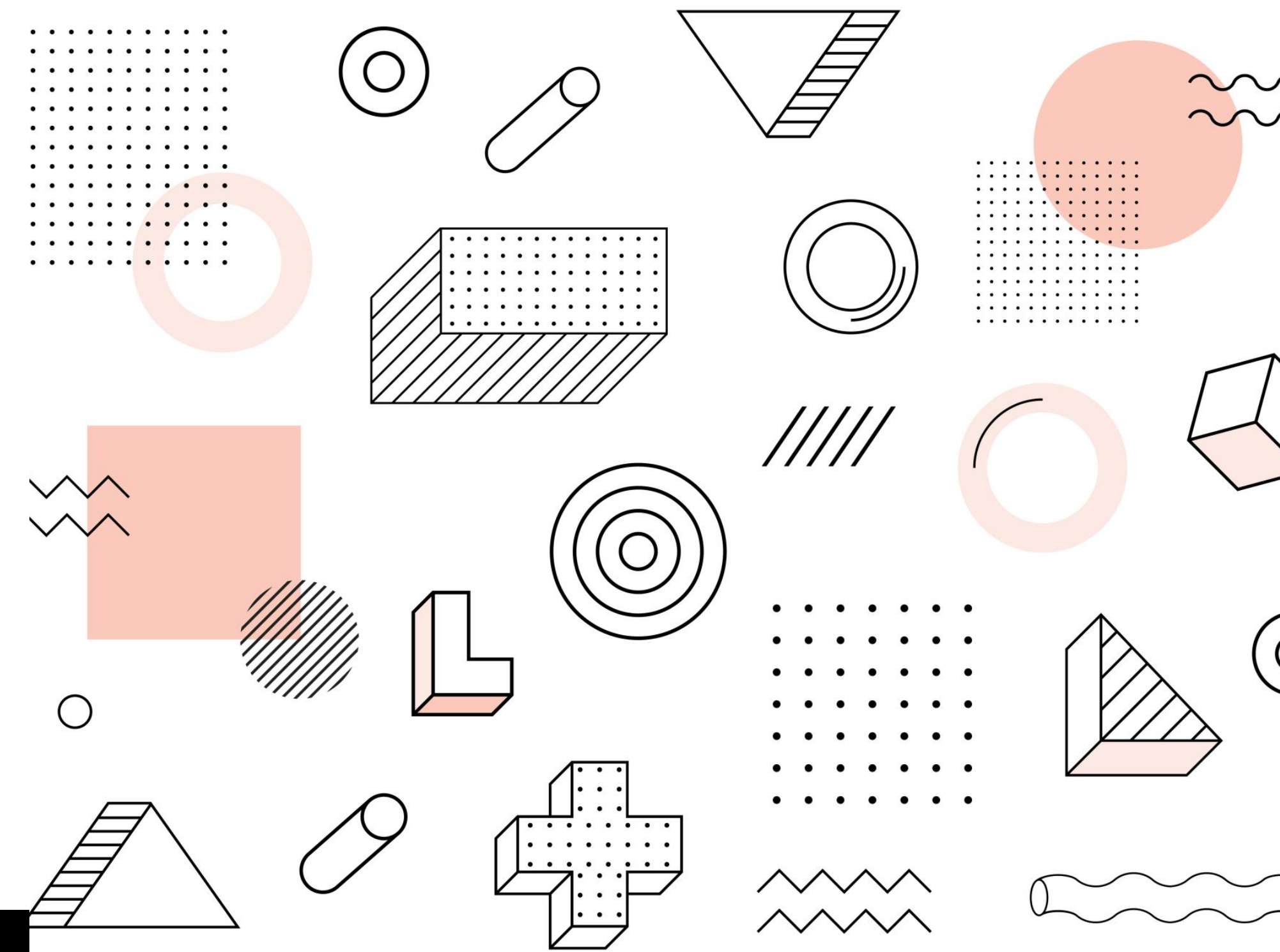
WHY STORYTELLING?

“The first step in the acquisition of wisdom is silence, the second listening, the third memory, the fourth practice, the fifth teaching others.”

- Solomon Ibn Gabriol

- Universal art form and science
- “Voice is power”
- “Listening is acknowledgment”
- Mutually beneficial exchange

WHAT'S THE STORY OF YOUR WORK...

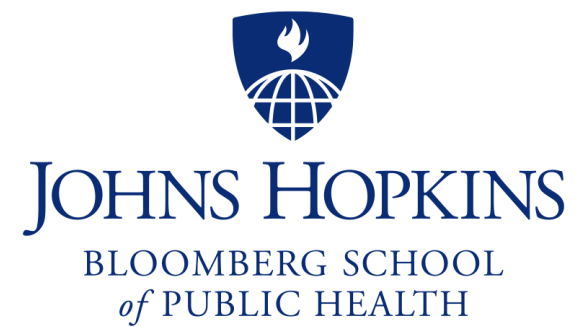


and the Story IN Your Work?"

EPISTEMIC JUSTICE IN ACTION

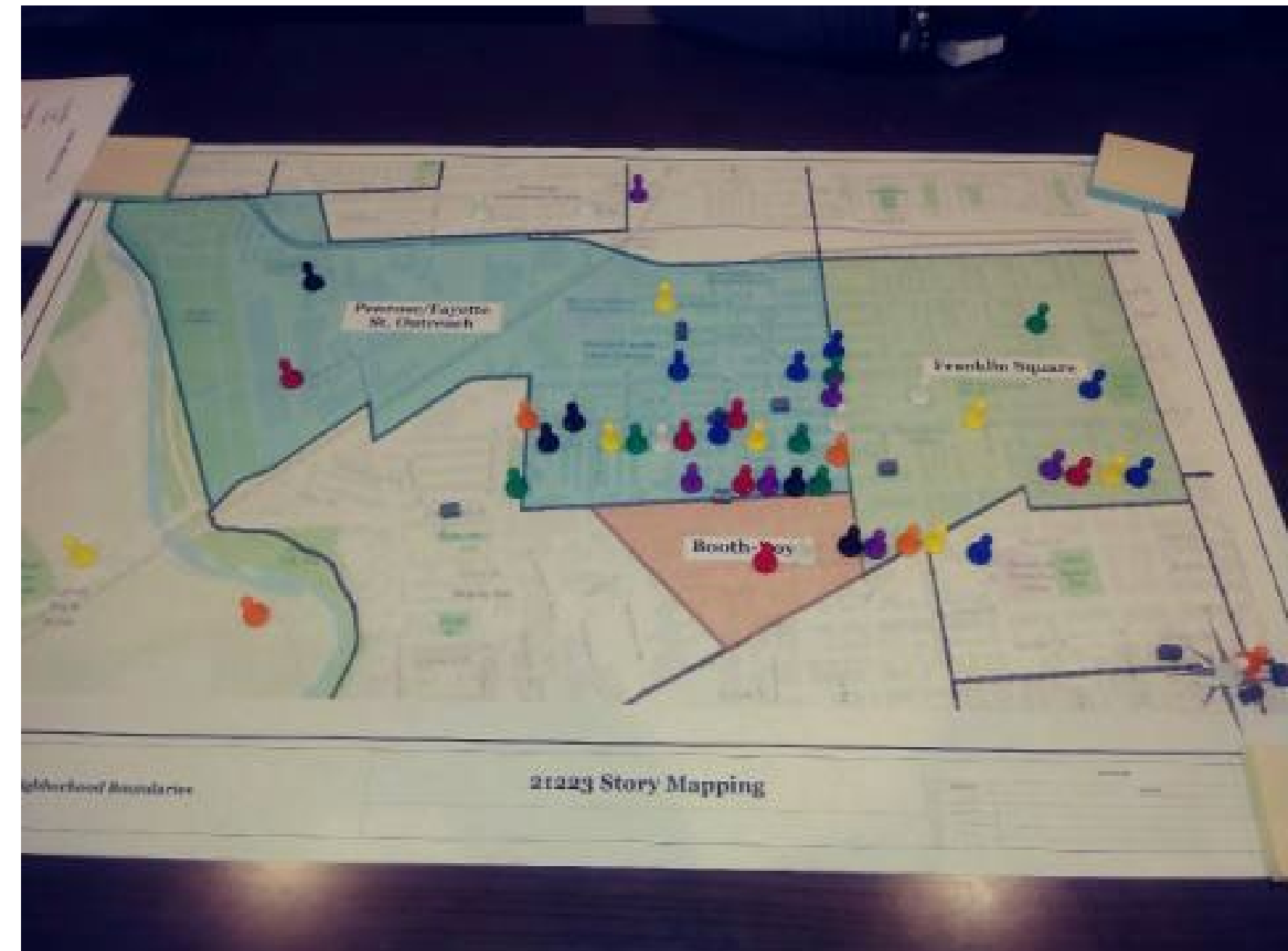
(PARTICIPANTS AS THE STORYTELLERS)

DiscoverME/RecoverME



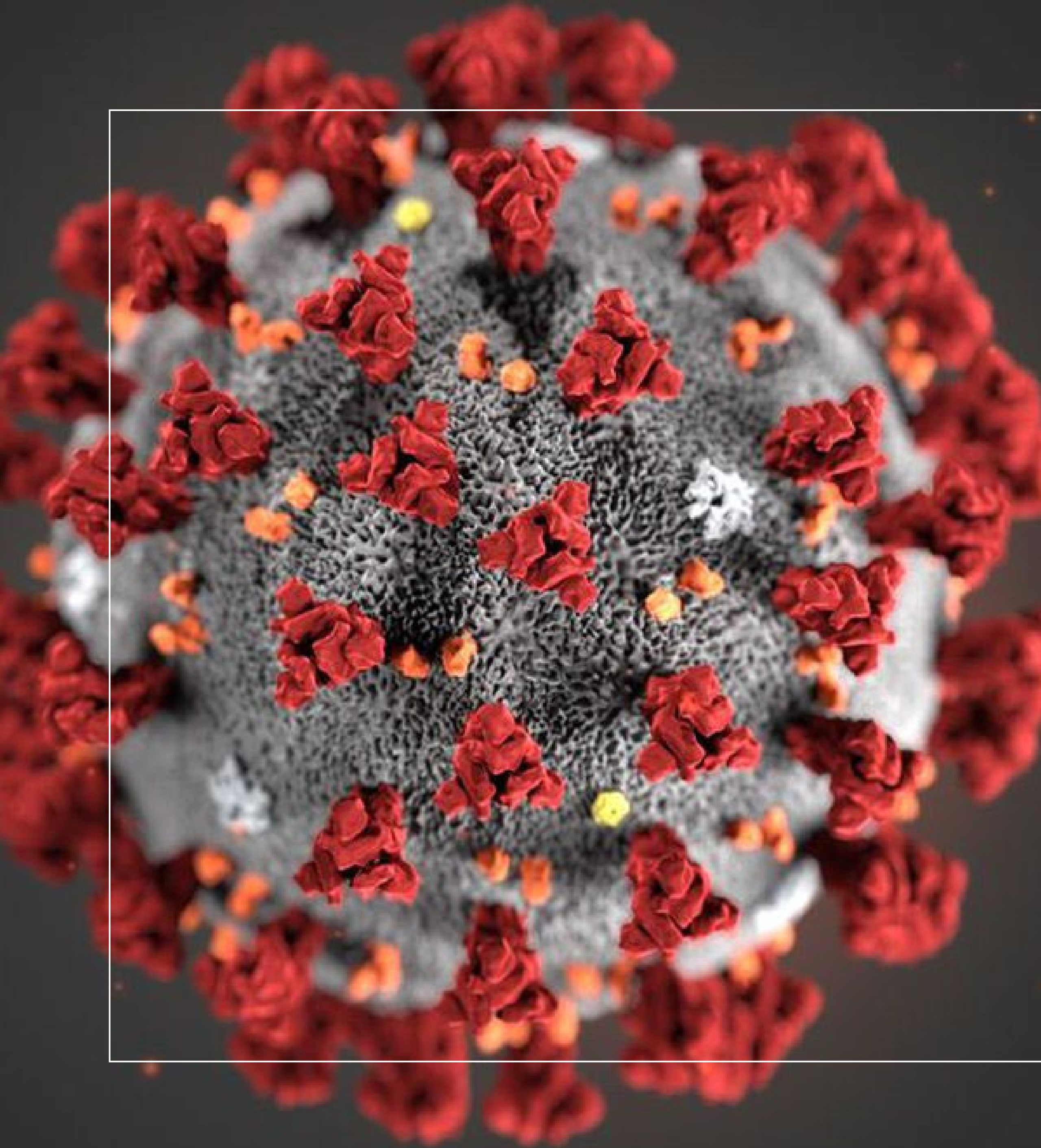
Enrichment Through the African Oral Tradition

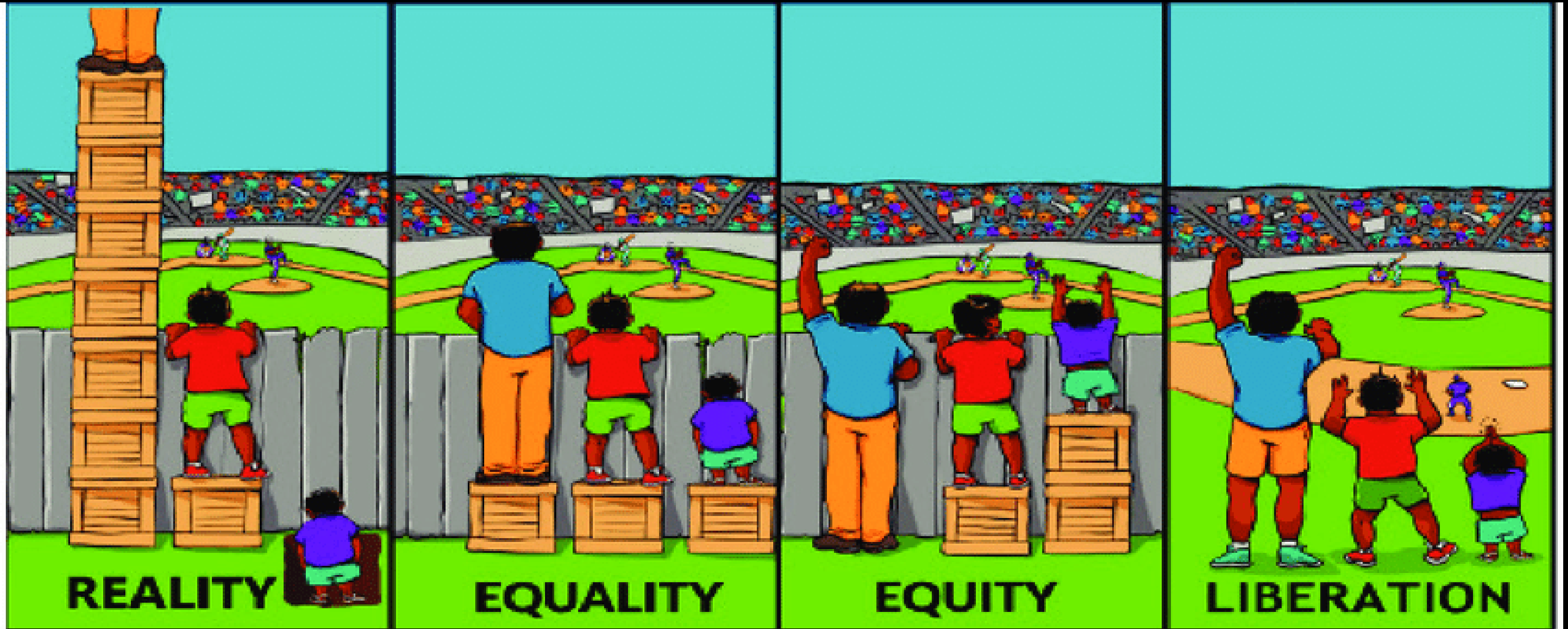
StoryMapping



Common Denominator: Transformational Grounded Theory







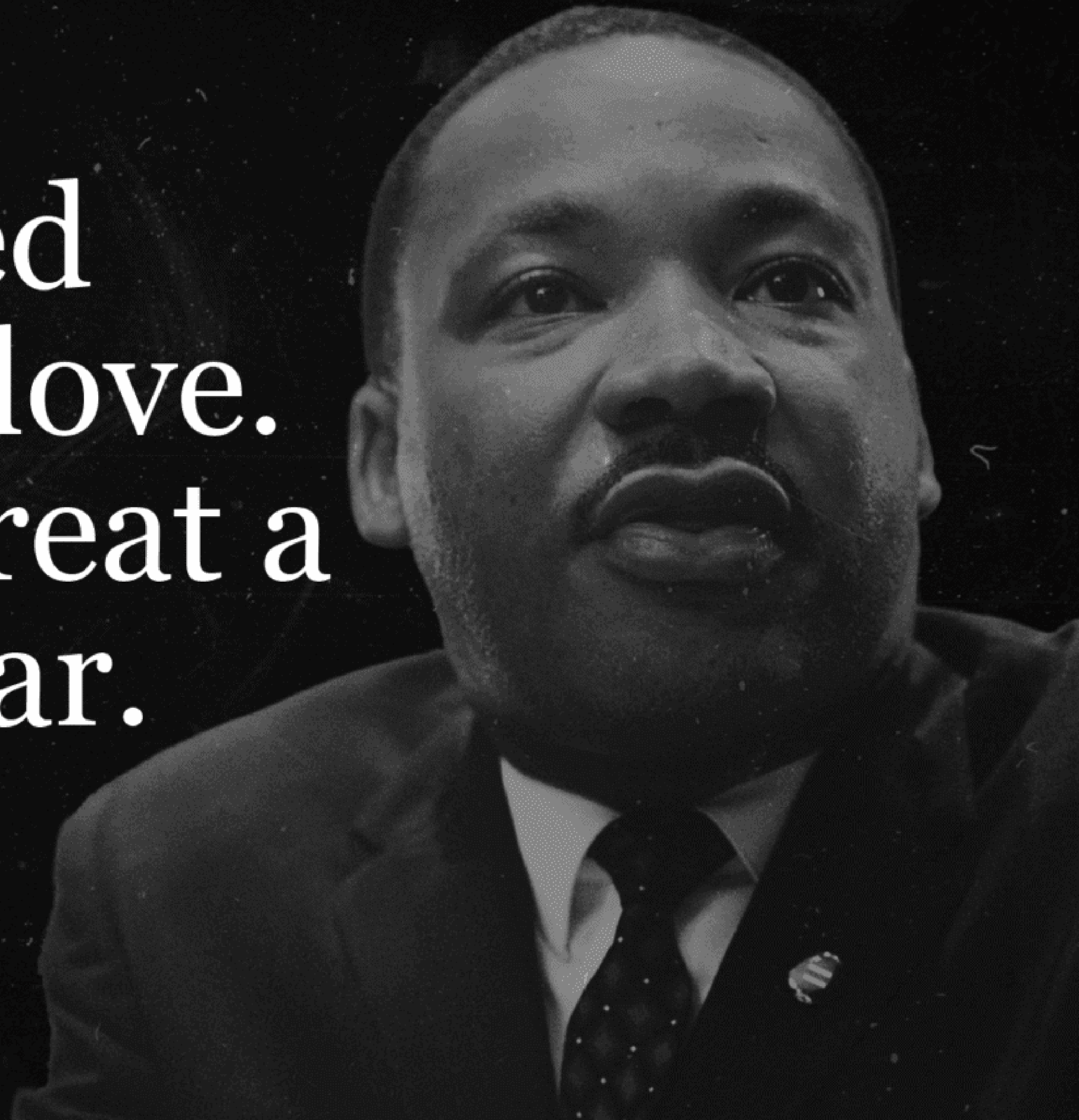
WHY THE “LION’S TALE” IS IMPORTANT

*“Until the lion tells his side of the story, the tale of the hunt will **always** glorify the hunter.”*

–Zimbabwean proverb

I have decided
to stick with love.
Hate is too great a
burden to bear.

- Martin Luther King Jr.



TO KEEP THE STORY GOING...

- Website: discovermerecoverme.com
- Email: david.fakunle@morgan.edu;
dfakunle@arts.ufl.edu; dfakunl1@jhu.edu
- Facebook: facebook.com/DiscoverMERecoverME
- Instagram: [@discovermerecoverme](https://www.instagram.com/discovermerecoverme)



Capacity to Improve MCH Outcomes Assessment: Key Informant Interview Summary

AMCHP Epidemiology, Evaluation & Metrics Team

November 6, 2023

Key Informant Interviews with Title V MCH and CYSHCN Directors

- Purpose: To gain an understanding of state-level/Title V-organizational level progress and needs in addressing equity.
- Expected Outcome: Information to assist in the development of a compendium that will provide recommendations to support states in efforts to assure that all members of MCH populations have access to the care and supports needed to assure optimal health outcomes.

KII Administration Process

Informed Consents Attainment via Qualtrics Survey Application

- 71 consents completed of 108 persons invited
- 66% consent rate

Key Informant Interview Scheduling

- Self-scheduling with expansive weekday hours available to accommodate all jurisdiction time zones

Interview Conduction: Denise Anderson Consulting, LLC: 11 trained interviewers

- 66 interviews conducted
 - 61% interviewed of all who were invited
 - 93% interviewed of persons who consented for interviews
- Interviews conducted between July 21 – August 31, 2023

Key Informant Interviewees

Regional Distribution

Region 1
12%

Region 2
5%

Region 3
15%

Region 4
12%

Region 5
12%

Region 6
5%

Region 7
8%

Region 8
11%

Region 9
15%

Region 10
6%

Findings

10 Key Areas

-
-
- **Area 1: Equity Terms**
 - **Area 2: Equity Activities/Actions**
 - Area 3: Policy
 - Area 4: Social Determinants of Health
 - Area 5: Monitoring Relationships
 - **Area 6: Success-Impact-Strengths**
 - **Area 7: Barriers and Challenges**
 - Area 8: TA from HRSA
 - Area 9: TA from AMCHP
 - Area 10: Other

Terms Used to Name Differences Between Groups (Ranked Order)

1. Health Equity (49%)

2. Health Disparities (39%)

3. Social Determinants of Health (13%)

What was/is being done to address differences between groups (e.g., outcomes, conditions)?

Community Engagement or Involvement

Data Activities

- Surveillance and Collection
- Analysis and Evaluation

Education and Information Sharing

Program Development

What is Working?

Common Promising Aspects (1)



Increasing work and collaboration with
grassroot and community-based
organizations

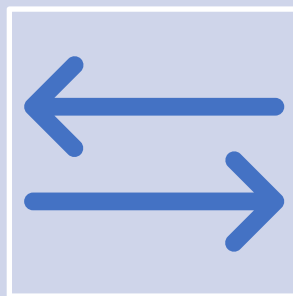
Building community-based
partnerships and collaborations
More contracts and funding
Intentional power-sharing and
moving towards more community-led
efforts



Increasing transparency

What is Working?

Common Promising Aspects (2)



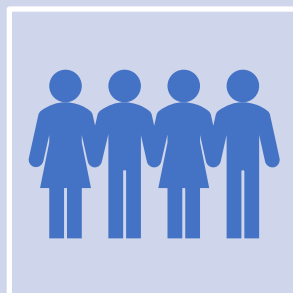
Increasing bi-directional communication



Increasing access to health care

More referrals

More accessibility



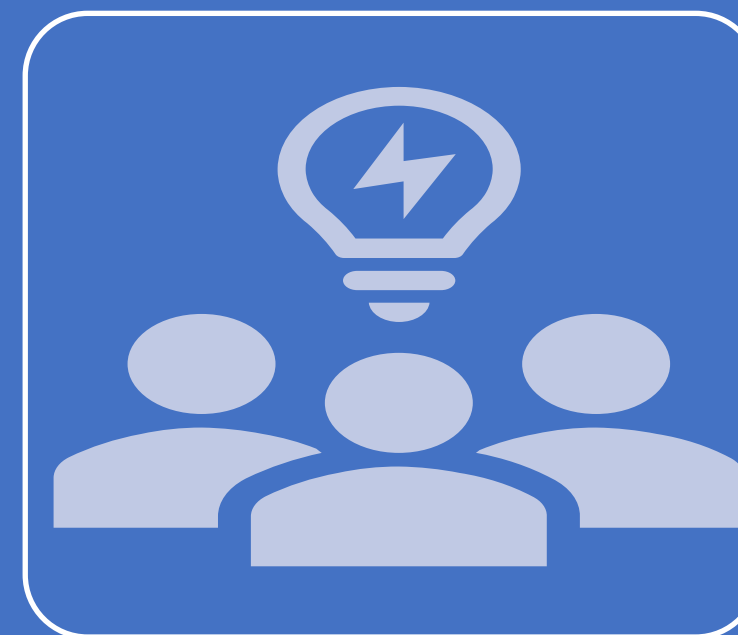
Increasing workforce capacity

What Was/Is Being Done to Make It Work?

Actions to promote success



Forming partnerships and developing relationships



Monitoring and provision of technical assistance

What are the Demonstrated Impacts/Results?

Too Early to Tell...

- Just getting started or in preliminary stages
- Works in progress

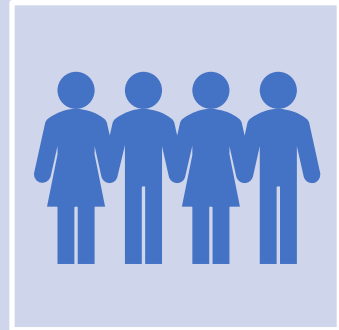
Community Involvement

- Family Engagement
- Persons with Lived Experiences
- Community Participation

Other Varied Improvements

- Increased Access to Care
- Increased Awareness of Primary & Preventative Care
- Improved Policies & Procedures

Barriers and Challenges Experienced (1)



Workforce

Knowledge gaps

Issues filling open positions

Issues with staff retention



Structural

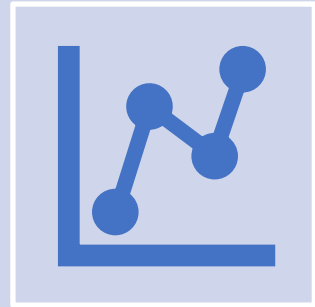
Systemic roadblocks

Barriers within state government



Financial - Funding is always inadequate

Barriers and Challenges Experienced (2)



Analytical

Challenges in collecting and analyzing quantitative and qualitative data

Challenges with small numbers and/or low population counts



Policy

Some policies and practice do not promote equitable opportunities and outcomes for all

Topic/Subject restrictions for policies or policy development

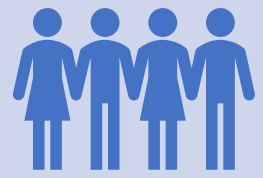


Political Climate

Equity issues are present for all political “sides”

Work has become politicized

Main Findings from Key Areas Covered



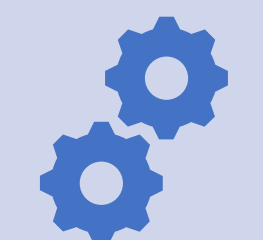
Health Equity, Health Disparities and Social Determinants of Health are the most common terms used to name the state or conditions of differences between groups regarding health, opportunities, experiences, and/or health conditions or outcomes.



Communities are Key!: Community involvement and partnerships were frequently referenced in promising and successful activities and plans to address health equity, health disparities, and/or social determinants of health.

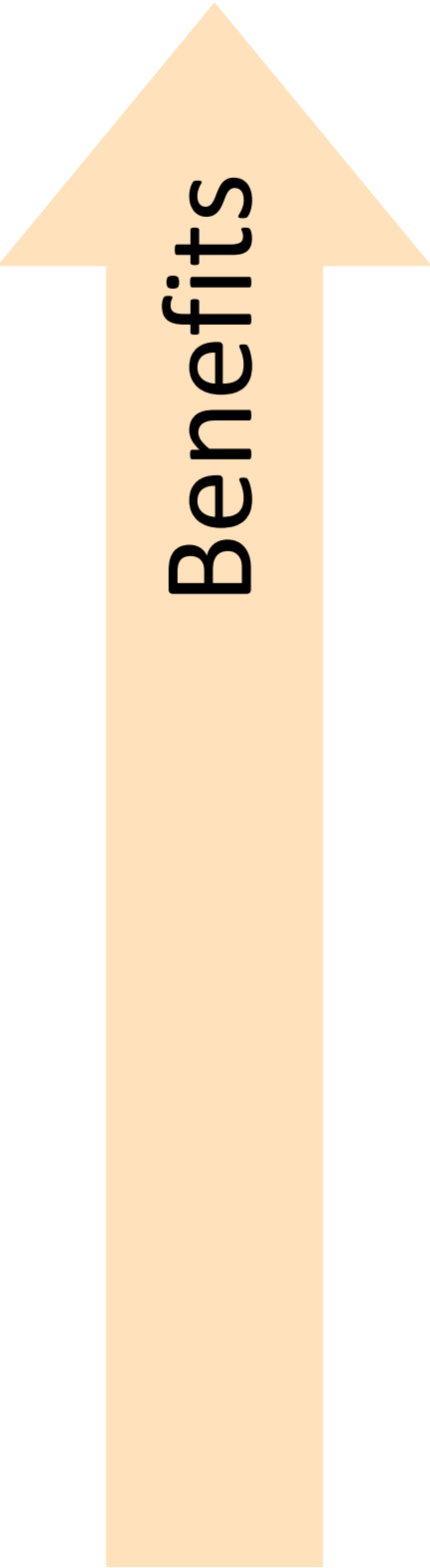


Barriers and Challenges: Workforce staffing and retention, political climates, inequitable policies, and lack of data analysis capacity are collectively current barriers in addressing health equity, health disparities, and/or social determinants of health.



Success Assurance Tools: The provision of technical assistance and development/maintenance of partnerships and relationships, particularly with communities, are tools needed to assure successes.

Benefits and Limitations: Key Informant Interviews



Benefits

Way to gain a big picture overviews

Information from people who have relevant knowledge and insight

Allows for new and unanticipated issues and ideas to emerge

Not appropriate if quantitative data is needed.

Potential bias in recall & information from informants

Potential biased influence by interviewer on interviewee

Validity of the data can be difficult to prove



Limitations



Questions?

Acknowledgments

Special Thanks:

- Denise Anderson Consulting, LLC
- All the Key Informant Interviewees



Articulating Health Equity: Definitions, Challenges, and Pathways Forward

**Title V Maternal and
Child Health (MCH)
Federal-State
Partnership Meeting**



**Jasmine Bihm,
DrPH, MPH**

**Director, Health Equity
Innovation and
Implementation**



**Hawi Teizazu, MA,
PhD**

**Associate Director,
Health Equity Innovation
& Implementation**

Health Equity Innovation & Implementation

Outline

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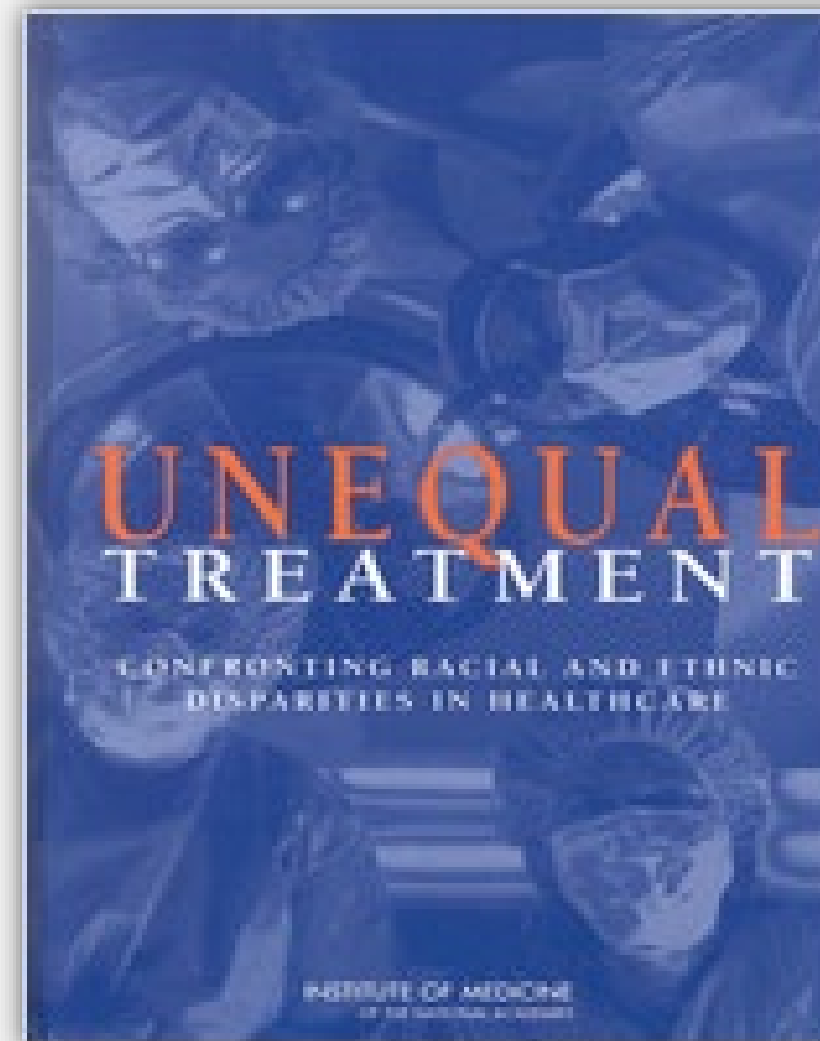
- Defining health equity
- Theory of change
- Intervening along the change spectrum
- Promoting health equity in and through Title V
- Contemporary challenges and pathways for progress

Definitions of Health Equity

"Health equity is the absence of disparities or **avoidable** differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality" - HRSA

"The state in which everyone has a fair and just **opportunity** to attain their highest level of health" - CDC

"...the unfettered wellbeing of women, children, youth, families, and communities..." - AMCHP

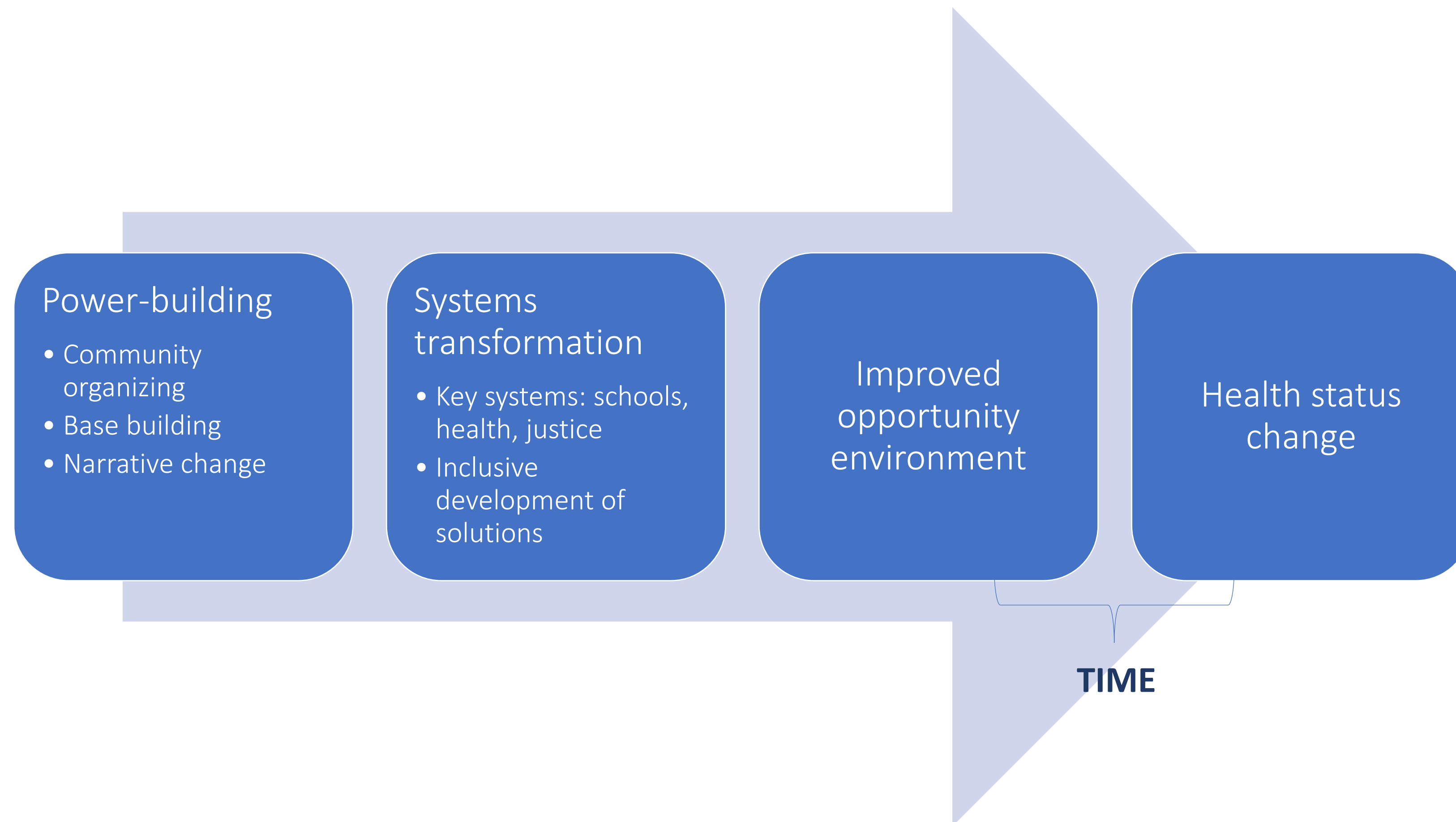


"Health equity means everyone has the **opportunity** to attain their highest level of health" - APHA

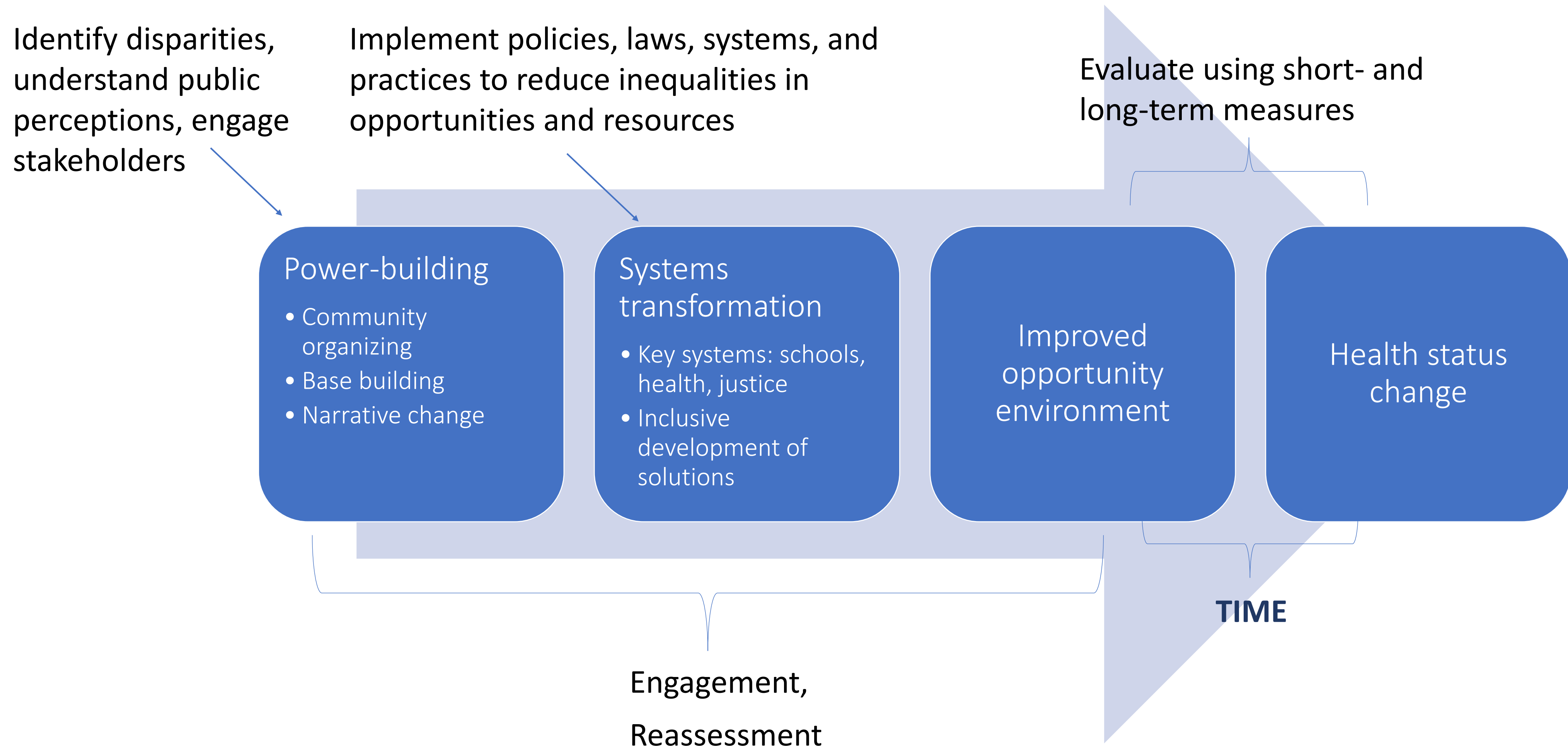
"Health equity is the absence of unfair, **avoidable**, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically, or by other dimensions of inequality." - WHO

"Health equity means that everyone has a fair and just **opportunity** to be as healthy as possible" - RWJF

Theory of Change



Intervening Along the Change Spectrum





Opportunities to Include and Measure Health Equity through Title V Performance Framework

- States have the option to develop a state performance measure (SPM) that is Cross-cutting/Systems Building

Examples of measure topic areas include but are not limited to:

- Family partnership activities that cross all population health domains;
- Social determinants of health;
- **Health equity**
- Workforce development; and
- Enhanced data infrastructure

“Family engagement and health equity are two guiding principles that are interwoven through all the work we do.”

“Improve health equity by improving community and social conditions and reduce environmental hazards that impact infant and child health outcomes.”

We are committed to being anti-racist and to supporting gender equity in our programs and policies.”

Health Equity Examples from State Action Plans

Reduce Racial Inequities:
Number of points for racial equity related policy, practices and systems changes implemented at the program, division and department level

Participation in a workgroup on equity in SUID review and categorization

‘...develop a Health Equity Institute for providers in response to a direct need from participants for more provider education around the specific social determinants of health affecting fetal-infant health and birth outcomes.’

By December 31, 2025, increase the percent of Family Health Branch and Home Visiting Program staff who have completed a health equity training to 90%.

Health equity 101 training modules offering overviews of health equity, explore the relationship between health and power, and discussing operationalizing health equity in practice

“Hospitals and medical offices serving a high proportion of patients insured by Medicaid, workplaces with hourly and lower-income workers, community resource centers serving families of color, and publicly-funded county jail systems are of specific focus to remove known barriers to breastfeeding and improve health equity practices and breastfeeding support.”

Barriers to Power Building & Systems Transformation

- **EMPHASIS ON DISCOURSE**

Health equity as a stated value



Health equity as a realized outcome

- **RESOURCE LIMITATIONS**



Workforce



Funding



Data

- **CONTENTION**



"It's hard when the work you do is really important...and it has become politicized"

Navigating Barriers to Health Equity

Barrier: Emphasis on discourse

Health equity is:

- *the absence of avoidable and unfair health differences*
- *where everyone has a fair and just opportunity*



Rigorous execution (e.g., goals, key activities, milestones, impact assessment)



Accountability (e.g., equity requirements in grant reporting)



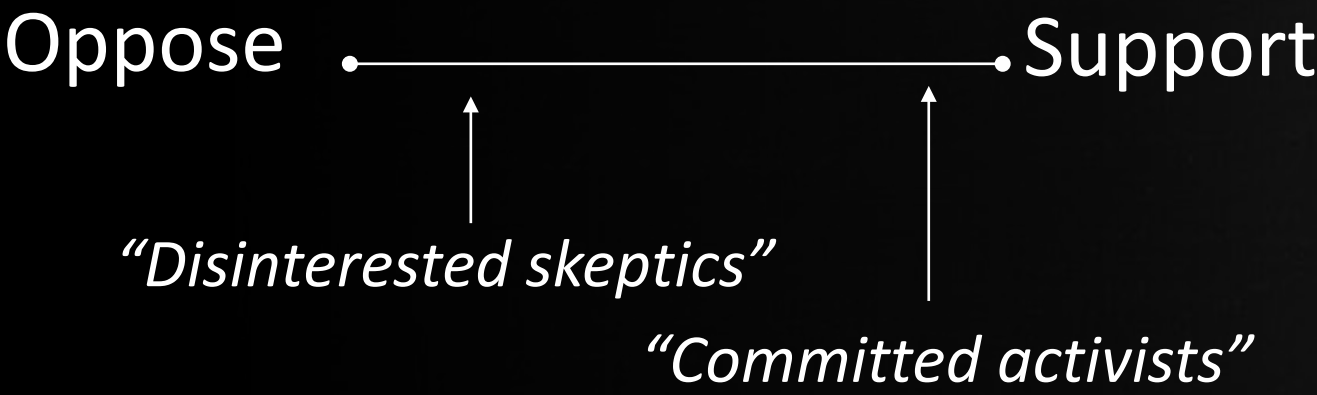
Navigating Barriers to Health Equity

Barriers: Resources and contention

Community organizing

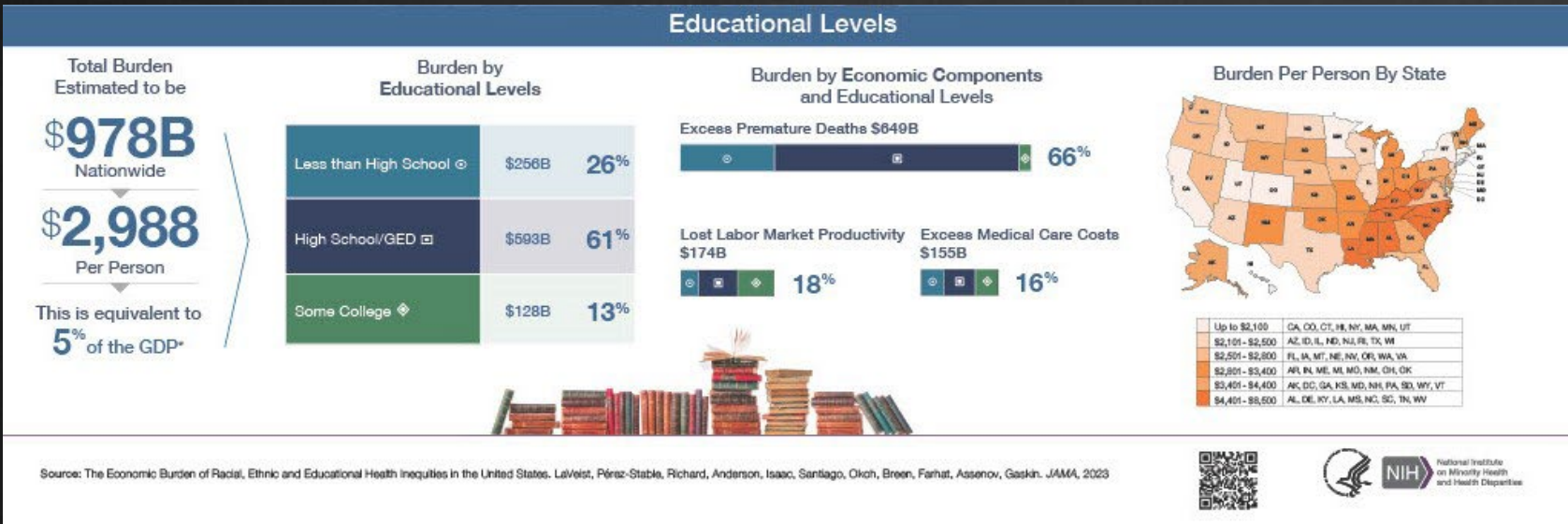


Base building



Narrative change

Health **inequity** is costly



A healthy population helps all of us.



Resources

[Advancing Health Equity and Anti-Racism in MCH Policy](#)

[Exploring MCH Policy and the Policy Process](#)

[MCH Essentials Series](#)

[Shifting Power in Practice: Strategies for Centering People with Lived Experience When Making Evidence-Based Decisions](#)

[Pathways to Sustainability – Featuring Safer Childbirth Cities Grantees](#)

[AMCHP Resource Library – Promoting Coverage for MCH](#)

[Maternal and Child Health Bill Tracker](#)

[Joint Organizational Commitment to Anti-Racism and Racial Equity](#)

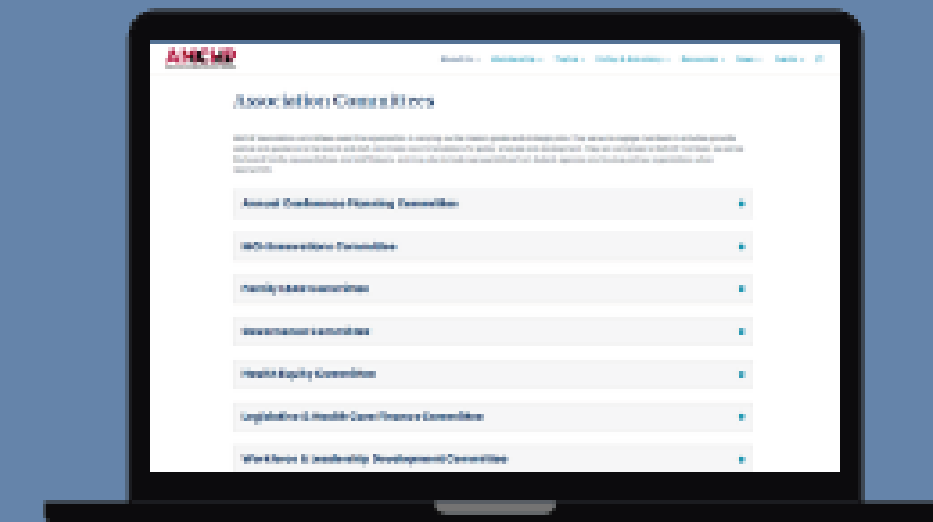
AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Join the Health Equity Committee!



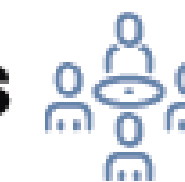
2024 CALL FOR NEW ASSOCIATION COMMITTEE MEMBERS



ABOUT

The AMCHP Association Committees help our organization carry out its mission, goals, and strategic plan. Committees provide important guidance to our board and staff, and recommendations for policy analysis and development and are made up of AMCHP members, board members, family representatives, and staff liaisons. They may also include representatives from federal agencies and involve partner organizations when appropriate.

COMMITTEES



- AMCHP Annual Conference
- Governance
- Family LEAD
- Health Equity
- Legislative & Health Care Policy
- MCH Innovations
- Workforce and Leadership Development

WHY BECOME A MEMBER?

Committees are a great opportunity to make meaningful change nationally and have your voice heard on maternal and child health matters. Volunteering to become a committee member also offers rich professional development opportunities and, potentially, provides a future pathway toward greater leadership roles at AMCHP.

HOW TO APPLY?

To apply to be newly appointed to one of our committees, serving from January to December 2024, active members of AMCHP are encouraged to fill out our call for [new committee members application](#).

AMCHP requires all committee volunteers to be active members of our organization. If you are not an active member, you are welcome to join us – It's very easy! Please visit our website to learn more about [becoming a member of AMCHP](#).



info@amchp.org



www.amchp.org/committees

Contact Us

[hteizazu@amchp.org](mailto:hreizazu@amchp.org)

jbihm@amchp.org