The Precious Stone

1. Do you have anything to eat? Drink? Can you help me, please?
2. May I have the precious stone in your pouch?
3. Mum, can I have what's in you to give them stone so nicely 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

“Fifth Wave” of Public Health: Cultural (Davies et. al, 2014)
WHY STORYTELLING?

ARTS & CULTURE IN PUBLIC HEALTH
AN EVIDENCE-BASED FRAMEWORK

MECHANISMS
- Self-Efficacy
- Personal & Cultural Resonance
- Aesthetic Experience
- Emotional Engagement & Empathy
- Expression & Being Heard
- Meaning-Making
- Self-Transcendence

PROVIDE DIRECT HEALTH BENEFITS
INCREASE HEALTH SERVICE EQUITY & ACCESS
CREATE SAFE, INCLUSIVE & ENGAGING ENVIRONMENTS
SUPPORT SOCIAL, CULTURAL & POLICY CHANGE
ENRICH RESEARCH METHODS & PRACTICES
STRENGTHEN HEALTH COMMUNICATION

ARTS & CULTURE
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

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/DiscoverMERescoverME
- Instagram: @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

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Region 1</td>
<td>12%</td>
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<tr>
<td>Region 9</td>
<td>15%</td>
</tr>
<tr>
<td>Region 10</td>
<td>6%</td>
</tr>
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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 grassroots 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**
<table>
<thead>
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<th>Category</th>
<th>Challenges</th>
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</thead>
<tbody>
<tr>
<td>Analytical</td>
<td>Challenges in collecting and analyzing quantitative and qualitative data</td>
</tr>
<tr>
<td></td>
<td>Challenges with small numbers and/or low population counts</td>
</tr>
<tr>
<td>Policy</td>
<td>Some policies and practice do not promote equitable opportunities and outcomes for all</td>
</tr>
<tr>
<td></td>
<td>Topic/Subject restrictions for policies or policy development</td>
</tr>
<tr>
<td>Political Climate</td>
<td>Equity issues are present for all political “sides”</td>
</tr>
<tr>
<td></td>
<td>Work has become politicized</td>
</tr>
</tbody>
</table>
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

Limitations:
- 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

Better Evaluation, 2022; Ann-Murray Brown Consultancy, nd
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
Health Equity
Innovation & Implementation

Jasmine Bihm, DrPH, MPH
Director, Health Equity Innovation and Implementation

Hawi Teizazu, MA, PhD
Associate Director, Health Equity Innovation & Implementation
Outline

• 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

- **Power-building**
  - Community organizing
  - Base building
  - Narrative change

- **Systems transformation**
  - Key systems: schools, health, justice
  - Inclusive development of solutions

- **Improved opportunity environment**

- **Health status change**

Source: National Academies: Sciences, Engineering and Medicine- Exploring Diversity, Equity, Inclusion, and Health Equity Commitments and Approaches by Health Organization C-Suites
Intervening Along the Change Spectrum

Identify disparities, understand public perceptions, engage stakeholders

Implement policies, laws, systems, and practices to reduce inequalities in opportunities and resources

Evaluate using short- and long-term measures

Power-building
- Community organizing
- Base building
- Narrative change

Systems transformation
- Key systems: schools, health, justice
- Inclusive development of solutions

Improved opportunity environment

Health status change

Source: National Academies: Sciences, Engineering and Medicine- Exploring Diversity, Equity, Inclusion, and Health Equity Commitments and Approaches by Health Organization C-Suites
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
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

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%.

Participation in a workgroup on equity in SUID review and categorization

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

‘...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.’

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

“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
- RESOURCE LIMITATIONS
- CONTENTION

Health equity as a stated value
Health equity as a realized outcome

Workforce
Funding
Data

"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)

*Source: National Academies: Sciences, Engineering and Medicine- Exploring Diversity, Equity, Inclusion, and Health Equity Commitments and Approaches by Health Organization C-Suites, Dr. Joseph Betancourt
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.

Sources: University of Chicago (NORC), RWJF, LaVeist et al. 2023
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
Join the Health Equity Committee!

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 liaison. 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.
Contact Us

hteizazu@amchp.org
jbihm@amchp.org