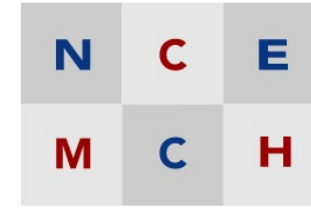
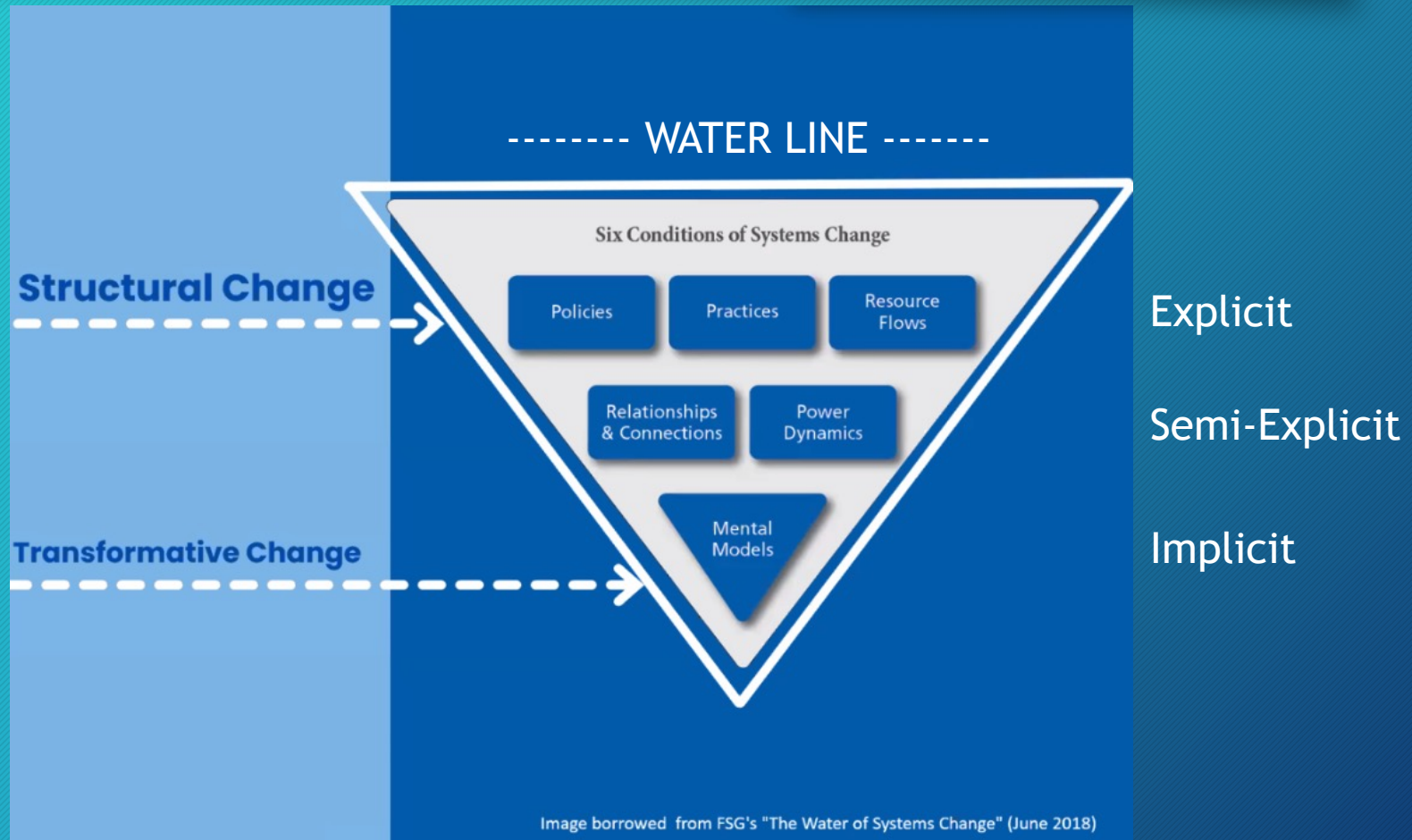


# Aligning Current and Future Title V Health Equity Activities Around the Waters of Systems Change (WSC) Model





# What are Title V Agencies Doing to Address Health Equity, SDOH, and Racism?





What are Title V Agencies Doing to Address Health Equity, SDOH, and Racism?

Pulse Check...

Does this all make sense???



# Thinking and Sharing

## THINK:

What have you done well?

What could you do better?

What would you add?

## SHARE:

What could you do easily (low/no cost)?

What could be a stretch goal?

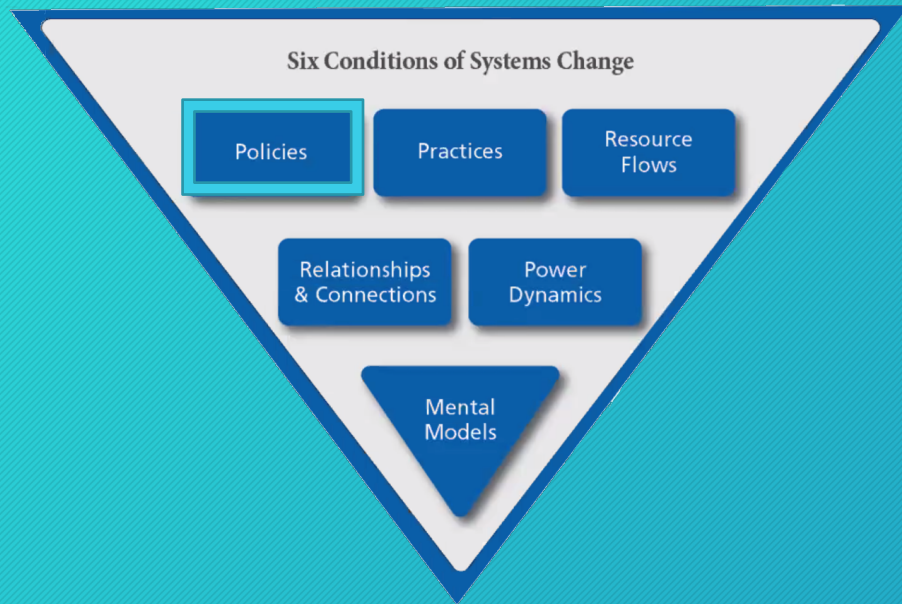
What makes you feel uncomfortable?



# STRUCTURAL CHANGE

## POLICIES

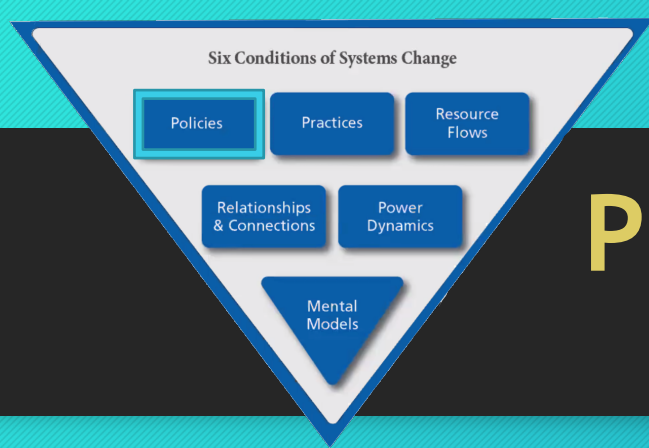
*Rules, regulations and priorities (formal and informal)*



## Prompting Questions

- How do Title V organizational policies support or hinder efforts to achieve health equity?
- What is motivating people within your Title V program to take on racial justice work?





# POLICIES

Easy Goal

Stretch Goal

Scary Goal

Strengthen economic supports for families through policy.

Develop systems to address food security & barriers to access food.

Foster cross-system coordination and integration to ensure equitable access to services.

Strengthen training opportunities, policies and systems that provide equitable access.

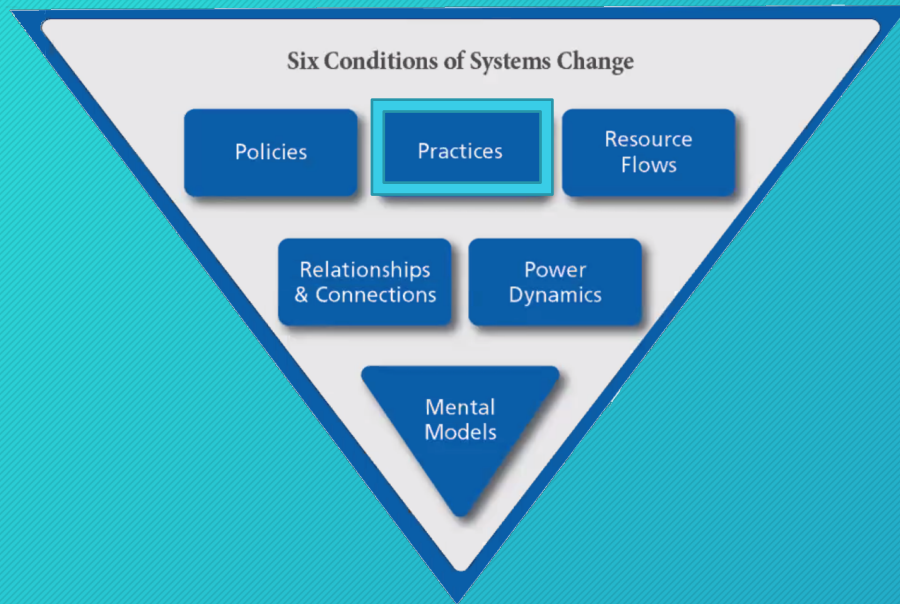
Conduct continuous needs assessment and/or exploratory analysis to add to the SDOH, Equity, CLAS, and Trauma/ACEs knowledge base.

Implement changes to the hiring and recruitment processes to increase employment of staff with intersectional identities.



# PRACTICES

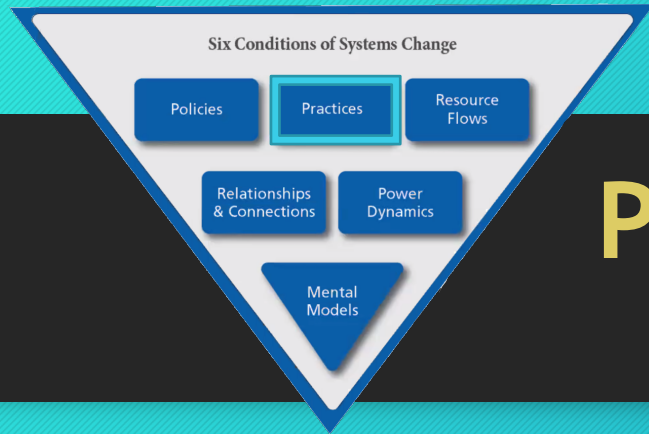
*Organizational and practitioner activities targeted to addressing and making progress*



## Prompting Questions

- How does your Title V program evaluate what's working? Decide which interventions to implement? Plan for interventions? Craft the Title V action plans?
- What is stopping your Title V program from building structures that promote and support equity?
- In your pursuit of equity, what is it that your state Title V program is building? (as opposed to what are you doing/who did you put in charge)





# PRACTICES

Easy Goal

Stretch Goal

Scary Goal

Conduct ongoing assessment of equity impacts of strategies.

Address SDoH by sharing results from public input surveys, SDoH questions, and reverse data walks.

Implement health care access models, ensure that programs are community-led, placed-based, and anti-racist.

Disaggregate data by key SDoH to ensure equity.

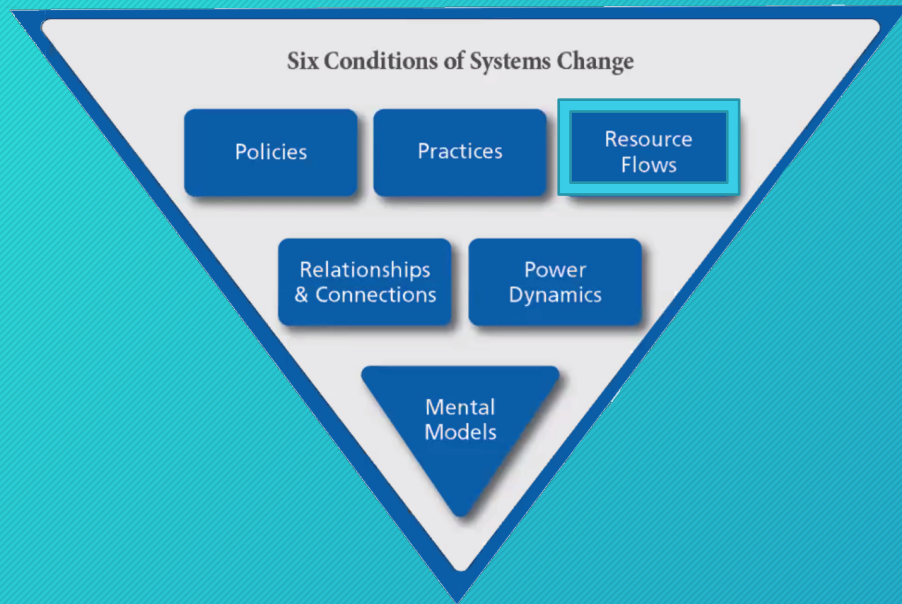
Develop an protocol to ensure that the data is being approached from an equity perspective.

Collect, analyze, and disseminate data and information on health equity topics.



# RESOURCE FLOWS

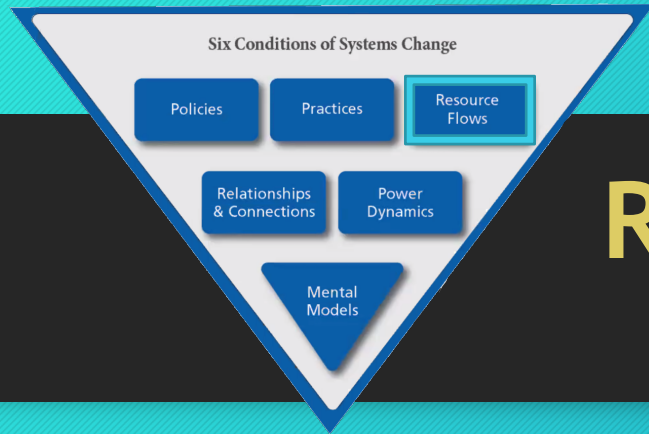
*How money, people, knowledge, and information are allocated and distributed*



## Prompting Questions:

- Is your Title V program appropriately resourcing equity efforts? (time, money, personnel, power, priority)
- Who does Title V fund? How does that hold the problem in place?





# RESOURCE FLOWS

Easy Goal

Stretch Goal

Scary Goal

Provide equitable use of resources to work towards elimination of structural racism.

Ensure all resources are culturally and linguistically appropriate.

Develop tools and resources to identify and address institutional racism.

Provide support and education to staff with attention to racial equity and upstream factors.

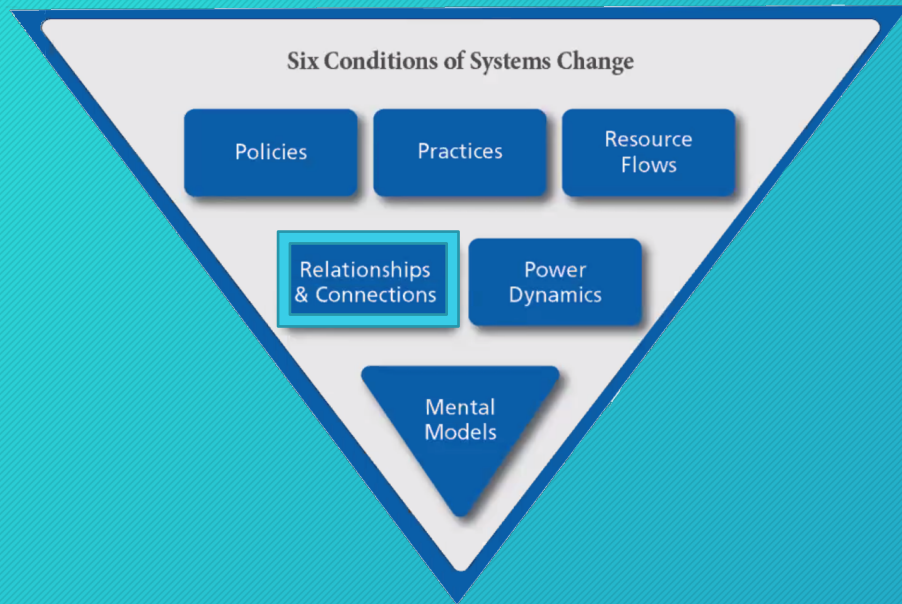
Develop tools and resources to identify and address institutional racism.



# RELATIONAL CHANGE

## RELATIONSHIPS & CONNECTIONS

*Quality of connections and communication occurring between actors*



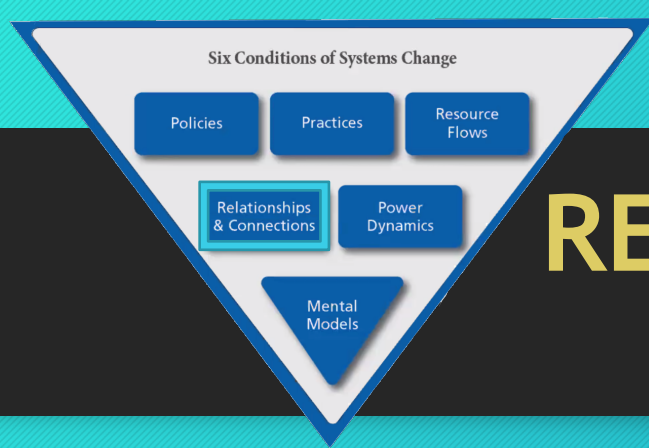
## Prompting Questions

- What is and has been Title V's relationships with minority, especially BIPOC-led organizations?
- Where does your Title V program fall in terms of the Public Participation Spectrum:\*



\* International Association for Public Participation  
IAP2's Public Participation Spectrum





# RELATIONSHIPS & CONNECTIONS

Easy Goal

Stretch Goal

Scary Goal

Center experiences and ideas of historically marginalized populations.

Develop a Health Equity Committee/Workgroup.

Expand fatherhood engagement and support programs.

Engage partners and stakeholders to place trained family advisors across the state.

Support services and linkages in communities.

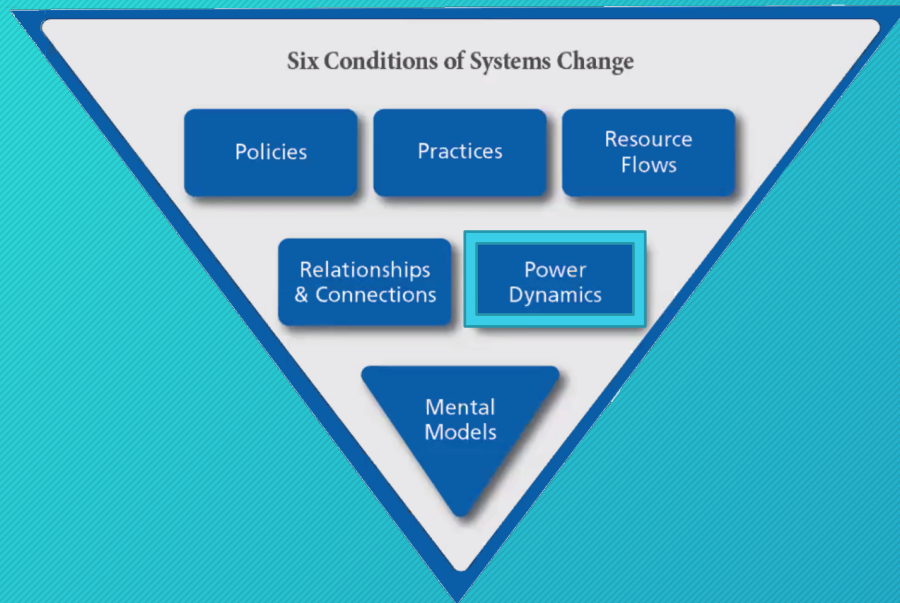
Engage in cross-sector collaborations and advocacy efforts.

Build diversity in committees and engagement with multiple stakeholders, partners, community members, and family members.



# POWER DYNAMICS

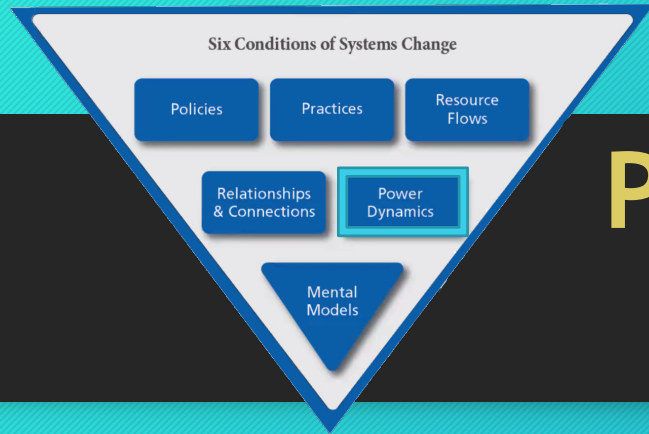
*Which individuals and organizations hold decision-making power, authority, and influence*



## Prompting Questions

- Who makes funding decisions for your Title V program?
- What is stopping you from transforming the Title V block grant to center racial equity?
- Who is currently committed and interested in taking racial justice work on within Title V?
- How are people with lived experience and community-rooted orgs valued as central to the work?





# POWER DYNAMICS

Easy Goal

Stretch Goal

Scary Goal

Include youth leaders, family advisors, leaders, partners/people with lived experience.

Support implementation of community-led, place-based models that work to improve SDOH and health equity.

Place trained family advisors at all levels across administrative offices.

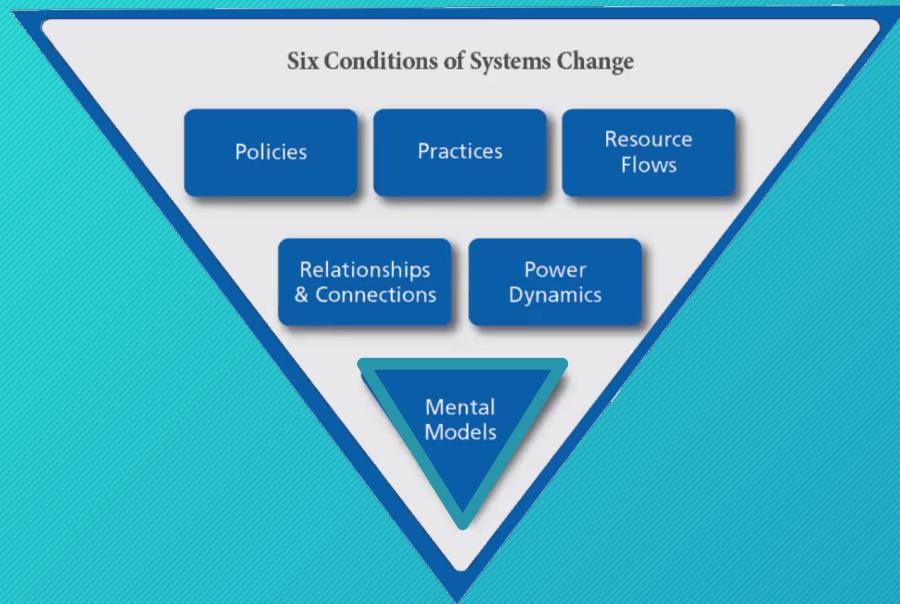
Implement Community Navigators in each local health department to address health disparities.



# TRANSFORMATIVE CHANGE

## Mental Models

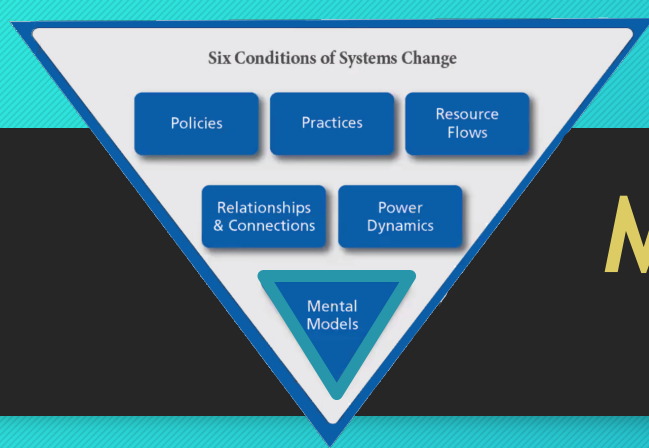
*Deeply held beliefs and assumptions that influence actions*



## Prompting Questions

- Can Title V/Health Department staff comfortably speak about racism, structural racism, and white supremacy?
- What risks/consequences are you or aren't you willing to face to achieve equity?
- Do you expect some resistance to taking on more explicit racial justice work?





# MENTAL MODELS

Easy Goal

Stretch Goal

Scary Goal

Foster a workplace culture that addresses the impact of systems of oppression.

Provide staff training and development opportunities in health equity, implicit bias and anti-racism.

Provide training to strengthen providers and subrecipients' knowledge.

Apply a health equity lens to Title V activities to address SDOH & disparities.

Integrate activities across Title V programs to promote health and wellness through coordination and systems of care.

Build internal capacity of MCH workforce through education in areas of racial equity, implicit bias, institutional and structural racism.

Promote educational opportunities for professionals and stakeholders on health equity, systematic racism, reproductive health, SDoH.



# What are Title V Agencies Doing to Address Health Equity, SDOH, and Racism?

<https://www.mchevidence.org/documents/From-the-Field-HE-SDOH-Racism-2022-2020.pdf>



## FROM THE FIELD:

### What Title V Agencies are Doing to Address Health Equity, Social Determinants of Health, and Racism




*Priorities and Strategies Drawn from the 2022 MCH Block Grant Applications/2020 Reports*

This high-level summary of priorities and strategies from State Action Plans in the Title V Information System is meant as a conversation starter. It is not a comprehensive listing of all activities conducted by the states and jurisdiction, but representative of those activities highlighted in State Action Plans. Please [contact the MCH Evidence Center](#) to learn more about how your Title V agency can integrate similar, evidence-based/informed activities into your work.

HEALTH EQUITY – 11 agencies are addressing health equity explicitly with 46 strategies		
State	Priority Needs	Strategies
AK	Promote health equity, improve social determinants of health, and identify and deconstruct systems of institutionalized oppression for maternal and child health populations.	<ul style="list-style-type: none"><li>• Provide staff training and development opportunities in health equity, implicit bias and anti-racism.</li><li>• Conduct ongoing assessment of equity impacts of Title V strategies across domains.</li><li>• Promote equitable use of resources to work towards elimination of structural racism.</li><li>• Collect, analyze, and disseminate data and information on health equity topics.</li></ul>
AZ	Engage individuals, families, and communities as partners in the development and implementation of programs and policies to create people-centered programs that promote health equity.	<ul style="list-style-type: none"><li>• Place trained family advisors at all levels across the BWCH administrative offices to support MCH programming as key partners in health care decision-making.</li><li>• Engage partners and stakeholders to promote and participate in the Engaging Families and Young Adult Program to place trained family advisors across all sectors.</li></ul>
HI	Address health equity and disparities by expanding pediatric mental health care access in rural and under-served communities.	<ul style="list-style-type: none"><li>• Refine, develop and implement pediatric mental health care access model.</li><li>• Promote workforce development and training on pediatric mental health care.</li><li>• Support services and linkages in communities.</li></ul>
ID	Improve social determinants of health and promote health equity for maternal and child health populations.	<ul style="list-style-type: none"><li>• Support topical statewide learning collaboratives for health care professionals focused on quality and practice improvement for MCH populations.</li><li>• Support implementation of the Get Healthy Idaho initiative as a community led, place-based model to improve social determinants of health and health equity.</li><li>• Support implementation of the Project ECHO model or similar models with the goal of increasing knowledge and capacity of Idaho health care professionals to provide best-practice specialty care to MCH populations.</li></ul>
IA	Infusing Health Equity with in the Title V System.	<ul style="list-style-type: none"><li>• Inclusion of health equity plan requirement language in BFH grant agreements.</li><li>• Increase the percent of contractors that demonstrate application of health equity strategies.</li></ul>



# WSC Tool: Part 1

TAKING ACTION: ACTIVATING LEVERAGE POINTS AND KEY STAKEHOLDERS	
Systems Change Condition	What strategies can help advance our systems change efforts? Who would need to be involved?
 Policies	
Practices	
Resource Flows	
 Relationships & Connections	
Power Dynamics	
 Mental Models	



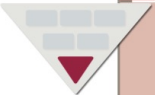


# WSC Tool Examples

DIAGNOSIS: ASSESSING SYSTEMS CONDITIONS		
Systems Change Condition	Example (using education)	What existing elements are reinforcing the current conditions and hindering our progress?
Policies	<i>School disciplinary protocols</i>	Providers are not interested in taking REI/IB courses
Practices	<i>Teachers underprepared for diverse classrooms</i>	Publically funded health departments and FQHCs do not have an OB/GYN on site, provider shortage, rural/frontier challenges for high-risk
Resource Flows	<i>Grassroots organizations starved for resources</i>	There is no funding for a MMRC to study MM in X state Provider shortage in rural areas in X state Transportation issues in X state for people in X areas
Relationships & Connections	<i>Parent/teacher relationships are contentious</i>	State politics and health directors excellent relationships with state health dept and medicaid excellent relationships with state OB/GYN Organization and state health dept.
Power Dynamics	<i>Students have no voice in school district decision-making</i>	Health care providers - no time, no interest in changing all the power -- politicians - Black birthing people (no power)
Mental Models	<i>Administrator and teacher assumptions that certain students can't learn</i>	Negative attitudes toward women on medicaid, providers don't believe women when they come in for care we don't have the funding, time, Not a priority because we have XXXX priorities.



# WSC Tool: Part 2

TAKING ACTION: ACTIVATING LEVERAGE POINTS AND KEY STAKEHOLDERS	
Systems Change Condition	What actions and strategies could you and your organization take to help advance your systems change efforts?  Who needs to be involved to implement these strategies?
 Policies	
Practices	
Resource Flows	
 Relationships & Connections	
Power Dynamics	
 Mental Models	



# WSC Tool Examples

DIAGNOSIS: ASSESSING INTERNAL SYSTEMS CONDITIONS		
Systems Change Condition	Example (for foundations)	<p>To what extent have your personal actions contributed to the conditions holding the problem in place?</p> <p>To what extent are your organization's actions contributing to the conditions that are holding the problem in place?</p>
Policies	<i>Grant cycles not aligned with rate of change</i>	Everything in the state Title V health dpts has to go through the legislature and they are not in favor of medicaid expansion or reimbursement for midwives/doulas.
Practices	<i>RFP processes that favor certain organizations</i>	No mandate at the provider-office levels for REI/implicit bias training. no incentives for completing this
Resource Flows	<i>Insufficient allocation of resources to learning and evaluation</i>	Staff shortages, turn-over, burn-out, no funding for the MMRC
Relationships & Connections	<i>Siloed programmatic departments</i>	<p>The coalitions that work with the Black Birthing pop have a good relationship with State Health Dept but not locally with thier own county health depts</p> <p>Policiticians and State Health Dept - don't see eye to eye</p>
Power Dynamics	<i>Lack of candor in dialogue between board and staff</i>	Politicians funding resources legislation in state
Mental Models	<i>Evaluation orientation does not account for systems change complexity</i>	<p>Ugh, here we go again. helping those who can't help themselves, why do we need to spend money on this? the rate of MM is not that high? Shouldn't this be the schools responsibility? Why do they keep getting pregnant</p> <p>We have tried, did not work before, why is now different?</p>



# WSC Tool: Part 3

## Part III: What To Do Next

If you've completed Parts I and II of this exercise, you should likely have the following output:

- An assessment of elements within the six conditions for systems change that may be holding the problem in place and hindering the impact of your work.
- Perspective on strategies that might address those elements and some thoughts on people within the system who are and who might be engaged in changing those conditions.
- An assessment of the extent to which you and your organization might be contributing to the problem you are attempting to solve.
- Perspective on strategies you might take to address your and your organization's contributions to the problem.



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- [www.ncemch.org](http://www.ncemch.org)
- [www.mchnavigator.org](http://www.mchnavigator.org)
- [www.mchevidence.org](http://www.mchevidence.org)

## DON'T FORGET

Baseline Reflection Tool.  
[Please click here for the  
Assessment Tool.](#)

[https://washington.co1.qualtrics.com/jfe/form/SV\\_6PaDEyJlgTwDccC](https://washington.co1.qualtrics.com/jfe/form/SV_6PaDEyJlgTwDccC)