Aligning Early Childhood Systems Through Shared Outcome Measures to Support Nurturing Family Environments

Tuesday, July 21st, 2026

12:30 – 2:00pm ET

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Mission: Advance the health of women, children, youth, families, and communities by strengthening governmental public health and deepening community partnerships.

Vision: A nation committed to the unfettered wellbeing of women, children, youth, families, and communities so that they may thrive.

Objectives

1. Provide an overview on key federal early childhood investments that contribute to outcomes related to child flourishing, school readiness, and prevention of adversity.
2. Describe how Title V National Outcome Measures can serve as a shared framework to align early childhood systems around nurturing family environments.
3. Explore state examples of how outcome measures are used to drive cross-program alignment and strengthen partnerships.

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Today's Session

1. Background + Level Setting
2. State Highlights
   - Massachusetts
   - Ohio
   - South Dakota
3. Choose-Your-Own Breakout Rooms
4. Reflections + Closing

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Part 1:
Background and Level-Setting

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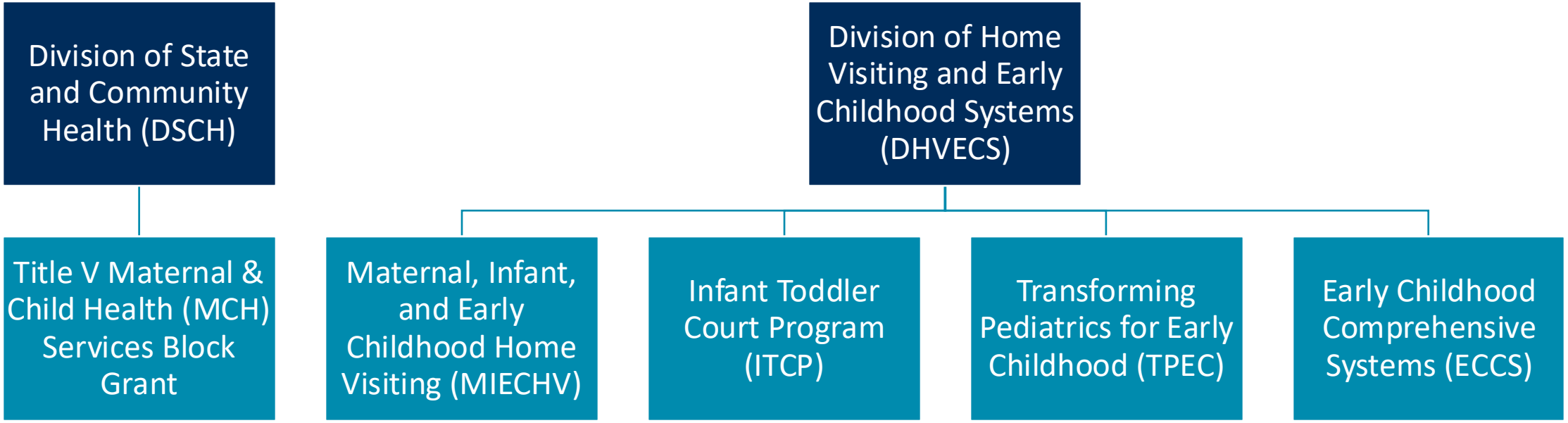
The Maternal & Child Health Bureau (MCHB)

Mission: To improve the health and well-being of America's mothers, children, and families.



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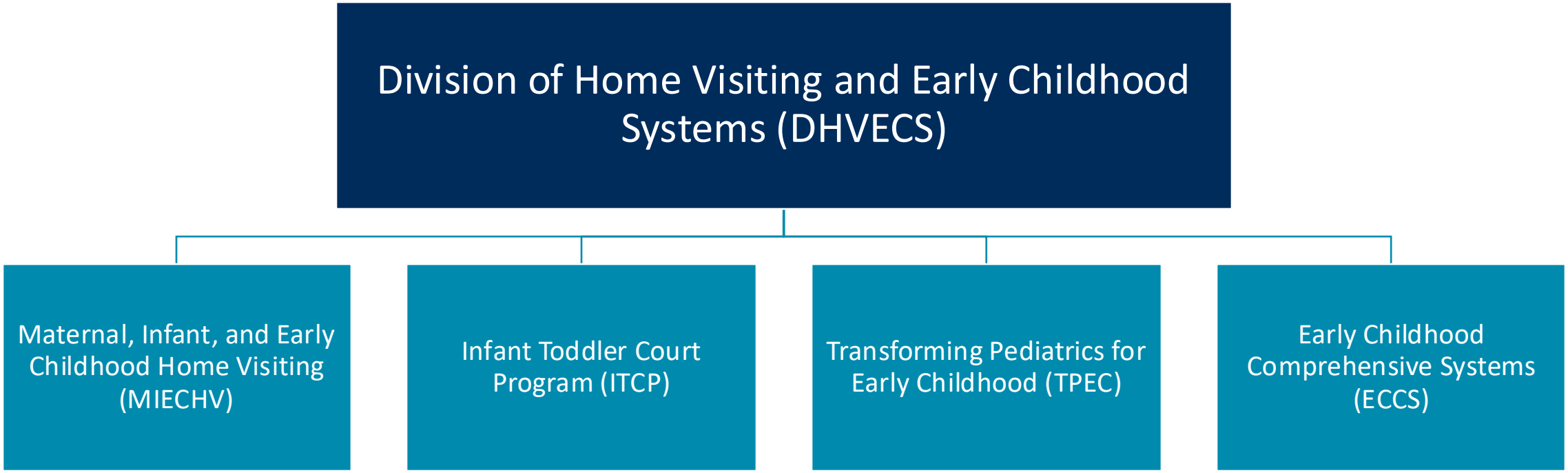
The flow chart depicts the MCHB divisions where the programs we will talk about today are housed.



- Mission: to support improvements in the health and well-being of pregnant women and families with young children through evidence-based home visiting and early childhood systems.
- We give families, communities, and states resources to help make sure children are physically, socially, and emotionally healthy.

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DHVECS Programs Improve Health & Wellbeing

Quality Services & Systems for Pregnant Women and Families with Young Children

Meet families where they are · Start in pregnancy · Engage caregivers & children together · Promote safe, stable, nurturing relationships

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

For families ***in their homes***

Infant-Toddler Court Program (ITCP)

For families ***at risk of child welfare involvement***

Transforming Pediatrics for Early Childhood (TPEC)

For all families ***at a doctor's office***

Early Childhood Comprehensive Systems (ECCS)

For all families

Targeted & Intensive ⟵ ⟶ Universal & Low-Touch

HRSA Maternal & Child Health

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

Purpose

- Voluntary, evidence-based home visiting for families with young children facing greater risk and barriers to optimal health
- Strengthens family well-being through trusted support, education, and connections to services

Key Metrics*

- Maternal, infant, and child health
- Child injuries, abuse, and neglect
- School readiness
- Crime and domestic violence
- Family economic stability
- Connections to community services and support

Reach and Impact

- 150,000+ parents and children served in FY25
- Over 1 million home visits delivered in FY25, improving health, development, and family outcomes
- MIECHV children are more likely to receive a timely developmental screen (77% MIECHV vs. 37% national comparison)
- More MIECHV children received regular early language and literacy practices than young children nationally (83% MIECHV vs. 41% national comparison)

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**These represent six benchmark areas, which include a total of 19 measures.*

Infant-Toddler Court Program (ITCP)

Purpose

- Aligns courts and early childhood systems to better support infants, toddlers, and families affected by child welfare involvement
- Connects families to timely services and supports that strengthen child and family well-being.

Key Metrics

- Children remain safely with their families during services
- Timely access to developmental, behavioral health, and family support services
- Number of ITCP sites
- Prenatal – three families served
- Professionals trained across child welfare, legal, health and early childhood systems
- Family and community representatives engaged in leadership

Reach and Impact

- Supported 151 sites across 30 states
- Served 2,700 children from 2022-2025
- Children participating in the ITCP program are nearly two times as likely to exit foster care to permanency compared with children in the general foster care population.
- Repeat maltreatment rates for these children are far lower compared with children receiving traditional child welfare services.

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Transforming Pediatrics for Early Childhood (TPEC)

Purpose

- Places early childhood development (ECD) experts into pediatric primary care practices.
- ECD experts operate as part of a team of health professionals that provide the high-quality care needs for children to flourish.
- Inform statewide policies and financing strategies with lessons learned from practices.

Key Metrics

- Higher quality well-child visits and developmental screenings (EPSDT/Bright Futures)
- Screening for whole family needs like housing, transportation, food
- Standardized referral processes to ensure needed follow-up happens
- Child flourishing (practice-level)

Impact Stories

- More families receive high-quality, team-based care
- Fewer no-shows and cancellations of appointments
- Decreased turnover of pediatric primary care staff
- Healthcare savings on emergency medical care

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Early Childhood Comprehensive Systems Programs (ECCS)

Purpose (as of 2026)

- Increase access to coordinated, comprehensive care for P-5 children and families.
- Improve the quality of services to meet the health needs of both parents/caregivers and children during the P-5 period

Key Metrics

- Build referral pathways among health providers and other family serving systems to improve systems navigation and care coordination for P-5 families (CIRS)
- Improved whole family needs such as mental health support, food or housing assistance and developmental screenings (Bright Futures)
- Timely well-child visits
- Child flourishing (community-level)
- Sustainable funding, systems and partnerships

Reach and Impact (as of 2025)

- Engaged 1,200+ families and 1,000+ cross-sector partners to strengthen statewide early childhood systems
- Easier access to care through better coordinated systems
- Stronger family voice in shaping policies and programs
- Earlier support for developmental and health needs
- Faster connections to services through shared systems and data

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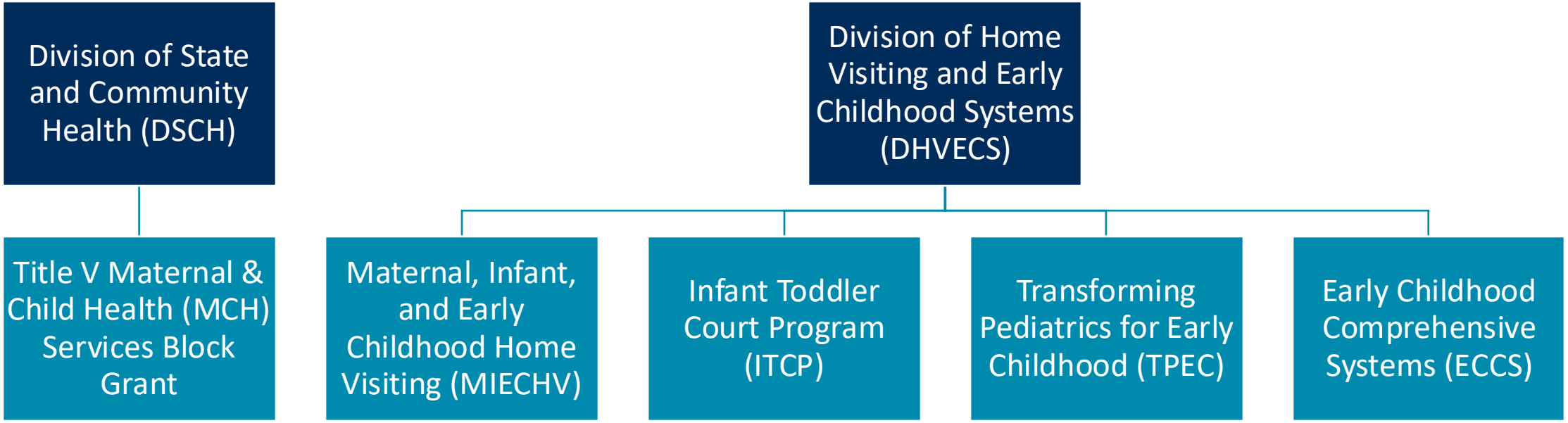
Mission: To improve the health and well-being of America's mothers, children, and families.



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The flow chart depicts the MCHB divisions where the programs we will talk about today are housed.

Division of State and Community Health (DSCH)

Title V Maternal & Child Health (MCH) Services Block Grant

DSCH supports the health and well-being of all mothers, children, and families through the Title V Maternal and Child Health (MCH) Block Grant, a federal-state partnership authorized in 1935 by the Social Security Act.

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Title V MCH Services Block Grant

Purpose

Improve the health and well-being of mothers, infants, children, and youth – including those with special health care needs by strengthening the public health systems that serve them.

Key Metrics*

Performance Measures (Child Health)

- ✓Housing Instability
- ✓Food Sufficiency
- ✓Developmental Screening

Outcome Measures (Child Health)

- ✓Child Flourishing
- ✓School Readiness
- ✓Prevention of Adverse Childhood Experiences

Reach and Impact

- Helped provide services to over 61 million people, including (FY2024):
  - ✓92% of all pregnant women
  - ✓99% of all infants
  - ✓62% of children nationwide, including children with special healthcare needs.
- Check out state-specific impact stories on TVIS

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**These represent a selection of the measures Title V programs may select based on their state's priority needs. There are a total of 20 performance measures and 32 outcome measures.*

Title V Programs: State MCH Strategist

Leaders of Title V programs…

→ Have a comprehensive and nuanced understanding of MCH systems across your state/jurisdiction

→ Strategically allocate Title V resources to provide critical system infrastructure support where needed, such as...

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Title V plays many critical system infrastructure roles:

- ✓ **Convener** of partners
- ✓ **Connector** of existing initiatives to create more comprehensive, coordinated systems of care
- ✓ **Data** infrastructure builder
- ✓ **Policy** leader and **systems** change agent
- ✓ **Family** and **community** voice uplifter
- ✓ **Technical assistance** provider

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The Title V Measurement Framework reinforces the program's role as MCH strategist because it includes outcome measures that can unify early childhood efforts, including:

- School Readiness
- Child Flourishing
- Prevention of Adverse Childhood Experiences

All of which serve as indicators of the presence of nurturing family environments.

School Readiness

Percent of children meeting the criteria developed for school readiness.

GOAL: To increase the percent of children who are developmentally on track and ready for school.

Numerator: Number of children, ages 3 through 5, who are reported by a parent to meet age-appropriate developmental expectations in 4 of 5 domains (early learning skills, social-emotional development, self-regulation, motor development, health) without needing support in any domain.

Denominator: Number of children, ages 3-5

Data Source: National Survey of Children's Health (NSCH)

View the 2023-2024 School Readiness data from the NSCH here:
https://www.childhealthdata.org/browse/survey/results?q=12174&r=1

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Flourishing – Young Child

Percent of children, ages 6 months through 5, who are flourishing

GOAL: **To increase the percent of children who are flourishing**

Numerator: Number of children, ages 6 months through 5 years, who are reported by a parent to be flourishing (defined as parental response of *always* or *usually* to):

(1) This child is affectionate and tender with you;
(2) This child bounces back quickly when things don't go his/her way;
(3) This child shows interest and curiosity in learning new things; and
(4) This child smiles and laughs a lot.

Denominator: Number of children, ages 6 months to 5 years

Data Source: National Survey of Children's Health (NSCH)

View the 2023-24 Flourishing data from the NSCH here:
https://www.childhealthdata.org/browse/survey/results?q=12181&r=1

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Adverse Childhood Experiences

Percent of children, ages 0 through 17, who have experienced 2 or more Adverse Childhood Experiences (ACEs)

GOAL: **To reduce the percent of children and adolescents who experience ACEs**

Numerator: Number of children, ages 0 through 17, who are reported by a parent to have experienced 2 or more ACEs

Denominator: Number of children, ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

View the 2023-2024 ACES data from the NSCH here:
https://www.childhealthdata.org/browse/survey/results?q=12184&r=1

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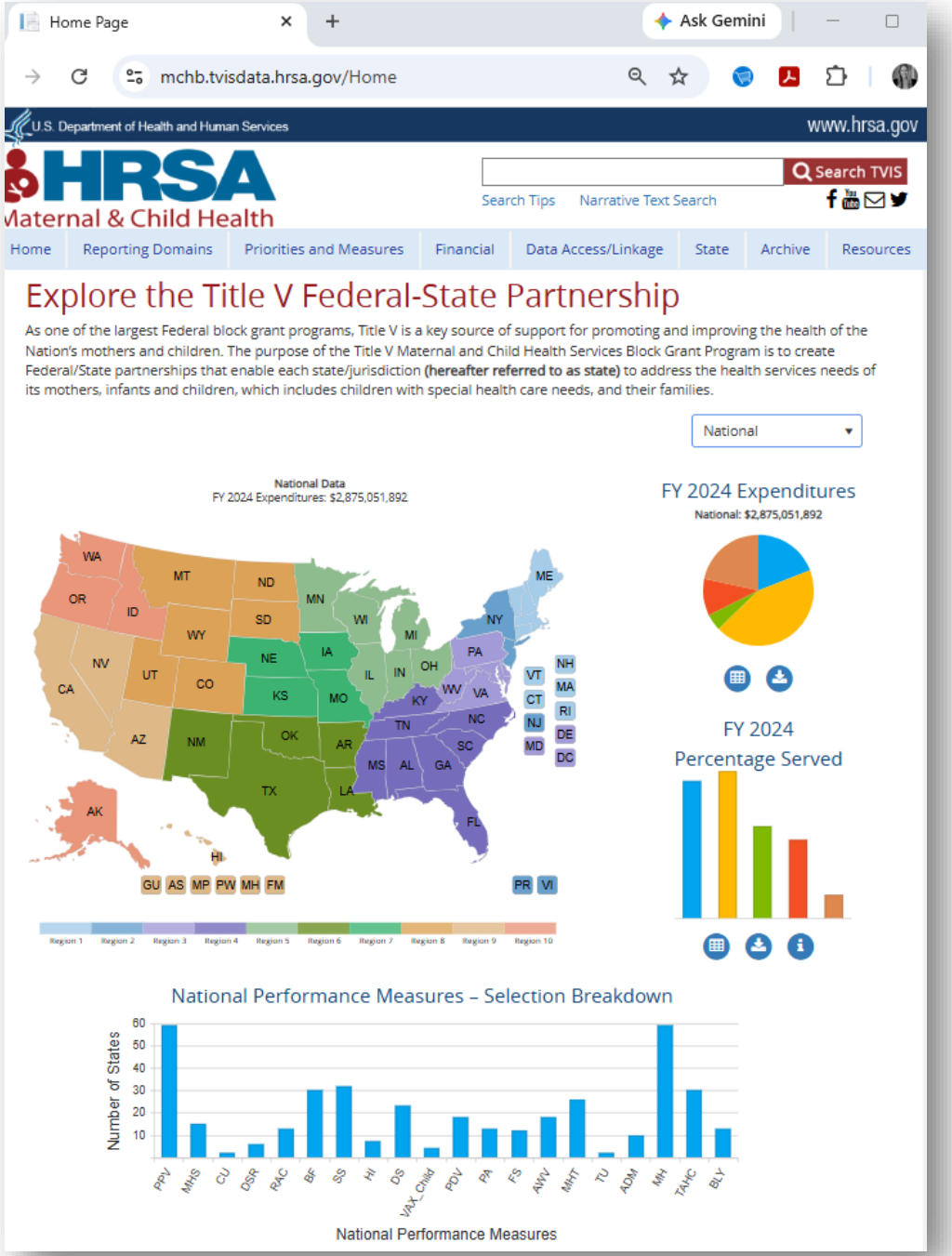
Navigating the Title V Information System

mchb.tvis.hrsa.gov/Home



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Exploring the Performance Measures

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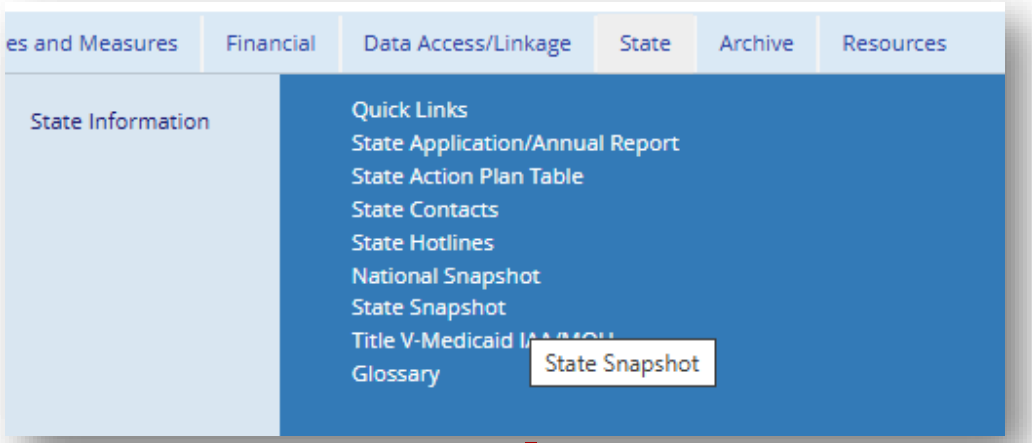
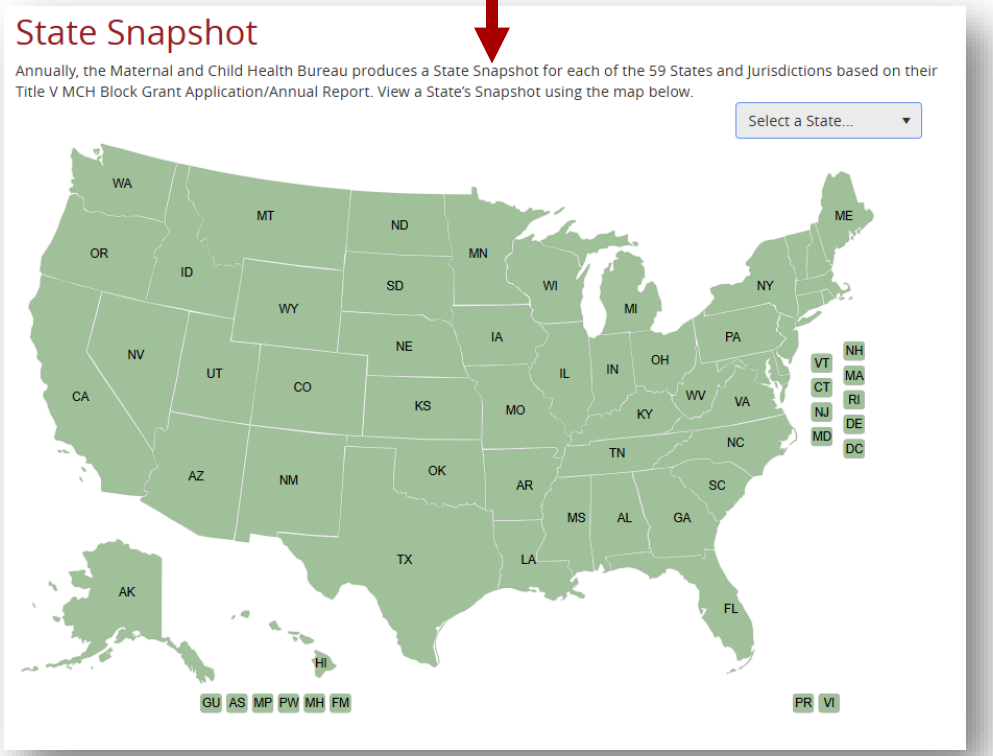
State Snapshots





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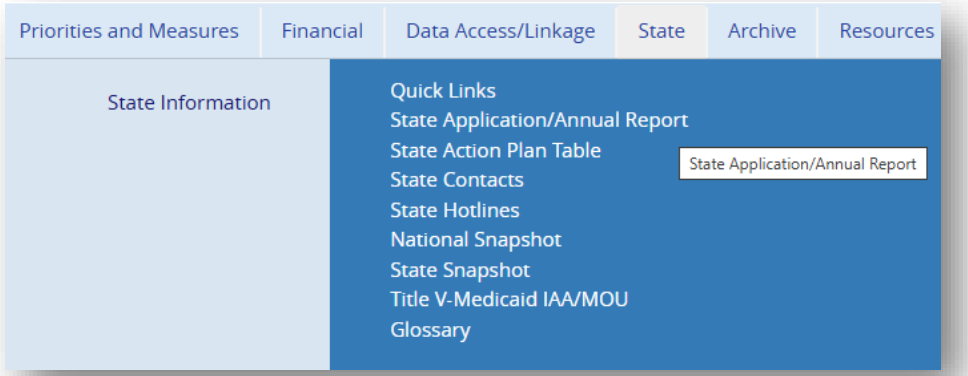
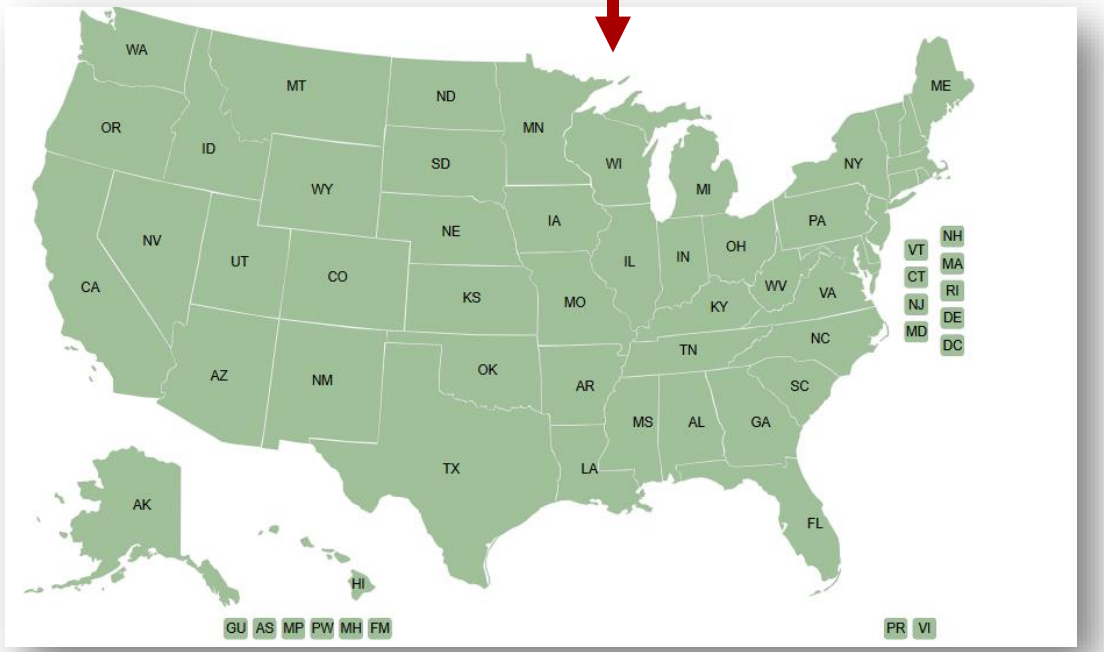
State Applications





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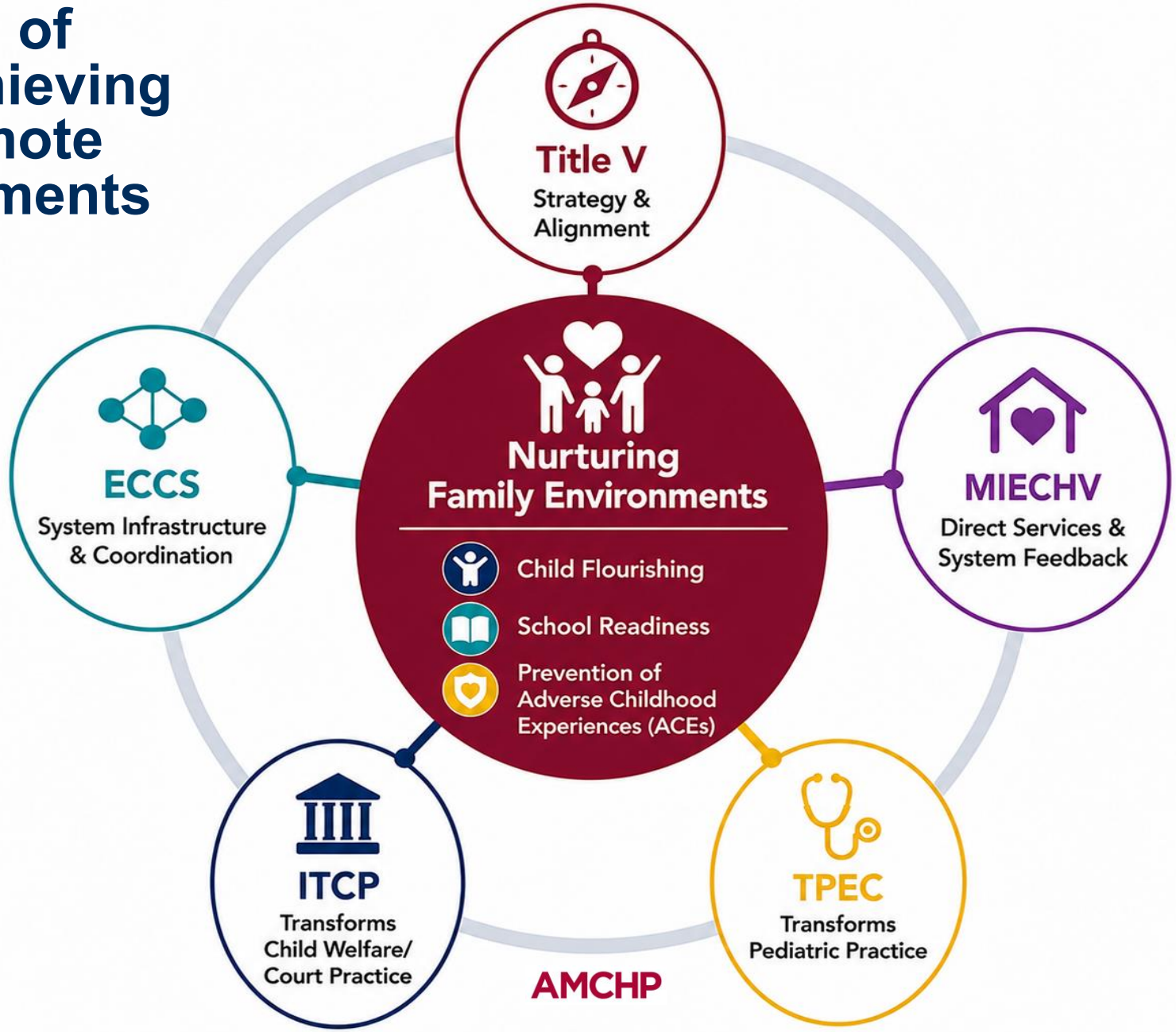
Strategic Alignment Across Federal Early Childhood Health System Programs

Federal Agency		★ = located in every state, DC, and some jurisdictions ★ = located in all 59 states/jurisdictions ★ = cross-systems initiatives, including research & policy	Title V ★	
			Flourishing & School Readiness	*Prevention of relational & social risks* (ACEs, Food, Housing)
HHS	HRSA	*Early Childhood Comprehensive Services (ECCS)* ★	X	X
		Maternal, Infant & Early Childhood Home Visiting (MIECHV) ★★	X	X
		Community Health Centers (CHCs) ★	X	X
		Healthy Start ★	X	X
		Transforming Pediatrics for Early Childhood (TPEC) ★	X	X
		Infant-Toddler Court Program (ITCP) ★	X	X
	CMS	*Medicaid/Children's Health Insurance Program (CHIP)* ★	X	X
	CDC	*Learn the Signs. Act Early.* ★★	X	
		Injury Prevention Center ★		X
	ACF	*Head Start/Early Head Start (EHS)* ★	X	X
		Preschool Development Grant Birth-5 (PDG B-5) ★	X	
		Early Care and Education (Child Care and Development Fund-CCDF) ★★	X	
		Temporary Assistance for Needy Families (TANF) ★	X	X
DOE	OSEP	*Early Intervention (IDEA Part C/B)* ★	X	X
USDA	FNS	*Women, Infants, & Children (WIC) /Supplemental Nutrition Assistance Program (SNAP)* ★	X	X

The Complimentary Roles of MCHB Investments in Achieving Shared Outcomes to Promote Nurturing Family Environments



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Part 2:

State Highlights

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South Dakota Department of Health

South Dakota Title V Early Childhood Systems Involvement

Jason Simon-Ressler, MPH
Child Health Coordinator

2020 - 2025 Child Performance Measures

Parenting Education and Support

Child Developmental Screening (NPM)

2024 MCH Needs Assessment

2025 - 2030 Child Priorities

Child Food Sufficiency (NPM)

Medical Home (Universal NPM)

Top Health Needs Affecting Children (0–12):

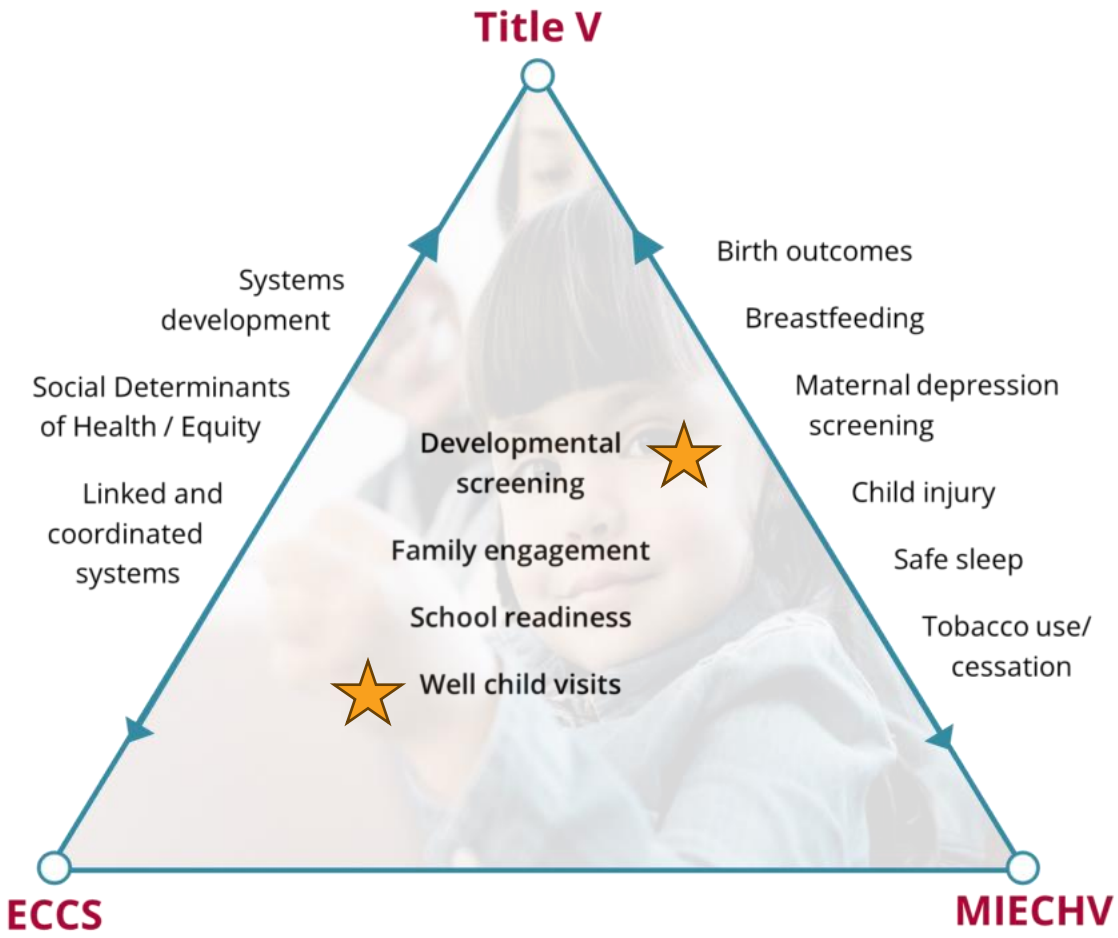
- Limited access to **quality, affordable childcare**
- Food insecurity; reliance on **school meal programs**
- Gaps in **health insurance** and **safe housing**

"Limited or absent to quality, affordable childcare" ranked #1 concern for children's health in South Dakota among 2024 SD MCH Needs Assessment.

Key Challenges for Children & Youth with Special Healthcare Needs

- **Delays in diagnosis** affect academic performance and social development.
- Families report **difficulty accessing school adjustments** and specialized supports.
- Schools need more **special education staff** and developmental delay resources.
- Care coordination between schools and healthcare providers is inconsistent.

***Figure 1**: Common Early Childhood (prenatal-5 years) Health Priorities Among Title V, MIECHV, and ECCS Programs*

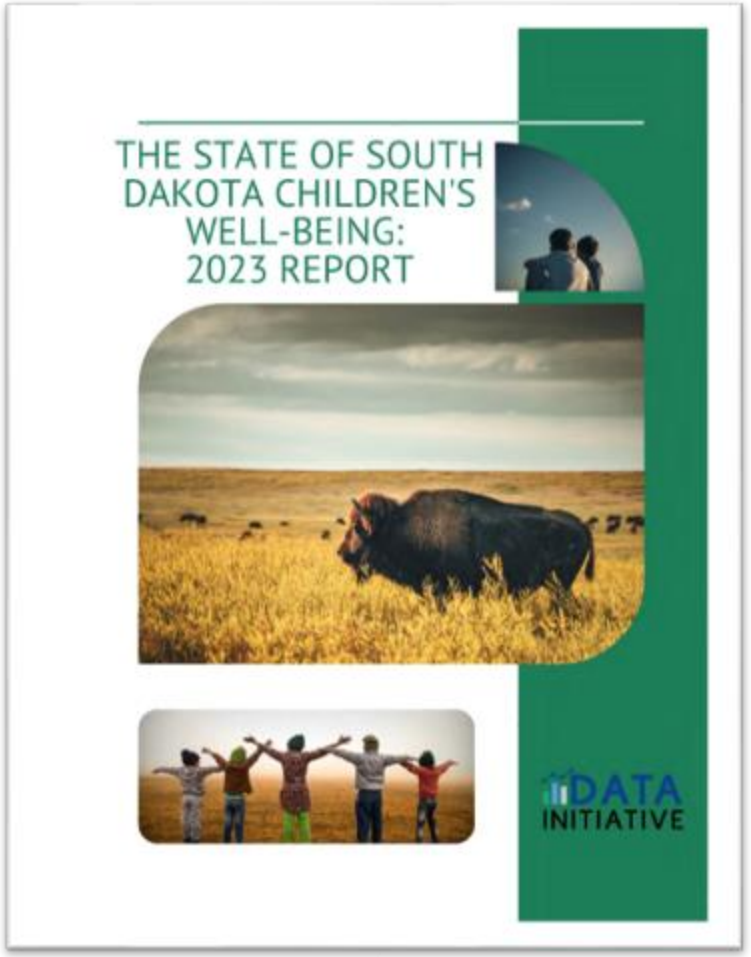


Past Title V-ECS Activities Supporting Measurement

Children's Well-being Data Initiative

ECCS Title V Partnership

- Early Childhood Educator Training Needs Survey



Strategies to Engage ECS Partners

- ECCS Advisory Board
- Showing up to and tabling at events:
  - South Dakota Association for the Education of Young Children
  - Children's Day at the Capitol
  - Community Response to Child Abuse Conference
- Connection to programs lifted-up through SD Early Childhood Comprehensive Systems (ECCS)
- Child Food Sufficiency Workgroup
- Leveraging relationships in other program workgroups

South Dakota: P-3 State Governance ECS Systems & External Partners

South Dakota Early Childhood Systems

Department of Education

Birth to 3 Early Intervention

Child and Adult Food Care Program (CACFP)

Head Start Collaboration office

Department of Social Services

Medicaid/CHIP

Child Protective services

Child Support

Child Care Licensing & Subsidies

TANF

SNAP

Behavioral Health

Department of Health

MIECHV Home Visiting

Title V MCH

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

External Partners

South Dakota Parent Connection

SD Learn the Signs. Act Early. Program

SD Assoc. for the Education of Young Children (SDAEYC)

SD PMHCA (BEAM-SD)

SD Delta Dental

Birth-SD-AIM

Current Active Title V Child Domain Partnerships and Outcome Measures

South Dakota Early Childhood Systems

Department of Education

- Child and Adult Food Care Program (CACFP)
- Head Start Collaboration office

Outcome Measures:
- Healthy Weight
- Childhood Obesity
- School Readiness (ages 3–5)

Department of Social Services

- Medicaid/CHIP

Outcome Measures:
- Child Oral Health (Cavities)
- Children's Health Status
- CSHCN Systems of Care

Department of Health

- MIECHV Home Visiting
- Title V MCH
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Outcome Measures:
- Well-Child Visits
- Healthy Weight / Obesity
- Low Birth Weight
- Fruit & Vegetable Consumption
- Flourishing (Young Child)
- Developmental Screening

External Partners

- South Dakota Parent Connection
- SD Learn the Signs. Act Early. Program
- SD PMHCA (BEAM-SD)

Outcome Measures:
- Flourishing
- Adverse Childhood Experiences
- Mental Health
- CSHCN Systems of

Massachusetts Collaborations to Support Nurturing Family Environments for Young Children and Families

Transforming Massachusetts Pediatrics for Early Childhood
MA Department of Public Health
Eve Wilder, Director
Roxanne Hoke-Chandler, Family Engagement Specialist

Title V and Transforming Pediatrics for Early Childhood Collaboration

Mass. Title V State Action Plan (2025 – 2030)	Transforming Pediatrics for Early Childhood Goals
• Support integration of early childhood development/mental health services into pediatric primary care • Increase connection between the pediatric medical home and the community system of supports for children and families • Build the capacity of pediatric primary care to **integrate a team member who reflects the community they serve** to provide a continuum of care to children birth to five.	• Increase access to multi-disciplinary team-based primary care that includes **a role that centers parenting experience (Family Partner)** for children B-5 • Understand the workforce development infrastructure needed build and sustain team-based care models in pediatrics/family medicine, with a focus on **career pathways for Family Partners**

Title V allows DPH to develop, implement, and evaluate policies and programs that span the prenatal – five period

Family Partners Support Nurturing Family Environments

A **Family Partner** is a trained professional who uses their own experience as the parent or a caregiver of a child with needs that require systems navigation to support other families navigating similar challenges – in a primary care setting.

Family Partners serve as a bridge between families and the primary care team. Their impact includes:

- Family Engagement & Trust
- Provider Burden & Burnout
- Better Outcomes for Kids

Family Partners Support Nurturing Family Environments

"When I say to a family, 'I'm going to have somebody reach out to you…' and I say that person [Family Partner] has a child with autism – you can see their face soften. You can see a sense of relief because they know that is going to be somebody who will connect with them in a way that they often don't have someone in their life to fulfill."

- Pediatrician at Massachusetts TPEC practice

Gaps: Current Family Partner Career Development Landscape

Available Career Resources for Family Partners & CHWs

Opportunities are abundant for CHW certification, not for Family Partners.

More of the resources available are designed specifically for CHWs than Family Partners.

Training is limited for deepening practice related to serving pediatric populations.

Training is further limited for developing leadership and management skills.

Growing the Family Partner Workforce in Primary Care

Training	Mentorship & Team-Based Care Support	Policy & Practice
• e-learning courses to introduce the role (practice profile) and provide guidance to ensure effective integration • Family Partners in Pediatrics Foundations (for new hires) • Best practices for supervising Family Partners in pediatrics **Partners**: Pediatric Mental Health Care Access Project (PMHCA), Parent-professional Advocacy League (PPAL)	• Consistent, individual reflective consultation provided by a Lead Family Partner • Group reflective consultation for Family Partners (facilitated by a trained peer) **Partners**: Massachusetts Association for Infant Mental Health (MassAIMH)	• Guidance, resources and tools for recruitment & hiring (i.e. sample job description & interview questions) • Family Partner Career Pathway Model (identify opportunities for leadership development & career growth) **Partners**: PMHCA, DPH Office of CHWs; PPAL, DMH, MassAIMH, Dept. of Mental Health

Importance of Reflective Practice for Family Partners

A professional development approach that…

Allows the professional to step back from the immediate, intense experience of direct work with young children and parents/caregivers to take time to consider what the experience means to the child, family and to them (the professional).

Supports the professional in…

- Managing stress
- Feeling more effective in their ability to respond to the needs of their patients
- Feeling heard, validated and satisfied in their work

Partnership and Collaboration in Action

Ohio Department of Health

Ohio Department of Children and Youth

Ohio Department of Health

Department of Health

Maria Jirousek, MST
Early Childhood Health Manager
School Nursing and Early Childhood Health Programs
Bureau of Maternal, Child, and Family Health

Department of Children & Youth

Amanda Waldrup, MS, CHES
Manager of Maternal and Infant Wellness, Community Initiatives
Outreach & Engagement Division

Title V MCH Block Grant

Action Plan Priorities 2026-2030

Women & Maternal Health

- Decrease risk factors contributing to maternal morbidity.
- Increase behavioral health support for women of reproductive age.

Perinatal/Infant Health

- Support healthy pregnancies and infants to reach their first birthdays.

Child Health

- Improve/increase support systems to promote growth and development of children to support positive health outcomes.

Adolescent Health

- Increase developmental approaches, protective factors, and improve systems to reduce risk factors to improve youth behavioral health.
- Reduce barriers and improve systems to increase access to healthcare for youth.

Children and Youth with Special Health Care Needs

- Increase prevalence of children with special healthcare needs receiving integrated care by improving targeted efforts to enhance accessibility and care coordination.

Cross-Cutting/Systems Building

- Prevent and mitigate the effects of adverse childhood experiences.
- Address social conditions and environmental hazards that impact family health outcomes by improving health opportunities.
- Foster coordination between agencies/systems to serve the community.

Ohio Department of Health

Priority: Improve/increase support systems to promote growth and development of children to support positive health outcomes.

- The needs assessment process identified the priority for the child population:
  - Improve nutrition, physical activity, and overall wellness of children.
  - Increased need for supports, education, and resources for families, children, and professionals working with children around nutrition, physical activity, and overall health of children.
  - The need for more prevention work and educational resources is critical to decreasing childhood obesity and increasing physical activity among children and their surrounding community.
  - There is increased support, encouragement, and expectation for cross-agency and state collaboration to improve the health of Ohio's children.

Ohio Department of Health

- Objective 1: By 2030, **collaborate and coordinate across programs** to implement the planned strategies below to educate and increase rates of children with medical homes that conduct quality comprehensive child visits that include developmental and other screenings.

- Objective 2: By 2030, **increase** the percent of children, ages 9-35 months, that receive developmental screens via home visiting programs by 10%.

- Objective 3: By 2030, increase healthy environments for children through **more** educational opportunities and resources for families around nutrition, physical activity, and overall wellness, and be accessible for all to reduce childhood obesity.

Ohio Department of Health

Partnerships

- **Develop partnerships** between programs that can mutually promote wellness, including trauma-informed care, early intervention, and school supports for all children.
- **Engage community** and agency stakeholders to utilize a Community of Practice approach to share resources, build support, and collaborate.
- **Gather, educate, and share** resources on a variety of screening tools.
- Educate and expand **care coordination** efforts for all.
- Provide resources, technical assistance, and professional development to **support professionals and families** where children live, learn, and play.

Ohio Department of Health

Early Childhood Health

- ***Mission**: To promote safe and healthy environments where young children live and learn. It includes the Early Childhood Obesity Prevention Program and the Health and Safety Program.*
- **Vision:** Safe and healthy environments for each young child will be the standard in Ohio.
- **Program Goals:**
- Create a culture of health and safety.
- Ensure safe environments and healthy options for all Ohio children.

The Early Childhood Obesity Prevention Program (ECOPP) is a coordinated and comprehensive approach involving families, early childhood education professionals, health professionals, and community organizations working together with consistent messaging and strategies to ensure a sound foundation for health in the future.

Health and Safety Trainings

Early Childhood Professionals working in ECE programs

Twenty six virtual trainings available through listed on OCCRRA and housed on OhioTRAIN

Ex. Physical activity, immunizations, outdoor learning environment, cold and flu, allergies

Self paced with resources

Ohio Approved hours
Over 77,000 hours since July

Parenting at Mealtime and Playtime

Professionals working with families and children and youth

Partnership with Ohio AAP

Virtual Toolkit for providers

Four live webinar for MOC credit

Mobile app with nutrition, physical activity, and parenting guidance for providers and families

Fifty three handouts and resources for families (31 translated to Spanish)

Ohio Healthy Program

Licensed ECE and out of school time Programs

Partnership with OCCRRA

Obesity Prevention Program

Ohio Approved Trainings

Lesson plans, sample menus, and family engagement resources

Provide consistent messaging to build healthy habits

Farm to ECE Partnership

All type of ECE and school settings (licensed programs, K-12)

Partnership with OSU Extension and ODEW

Self-paced virtual training available for Ohio Approved Credit

Two procurement guides published online
Four short videos and resources highlighting Farm to ECE program components

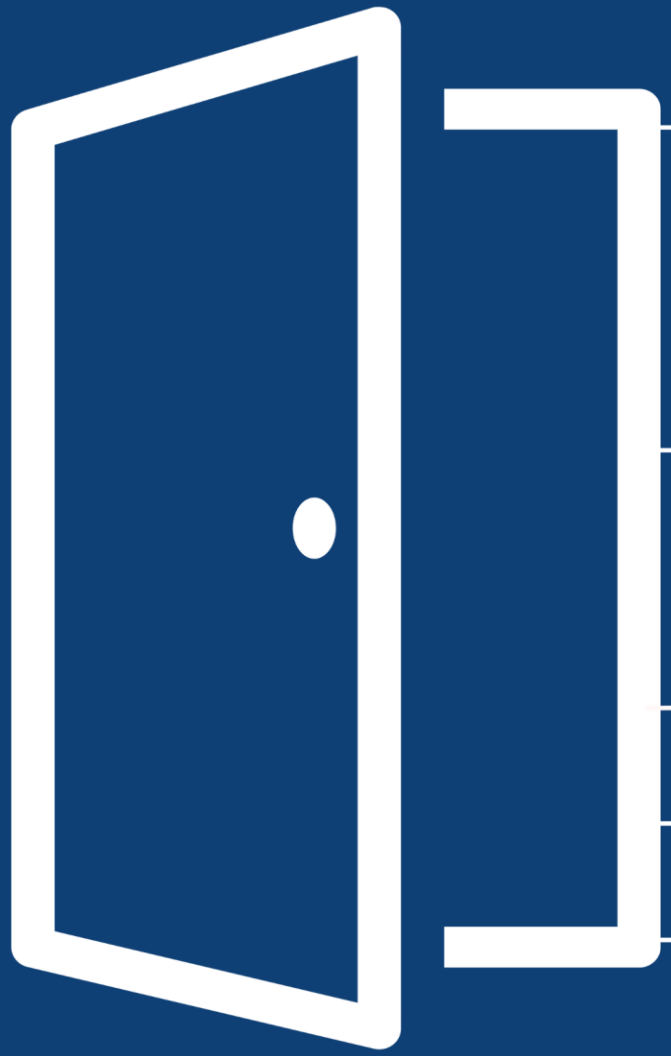
How you can get involved:
Email: ODHEarlyChildhoodHealth@odh.ohio.gov

ECH Bulletin Board:
ODH Early Childhood Health Electronic Bulletin Board

Website: Early Childhood Health

Department of Children & Youth

Help Me Grow



Central Intake & Referral

Maternal and Newborn Home Visting

- Family Connects Ohio

Community Resources

Developmental Screenings

Ongoing Home Visiting

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Early Intervention

STATEWIDE REFERRAL SYSTEM

Referral Sources

- Prenatal providers
- Physicians and other medical providers
- Public Children Services Agencies
- Electronic Pregnancy Risk Assessment forms
- WIC
- 211
- Early Care and Education providers
- Non-profit agencies
- Early Intervention providers
- Home Visiting providers
- Hospital-based Child Find Specialists
- Community health workers
- Primary caregivers, family members, and friends
- Managed care providers
- Neighborhood Navigators

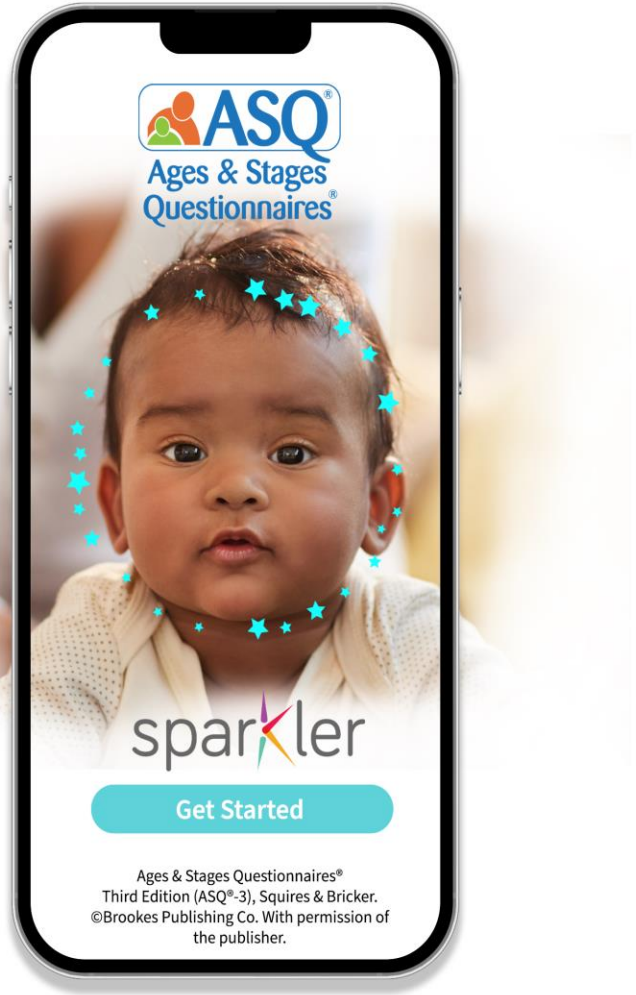
Early Childhood Central Intake and Referral

System of Support

- Early Intervention Programs
- Home Visiting Programs (Newborn and Ongoing)
- Developmental Screenings
- Community Resources

Available at **helpmegrow.org/directories**

DEVELOPMENTAL SCREENINGS



- Developmental screening tool for children from birth through age 5
- Educates parents and caregivers about child development
- Accurately identifies children at risk for developmental delays
- Access libraries of 2000+ playful activities and evidence-based development tips for parents
- Available in English, Spanish, Chinese, French, and Arabic

Access Code: OH

ASQ® Ages & Stages Questionnaires®

MODEL HIGHLIGHTS

Ohio Department of Children & Youth

Help Me Grow Home Visiting

FAMILY CONNECTS OHIO

- No income requirements
- Maternal/Infant visit at 3-12 weeks postpartum
- Certified Nurse Home Visitor

Nurse Family Partnership

Nurse-Family Partnership

Helping First-Time Parents Succeed

- Pregnant individuals
- First time and high risk
- Until child reaches age two
- Certified Nurse Home Visitor

Healthy Families America

Healthy Families Ohio

- Pregnant individuals or families with a child under age two
- Until child reaches age five
- Certified Home Visitor

Parents as Teachers

parents as teachers

- Pregnant individuals or families with a child under age three
- Until child reaches age five
- Certified Home Visitor

Ongoing Home Visiting

MATERNAL AND INFANT VITALITY INITIATIVE (MIVI)

- MIVI's purpose is to address the main causes of infant mortality in the 10 counties with the largest gaps in birth outcomes.

MIVI Structure:

- Neighborhood Navigation
  - Helping families get care and support.
- Community Data
  - Using local data to guide local solutions
- Stakeholder Engagement
  - Bringing partners together to develop community-led solutions

MIVI counties: Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark and Summit.

THANK YOU!

Any questions, please contact:

Amanda Waldrup, MS, CHES

Amanda.Waldrup@childrenandyouth.ohio.gov

Ask us about…

- Working cross agency from state level to local level in a home rule state.
- Working together to overcome barriers.
- Bringing home, education, and medical together at the same table.
- Engaging “voices” into the work. (Youth, teachers, school nurses, families, community leaders, non-traditional partners, those with personal experience.)

Ohio Department of Children and Youth

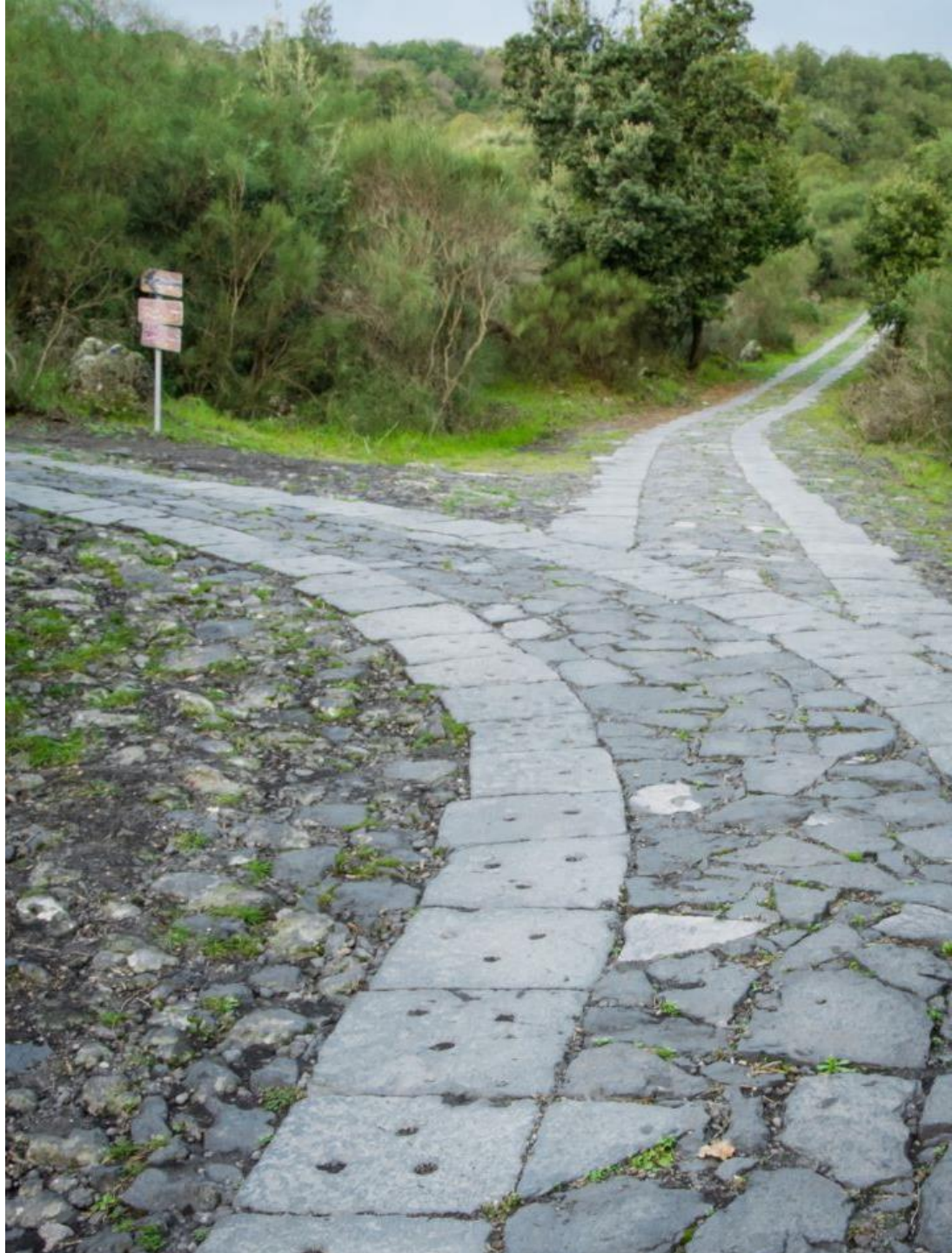
Ohio Department of Health

Department of Children and Youth

Department of Health

Part 3:

Choose-Your-Own Breakout



AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Part 4:

Reflections and Closing

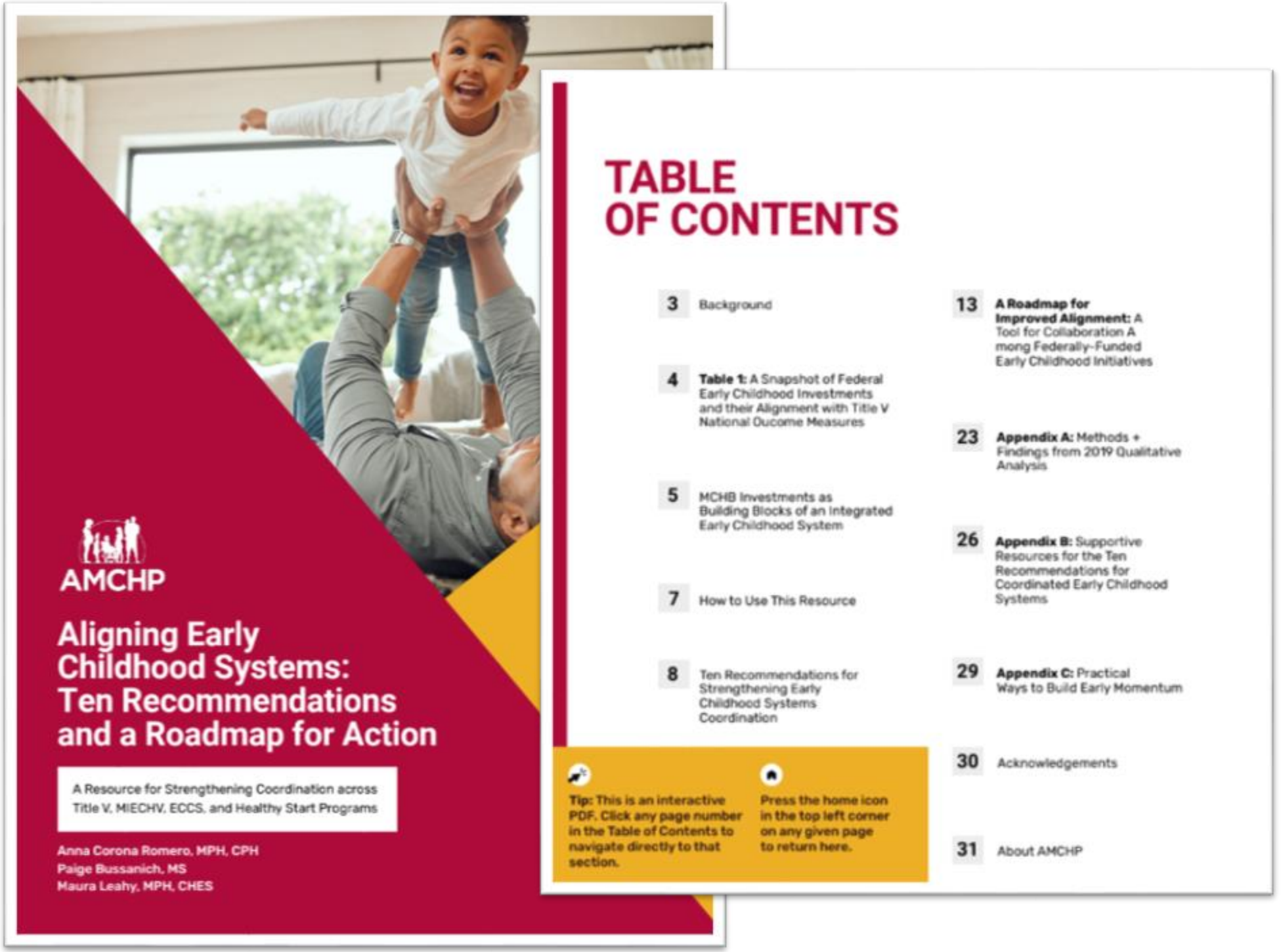
AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Available Soon!

amchp_dc

AMCHP DC

AMCHP



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Thank you!

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