Maternal and Child Health Program

Strategic Plan

2019-2023

Public Health
MADISON & DANE COUNTY

Healthy people. Healthy places.

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EXECUTIVE SUMMARY

OUR VISION

Our vision is to create a society, a community, and a health department that supports healthy pregnancies, pre- and inter-conception health, and healthy children. To achieve this, we strive to operate with health and racial equity as a guiding principle to make sure health outcomes in Dane County are not determined by race or other group status.

OUR VALUES

Mobilize equity

We put equity into action in our everyday work.

Share power

We engage partners in our decisions, allowing for authentic participation with people facing inequities.

Respond effectively

We try new things, we fail, and we learn and grow.

Center communities

We incorporate voices with lived experiences into our work.

Create cohesion

We act as bridges between internal PHMDC teams and external community maternal and child health groups.

Enhance coordination of MCH-related priorities across teams and divisions within PHMDC.

1.1 Create and update a partner inventory database.
1.2 Ensure that workgroups and projects are informed by learnings from PHMDC programs, including client experiences.
1.3 Build stronger connections with other PHMDC teams and divisions.
1.4 Create PHMDC cross-sectional teams around a shared project.

Communicate and promote MCH work internally and externally.

2.1 Create and regularly update communications documents for each team.
2.2 Develop social media, press, and other local media communications plans for each team.
2.3 Regularly collaborate with the PHMDC Communications Team, in order to ensure best practice in all of our communications work.

Cultivate strong, authentic partnerships with community partners and outside stakeholders.

3.1 Build relationships between community partners and WIC, the perinatal team, and other program staff.
3.2 Assist partners in finding more secure funding through grant opportunities or government support.
3.3 Respond to partner requests to more collaboratively address issues.

Create pathways into public health, especially for communities of color.

4.1 Continue to grow a robust internship program within MCH teams.
4.2 Seek ways to provide funding for internships.
4.3 Utilize partnerships to broadly share and recruit for all relevant PHMDC staff opportunities.

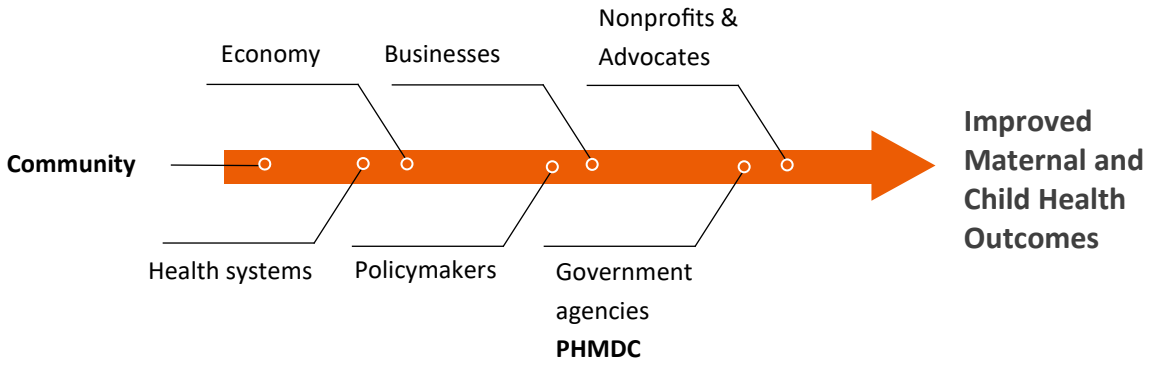
Educate and advocate around MCH public health priorities.

5.1 Build capacity and provide educational testimony to legislative bodies. Invest in relationships with legislators.
5.2 Expand internal MCH policies to other city and county departments.
5.3 Grow our repository of position statements and develop a partnership with the Dane County Board of Health.

Elevate MCH data accessibility, availability, and equity.

6.1 Use stories and qualitative data in analysis and policy advocacy.
6.2 Work together with the Overdose Fatality Review Team to ensure the timely analysis of qualitative FIMR data.
6.3 Prepare common data requests in advance; center accountability in data sharing.
6.4 Using Performance Management, assess teams' successes and opportunities to inform continuous quality improvement.

INTRODUCTION



Why does this document exist?

Addressing inequities in maternal and child health (MCH) outcomes is the urgent responsibility of countless sectors and systems. In this plan, we, as a public health team focused on maternal and child health, aim to zoom in on our specific strategies and scope of work to elevate MCH health in Madison and Dane County. This is not a plan for every entity working on MCH in the county; rather, we aim to outline how we are adding unique value to the MCH landscape, while aligning with related initiatives across the county. As we present in more detail in our MCH Data Book, our county experiences persistent health and racial inequities. It is our vision that these statistics are not our continued reality. We strive to answer the question, "How do we fit into the bigger picture of changing these outcomes?"

It is important to define "we." Public Health Madison & Dane County (PHMDC) does a large amount of work in the area of maternal and child health. Within the Community Health Division, public health staff run a WIC clinic, offer sexual and reproductive health services, administer immunizations, and implement two perinatal nurse home visiting programs. These teams do both systems-level work and client-facing work. To dedicate additional resources to systems-level work in this area, a new supervisor position was created at the end of 2017 to establish an MCH team focused specifically on changing policies, systems, and the environment surrounding MCH-related issues.

What does "MCH" mean?

Historically, the field of MCH has focused mainly on people who are pregnant and infants. Our MCH team is moving toward operating with a broader definition of MCH, redefining the term as all of the structures and systems that could influence the reproductive health period. From a Lifecourse perspective, this means we recognize that cumulative stress—as a result of factors such as structural racism, economic insecurity, or unstable housing—impacts people and birth outcomes at a molecular level. The life course perspective also outlines that early life exposures influence future reproductive potential. So, while we focus some of our work on the pre- and postnatal periods—such as promoting strong systems around breastfeeding—we also include preconception health in our scope of work. To our team, preconception health begins early in life and includes those who may or may not have a baby one day. In this way, we approach our work from a reproductive justice framework. We uphold the right for people to have children, not have children, and parent children in safe and sustainable communities. Finally, we recognize that the M in MCH is gendered. Our "M" includes people who do not identify as women, including some gender non-conforming people and some transgender men.

Two teams have evolved to live under the umbrella of the MCH team: the Dane County Fetal and Infant Mortality Review (FIMR) team and the Breastfeeding Community Collaboration Team (BCCT). The FIMR team facilitates the reviewing of cases of infant and fetal death, as well as action related to the case reviews; the BCCT administers the state level MCH grant and works with partners to increase equity in breastfeeding. By design, most of our team members do not have clinic responsibilities or see clients. Given this arrangement, we are uniquely positioned to bring capacity and energy to shared division priorities, with MCH as the frame. Specifically, the ways in which we work are:

- We have relationships across divisions and externally, allowing us to act as a bridge between client-facing staff, data/policy staff, and external partners.
- We work to elevate nimbleness and time-bound responsiveness.
- We can leverage these skills to model a workforce that is more transparent and connected to strategic plan goals.
- We learn from our mistakes.
- We elevate creativity and innovation

Isn't "MCH" more than breastfeeding and FIMR?

Yes! Broadly, maternal and child health includes many peoples' work, both within and outside of PHMDC. The way we are structured means that, internally, BCCT and FIMR are called the "MCH Program," even though many other teams work on MCH-related activities. This strategic plan is meant to describe future goals and activities of BCCT and FIMR, not every team that works with parents and children. But you will see many other teams (NFP, PNCC, WIC) mentioned throughout this report who are important to MCH work.

Who is this document for?

This document is intended for multiple audiences. Internally, its purpose is to illustrate connections between the MCH teams (FIMR and BCCT) and other teams within the health department. In outlining the expansive way we see our scope of work and the broad range of public health topics our team touches, we hope each of our colleagues will see themselves linked to this work. For partners, it is to increase transparency and help them see where PHMDC's MCH work is going. For policymakers, it is to provide a tangible example of how public health approaches MCH issues and to build awareness of MCH issues. For other public health departments, it is to provide an example of systems-level work.

Why now?

Currently, MCH topic areas are the focus of state and local momentum. The 2019-21 proposed state budget illustrates this through the Healthy Women, Healthy Babies proposal, which demonstrated support for a training pathway for community-based doulas, expanded post-partum health care coverage for people who are pregnant and receive Medicaid, and created a state Infant Mortality Prevention Program, among other MCH-related items. The Dane County Health Council, a consortium of health system executives including UnityPoint Health- Meriter, SSM Health, Group Health Cooperative of South Central Wisconsin, Access Community Health Centers, PHMDC, United Way of Dane County, and Madison Metropolitan School District, is prioritizing addressing low birthweight among African American babies as their topic of focus for the next three years. The Saving Our Babies report, released in February 2019, generated and continues to generate community-wide awareness and momentum around Black maternal child and family health. Internally, PHMDC recently established a Sexual and Reproductive Health Alliance, as well as a Nurse-Family Partnership Community Advisory Board. Both entities strengthen the linkages between community and public health in the realm of MCH.

Our Team Values

Our team values describe how we aspire and strive to work within PHMDC and in partnership with other organizations. It is essential for all of us to live these values in order for us to be successful in our day-to-day activities. PHMDC as a whole strives to be an anti-racist health department, and many of these team values are implicitly and explicitly shared by PHMDC.

All of our values, and the strategies in future sections, rely on BCCT and FIMR working in partnership with other internal teams and programs, as well as outside organizations. Relationship building is a vital part of upholding any of these values or completing any of our strategies. Our work is intended to be done in collaboration with and with input from others, and we strive to have the voices of people most affected by MCH issues drive our work.

Mobilize Equity—we put equity into action in our everyday work

We strive to be a part of a future where everyone has the opportunity to be healthy. In MCH, this means that we focus our efforts on anti-racism first and foremost, while also working to confront sexism, transphobia, homophobia, ableism, and discrimination

against other intersectional identities. Through our work, we aim to address the structural barriers that make it more difficult for certain groups and individuals to be healthy. We strive to approach each activity by asking the question, "In what ways can we structure this activity so that equity is at the center?" Our decision-making, priorities, communication, and projects should all show a centering of equity at their core. We confront racism and inequities within our own team and organization.

Examples: Incorporating health equity reflections at the end of meetings; participating in trainings such as "Black History for A New Day" by Justified Anger; conducting equity analyses at the beginning of new projects or position statements.

Share Power— We engage partners in our decisions, allowing for authentic participation with people facing inequities

We acknowledge the role that government has played and continues to play in creating inequities, and we will seek to change this practice by shifting the power from government to community. We aim to share information, funds, and connections with our partners. We will be transparent about our decisions and why they were made—we won't back away from showing vulnerability. We will create space for our partners to be heard, and we will make every effort to respond. As the entity with a lot of power, we are dedicated to proactively holding ourselves accountable in order to build trust.

Examples: community partners serving as graders for our internal positions; using our connections in government to elevate our partners' work at events such as the Breastfeeding Equity Open House; delegating grant funding and PHMDC staff time to support the work of partners.

Respond Effectively—we try new things, we fail, and we learn and grow

We aim to adhere to a model of "failing faster"—that is, taking strategic risks, trying new projects, and learning from those experiences. We will embrace the model of a learning organization, using our department frameworks of quality improvement and performance management. It is expected that everyone will make mistakes; those mistakes offer opportunities for learning. Our learning organization model will empower us to take action when we receive requests, suggestions, and feedback from others. We acknowledge that not every request or piece of feedback might be within our team's control, but we will respond meaningfully to feedback.

Examples: creating a tracking spreadsheet to document partner requests; cultivating the knowledge and skills to engage in MCH-related policy work; creating FIMR action teams to mobilize prevention efforts around fetal and infant mortality and respond to recommendations for action from FIMR case review.

Center Communities—we incorporate voices with lived experience into our work

We will bring voices external to PHMDC into the work we do, both through existing partnerships and through seeking out new voices to be heard. We will create opportunities for people with lived experience to give us feedback, to inform our work, and to be a part of our work, both formally (through jobs, internships, and contract work) and informally (through relationship building, meetings, and events). We seek to understand and be informed by the people who are most affected by maternal and child health inequities.

Examples: interviewing parents who have lost children in order to learn more about their experiences and identify what needs to change in health care systems; hosting a documentary screening that centered the voices of Black women who were breastfeeding; elevating stories and priorities of people with lived experience through social media.

Create Cohesion—we act as bridges between internal and external teams

BCCT and FIMR team members will have ongoing and meaningful partnerships with other programs and divisions within PHMDC, including Perinatal, Sexual and Reproductive Health, Policy, Planning, and Evaluation (PPE), Women, Infants, and Children (WIC), Environmental Health, the Wisconsin Well Woman Program (WWWP), and Immunizations. We will be able to work effectively across divisions through our positive relationship building. PHMDC staff know what we're doing and know how our work fits with their work. Other teams will be able to inform our work and share their expertise with us. We will be well-connected and well-coordinated so that outside partners have access to all MCH related teams and can form positive relationships with those teams, and PHMDC staff won't overburden outside partners with redundant requests from different areas.

Examples: coordinating with WIC to recruit effective breastfeeding peer counselors; working with the perinatal team to inform safe sleep discussions with health care providers; working closely with the policy team to align our work with their vision for PHMDC's role in policy.

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STRATEGIES AND GOALS

Our **strategies** aim to operationalize our values—that is, how we turn our beliefs into tangible action. We list examples of **past and present work** to illustrate concrete action and describe what we have been doing to get to where we are today. Our **goals** indicate where we are heading and describe what we think is possible given the MCH landscape as we know it. This is an evolving landscape—specific activities will evolve over time. We are committed to reporting when and why our goals shift over the next five years, and we are committed to evolving as needs arise. Given the interdisciplinary nature of our work, achievement of our goals will require deep collaboration and enhanced capacity (see Needs and Capacity Projections section).

Strategy 1: Enhance coordination of MCH-related priorities across internal teams and divisions.

What this means:

Client-facing staff, such as nurses on the perinatal team, have practical, real-world experience navigating systems, and are holders of many client stories. BCCT and FIMR staff should partner with client-facing teams to inform and enhance policy and systems work, without burdening those staff with the role of coordination, project management, or writing. Teams should work together on shared priorities that affect multiple teams, such as advocating for broader access to paid family leave. Additionally, BCCT and FIMR staff play a role in facilitating relationships between outside partners and other PHMDC teams, to minimize the burden on outside partners to coordinate with our large organization.

Examples from past and present work:

- We are working to improve the referral process between the perinatal team and community partners. While still a work in progress, partnerships between BCCT, the

perinatal team, and BCCT's partners has enabled us to better streamline referrals of moms to all of our programs.

- We have brought in NFP staff to a FIMR Action Network (FAN) working group to lend expertise on safe sleep**.** Partnering with NFP staff has informed the way we talk about safe sleep with partners, and has allowed us to connect with clinical staff from UW Health to dialogue about nuanced safe sleep conversations with clients.

Goals for the Future:

1.1 Create and update a partner inventory database. The database will list out PHMDC teams' partners and how they work with those partners, and will be used by staff in order to better connect with outside organizations, as well as streamline meeting requests to partners.

Equity alert!

We consider the way we use our partners' time an equity issue. Grassroots organizations typically don't have time or staffing to handle multiple requests and projects from a large organization. PHMDC has enough staff and resources to be able to streamline and coordinate our requests so we are partnering, not burdening.

1.2 Ensure that projects in policy, communications, and other non-client-facing areas are informed by learnings from PHMDC programs, including client experiences. This could include hearing from clients directly, such as through the NFP community advisory board, or by involving client-facing staff in the work. Clients or community members who are directly working with us on projects should be compensated for their time and expertise.

1.3 Build stronger connections with other PHMDC teams and divisions, including the Sexual and Reproductive Health (SRH) and Immunizations teams, and the Environmental Health (EH), Policy, Planning, and Evaluation (PPE), and Operations Divisions. Connections may happen through shared projects, or by embedding staff on each other's teams more permanently.

1.4 Pull together cross-sectional staff to work on shared projects. Examples of projects might include creating position statements, quality improvement projects, FIMR FANs, or shared relationship building with an outside partner.

Strategy 2: Communicate and promote MCH work internally and externally.

What this means:

Our work is not as effective or far-reaching if we cannot clearly communicate what we are doing. In order to create cohesion between PHMDC teams and show our value as a partner to external organizations, we have to build communications into all of our projects.

Communications work should do the following:

- Educate the public about MCH topics and our work, as well as MCH work outside of PHMDC.
- Update our partners on public health's work to create a culture of accountability.
- Share our work with other PHMDC teams and divisions, such as PPE or WIC, and provide opportunities for staff from those teams to work with us.
- Engage government leadership (PHMDC, City of Madison, and County of Dane) in our work.

Examples from past and present work:

Equity alert!

It matters greatly how we frame our communications work. As much as possible, we work to center the voices of people of color, and we stay away from any messaging that might shame or stigmatize people.

- We worked with the media to feature news articles about the 2019 Breastfeeding Equity Open House. We were able to engage with multiple news outlets to get broader attention on the work of our partners and the event.
- We are building engagement with MCH issues through social media. The breastfeeding team consistently has the most likes and shares on Facebook, and engages new people in our work through supportive and positive posts.
- We created a yearly infographic documenting the BCCT's collaborative work with our three funded partners. Documenting and sharing our yearly successes with our partners helps us advocate for the continuation of our work together and communicate the tangible successes of our team to leadership.
- We communicate with members of the FIMR Case Review Team (including physicians, social workers, doulas, and midwives) about de-identified cases of infant and fetal death to prevent future deaths.

Goals for the future:

2.1 Create and regularly update communications documents for each team. These might look like infographics, annual reports, website pages, or other documents, but all should have the goal of making information about our work accessible and up-to-date.

2.2 Develop social media, press, and other local media communications plans for each team. Both BCCT and FIMR should be regularly posting on social media to share important information and our partners' work, as well as elevating urgent issues to local media outlets for greater reach.

2.3 Regularly collaborate with the PHMDC Communications Team, in order to ensure best practice in all of our communications work.

Strategy 3: Cultivate strong and authentic partnerships.

What this means:

We cultivate strong, honest, authentic partnerships to promote supportive communities and transform systems that influence MCH. We prioritize receiving and acting on partner's feedback on how our MCH teams can be better partners and allies through regular collaboration and maintaining accountability to partner requests. As a currently majority white MCH team, it is essential to do internally facing equity work to understand how we perpetuate systemic racism and work to dismantle the systems of white supremacy. It is important to do our MCH work dynamically with partners of color without adding additional unnecessary burdens. We aim to go beyond a transactional relationship with the partners we work closely with and move into a space of sharing power and working collaboratively.

Examples from past and present work:

- We have built and continue to build MCH partnerships and allies through providing micro funding and technical assistance to set up lactation rooms.
- We allocated some of our grant funding toward community partners' MCH work, and will continue to do so.
- We worked with partners to advocate to Healthy Children Project and the Academy of Lactation Policy and Practice (ALPP), the organizations that run the Certified Lactation Consultant certification process, to be more inclusive of participants of color.
- We are continuing to expand the diverse representation of community members in the FIMR Case Review Team and the FIMR Action Network.

Equity alert!

Developing meaningful partnerships as a health department also means addressing racism within our own organization and within ourselves. Staff on MCH teams have participated in intensive courses including the Witnessing Whiteness workshop, which is designed to challenge white culture and white supremacy, and Justified Anger's Black History for a New Day, in which participants learn about both the history and ongoing perpetuation of structural racism. We consider these trainings an important way to build our health equity skillsets.

Goals for the future:

3.1 Enhance coordination to build relationships between community partners and WIC, the perinatal team, and program staff, especially based on community request.

3.2 Assist partners in finding more secure funding through sending grant opportunities and assisting with grant applications as desired, such as writing letters of support or providing in-kind technical assistance for data and evaluation. This might also look like finding ways to support MCH work through government (see the section "Needs and Capacity Projections" for examples of projects, and Appendix A for an example of a funding proposal.)

3.3 Respond to partner needs and requests in order to more collaboratively address an issue. This might look like shared advocacy to an organization, a co-sponsored community event, or another collaborative effort.

Strategy 4: Create pathways into public health, especially for communities of color.

What this means:

Our team strives to foster a work environment aligned with PHMDC core values—where diversity and differing opinions are valued, creativity is encouraged, continuous learning and improvement are fostered, teamwork and honest communication are encouraged, and meeting community needs through quality service is a shared goal. We offer internship and fellowship opportunities to create additional pathways into the public health field and prioritize MCH applicants from traditionally underrepresented populations including women and racial and ethnic minorities. We review MCH position descriptions with an equity lens and promote available MCH positions to a diverse audience.

Examples from past and present work:

- We have mentored and continue to mentor students of color as interns on MCH teams, with an option for school credit through UW-Madison.
- We invited community partners to serve as graders for MCH positions so they influence who we hire.
- We reviewed education, experience, and special requirements for MCH position descriptions and discerned whether experience could be interchangeable for a college degree.

Goals for the future:

4.1 Continue to grow and move towards a robust internship program within MCH teams (in terms of number of interns, recognition of internship experience at area universities, and MOUs signed with universities and colleges in coordination with PHMDC's workforce development team). Explore opportunities to engage high school students through programs like Wanda Fullmore or the Pathways program at Madison Metropolitan School District (MMSD).

4.2 Seek ways to provide funding for internships (outside of school credits) such as work study and/or Area Health Education Centers (AHEC) program.

4.3 Utilize partnerships to broadly share and recruit for all relevant PHMDC staff opportunities.

Strategy 5: Educate and advocate around MCH public health priorities.

What this means: We see social determinants of health and power structures influencing the health of communities every day. In order to address these issues, we must be active in educating and advocating around MCH policy and priorities; we also work on policy issues to be responsive to the needs of our community partners. We write position statements related to MCH, build relationships with elected officials, and improve internal workplace policies.

Examples from past and present work:

- We wrote a planning brief for a position statement about the rights of pregnant people who are incarcerated to health and support services during pregnancy, birth, and post-partum.
- We facilitated the purchase of two Mamava lactation pods to enhance the access to lactation spaces of staff and community members; we wrote an internal lactation policy that supports breastfeeding employees to express their milk or nurse during work hours and provides use of PHMDC's lactation spaces to the public.
- We generated a recommendation document for equitable government funding of community based doulas for an audience of local policy makers.

Goals for the future:

5.1 Build capacity and provide educational testimony to legislative bodies. Invest in relationships with legislators so that they see us as experts on MCH issues and solicit feedback from us.

5.2 Expand internal MCH policies to other city and county departments.

5.3 Grow our repository of position statements and more deeply engage with the Madison & Dane County Board of Health.

Strategy 6: Elevate MCH data accessibility, availability, and equity.

What this means: Data—from FIMR case reviews and birth parent interviews, from BCCT community partners, internal program data, and more—is vital to the work that the MCH team does. It is important for this data to be presented in a way that is accessible to anyone who wants it, and we must frame it in a way that centers structural factors associated with inequitable outcomes, with health equity at the forefront. We also recognize that stories are also qualitative data, and use data reports to elevate stories.

Examples from past and present work:

- We wrote and designed the MCH data book, shared it on social media, and collaborated with partners, including the Foundation for Black Women's Wellness, to share with a diverse group of stakeholders. In the report, we centered structural barriers which lead to health inequities, and acknowledged that the data shared can cause pain and harm.
- We are in the process of restarting birth parent interviews for parents experiencing infant or fetal loss. This data will be incorporated into the FIMR case review process and add valuable context for the discussion of cases and prevention of future fetal and infant deaths.

Equity alert!

From a one-page data brief to a large-scale data product, we ensure that framing language that centers health and racial equity is included. We believe that data products should leave the reader aware of the broader factors that perpetuate inequities.

Goals for the future:

6.1 Commit to advancing story as qualitative data. Collect a repository of stories from the WIC, perinatal, and community-based public health nurse teams. Use these stories and (de-identified) data from FIMR birth parent interviews in analysis and policy advocacy.

6.2 Work together with the Overdose Fatality Review Team to hold "data jams," where members of both teams analyze interviews, identify themes, and share expertise to ensure the timely analysis of qualitative data.

6.3 Anticipate and have responses to common MCH data requests prepared in advance. Be responsive and accountable to data requests from partners, including presentations, data education, and annual updates of data in reports.

6.4 Using PHMDC's Performance Management framework, assess teams' successes and opportunities to inform continuous quality improvement and continuous growth.

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CONNECTIONS WITH OTHER REPORTS

Our work is not done in isolation; we are influenced by and work alongside others in the field who share similar goals. When writing this strategic plan, we did not want to recreate the work of our partners' goals and plans, and we want to work in alignment with those plans. In this section, we will explicitly call out the connections we see between our goals and the goals and recommendations of others working in Maternal and Child Health in Dane County.

Not included here is Public Health Madison & Dane County's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), as both are still under development. We anticipate that this plan will fit well with the CHIP's recommendations; since the CHA/CHIP process is designed to be more community-facing, the structural, internally-focused goals we have outlined will support the CHIP's community goals, no matter what they end up being.

We acknowledge that our plan for the future is shaped by the work being done now, at this point in time in 2019, and we anticipate that the work will evolve beyond our goals that exist right now. We have aimed to align with important initiatives at this point in time, and we aim to shift our work and our goals as needed in the future to continue to work in collaboration with other initiatives.

SAVING OUR BABIES RECOMMENDATIONS

"Saving Our Babies: Low Birthweight Engagement Final Report" was a collaboration between the Dane County Health Council, the Foundation for Black Women's Wellness, and EQT by Design. The Foundation held focus groups with nearly 300 African American women, men, and youth, as well as providers who serve African American families, to hear more about the root causes of low birthweight in African American infants. Some of the recommendations in this report are aimed toward health systems or other organizations outside of public health, but many are relevant to our work in BCCT and FIMR.

Internal Health System Actions

Expand promising initiatives (i.e. Centering Pregnancy, expansion of doulas, home visiting)

Although PHMDC does not manage many of these initiatives, we aim to continue to support promising work through sustaining and creating partnerships and advocating for these programs. We currently work in partnership with doulas and promotoras and plan on continuing to build authentic partnerships with those organizations. We aim to find new ways we can support emerging work through utilizing flexible funding, sharing skills, or advocating with partners.

Prioritize cultural competence and workforce diversity in all current programs (Centering, Midwives, Prenatal Ed Classes, PHMDC)

and

Root out racial bias and invest deeply in efforts that embed equity in the member organizations

We know that we have a long way to go, both as an organization and as a team, in creating a diverse public health workforce and rooting out racial bias. By creating more pathways into public health, we hope to increase racial diversity at PHMDC within our own spheres of influence. We are committed to deeply participating our PHMDC's department-wide health and racial equity work as a whole, continuing to do self-work on our own racial bias, and listening and changing in response to feedback from organizations of color.

MCH Strategies

- Enhance coordination of MCH-related priorities across teams and divisions
- Communicate and promote MCH work internally and externally
- Cultivate strong, authentic partnerships
- Create pathways into public health
- Educate and advocate around MCH public health priorities.
- Elevate accessibility and availability of and equity in MCH data

Root solutions in highest need zip codes

Public health is often a major source for community health data, including place-based data. We aim to make public health MCH data more accessible through news releases, ad-hoc requests, regular reports, and more active use of FIMR data. We recognize that institutional data shouldn't be the only driver of change, and that peoples' lived experiences are critically important when creating solutions.

Continue to invest in and partner deeply with existing community-based efforts and organizations that address health disparities and well-being in the Black community

Partnerships with community-based organizations have been and will continue to be vital to the goals of the MCH team. Sharing funding with our key partners has been essential, and sustaining those funds will continue to be important in maintaining equitable relationships with partners. We look to keep building partnerships through advocating next to partners for MCH-related policies, coordinating work internally to reduce external partner fatigue, and creating space for authentic engagement, feedback, and growth.

Align efforts, initiatives and Community Health Needs Assessments (CHNA's) across systems for greater systemic impact

Through the creation of this section, we have attempted to show the alignment of our work with the work of the Dane County Health Council and the Foundation for Black Women's Wellness, as well as internal PHMDC strategies.

Community Investments

Expand African American Doulas

In 2019, the BCCT advocated for the financial support of doulas in Dane County. We aim to continue exploring opportunities with the City and County to find creative ways to fund doula training and doula services equitably. Additionally, as we collect stories about doula services through FIMR birth parent interviews, we hope to be able to provide qualitative data to show what value doulas are adding to the birth experience of moms in Dane County.

Establish the Black Maternal and Child Health Task Force

Fetal and Infant Mortality Review (FIMR) and its associated Action Networks will connect with the Black Maternal and Child Health Task Force when it is launched, to the degree requested by the task force. We will connect with the task force to share FIMR data, recommendations, and action to align our work and to assist the task force in accessing information around infant mortality.

MCH Strategies

- Enhance coordination of MCH-related priorities across teams and divisions
- Communicate and promote MCH work internally and externally
- Cultivate strong, authentic partnerships
- Create pathways into public health
- Educate and advocate around MCH public health priorities.
- Elevate accessibility and availability of and equity in MCH data

System and Policy Actions

Convene Cross-sector Partners

Relationships with partners from a variety of sectors is important to work that addresses root causes and social determinants of health (e.g. racism). We have already started exploring relationships with new partners (e.g. Food Policy Council) and will continue expanding our partnerships in Dane County. Building stronger relationships with a greater number of teams in PHMDC, such as Environmental Health, will also help us be more effective and align priorities related to social determinants of health.

Advocacy and Alliances for Public Policy

We want to expand our policy work to address many of the specific policies listed in Saving Our Babies, including paid medical leave, Medicaid policy changes, and doula insurance coverage. We aim to be an ally to organizations who already work in policy and find ways to echo their voices and promote their work, such as through social media or news releases.

Prioritize Diversity, Equity, and Inclusion (DEI) commitment

Health and racial equity work is a priority for PHMDC broadly. We also have power within the MCH team to drive the health and racial equity work we want to see. We will contribute to cross-cutting PHMDC efforts and connect with the Health Equity Coordinators at PHMDC in order to align our work with the department's priorities. Additionally, we aim to apply a racial equity lens to any hiring, internship, or mentorship opportunities by asking community leaders to grade positions and finding ways to fund internships for students of color.

MCH Strategies

- Enhance coordination of MCH-related priorities across teams and divisions
- Communicate and promote MCH work internally and externally
- Cultivate strong, authentic partnerships
- Create pathways into public health
- Educate and advocate around MCH public health priorities.
- Elevate accessibility and availability of and equity in MCH data

PUBLIC HEALTH MADISON & DANE COUNTY STRATEGIC PLAN

The Public Health Madison & Dane County Strategic Plan was consulted in forming the Maternal and Child Health Strategic Plan. The four PHMDC objectives of system alignment, optimal climate, strong workforce, and fiscal stewardship appear throughout this plan's structural goals and strategies. We have highlighted the more important connections between both plans below.

System Alignment— Align systems to improve agency interconnectedness and maximize organizational performance

Maternal and Child Health work touches many different programs and divisions at PHMDC, including Perinatal, Sexual and Reproductive Health, Policy, Planning, and Evaluation (PPE), Women, Infants, and Children (WIC), Environmental Health, the Wisconsin Well Woman Program (WWWP), and Immunizations. Some topics have the potential to reach even more teams within PHMDC. By connecting with other teams on shared goals, we have the opportunity to contribute to a culture of connectedness and high performance. Additionally, by working to create coordinated relationships with community partners, we will increase the effectiveness of community-facing work while decreasing the burden on external partners to constantly connect with different PHMDC teams.

Optimal Climate— Cultivate an inclusive, respectful work environment where everyone, especially employees of color and other underrepresented groups, feel valued and empowered

We hope to continue policy work and contribute to the development of PHMDC, City, and County policies that create a more inclusive work environment through the lens of MCH. Examples already in progress include an infant at work policy, which allows more work flexibility for employees with infants, and a breastfeeding policy, which gives employees structure and information for expressing human milk during the work day. MCH workplace policies that help employees prioritize their families should help increase workforce retention for the health department.

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Strong Workforce— Build and maintain an innovative, competent, and diverse workforce

Internally, we will work to diversify our team through our hiring practices, including creating internship opportunities and having community graders for our open positions. Through relationship building and feedback from partners, we hope to continuously improve the work of our team to be more innovative and inclusive. We will collaborate in our work with other teams in PHMDC so that we can learn from others on the same path and share our successes throughout the organization.

Fiscal Stewardship— Develop systems that ensure fiscal responsibility, effective resources management, and strategic funding decisions

Sharing funding with our partners is a smart use of our money, and we make that decision using a health and racial equity lens. We are effective when we are able to support their work and fund ad-hoc requests that connect with different communities. We continue to seek out and advocate for flexible funding that allows us to contract with partners, host events, and perform other activities that helps public health build more effective and equitable partnerships.

MCH Strategies

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NEEDS AND CAPACITY PROJECTIONS

By structuring our teams to be comprised of members from multiple PHMDC teams, we have diverse perspectives and linkages. However, it is also essential to have core members with dedicated time to move our strategies forward with strong project management and coordination skills. Currently, we have three individuals (i.e., 1.3 staff FTE and 0.7 Population Health Fellow FTE) dedicated to the core team. These three individuals oversee the facilitation and management of the Breastfeeding Community Collaborations Team, Fetal and Infant Mortality Review Team, and FIMR Action Network Team. To implement the activities in this strategic plan, the following additional capacity is recommended:

- 1.0 MCH PH Specialist
- 0.5 Public Health Nurse
- Additional time of existing staff:
    - Serving a Community Bridge role (staff with strong relationships with partners)
    - Representation from SRH/EH/Ops on teams, which also aims to sculpt more opportunities for client-facing staff to engage more in systems-level work
    - Communication/Health Educator team member
- Continued funding for a Population Health Fellow to coordinate FIMR FAN and provide policy support

As priorities shift and change, additional capacity will likely be needed. For example, it the county opts to support a doula pilot, staff time would likely need to be shifted toward this initiative, which could create a gap in other areas.

Funding

In addition to funding for internal staff, our work can thrive when there is stable funding for our MCH community partners. Currently, the culturally aligned services our partners provide specifically for PHMDC-referred clients are funded by MCH grant dollars. These funds are subject to change and are not increasing even though the needs are increasing. To continue

offering these services to PHMDC clients and pregnant residents of the county, additional county investment is warranted. Given that doula services cost ~$1,800 per client, and result in population-level impacts culminating in significant cost-savings to healthcare and other social services systems, the investment is well worth it. (An example proposal for partner investment is available on request).

In addition to funding for specific service delivery offered by our community partner organizations, another area of need is increased access to flexible, low barrier funds for ad hoc community requests. While there are numerous local city, county, foundation, and university grants available in Dane County, partner organizations often require access to small amounts of funds, quickly, to meet an emergent community need. Our team has the capacity to disseminate funding aligned with our strategic plan strategies and provide technical assistance to community groups working on MCH issues.

Examples of community requests:

- Beyond Beautiful girls preconception health event
- Sponsoring Black Girl Magic Conference
- Community radio show sponsorship
- CLC training for promotoras, doulas, community health workers
- Community events hosted by partners
- Bolstering fund for emergency cash assistance for PHMDC clients
- Fund for emergency assistance for partners' clients

APPENDICES

Glossary of Terms

BCCT: the Breastfeeding Community Collaboration Team. This team receives a grant from the State of Wisconsin Department of Health Services in order to create lactation-friendly worksites. BCCT also partners with local breastfeeding advocacy organizations led by women of color on shared issues and projects. Recently, BCCT has embraced local policy education and advocacy as part of their team's work.

FIMR: Fetal & Infant Mortality Review. FIMR looks at individual incidents of pregnancy or infant loss from 20 weeks gestation up to one year after birth. The goal of FIMR is to identify areas of improvement and prevent future loss. FIMR brings together doctors, nurses, social workers, doulas, midwives, nonprofit leaders, and community members to collaboratively improve systems.

FIMR Action Network (FAN): FIMR Action Networks were created in 2019 in order to more formally drive action from FIMR. After each quarterly FIMR case review, public health staff pull together a team of multidisciplinary FIMR members to take action on at least one recommendation that came up in case review. The team aims to take action within three months. The short term and fast-moving nature of FANs reduces burden on FIMR members and allows for small, tangible improvements to be made in systems.

HRE (health and racial equity): The idea that health outcomes should not be determined by race, gender, income, or any other group status. This cannot happen without confronting and addressing the obstacles that make it more difficult for certain groups and individuals to be healthy because of their race, class, gender, sexual orientation and ability. We as a health department lead with race, since racism has such a profound impact on health outcomes.

MCH: Maternal and Child Health. Please see page 8 in the introduction for a more robust definition. "MCH-related activities" or "the MCH field" refers to work being done for parents and children broadly. "The MCH team" refers to, specifically, BCCT and FIMR, who are in the MCH program within Public Health Madison & Dane County.

Perinatal: Refers to Perinatal teams at Public Health Madison & Dane County. The two perinatal teams are Nurse-Family Partnership (NFP) and Prenatal Care Coordination

(PNCC). While details of each program vary, they both are nursing home-visiting programs that provide support, referrals, and education to people during pregnancy, birth, and postpartum.

PHMDC: Public Health Madison & Dane County. Our Health Department serves both the City of Madison and Dane County.

SRH: The Sexual and Reproductive Health team. This team provides free or reduced cost testing and treatment for sexually transmitted infections, including chlamydia, gonorrhea, syphilis, and HIV. They also provide contraception and work with clients to refer them to other sexual health services in the community. This team also supports needle exchange for people who inject drugs.

WIC: Women, Infants, and Children. This program provides access to free, nutritional food for pregnant women and moms and children who are lower income. They also provide nutrition education and can refer clients to other needed services. They also provide breastfeeding consultation and support to clients. WIC is a national program.

WWWP: the Wisconsin Well Woman Program. This program provides free or reduced cost mammograms, Pap tests, cervical cancer screenings, multiple sclerosis testing for high risk women, and certain other health screenings.

EQUITY THROUGH PARTNERSHIP

2018 Breastfeeding Community Collaboration Team

WHO WE FUNDED

In 2018, Public Health provided funding via state MCH grant dollars to three community organizations to bridge a gap in service delivery in Dane County: culturally-aligned, community-led care and support for pregnancy, breastfeeding, and family health.

Harambee Village Doulas

Harambee Village's mission is to enhance the childbearing experience, empower women by promoting doula support, advocate for evidenced based care. They provide accessible education based on the mother-centered model of maternity care and engage stakeholders around Health and Racial Equity work in respect to maternal and child health.

African American Breastfeeding Alliance (AABA)

AABA's mission is to address African American breastfeeding disparities through dissemination of information, research, consultation, and support so that every African American family will make well-informed decisions regarding the choice to breastfeed.

Centro Hispano & Roots4Change (Raíces para el cambio)

Centro Hispano's mission is to create a community in Dane County where Latino families can aspire upward, to reach their personal goals and dreams because they feel engaged, strengthened with tools for success. Their health work includes partnering with Roots4Change, a collective of Latina doulas and community wellness workers(promotoras de salud) who provide culturally relevant services within the community and the larger health system.

THE WORK

Below are the highlights of what work our funding supported in 2018. Most of this work was also supported by other funding or by volunteer time. This work represents only a portion of what each organization does, as our funding is only a small portion of each organization.

Doula support, which includes education, support, and advocacy during pregnancy, birth, and/or postpartum periods

Breastfeeding support for clients, including in-home visitation

Breastfeeding supplies for clients, as well as education materials

Support groups & health education classes, including materials, food and incentives for breastfeeding support groups and education classes

Events related to maternal and child health and breastfeeding, such as monthly Dinner with the Doulas, Fatherhood Support programming, Breastfeeding Public Awareness campaign, and community baby showers.

Staff trainings, including doula training, CLC training, and breastfeeding classes, for staff from both organizations

Lactation room development for the space at Centro Hispano

THE RESULTS

Even though our funding was relatively small, it helped make a big impact. While our funding wasn't the only thing making this work happen, our funding helped support the successes of our partners.

1,165 Parents and children served in Dane County

38 Mothers received doula services

55 Breastfeeding support home visits were provided

21 New doulas were trained or hired

COLLABORATION

While each organization has unique goals and services, all share a similar vision of greater health for moms, babies, and families in Dane County. Sharing funding brought us together to work toward our similar goals.

PHMDC, Harambee, AABA, and Centro/Roots4Change had **quarterly collaboration meetings** to discuss concerns and figure out ways to be more aligned. Examples include collaboration on Dane County Board of Health resolutions, as well as supporting collaboration with hospital systems through PHMDC connections.

Harambee Village and Roots4Change **applied to grant opportunities** together. Both organizations submitted a Healthy Start federal grant proposal to help address health disparities in maternal and child health outcomes in Dane County for women of color, and brought over 50 partners to a community meeting to develop a shared vision for the grant.

While referral processes are always being improved, **organizations maintain referral relationships** so clients can be more easily connected to needed services. For example, 13 out of 27 doula clients from Harambee were referred by PHMDC.

Promotoras de salud at Roots4Change received parts of their **doula training** from Harambee Village Doulas. They also shared space at relevant events, such as Dinner with the Doulas.

THE STORIES

Stories from our partners support the data and show our collective impact from partnering with community organizations.

"My experience with being supported by a doula from Harambee Village has been **absolutely amazing**. I met my doula... a day before my birth, and felt like I've been knowing her for forever. Like family. She walked into the room with me and from that moment, it was all about me... My hospital stay was-n't ideal, which lead to having a traumatic birth and [my doula] felt for me. She understood everything that went wrong, she took notes and made sure **she supported me in every way she could**. Brought homemade food, books, a notepad, baby supplies and even supported me with breastfeeding. One thing that I really appreciate Harambee Village for, is their **push for advocacy**. These women really helped me gain the strength to advocate for myself and my body."

— **Client from Harambee Village**

"We are incredibly grateful at the **support we have received from PHMDC and community partners** – their support has been crucial to **helping us grow**. At first, we feel like we want to be moving faster with the program, to have the promotoras already certified as doulas and as CLCs. But, we realize that our program is a relatively new model and that we really have done a lot over the last year. We will keep working towards our goals and understand that change can sometimes take time."

—Centro Hispano/Roots4Change staff

FIMR Community Action Team

Key Informant Interview Themes and Report

In 2018, Public Health Madison & Dane County interviewed 14 people drawn from the FIMR Case Review Team and community partners on the potential formation of a Community Action Team. We interviewed individuals providing direct medical services, in the insurance system, in the Madison Metropolitan School District, and the state health department. Initially, we found a consensus that it would be useful for a table to be set focusing on action on fetal and infant mortality, particularly inequities. As the process continued, shifts in the MCH landscape added additional context that required consideration

FIMR Should Take Action

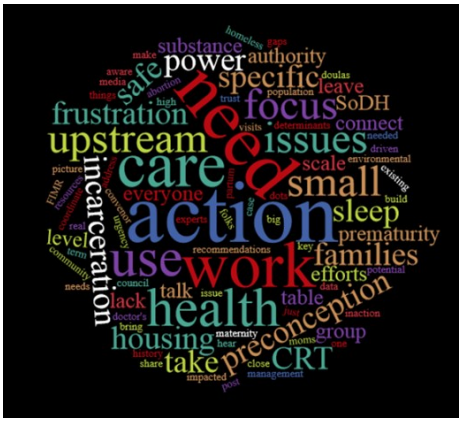
- Frustration at "just talk, no action"
- Urgency of the high rates of black infant mortality
- Desire to work on upstream issues
- Current lack of follow up on issues discussed in CRT meetings

Membership Size and Composition

- **No consensus reached**
- Some wanted a space of just the folks most impacted, advocating for a smaller group focusing on moms of color
- Others emphasized the need for high level people with authority, to have institutional power at the table
- Several wanted a mix of providers and people with lived experience, or systems and community
- Many found it was important to be in relationship with other organizations and avoid duplication of efforts

Specific Areas of Focus

- Social determinants of health
- Housing and homelessness
- Income
- Policy Change
- Safe Sleep (education, as well as upstream/systems)
- Paid parental leave



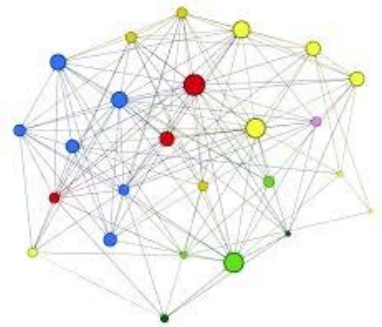
Word cloud of themes

FIMR Action Network

Next Steps

After assessing the existing and planned work focusing on maternal and child health throughout the county, we paused to re-evaluate the utility of adding another group or coalition. What emerged as most needed is coordination, connection, and linking. Instead of forming another permanent group, we will work in partnership with existing bodies as warranted and desired. We will also activate individuals and organizations in the FIMR network to follow up on CRT recommendations and take action. We hope that, going forward, you will be interested in participating in our FIMR Action Network (FAN) on topics you care most about.

FIMR Action Network



- **We remain committed to our umbrella goals** of following up on recommendations made to the Case Review Team and taking actions to combat MCH inequities in partnership
- **We will draw on existing networks** to address issues brought up in the Case Review Team and work together with and provide support to the Foundation for Black Women's Wellness

Next Steps

- **We remain in partnership** with the Foundation for Black Women's Wellness, and are exploring partnerships with other groups
- **We will facilitate connections** between and provide support to individuals, coalitions, and systems necessary for action. First, we will map current partnerships and the scope of MCH work in the county
- **We are restarting maternal interviews**
- **We will continue to update you** on how we will take action related to the Case Review Team and MCH inequities