On Tuesday, June 20, 2018, the Maternal Infant Strategy Group (MISG), the Michigan Department of Health and Human Services (MDHHS), and regional partners hosted a Mother Infant Health Improvement Plan (MIHIP) Town Hall Meeting in Grayling, Michigan.

More than 60 people came together to provide feedback on the MIHIP:

- 20% Clinician
- 38% Public Health
- 16% Community Members
- 26% Other*

* Included nonprofits, health plan representatives, community educators, and university/academic


Regarding the vision of the MIHIP, attendees thought:

- 19% more can be done
- 53% just right
- 28% too much of a stretch

100% of attendees reported that the vision of the MIHIP was clear and understood the long-term goals.*

Ensured the voice of a rural community was shared

*Percentages based on post-event survey data

Collected feedback from various perspectives, including community members, clinicians, and public health professionals.

100% of attendees envisioned themselves being a part of improving infant and maternal health.*

Opportunities for improvement:

- Should include data specific to the county/community
- Address barriers to attendance, including transportation and child care
- More community awareness/outreach
- Provide continuing opportunities for feedback (not enough time)
Small Group Discussion Summary:

**What’s Needed in MIHIP**
- Innovation
- Better Clinical Community Linkages
- Culture Change - Health Decision is Norm
- Better Utilization of Home Visiting
- Address Root Causes

**Priorities for Region**
- Mental Health Access
- Address SDoH (living wages, food, housing & transportation)
- Improve Clinical Community Linkages
- Upstream Prevention
- Choose Low Hanging Fruit
- Consistent Messaging Across Sectors

**Anticipated Challenges Implementing MIHIP**
- Funding to Support Implementation
- Addressing SDoH, trauma, etc.
- Access to services
- Need more providers
- Need new ways to connect with people in our community

**Feedback Regarding Current Direction of MIHIP:**
- Access to Postpartum Care to your strategies to prevent maternal mortality. (new ACOG recommendations)
- Add legislators to our “everyone working toward the same goals” Let’s make legislators our partners through – data sharing, planning and input.
- Need to share MIHIP Plan with legislators. Is the State as a whole making this a priority? Legislators such as the Medicaid work requirement fly in the face of this plan. How can we move forward with legislation negatively opposes this work?
- Maternal and Infant morbidity and mortality prevention in ALL POLICIES...
- I think there needs to be more of a focus on relationship building between public health workers and clients/patients. Less focus on program requirements and more on what the family wants and needs

**What questions do you have about the current direction of the Plan?**
- How will you get the ‘voice’ of our clients / target population? I wonder if we could increase access to Home Visiting services (for mom and baby) to all moms and babies, not just those with Medicaid. I would have been willing to pay for it if there were a co-pay for example.
- How will you get other MDHHS Departments integrated into WIC, Preconception health and mental health both private and public?
- How will the State Medicaid look to reduce burdens for low-income clients to access services? The MI Bridges site is more than complex even for educated professionals. For those who do not have knowledge it is even more difficult to jump through hoops to qualify.
- While the plan itself seems great, I feel like there is a gap between introducing the plan and physically implementing the plan. The question is essentially, “what's next?”
- Has paid leave for mom and dad been considered as prevention? Dads can be home to support, moms don't feel they need to rush back to work to get income to provide for the child.