MIHIP TOWN HALL MEETING REPORT

On Thursday, August 16, 2018, the Maternal Infant Strategy Group (MISG), the Michigan Department of Health and Human Services (MDHHS), and regional partners hosted two Mother Infant Health Improvement Plan (MIHIP) Town Hall Meetings in Detroit, Michigan with a satellite meeting in Ann Arbor.

More than 200 people came together to provide feedback on the MIHIP

- 38% Clinician
- 32% Public Health
- 20% Community Members
- 10% Other*

* Included QI consultants, nonprofits, health plan representatives, and university/academic

MIHIP VISION


Regarding the vision of the MIHIP, attendees thought:

- 17% more can be done
- 60% just right
- 23% too much of a stretch

TOWN HALL MEETINGS PROVIDED A PLATFORM TO COLLECT FEEDBACK FROM THE COMMUNITY

95% of attendees reported that the vision of the MIHIP was clear and understood the long-term goals*

Provided an opportunity to hear from more community members

*Percentages based on post-event survey data

KEY ACHIEVEMENTS

Brought organizations together to work towards a common goal and helped spread understanding of the vision

92% of attendees envisioned themselves being a part of improving infant and maternal health*

OPPORTUNITIES FOR IMPROVEMENT

- Include information on legislative updates and legislative buy-in to the MIHIP
- Facilitate discussions on how competing agencies can work together
- Develop a website/app for reference
- Better acknowledgement of satellite town hall participants
Small Group Discussion Summary:

**What's Needed in MIHIP**

- Deeper understanding of practical steps
- Specific strategies/goals, coordination, messaging, and resources to address barriers and issues when enacting higher-level strategies
- Strategies addressing SDoH
- Developing innovative ways to raise awareness without using messages or attitudes that sound condescending
- Role of fatherhood
- Data collection and evaluation for understanding the effects of the programs
- Strategies to address racism and implicit bias
- Legislation and policy action
- Discuss what can be done about health equity and disparities
- Show videos that show mothers who lost their child to make it personal
- Have a common vision where everyone is included

**Priorities for Region**

- Engagement of more stakeholders
- Have basic needs met
- Reduce unplanned pregnancies
- Transportation
- Financial assistance/resources
- Better coordination among community organizations, agencies, and providers
- Breastfeeding
- Access and linkage to care, tailored programs, screenings
- Training staff and clinicians about racism and implicit bias, sensitivity
- Strengthen and expand home visiting programs
- Education and empowerment
- Substance use and mental health
- Domestic violence services
- Continuous access to insurance
- Expand ACOG patient safety bundles
- Provide baby boxes (safe sleep)
- Focus groups - for community voice

**Anticipated Challenges Implementing MIHIP**

- Making sure tangible support and resources are provided
- Building trust - working with community leaders
- Involvement of young populations
- Limited funding
- Lack of literacy, communication, bias, awareness
- Lack of housing
- Disconnect between the professionals and the community members
- Families dis-enrolling in federal or state programs due to fear of deportation
- Competition of organizations
- Obtaining buy-in from different stakeholders
- Barriers accessing moms who are not responsive
Feedback Regarding Current Direction of MIHIP:

- Pleased to see issues of health equity/inequities mentioned
- Several strategies being suggested exist or are being worked on by local health departments
- Incentives will be important to successful strategies
- Must do more to get the community involved
- Eager to see how collaboration will work in detail
- Better alignment of current support services is needed
- Home visiting is needed for policy changes
- Very broad, high leveled, and hard to understand
- There is not much information about why the strategies being used are not having the intended impact on mortality - know the reason why it's failing in the community
- There are so many details and pieces that would be part of the strategies, it's hard to think about resources without having those pieces answered
- Need to include how to address health systems that do not provide the same services as others, because of religious affiliation (e.g., birth control).
- Make sure funding is not just for program implementation but also for evaluation
- As written, the plan sounds wonderful, but does not seem obtainable.
- Background information is lacking about the specific region regarding statistics around preventable maternal and infant deaths
- Make sure data collection, utilization of programs available, and standards of tracking mortality provide high quality data and executed with high standards

What questions do you have about the current direction of the Plan?

- What is the point of the MIHIP anyway - How will strategies of this plan be different than what has been done before to make a positive impact?
- Why are infants of color more likely to die? What does race have to do with death?
- How long has Michigan been working on these issues?
- Why is this the first time we are hearing about efforts like this? Did the State have meetings like this in the past to talk about community engagement?
- Why aren't there more community members here? Are we asking them what they want?
- How are we sharing this with the community members?
- Where are the parent voices within the plan’s development?
- How can mothers be engaged in innovative ways?
- How are we educating and empowering women?
- What do we do with faith communities? For example, religious and cultural beliefs rule for pregnancies and birth spacing.
- How do we define ‘preventable’ - how do we know that we’ve identified a preventable death?
- Are social determinants of health taken into consideration; is it truly preventable with the mother’s circumstances?
- If different communities are picking what they do in their communities, it might be effective locally, but what will the impact look like across the state when everyone is doing something different?
- What will the measures look like?
- How can we make efforts synergistic and be able to share if we are not all doing the same strategies?
- Who is responsible for making sure this plan actually happens?
- Where is the financing to put these strategies in place?