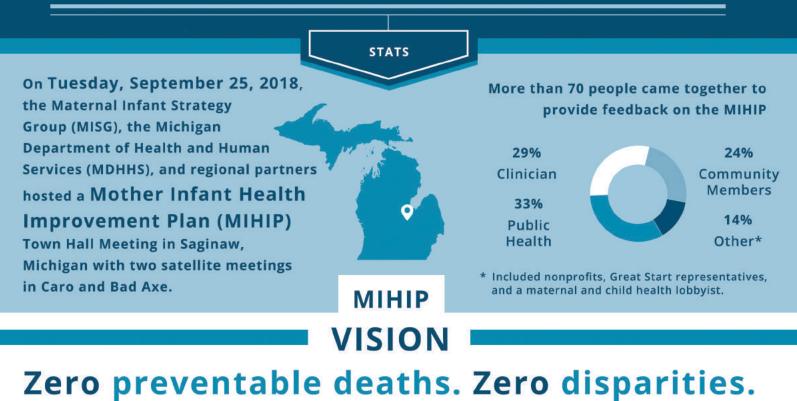
### **MID-MICHIGAN**

# MIHIP TOWN HALL MEETING REPORT



#### Regarding the vision of the MIHIP, attendees thought:

12%	55%	33%
more can b <mark>e done</mark>	just right	too much of a stretch

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

KEY ACHIEVEMENTS

**OPPORTUNITIES FOR IMPROVEMENT** 



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

88% of attendees resported that creating community goals will bring everyone together

\*Percentages based on post-event survey data

Generated interest around the Mother Infant Health Improvement Plan and the importance of the Plan.



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

Include more representatives from community programs in the discussion

Need to ensure this discussion continues after the town halls end

otice and parents and

Need more opportunities to connect parents and professionals



Didn't have a lot of advance notice

## Small Group Discussion Summary:

What's Needed in MIHIP	<ul> <li>Consistent messages and evidence-based information on safe sleep practices, with considerations for cultural and familial traditions</li> <li>Free healthcare regardless of income, community and state assistance, and addressing of inequalities</li> <li>Educate public health officials on reasons behind common unsafe infant care practices in order to provide culturally/background-informed education</li> <li>Advocacy and community resources for mothers with addiction, as well as protocol and scoring for infants with Neonatal Abstinence Syndrome (NAS).</li> <li>Identifying partners and specific action steps</li> <li>Address trauma and ACEs as a topic</li> <li>Home visiting and recovery coaches, safe sleep and breastfeeding classes</li> <li>Baby pantries, transportation assistance, and reimbursements</li> </ul>
Prorities for Region	<ul> <li>Racial/ethnic disparities and unjust treatment are unproportionate factors</li> <li>Education: nutrition, chemical/toxic exposure, vaccinations</li> <li>Educating individuals about child safety: breastfeeding, safe sleep, and child health visits</li> <li>Home visiting and the importance and ease of using. Families worry about Child Protective Services with home visiting.</li> <li>Drug screenings, as well as access to mental health and substance abuse counceling.</li> <li>Access to prenatal care, transportation, child care</li> <li>Health insurance</li> <li>Food and housing insecurities</li> <li>Establish rapport and trust between community and government/medical institution</li> <li>Access to community resources</li> <li>Establish a "community collaborator" that drives coordinated work</li> </ul>
Anticipated Challenges Implementing MIHIP	<ul> <li>Raising community awareness of mortality rates</li> <li>Sustainability in funding was the most identified challenge</li> <li>Evaluate what resources are available and assess what is missing.</li> <li>Persuading individuals to join the quest for the MIHIP, community buy-in and input necessary for successful implementation</li> <li>Unplanned pregnacy</li> <li>Collaborating with physicians to implement the plan</li> <li>Fear of judgement from mothers</li> <li>Health plan investment, access and utilization of maternity wards, as well as emphasis on prioritizing resources.</li> <li>Willingness to seek assistance, length of pediatric appointment times, uninsured mothers</li> <li>Lack of birthing hospitals and limited prenatal providers</li> <li>Dismantling barriers around stigmas so people can access care</li> <li>Teaching about plan for successful implementation in communities</li> </ul>

## Feedback Regarding Current Direction of MIHIP:

- Who is a part of each regional perinatal collaborative? Large variety of factors contribute to needs in each sector.
- The broad goal allows for more avenues for making an impact
- The ideas target a lot of the key areas I don't know the details. Are there ideas for the "how-tos?" How do we pay for and sustain our efforts?
- Who is part of the Region V Collaborative? This was not clear.
- We should have more parenting groups to get together with kids or without. Bonding with other parents helps us understand things more.
- As long as everyone in the community can get on the same page it will work
- Build relationships between doctors, nurses and public health workers; create goals that bring programs.
- Prenatal substance use timeliness of prenatal care
- MIHIP Ambassador → Kinship care

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

- Is there a place to look at the details of the plan?
- Will the collaborative reach out to hospitals to partner in this plan? Regional neonatal and pediatric centers could be very helpful.
- Can it work?
- Will it work in the long run?
- Do you have a time frame for implementation/completion?
- Does this program also work for single dads? Or widowed dads raising the child/children? (They need help as well)