

MIHIP TOWN HALL MEETING REPORT

STATS

On Tuesday, September 25, 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 Saginaw, Michigan with two satellite meetings in Caro and Bad Axe.



More than 70 people came together to provide feedback on the MIHIP

29% Clinician
33% Public Health



24% Community Members
14% Other*

* Included nonprofits, Great Start representatives, and a maternal and child health lobbyist.

MIHIP

VISION

Zero preventable deaths. Zero disparities.

Regarding the vision of the MIHIP, attendees thought:



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

100%



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

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

*Percentages based on post-event survey data

KEY ACHIEVEMENTS



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



100%

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

OPPORTUNITIES FOR IMPROVEMENT



Include more representatives from community programs in the discussion



Need to ensure this discussion continues after the town halls end

Didn't have a lot of advance notice



Need more opportunities to connect parents and professionals



Small Group Discussion Summary:

What's Needed in MIHIP

- Consistent messages and evidence-based information on safe sleep practices, with considerations for cultural and familial traditions
- Free healthcare regardless of income, community and state assistance, and addressing of inequalities
- Educate public health officials on reasons behind common unsafe infant care practices in order to provide culturally/background-informed education
- Advocacy and community resources for mothers with addiction, as well as protocol and scoring for infants with Neonatal Abstinence Syndrome (NAS).
- Identifying partners and specific action steps
- Address trauma and ACEs as a topic
- Home visiting and recovery coaches, safe sleep and breastfeeding classes
- Baby pantries, transportation assistance, and reimbursements

Prorities for Region

- Racial/ethnic disparities and unjust treatment are unproportionate factors
- Education: nutrition, chemical/toxic exposure, vaccinations
- Educating individuals about child safety: breastfeeding, safe sleep, and child health visits
- Home visiting and the importance and ease of using. Families worry about Child Protective Services with home visiting.
- Drug screenings, as well as access to mental health and substance abuse counseling.
- Access to prenatal care, transportation, child care
- Health insurance
- Food and housing insecurities
- Establish rapport and trust between community and government/medical institution
- Access to community resources
- Establish a "community collaborator" that drives coordinated work

Anticipated Challenges Implementing MIHIP

- Raising community awareness of mortality rates
- Sustainability in funding was the most identified challenge
- Evaluate what resources are available and assess what is missing.
- Persuading individuals to join the quest for the MIHIP, community buy-in and input necessary for successful implementation
- Unplanned pregnancy
- Collaborating with physicians to implement the plan
- Fear of judgement from mothers
- Health plan investment, access and utilization of maternity wards, as well as emphasis on prioritizing resources.
- Willingness to seek assistance, length of pediatric appointment times, uninsured mothers
- Lack of birthing hospitals and limited prenatal providers
- Dismantling barriers around stigmas so people can access care
- Teaching about plan for successful implementation in communities

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)