

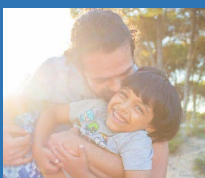


Partners in Progress Newsletter October 5, 2020

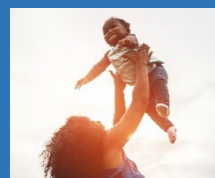
Maternal and Child Health Bureau (MCHB) Messages



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Maternal and Child Health Bureau Message

Dr. Sara Kinsman:

Grateful for the MCH Community's Passion and Perseverance

Sara Kinsman, M.D., Ph.D., the Director of the MCHB Division of Child, Adolescent and Family Health (DCAFH), is a pediatrician and adolescent medicine specialist. In 2019, she became Director of DCAFH. DCAFH supports health promotion, injury prevention and emergency medical services that improve the health and wellbeing of children, adolescents, young adults, and their families.



Sara Kinsman, M.D.
Director of the Division
of Child Adolescent and
Family Health (DCAFH)

Her division's activities are diverse and responsive to the emerging health issues facing young people. The team of 16 oversees programs that accelerate and drive improvements in health. Learn more about [MCHB's child and adolescent health programs](#) and read about DCAFH's work in the story on page 6, "[Ensuring the Best Outcomes for Children Experiencing a Medical/Traumatic Emergency.](#)"

Below is Sara's message to our maternal and child health community.

Dear grantees, partners, and stakeholders in Maternal and Child Health (MCH),

Thank you for caring so deeply, passionately, and expertly for the families you serve throughout this unbelievably challenging, historic year.

Many days, weeks, even months unfolded wholly differently from anything we could have imagined before the pandemic. **You** have been part of and **witnessed** how children and families managed shelter-in-place orders, learned to social distance, and logged onto online school and/or work, and for some, even loss of employment. **You shared** in the fear and stress of those who were infected by the virus, and **grieved** with the families of those who died. **You observed** how health inequities—many of which you are fighting to address—resulted in racial and ethnic differences in COVID-19 hospitalizations and deaths. **You listened** to the needs and responded to the emerging challenges.



You witnessed
You shared
You grieved
You observed
You served
You listened

You persevere
You give voice
You support
You innovate
You change

We are grateful

Despite this historic amount of uncertainty and change, you **persevere**. You remain committed to the families you serve. **You give voice** to families of children with special health and behavioral care needs, **support** frontline emergency services providers, **innovate** new ways to carry out home visiting programs, **change** your modes of training to further develop and empower MCH learners and providers, and **demonstrate an inspirational, passion-filled, get-it-done energy that supports families and protects children throughout our nation.**

We are grateful for your passion and capacity, even in these unbelievably stressful times, to carry out your mission and ensure that those you reach—including soon-to-be mothers, children, adolescents, young adults and their families—feel truly respected, accepted, and valued for their unique strengths.

Child Health Day

Partners Accelerate Upstream Together using the National Survey of Children's Health

On this Child Health Day, MCHB celebrates awareness and action on behalf of our nation's children. MCHB "accelerates upstream together" with its partners to achieve better health outcomes for all children.

"As we wrestle together with perennial MCH challenges—infant mortality, maternal mortality—looking upstream and using data to illuminate the causes and then using those data to influence our programs and policies—that is how we will accelerate improvement," states Michael Warren, M.D., MPH, FAAP, Associate Administrator of MCHB.

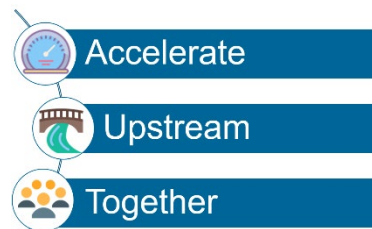
Today, marking the 92nd year since President Calvin Coolidge issued the first Child Health Day Proclamation, MCHB proudly releases data from the largest national- and state level-survey on the health and health care needs of children, their families, and their communities. This is the [2019 National Survey of Children's Health \(NSCH\)](#).

The NSCH remains **unique as the only national and state-level survey of its kind**. First fielded in 2003, the NSCH collects information from parents and caregivers on the physical, emotional, and behavioral health of non-institutionalized children ages 0-17 years old in the United States. The survey provides critical information on a wide range of factors that can influence children's health – from the prevalence and impact of special health care needs, to healthcare quality and access, to adverse childhood experiences.

State-level public health departments use this data to inform their needs assessments for the [Title V Maternal and Child Health Services Block Grant program](#). More broadly, the data provide accurate, reliable, and comprehensive data to researchers, policymakers, and state-level decision makers for child health populations. These data also help families, communities, educators, child health advocates, and the general public better understand and respond to the health and healthcare needs of children and their families.

How does the NSCH data work its way into the fabric of policy and planning at the local and national levels?

Consider the work of the [Robert Wood Johnson Foundation](#) and its initiative, "[The State of Childhood Obesity](#)." The Robert Wood Johnson Foundation uses the NSCH data to inform its work, provide interactive datasets for its partners, and develop reports with recommendations to reverse the childhood obesity epidemic. The foundation produces recommendations that reach policymakers at all levels and leaders in the private and nonprofit sectors.



The framework above guides MCHB work and strategy. Accelerate means to work faster to improve MCH outcomes and eliminate disparities. Upstream means to focus on prevention and consider factors beyond clinical care that affect health. Together is how MCHB collaborates with partners and puts the very populations we serve front and center.

“The data provided through the NSCH are vital to our understanding of obesity among children and adolescents, as well as how young people of various racial and ethnic backgrounds, or in different places, face different risks for obesity. The data help us target our recommendations effectively in order to continue our efforts to advance health equity,” says Jamie Bussel, senior program officer at Robert Wood Johnson Foundation.

MCHB works annually with the U.S. Census Bureau to oversee sampling, conduct the survey, and produce a final data set for public use. NSCH data are also available through an Interactive Data Query at the Data Resource Center, a MCHB-funded project of the Child and Adolescent Health Measurement Initiative. **The 2019 data are released October 5, 2020.** Find more information about the [National Survey of Children’s Health on the MCHB website](#).

MCHB Message

MCHB Strategic Planning Process

Influence our plan

MCHB is engaged in a strategic planning process. The plan will contain recommendations that will be put into action over the coming years. The MCHB leadership and staff have been listening to a variety of MCH stakeholders to gather input on what should be our key areas of focus not only for the next 3-5 years, but for the **next 10-15 years**.

Why is MCHB looking more than a decade ahead? From a practical standpoint, due to funding cycles, many MCHB activities are planned years in advance. To accelerate change, improve our upstream approach, and, together with our partners, achieve our mission, we must take a longer view—a view informed by our expert partners in maternal and child health. To quote hockey great Wayne Gretzky—who, when asked how he was so good at hockey, explained his technique as “I skate to where the puck is going to be, not to where it has been.” With that inspirational quote in mind, MCHB is investigating where the puck will be for maternal and child health in fifteen years, and what we can do to skate to where it will be.

Engage with Us

Share your ideas

Tell us how to better support your work

Email: MCHStrategy.hrsa@hrsa.gov



Do you have **ideas and expertise** for where MCH trends will be in the next decade? Are there untapped **opportunities**, given **emerging trends** in science, public health, workforce, and technology? When thinking about **equity**, how can the work of MCHB’s grantees help to reduce disparities and unequal treatment based on race, income, disability, gender, and geography? These are some of the questions we are asking ourselves and our partners. Email us at MCHStrategy.hrsa@hrsa.gov to share your thoughts, feedback, or questions during this strategic planning process.

In late October, MCHB expects to release on our website a **Request for Information (RFI)** for this Strategic Plan. Please provide your expert input. As our partners in progress, we are

listening to and rely on you to help us reach our shared goal of better health for America’s mothers, children, and families.

MCHB Message

MCHB Division of Services for Children with Special Health Care Needs Seeks Input to Advance Health Equity and Improved Health Outcomes

On September 22, MCHB's [Division of Services for Children with Special Health Care Needs](#) (DSCSHN) launched the virtual Children and Youth with Special Health Care Needs (CYSHCN) Summit Series to identify priorities and opportunities for focus in the years ahead, including programs and systems supporting CYSHCN at the community, state and federal levels. Throughout the fall, HRSA will schedule additional listening sessions with stakeholders and will announce opportunities for public input on the MCHB website, including a Request for Information. MCHB anticipates issuing a final blueprint to advance health equity and improve health outcomes by summer 2021. For more information, contact CYSHCN@hrsa.gov.

Stories from the Field

Ensuring the Best Outcomes for Children Experiencing a Medical/Traumatic Emergency

It is one of a parent's worst nightmares: Little six month old Zac experienced a severe allergic reaction to a medicine. Julie, his mom, immediately recognized the signs. Zac had already been diagnosed with an anaphylaxis (severe allergic reaction) to latex. She immediately administered an epi-pen and gave him Benadryl. Despite her desperate efforts, Zac stopped breathing.

Next, she did what any mom would do. She rushed him to the nearest hospital that was just five minutes away while Zac's dad held him close and administered mouth-to-mouth resuscitation. Julie drove directly to the ambulance bay where a guard told her she wasn't allowed to park. Her panicked husband ran, carrying Zac and kicked open the door leading to the emergency department.



Zac Johnston



Johnston Family: Jon, Julie, Zac

"It was frightening. Though the staff wanted to help, they were completely unprepared. Their own latex-free crash cart had not been restocked. We had to tell them to use the gloves we brought with us. To make it all the scarier, they didn't have what they needed to intubate and get IV access. It was a living nightmare" described Julie Johnston.

This hospital—in terms of equipment and training—was not prepared to respond to Zac's emergency. The specialty children's hospital that had the ability to respond was 30 minutes away. Zac was

ultimately transferred to the specialized children's hospital. There, he successfully stabilized and fully recovered.

"And now, I can say that after this experience, that emergency department became prepared. They called me to say they were ready if we ever needed them again. And we did...several times during Zac's youth," said Julie Johnston, of New Orleans, Louisiana.

A few facts:

- **Children's emergency health care needs are distinct from adults' needs.**
- Children are 20% of the patients in emergency departments, and the majority of these children are going to rural and community hospitals.
- Because a smaller percentage of emergency patients are children, the quality of care often (e.g. availability of pediatric-specific equipment, supplies, medications and properly trained emergency personnel) falls below the Pediatric Readiness in Emergency Department¹ guidelines.

HRSA's Emergency Medical Services for Children (EMSC) federal grant program works to remedy this situation through grants to states, jurisdictions, and schools of medicine, in partnership with key national organizations and federal agencies. Funding reaches across all states and U.S. territories to ensure that no matter where children live, they will receive high-quality services and response in an emergency situation.

Learn more about the [Emergency Medical Services for Children \(EMSC\)](#) grant program, with 36 years of targeted work to improve the health system's response to our children's emergency needs.

One of the key ways the EMSC grants affect change in the health care system is by targeting providers themselves and the systems within which they work. For example, funding provides for (among other things) the training of first responders like paramedics and emergency department staff. After one of these training courses, a paramedic reported, "Yes, that's right—me—a great big burly guy afraid of treating children." He continued, "Prior to that class if you had asked me what scared me most, I would have said children. I can't tell you what it was about children...but they scared me. The course has given me a

lot more confidence. I have a better grasp of the signs/symptoms of decompensating in children and how to aggressively manage care for the best possible outcome."

Today, EMSC's funding supports several grant programs that work together to enhance pediatric emergency readiness. These programs include, but are not limited to, the EMSC State Partnership called the [National EMSC Data Analysis Resource Center \(NEDARC\)](#) and the [EMSC Innovation and Improvement Center \(EIIC\)](#). Together they create systems to measure and drive improvements in pediatric emergency care across the nation. The NEDARC helps EMSC State Partnership grantees collect and analyze data to target services. The EIIC uses quality improvement science to teach EMS agencies and community hospitals how to better care for children. Their work is done in partnership with multiple professional societies, federal organizations, and family advisors. Julie Johnston is now one of those family advisors to an EIIC program in Louisiana.

¹ <https://pediatrics.aappublications.org/content/pediatrics/142/5/e20182459.full.pdf>

“The federal funding we receive through MCHB is essential. All emergency departments have the capacity and capability to achieve and maintain national standards for day-to-day readiness. However, many are simply unaware of the gaps that exist until a critically ill child appears on their doorsteps. The EIIC is the only national center focused on building awareness of these opportunities for improvement before the critically ill child appears,” explains Katherine Remick, M.D., co-executive director of EIIC.

For more information about EMSC-funded programs, please contact MCHB’s Jocelyn Hulbert at JHulbert@hrsa.gov or Theresa Morrison-Quinata at TMorrison-Quinata@hrsa.gov.

Stories from the Field

The B’N Fit POWER program in the Bronx: A Story of Youth Empowerment



Where can we find models for overcoming the conditions that lead to obesity in adolescents? How do we address **health disparities** among adolescents in **communities of color**? And then how can we **adapt and innovate** during the pandemic? Your team might find inspiration from the B’N Fit POWER program in New York City’s Bronx neighborhood. B’N Fit stands for Bronx Nutrition and

Fitness Initiative for Teens.

Dr. Jessica Rieder leads this initiative that was created 15 years ago by the Division of Adolescent Medicine at Children’s Hospital at Montefiore and the Mosholu Montefiore Community Center (MMCC). Dr. Rieder explains, “This program has been able to evolve, thanks to MCHB funding. One of the critical things we have learned from our kids is that we have to make this program available not just to teens with severe weight issues, but to a wider group of teens so that we destigmatize obesity as well as integrate healthy eating and lifestyle into the overall culture.”



B’N Fit POWER’s mission is to teach teens how to adopt healthy lifelong nutritional and physical activities. They do this using a hybrid approach. The program integrates holistic evaluation and treatment plans (medical, nutritional, and psychosocial) at a School-Based Health Center with nutrition and physical activity education in an afterschool program setting.

The project decreased the rate of weight gain and changed behaviors in adolescents. Before joining B’N Fit POWER, participants had low baseline fitness, low breakfast and lunch consumption, low vegetable consumption, inadequate time spent doing physical activity, inadequate sleep, inadequate consumption of sugar-free beverages and water, and excessive consumption of unhealthy snacks or fast foods. After one year, data showed positive trends in the proportion of students with improvements of BMI and target behaviors, namely increased consumption of sugar-free beverages (and combined increased consumption of sugar-free beverages with decreased sugary beverages), improved sleep, improved physical activity and decreased consumption of unhealthy snacks.

B'N Fit POWER has demonstrated that 36% of youth screened with a BMI greater than the 85th percentile completed the program and showed an improvement in their BMI. Forty-five percent (45%) of youth with less than seven hours of physical activity per week completed the program and demonstrated an improvement in the number of hours of physical activity upon program completion.

As the program continues to evolve, the next steps are to integrate the seven Target Behavior messages into all clinical encounters and into the school and afterschool environments. This promotes a culture of health and wellness at the school. The seven Target behaviors include: 1) eating three meals daily; 2) eating at least three servings of vegetables daily; 3) eating 2-3 servings of fruits daily; 4) drinking at least eight cups of water a day and limiting sugary drinks to no more than one cup a day; 5) getting at least an hour of physical activity daily; 6) sleeping at least eight hours a night; and 7) limiting fast food and processed snack food to no more than once a week. Targeted behavior promotion will be documented in the electronic medical record. Promotional messages are channeled via posters and wellness-promoting events at the school. The program also incorporates a service learning internship that supports adopting those targeted behaviors.



MCHB funding, delivered through the [Healthy Tomorrows Partnership for Children Program](#), first supported B'N Fit in 2009, then again in 2016 and 2020.

When the COVID-19 pandemic hit, the leadership team transformed its in-person programs to virtual events. DJ Virtual Dance parties—co-hosted by Hot 97 (a local radio station), Mosholu Montefiore Community Center, and Wellness in the Schools (a national non-profit organization)—strike a chord with kids. “It was brilliant,” says Dr. Rieder. “The DJ shared our messages, encouraging kids to dance, move, and eat nutritious snacks. And, the kids really soaked it up. Just by offering the party, we modeled the behaviors and provided an opportunity to adopt them. There were even prizes for best dance moves.” The 55 kids at the first dance party in June fueled our enthusiasm to host monthly DJ Dance parties throughout the summer.



“Over the years, we have had over 1000 participants and my favorite moments have been when youth tell me how their confidence has blossomed as a result of participating in B'N Fit POWER. They will tell me that they feel more energetic and confident, their mood has improved, they joined a club, sport or dance program, or they have made new friends,” describes Dr. Rieder.

To learn more about the Healthy Tomorrows Partnership for Children Program and how it might support your local initiative, please email Madhavi Reddy at mreddy@hrsa.gov or Kelly Dawson at kdawson@hrsa.gov. To learn more about B'N Fit, visit their [website](#).

Stories from the Field

Title V Funding Enables Health Care Heroes in the Far Western Pacific

As the saying goes, “From small seeds, mighty trees grow,” and over the past year, Margarita Bautista Gay, a registered nurse serving as director of the Guam Department of Health’s Title V Maternal and Child Health (MCH) Program, has mobilized a small team of ten nurses, a data clerk, and an epidemiologist in order to build an effective response to the COVID-19 pandemic on Guam. They continue to strengthen the availability and quality of data that inform maternal and child health

outcomes on Guam, the western most territory of the United States.



MCH Community Health Nurses: (L-R) MaGwen Yanesa, RN; Relida Sumaylo, RN, Leonel Arangel, RN; Mae Montana, RN.

Margarita explains, “On Guam, people do think a lot about prenatal care, but not as much about MCH. Our Title V funding helps us expand the work to ensure we think more broadly about the health of our mothers and children. When we have better data, we can track our moms better and give better care. We’ve done this during the pandemic when we found two COVID-19 positive women, one post-term with an infant and one pregnant. We tracked them and could ensure they all got the care they needed –were there complications? Was the birth preterm? Things like that—we could track it and we can say moms and babies are doing well.”

Title V funding partially pays for the epidemiologist located at the Guam Department of Health so that the epidemiologist provides dedicated time to MCH work. Another MCHB discretionary grant funds the [State Systems Development Initiative \(SSDI\)](#) program on Guam. That grant pays for the dedicated data clerk. “Having this pair (data clerk and epidemiologist) in our system has been a catalyst for positive change. Now, our data clerk collects data directly at the point of creation from vital statistics and inputs it into the database. We’re not chasing a backlog and making errors. That means our data are complete and of high quality” says Margarita.

The data clerk happens to also be a nurse aide and therefore serves as an ambassador to other nurses in the field on the importance of gathering accurate and complete data in patient records. “It all comes together—the knowledge of the critical importance of data recording along with the actual capacity to get the work done and done well,” says Margarita.

What is Title V?

MCHB Title V funding – since 1935 – has formed the foundation of the public health system for mothers, children and families. It enables state maternal and child health agencies (usually located within a state public health department) to provide health services for 55 million people (reaching 99% of all infants and 91% of all pregnant women). [Learn more about MCHB Title V.](#)



Harlyn Belga, Licensed Practical Nurse and U. of Guam Senior Nursing Student

To say this year has been busy is an understatement. Margarita has worn many hats. In March, her team sprang into action, providing COVID-19 response training to roughly 50 college students, public health nurses and some private providers in small staff training sessions throughout the 210 square miles of island. Two weeks later, Guam would report their first COVID-19 patient.

The work has been intense throughout the year. For four straight weeks through March into April, for 24 hour days, ten nurses staffed the Guam International Airport Authority, screening passengers and crew arriving to the island. At the same time, about 30 nurses were deployed to the isolation units of government centers and to homes where people were quarantining due to the virus.

The response has continued throughout the summer and now into the autumn. "Each day we learn more and keep putting that knowledge to use. I'm proud of the health care teams that continue to dedicate themselves and serve every day and I'm grateful to the leadership of our government here and of course to MCHB Title V funding," says Margarita.



In the orange vest: Margarita Bautista Gay, Administrator BFHNS, MCH Program Director, with more than 30 years of experience in nursing and community outreach.

In Maroon vests: Staff from the Division of Environmental Health (Health Inspectors, Program Supervisors, IT staff).

In DPHSS Shirts: Chief Public Health Officer and Public Relations Officer.

In Scrubs: Hired Nurses for the COVID Response that are from Department of Education School of Nursing, Guam Community College LPN students, some CNAs, and BFHNS Community Health Nurses.

Stories from the Field

During Challenging Times, Research Remains Key



**National Center for Education
in Maternal and Child Health**
Georgetown University

For nearly 40 years—through the pediatric AIDS crisis, the early days of the Back to Sleep (now Safe to Sleep) campaign, the Columbine tragedy, September 11, and now COVID-19 and heightened

focus on health equity—MCHB has funded Georgetown University's National Center for Education in Maternal and Child Health (NCEMCH) as a way to support increasingly effective MCH interventions across the nation in times of need.

"Our partnership with MCHB is built on the recognition that research is a crucial step in understanding our challenges and the interventions that actually work. Only then, we can design resources that foster solutions," states John Richards, NCEMCH Executive Director.

MCHB funds two NCEMCH initiatives: [MCH Evidence Center](#) and [MCH Navigator](#).

The MCH Evidence Center supports Title V agencies working to improve their action plans based on scientifically-supported strategies. It hosts a MCH library with public health materials dating from the time of the 1918 influenza pandemic. **These historical resources serve as a way to frame today's challenges.**

Most recently, the MCH Evidence Center has added **pandemic resources** to help states and U.S. jurisdictions adjust their programs as they look for ways to work remotely, respond to school closures and look for best practices in telehealth, telemedicine, social media and online communications.

The center also provides resources to help health departments develop multi-year approaches for cultural and linguistic training and self-assessment that are aimed at building health equity. "We have received many requests for how to adapt programs to build equitable solutions for the MCH population. We scour the evidence base to find strategies that staff can incorporate into programs. We've seen accessing of our [MCH Evidence database](#) increase dramatically as health departments look for examples of programs and measures they can adapt to their constituents."



John Richards,
NCEMCH Executive
Director

The MCH Navigator serves as a learning portal of high-quality, vetted, [MCH Leadership Competency-based trainings](#) to strengthen the knowledge, skills, and capacity of the MCH workforce through online continuing education tailored to meet the needs of emerging and practicing MCH professionals.

In response to the pandemic, the MCH Navigator links to new [COVID-19 learning programs](#) addressing mental health, telehealth, social distancing, and how to improve cultural competence. "The workforce is also hungry to keep learning during these times, so our microlearning program [MCH 20|20](#) has been a place for professionals to reflect on and hone their public health skills by spending a few minutes a week learning. I invite and encourage you to visit Georgetown's [NCEMCH website](#) to learn more, access resources, and build new partnerships. We are here to help each other," says Richards.

Funding Opportunities

To see what funding announcements are available through MCHB, visit the HRSA [Find Funding](#) page where you may filter all of HRSA's funding opportunities by selecting "Maternal & Child Health Bureau" under the Program dropdown menu. Currently, there is one open funding opportunity.

Title	Announcement Number	Program Category	Opportunity Status	Application Deadline
Thalassemia Program	HRSA-21-035	Maternal & Child Health Bureau	Open	12/21/2020

Tap into Resources

COVID-19

- COVID-19 Changes to Administrative Flexibilities found at [MCHB FAQs](#)

Safe Sleep for Infants

- Now Available: [2020 SIDS Awareness Month #SafeSleepSnap Digital Toolkit](#). Use this toolkit to help tailor and share your safe infant sleep messages during SIDS Awareness Month in October. Post on social media using #SafeToSleep and #SIDSAwarenessMonth

Developing Interventions for Improving Maternal Health

- MCHB's women's health portfolio programs include a technical assistance (TA) center known as the [Maternal Health Learning and Innovation Center \(MHLIC\)](#). This is a national resource center developed to accelerate innovative and evidence-informed interventions that improve maternal health and eliminate maternal health inequities.
- The MCHB-funded NICU Network-My Perinatal Network created a **new, free continuing education course**, [Coping with COVID-19: Trauma-informed Care for Frontline Maternity, Pediatric, and NICU Providers During the COVID-19 Pandemic](#). This program joins their other online continuing educational programs for perinatal and NICU providers on the topic of providing psychosocial support to patients and families.

- The Centers for Disease Control and Prevention (CDC) has developed a new campaign, [Hear Her](#), which provides resources (videos with testimonials, digital and print ads, and a website) to raise awareness about pregnancy complications and risk factors for maternal morbidity and mortality. The Hear Her Campaign's primary audience is women and their support partners, and the secondary audience is providers.

Data Resources

- Access new data from the National Survey of Children's Health (NSCH) ([story on page 4](#)). Access the NSCH Public Use Files at the [U.S. Census Bureau](#). Use the NSCH Interactive Data Query at the [Data Resource Center](#) for Child and Adolescent Health, a project of the Child and Adolescent Health Measurement Initiative.

Children with Special Health Care Needs

- The MCHB-funded National Center for Health Insurance and Financing for Children and Youth with Special Health Care Needs (CYSHCN) contains numerous resources, including [fact sheets related to COVID-19 and their implications for CYSHCN](#), and a [State Data Chartbook](#) about health insurance and financing of care.
- The MCHB-funded [Collaborative Improvement and Innovation Network to Advance Care for Children with Medical Complexity \(or CMC CoIIN\)](#) is a ten-state network that aims to improve health care and quality of life for children with medical complexity. CMC CoIIN has published a collection of pediatric-relevant COVID-19 resources, available to the public. CMC CoIIN launched a new ECHO project focused on COVID-19 and the care of children with medical complexity. ECHO stands for Extension for Community Healthcare Outcomes. It is an evidence-based collaborative model of medical education and peer mentoring that provides presentations, case-based learning, and case consultation through weekly videoconferences. [Resources and recordings from the ECHO session are available](#). These were developed in partnership with the American Academy of Pediatrics (AAP). Their resources aim to improve the delivery of care as well as improve payment models.

Eye Health

- [The National Center for Children's Vision and Eye Health](#) (NCCVEH) at [Prevent Blindness](#), an MCHB-funded grantee, is offering new resources on children's vision and eye health. Among them is [Children's Vision and Eye Health: A Snapshot of Current National Issues 2nd Edition](#). It provides comprehensive information for building a state vision health program, including a greatly expanded section titled, "Equity Matters in Vision." For more resources, including toolkits and social media campaign materials, please email dfishman@preventblindness.org.

Hearing Health

- [How to Keep You, Your Baby, and Your Provider Safe During COVID-19](#), a resource for parents who are preparing to bring their baby to their provider for an audio screening, is a collaboration between the Early Hearing Detection and Intervention (EHDI) National Technical Resource Center, the Family Leadership in Language and Learning Center, and the American Academy of Pediatrics Early Hearing Detection and Intervention program.

Policy Brief

- HRSA's Federal Office of Rural Health Policy (FORHP) produced the policy brief [Obstetric Emergencies in Rural Hospitals: Challenges and Opportunities](#). The purpose of this policy brief is to describe the challenges rural hospitals face in providing emergency obstetric care and to highlight resources that could help rural hospitals more safely respond to obstetric emergencies.

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