

Projects for Summer 2022



National **MCH** Workforce
Development Center
Advancing Health Transformation

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Please note that although housing and transportation information is provided for some projects, the work setting of the internship may change depending on the Title V agency's COVID-19 precautions.

Arkansas Human Services, Division of Developmental Disabilities Services

Location: Little Rock, AR

Project Description:

Project A (Transition to Adult Health Care): Students will collaborate with the Arkansas Chapter of the American Academy of Pediatrics and Program Staff to distribute a *Got Transition* Fact Sheet and link to a *Got Transition* self-assessment survey to medical practices across the state; answer questions from practices/clinics as applicable about the survey and/or assist practices in completing the survey; track which practices have completed surveys; follow-up with practices who have not completed surveys; and, assist in analysis of data received from the surveys and assist in planning next steps. Project B (Access to Care/Outreach through Collaboration to Educational Professionals): Students will conduct outreach activities to school nurses, counselors, and other key school personnel about who to refer and how to refer to the Title V CSHCN program.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

Project A is a Title V action plan strategy that aligns with our focus area of Transition and supporting CYSHCN in transitioning to adult health care systems. Project B is a Title V action plan strategy that aligns with our focus area of Access to Care. Outreach to referral sources is the first step in identifying CYSHCN and their families in need of support to provide information, care coordination, and planning that helps families identify and access needed supports, resources, and services.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

Project A seeks to support the infrastructure of pediatric professionals who serve families to enhance their transition practices to improve outcomes for all adolescents (both with and without special health care needs). Project B ensures that children of diverse groups are identified and reached through outreach to educational professionals in the communities and schools CYSHCN attend.

Project Objectives:

Objective 1: Increase the number of medical practices/clinics participating in the *Got Transition* survey/self-assessment.

Objective 2: Analyze data to identify regions/areas of "bright spots" where Core Elements of Transition are being implemented as well as areas of the state that may need focused support and attention.

Objective 3: Increase the number of referrals of CYSHCN from educational professionals/schools.

Project Activities:

Activity 1: Track which practices/clinics have completed the *Got Transition* survey and follow up with those that have not; answer questions about the survey if needed.

Activity 2: Review data gathered from the surveys in medical practices/clinics to identify "bright spots as well as areas of the state in need of more support. Participate in conversations with staff about the data, and assist in the planning of next steps.

Activity 3: Deliver live webinar presentations (previously developed) to audiences of educational professionals as part of districts' ongoing professional development. Develop infographics about the CYSHCN program for educational professionals.

Deliverables:

Deliverable 1: Develop tracking sheet for follow-up calls to document which clinics completed the survey, declined, pending, or unreachable.

Deliverable 2: Produce a chart, graph, or diagram indicating what areas of the state are implementing which core elements of transition (“bright spots”) and which areas need support or information or assistance in implementing.

Deliverable 3: Deliver presentations to audiences of educational professionals. Track number of attendees. Produce Infographics for educational professionals.

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Program Evaluation

Community Assessment

Facilitation Skills

Communication Skills

Presentation Skills

Other: Using Zoom/Microsoft Teams to share/present slides on program overview. Providing basic TA (explaining how to access and complete a survey online)

Required Technology:

Can share slides/present in Zoom or Microsoft Teams

Preferred Internship Length:

No Preference

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

No Preference

Is there affordable temporary furnished housing available for the students near your agency?

Yes

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$701-\$900/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

Yes

Housing Resources:

Metropolitan Apartments: <https://www.metropolitannlr.com/>

Prosper Riverdale: <https://www.apartmentguide.com/apartments/Arkansas/Little-Rock/PROSPER-Riverdale/66386/>

University of Arkansas Little Rock Guest, Conference, and Intern Housing: <https://ualr.edu/housing/summer-guest-conference-housing/>

Airbnb and VRBO

Arkansas Suites: <https://arkansassuites.net/apartments/featured-apartments-central-arkansas/>

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California Department of Public Health, Maternal, Child and Adolescent Health Division

Location: Sacramento, CA

Project Description:

The project will involve an assessment and crosswalk of primary and secondary adverse childhood experiences (ACEs) prevention strategies across the California Maternal Child and Adolescent Health (CA MCAH) programs; a literature review and scan focused on best practices and resources as well as an accompanying brief; and, the development of a webpage focused on what MCAH does to build family resilience.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

Title V Priorities include: Optimizing the healthy development of all children so they can flourish and reach their full potential; raising awareness of adverse childhood experiences (ACEs) and preventing toxic stress through building resilience; increasing engagement and build resilience among CYSHCN and their families; and improving the social, emotional, and mental health and building resilience among all adolescents in California.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

The CA MCAH Title V program works to centers equity in all efforts. Efforts related to positive and adverse childhood experiences inherently involve a focus on health equity because of the links between social determinants of health and structural and environmental inequities.

Project Objectives:

Objective 1: To assist CA's Title V program with building capacity to promote positive childhood experiences and the impact on family resilience.

Objective 2: To develop informational and outreach materials for stakeholders and the public to promote positive childhood experiences and resilience.

Objective 3: To develop a public-facing webpage with information both for partners and the public about MCAH's efforts to build resilience and the impact for families in CA.

Project Activities:

Activity 1: Assessment of current efforts across the CA MCAH programs with a crosswalk of primary and secondary ACEs prevention strategies.

Activity 2: A literature review and scan to determine best practices and modifiable protective factors that contribute to positive MCAH outcomes with an accompanying brief.

Activity 3: Developing a webpage focused on MCAH efforts around resiliency building.

Deliverables:

Deliverable 1: Crosswalk of primary and secondary ACEs prevention strategies within MCAH programs.

Deliverable 2: Program brief based on literature review and scan of strategies and best practices.

Deliverable 3: Webpage focused on MCAH efforts toward resiliency building.

Skills required for the project(s):

Program Planning

Literature Review Skills
Facilitation Skills
Synthesis of Information
Communication Skills
Social Media Skills

Required Technology:

Computer with microphone and video capabilities that supports access to California Department of Public Health (CDPH) remote desktop.

Preferred Internship Length:

10 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote

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Connecticut Department of Public Health, Community, Family Health and Prevention Section

Location: Hartford, CT

Project Description:

The student interns will jointly assist in reproductive justice focused qualitative research led and organized by a collaborative group called the Reproductive Justice Workgroup (RJW). RJW evolved out of a 2020 PRAMS Data to Action project around discrimination before and during pregnancy. The qualitative research aims to inform strategic action planning for decreasing disrespect and mistreatment during pregnancy, labor and delivery, and postpartum care in Connecticut. As part of the qualitative research, there will be both community focus groups with pregnant or postpartum individuals, their partners, and doulas, as well as in-depth interviews with staff working in medical settings (e.g., prenatal care sites, hospitals) who have contact with pregnant or postpartum individuals to measure experiences of disrespect and mistreatment while receiving these services.

To support this work, the interns will be asked to: Objective 1: perform a community scan of existing campaigns, activities, and resources available in CT around respectful care during pregnancy and postpartum; Objective 2: conduct a literature review on successful strategies to reduce disrespect and mistreatment of pregnant and birthing persons; and, Objective 3: assist in RJW qualitative research including focus groups and key informant interviews. For this third objective, the interns may participate in the creation of recruitment materials, assist in recruitment, conduct in-depth interviews of facility staff, synthesize results and conclusions from qualitative data, and/or create deliverables to assist in communicating findings. All three objectives will assist CT DPH in focusing strategic planning efforts and inform development of a state action plan for improving respectful care across the state.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

This project directly supports the activities of the CT Title V program and numerous strategies outlined in the Title V Action Plan. More specifically, the work supports multiple strategies for addressing maternal and infant morbidity and mortality. These strategies include addressing the social determinants of health and addressing implicit bias in healthcare providers to achieve health equity.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

The project the interns will pursue will support birth justice in CT. The RJ workgroup is seeking to understand: a) how individuals describe their experiences of mistreatment or disrespect during prenatal care, facility-based childbirth, and postpartum care; and, b) the individual, institutional, structural, and policy drivers of the treatment that persons experience as disrespectful. To capture experiences from those who are disproportionately impacted by disrespect and mistreatment, the focus groups will aim to oversample Black as well as Hispanic individuals. All steps taken by the RJW use a health equity approach to ensure that all participating individuals in the focus groups and in-depth interviews are protected and respected, and that all data collected will be used to guide activities that will benefit the participants. In addition, focus group participants will be invited to join the RJW or our email list if they wish to be part of the products, strategies, and recommendations that are produced from the data. This will allow them to continue to have a voice in the work being undertaken.

Project Objectives:

Objective 1: Perform a community scan of existing campaigns, activities, and resources available in CT for encouragement respectful care around pregnancy.

Objective 2: Complete a literature review on strategies for reducing disrespect and mistreatment during the perinatal period that have been successfully implemented in other settings.

Objective 3: To assist the RJW in qualitative data collection on disrespect and mistreatment.

Project Activities:

Activity 1:

Weeks 1-2: General Orientation: The initial task of the interns will be to become familiar with the organizational structure, functions, and personnel of the Reproductive Justice Workgroup. The interns will be provided with supervision, guidance, and support from the Primary, Secondary, and backup mentors while receiving a general orientation to the agency, especially to those areas of DPH that intersect with RJ and severe maternal morbidity. Orientation will also include familiarization with preconception health and health services in CT and with background information about key partners in preconception and postpartum health. Meetings will be arranged to orient the interns to Title V MCH priorities, MCH subject matter experts, and MCH public health partners.

Project Orientation: A series of meetings and presentations will be provided to transfer knowledge most efficiently to interns regarding the DPH RJ framework development and assessment work to date.

Weeks 2-4: Students will conduct a scan and develop an inventory of the existing campaigns, activities, and resources available in CT for encouragement of respectful care around pregnancy. This can be completed through internet search, as well as information gathering from key partners.

Activity 2:

Weeks 4-6: Complete a literature review on successful strategies/activities on reducing disrespect and mistreatment during pregnancy, delivery and postpartum. Sources include peer-reviewed journals, and documents produced by national associations and key partners and leaders in reproductive justice.

Activity 3:

Weeks 4-10: The interns' role for this objective will be dependent on how much preliminary work has been completed before the start of the internship. During this time frame, the range of intern activities may include assisting in the focus groups with pregnant and birthing persons or in-depth interviews with health care personnel; analyzing qualitative data; producing infographics, factsheets, or a report; and, contributing to the write-up of a strategic plan. The goal of the strategic plan, which will be informed by a literature review, community scans, data, and input from key partners, including focus group participants and health care providers, will be to reduce mistreatment of persons during pregnancy, labor and delivery, and postpartum.

Deliverables:

Deliverable 1: List of community-based and primary care clinic programs, resources, and campaigns aimed at increasing respectful care around pregnancy.

Deliverable 2: Literature review of strategies to reduce disrespect and mistreatment during pregnancy and at postpartum.

Deliverable 3: Other deliverables may vary: recruitment materials, completed in-depth interviews and focus groups, analysis of qualitative data, production of summary products such as factsheets and/or a report, and contributing to the production of a strategic plan.

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Program Planning

Literature Review Skills

Community Assessment

Qualitative Methods (Implementation) (includes key informant interviews, focus groups, etc.)

Qualitative Methods (Analysis)

Synthesis of Information

Communication Skills

Presentation Skills

Required Technology:

There is a need for agency-specific emails, as well competence in Zoom, and Microsoft Teams, Excel and Word.

Preferred Internship Length:

10 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote

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Florida #1 Department of Health, Children's Medical Services

Location: Tallahassee, FL

Project Description:

Achieving Health Equity is dependent on addressing upstream factors including Social Determinants of Health (SDoH). In 2020, Florida Children's Medical Services worked with MCH Interns to increase awareness of SDoH among medical care providers. In 2022, the Title V MCH Internship students will research evidenced-based strategies that can enhance patient-family caregiver/provider partnerships in a medical home or integrated behavioral health home including strategies for achieving equity in the delivery of healthcare. Providers include pediatric, family medicine, and adult medical care providers. Research has shown that engaged patients and families have better health outcomes and experiences. Effective partnerships between patients, their caregivers, and medical providers are important to increasing health equity by making it a shared vision and value for all.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

This project supports Florida's Title V action plan to implement National Performance Measure 11: Increase access to medical homes and primary care for children with special health care needs. The objective is PO 11.2: To increase the number caregivers of CYSHCN in Florida who perceive themselves as a partner in their child's care.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

Patient centered care helps providers to build partnerships with patients and families that can be essential to improving quality, safety, and experience of health care for all patients. This project will help providers promote caregiver education and increase caregiver's knowledge as a partner in their child's care. This project will also promote strategies for equitable healthcare that is respectful and responsive to the needs of diverse patient populations, including CYSHCN, by employing evidence-based strategies in the delivery of health care.

Project Objectives:

Objective 1: Compile evidence-based strategies focused on educating providers on how to include caregivers as partners in their child's care. Compile evidence-based strategies that can also be used by providers to identify and remove barriers to equitable healthcare.

Objective 2: Analyze and identify evidenced-based strategies that align with the project objectives to present to Children's Medical Services Leadership for feedback and selection. Include discussion points with respect to feasibility and acceptability of strategies for CMS Leadership to consider as part of their selection.

Objective 3: Develop an implementation plan and toolkit aimed at educating providers for the implementation of identified strategies. The toolkit will include: 1) Resources and the development of a one-page tip sheet to train providers on how to educate caregivers to effectively partner in the care of their child; 2) Resources and strategies for providers and caregivers related to equitable healthcare; and 3) An assessment tool for provider use pre and post caregiver education to measure caregiver knowledge, comfort, and perception of self as partner in their child's care.

Students will meet with a small group of stakeholders to interview and obtain feedback on the toolkit. They will then present a summary of project and findings to CMS Leadership.

Project Activities:

Activity 1: Weeks 1-2: 1) Orientation to Office of CMS including review of Florida's Title V Action Plan; 2) Review of literature; and, 3) Conducting research on other state, national, or community projects related to best practices to

enhance patient, family-caregiver, provider engagement and strategies to address barriers to equitable healthcare for CYSHCN.

Activity 2: Weeks 3-5: 1) Review, analyze, and select evidence-based strategies that closely align with objectives. 2) Present identified strategies for review and approval by CMS Leadership. Strategies shared should have discussion points on feasibility and acceptability (or other agreed upon criteria) for CMS Leadership’s consideration.

Activity 3: Weeks 6-8: 1) Based on the identified strategies, develop a toolkit aimed at educating providers for the implementation of identified strategies. The toolkit will include: 1) Resources and a one-page tip sheet to train providers to educate caregivers to effectively partner in the care of their child; 2) Resources and strategies for providers and caregivers related to equitable healthcare; and 3) A provider assessment tool for use pre and post caregiver education to measure caregiver knowledge, comfort, and perception as partner in their child’s care.

Students will meet with a small group of stakeholders to interview and obtain feedback on the toolkit and prepare a presentation including summary of the project, findings, and future recommendations for CMS Leadership.

Deliverables:

Deliverable 1: Repository of evidence-based strategies to enhance patient, family-caregiver, and provider partnerships, including CYSHCN, and strategies for equitable healthcare.

Deliverable 2: Presentation on potential evidenced-based strategies that align with the objectives including discussion points on criteria for consideration for CMS Leadership.

Deliverable 3a: A toolkit that includes 1) Resources and a one-page tip sheet on how caregivers can effectively partner in their child’s care; 2) Resources and strategies for providers and caregivers related to equitable healthcare; 3) A provider assessment tool to measure caregiver knowledge, comfort, and perception as partner in their child’s care.

Deliverable 3b: Final presentation and summary of project.

What skills are required for the project(s)? Check all that apply.

- Microsoft Excel
- Microsoft PowerPoint
- Program Planning
- Program Evaluation
- Literature Review Skills
- Facilitation Skills
- Synthesis of Information
- Communication Skills
- Presentation Skills

Required Technology:

Agency specific emails, competence in MS Teams.

Preferred Internship Length:

8 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote

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Florida #2 Department of Health, Community Health Promotion, Maternal and Child Health Section

Location: Tallahassee, FL

Project Description:

The Title V internship students will develop an evidence-based multi-targeted educational campaign and campaign materials for providers, Healthy Start coalitions, partnering agencies, and pregnant women, with a particular focus on the vulnerable populations of women (homeless, incarcerated, under- and uninsured women, survivors of violence and human trafficking, adolescent women, non-Hispanic Black women, recent unskilled immigrants, etc.) about the purpose and the process of the electronic prenatal risk screening system Florida will be implementing in 2022.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

This project supports the implementation of Florida's Title V Action Plan Priority 1 (Women/Maternal Health): To improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health and its objective 1:4: By 2026, increase the percentage of pregnant women who had a prenatal screen from 65.6 percent (2020: Health Management System) to 70.3%. Among other strategies, this priority and objective is supported via strategy 1:4 Develop and implement an electronic prenatal screening system to reduce barriers to the existing process and decrease the number of days from identification of risk to assessment and strategy 1:4a: Educate stakeholders (e.g., providers, Healthy Start Coalitions, partnering agencies, pregnant woman) on the purpose and process for the electronic prenatal screening system.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

This project acknowledges that one's social location and limited access to resources and opportunities serve as barriers for accessing health care and available services. Lack of knowledge about available services and resources and challenging health care system navigation constitute some of the modifiable barriers to health care and social services access for vulnerable populations of pregnant women. Timely prenatal risk screening process allows early identification of women at a higher risk for an adverse pregnancy outcome and their timely connection with available services and resources. This effort, however, requires providers, Healthy Start coalitions, and other partners to have knowledge and resources for successful outreach and engagement of pregnant women, especially women who face barriers to health care. Additionally, it requires the empowerment of pregnant women with knowledge and resources to effectively navigate the electronic screening system. As such, this project relies on a multi-targeted approach. It actively seeks to employ evidence-based strategies and interventions to effectively reach and engage pregnant women from various groups, placing a particular emphasis on the engagement of women from the vulnerable populations. It also seeks to educate partners (providers and Healthy Start coalitions) not only on the purpose and process of the prenatal electronic screening system, but also about effective outreach strategies for early engagement of vulnerable populations of pregnant women.

Project Objectives:

Objective 1: Research and summarize available evidence-based strategies to effectively reach different groups of pregnant women, with a particular emphasis on outreach strategies for vulnerable populations, and effective strategies to educate providers and other partners.

Objective 2: Identify and assess evidence-based strategies that align with project objectives to present for team members for feedback and selection.

Objective 3: Develop targeted campaign materials for different groups of stakeholders (differentiated materials to reach different groups of pregnant women and providers) and educational materials for the Healthy Start coalitions and partnering agencies. Develop a plan for the campaign roll-out.

Project Activities:

Activity 1: General and project orientation. Interns will familiarize themselves with Florida Title V MCH priorities, stakeholders, and partners. Additionally, interns will complete all required FL Department of Health trainings. In consultation with a mentor, interns will prepare excel templates of repositories, where they will document evidence-based strategies for outreach and engagement of different groups of pregnant women and providers. They will also conduct desk research of available strategies, campaigns, and curricula, using peer-reviewed publications and other states' examples and record their findings in the repositories by target group. Also, during weeks 1- 8: Ongoing mentorship, weekly check-ins, and progress reports.

Activity 2a: In coordination with the mentor, critically appraise available strategies, campaigns, and curricular to identify strategies and modes of delivery with the strongest evidence, feasibility, and acceptability that best align with the project objective and target audience. Additionally, the interns will build a case for the most effective way to reach each target group of stakeholders.

Activity 2b: Prepare and deliver a presentation for Title V staff, synthesizing the findings from this critical appraisal.

Activity 3a: In coordination with a mentor, develop evidence-based targeted campaign and educational materials, explaining the purpose and the process of an electronic prenatal screening system and raising awareness about it.

Activity 3b: Develop a plan for the campaign roll-out.

Activity 3c: Present targeted campaign materials and campaign plan for stakeholders and team members for feedback.

Deliverables:

Deliverable 1: Develop repositories to list/ summarize identified strategies and sources by target group.

Deliverable 2a: Insert entries into the repositories including critical review of evidence-based strategies.

Deliverable 2b: PowerPoint presentation for Title V staff.

Deliverable 3a: Develop a campaign plan in Visme.

Deliverable 3b: Develop infographics, social media posts, and other campaign materials for target audiences, as informed by research during weeks 1-4.

What skills are required for the project(s)? Check all that apply.

Microsoft Excel

Microsoft PowerPoint

Program Planning

Literature Review Skills

Synthesis of Information

Communication Skills

Presentation Skills

Other: -- Visme (we will train our interns on how to use Visme), Social Media Skills

Required Technology:

Background check, agency-specific emails, competence in Microsoft Teams.

Preferred Internship Length:

8 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

No Preference

Is there affordable temporary furnished housing available for the students near your agency?

Yes

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$1100-\$1300/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

Yes

Housing Resources:

https://www.facebook.com/groups/FSUsubleasesRoommates/?ref=br_rs

https://www.facebook.com/groups/1722742121304635/?ref=br_rs

<https://www.apartments.com/tallahassee-fl/short-term/>

<https://www.airbnb.com/rooms/8340522>

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Illinois Department of Public Health, University of Illinois Division of Specialized Care for Children (UIC-DSCC)

Location: Chicago, IL

Project Description:

To address the Social Determinants of Health (SDoH) needs of Children and Youth with Special Health Care Needs (CYSHCN) in Illinois, this multi-pronged project will include data analysis, a literature review, semi-structured key informant interviews, informational sheets, and a written and oral report. By the end of the internship, students will be able to provide recommendations for resources, programs, etc. that support meeting the SDoH needs of CYSHCN in Illinois.

The University of Illinois Division of Specialized Care for Children (UIC-DSCC) is a key Title V partner that is responsible for statewide CYSHCN programs. UIC-DSCC's mission is to partner with Illinois families and communities to help CYSHCN connect to services and resources. UIC-DSCC helps to raise awareness of issues impacting CYSHCN and their families; provides care coordination programs; and, addresses systemic barriers and issues impacting this population throughout the state. In addition, UIC-DSCC develops and leverages relationships with various organizations and programs serving children to develop solutions to problems as well as address strategic initiatives.

The Title V interns will work with UIC-DSCC preceptor, Molly Hofmann, to review and analyze the SDoH data compiled by the MCH epidemiology team during the 2020 Title V Needs Assessment, conduct a literature review to better understand how and which SDH impact CYSHCN, in the United States and Illinois; and identify and report on key initiatives, including but not limited to emerging, promising, or evidence-based practices, that have been or are currently being implemented by other states to address barriers, including those related to SDoH, that hinder CYSHCN and their ability to receive care as well as improve health outcomes.

Finally, interns will work with the UIC-DSCC preceptor to gather qualitative data from key stakeholders. Specifically, the interns will conduct semi-structured interviews with key UIC-DSCC leadership and stakeholders, including representatives of families served, to better understand the challenges, barriers, opportunities, resources available and/or needed to address SDoH among CYSHCN and their families. The interns will collect, synthesize, summarize and provide recommendations in informational sheets as well as in both a written report and an oral presentation to UIC-DSCC staff. The interns will also create a final report that will include their recommendations.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

Illinois' Title V program works within the following domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs, and Cross-Cutting/Life-Course. The main project identified for the interns is within the Children with Special Health Care Needs (CYSHCN) domain and addresses one of the key strategies under Title V. Specifically, this project will assist in achieving the goal of developing and disseminating informational sheets on the impact of SDoH experienced by CYSHCN and their families, to key stakeholders and consumers.

Subsequently, UIC-DSCC will be able to ensure that health care providers and caregivers are aware of resources available to address SDoH and can actively address the barriers and conditions CYSHCN encounter. These educational efforts are expected to reduce the percentage of children whose parents reported difficulties in accessing care and frustration in getting services for their children (SPM #1) and increase the percent of CYSHCN receiving services in a well-functioning system (NOM-17.2).

Regardless of your project, please describe how the proposed project(s) center(s) equity:

The American Public Health Association (APHA) defines health equity as “everyone [having] the opportunity to attain their highest level of health.”¹ The World Health Organization (WHO) shares this definition, but further stated, “...that no one should be disadvantaged from achieving this potential.”² Margaret Whitehead, head of the WHO Collaborating Centre for Policy Research on the Social Determinants of Health, has stressed that for policy discussions, health inequities need to be defined as “differences in health which are not only unnecessary and avoidable but in addition, are considered unfair and unjust.”³ The Illinois Department of Public Health (IDPH) and UIC-DSCC recognize that in order to advance health equity, they must address structural and social determinants of health, including race/ethnicity, gender, employment, housing, education, public safety, and access to care. There is an inherent requirement that state leadership, staff, and partners acknowledge that racism (implicit, explicit, and structural), classism, sexism, and other longstanding social inequities remain pervasive in society and influence health equity.

¹ Health Equity. (2018). American Public Health Association (APHA). Retrieved from <https://www.apha.org/topics-and-issues/health-equity>; ²Health Equity (2018). World Health Association (WHO). Retrieved from https://www.who.int/topics/health_equity/en/;

³Whitehead M. (1992). The concepts and principles of equity and health. *Int J Health Serv*, 22:429–45

Project Objectives:

Objective 1: Identify, analyze and synthesize collected primary and secondary qualitative and quantitative data regarding Social Determinants of Health (SDoH) impacting CYSHCN, and determining Illinois’ specific needs and gaps in CYSHCN programming.

Objective 2: Develop, administer, and synthesize semi-structured interviews with key stakeholders to understand the experiences, resources, challenges and opportunities of CYSHCN and their families.

Objective 3: Develop informational sheets, and a written and oral report that identifies the outcomes and provides recommendations to UIC-DSCC leadership regarding the needs of the CYSHCN and their families.

Project Activities:

Activity 1:

- Review quantitative data from MCH epidemiology team on SDoH and CYSHCN; conduct literature review on the impact of SDoH on CYSHCN; and, research CYSHCN initiatives in other states.
- Organize and summarize information gathered from literature review and MCH Epidemiology team as well as the information gathered on other initiatives in other states.

Activity 2:

- Draft, script and conduct semi-structured interviews.
- Analyze findings from interviews.
- Ensure consistent and well-documented collection of data.
- Work with UIC-DSCC preceptor to develop the content of written and oral final reports.

Activity 3:

- Develop written report and PowerPoint presentation.
- Give an oral presentation to UIC-DSCC and IDPH-MCFHS staff.
- Develop information sheets for CYSHCN stakeholders and providers.

Deliverables:

Deliverable 1: Report on the findings from the literature review, the existing CYSHCN initiatives, and the secondary data from the MCH Epidemiology team.

Deliverable 2: Finalize semi-structured interview guide and synthesis of the information acquired.

Deliverable 3a: Written report synthesizing all findings and information, including recommendations.

Deliverable 3b: An oral presentation to UIC-DSCC and IDPH-OWHFS staff highlighting the findings, information and recommendations.

Deliverable 3c: Informational sheets for providers and stakeholders.

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Literature Review Skills

Qualitative Methods (Implementation) (includes key informant interviews, focus groups, photovoice, etc.)

Synthesis of Information

Communication Skills

Presentation Skills

Required Technology:

Personal computer with video conferencing capabilities. Familiarity with Zoom and Web Ex Virtual Platforms. Ability to access a library to retrieve articles generated during literature search.

Preferred Internship Length:

10 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote

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Minnesota #1 Department of Health, Division of Child and Family Health

Location: Saint Paul, MN

Project Description:

Human milk is the optimal nutrition for infants and is especially important for preterm infants for whom pasteurized donor human milk (PDHM) is critical to survival. There are significant race/ethnicity disparities in breastfeeding rates in Minnesota, with notably lower initiation and duration of breastfeeding, as well as lower access to PDHM, in women of color, lower income families, and rural residents. This project brings together breastfeeding and breastmilk experts and advocates to identify structural constraints and opportunities for breastfeeding support and donor milk equity within the context of birthing centers and their surrounding communities. Recently, the Minnesota Breastfeeding Coalition (MBC) in collaboration with the Minnesota Milk Bank for Babies (MMBB), conducted research at NorthPoint Health and Wellness Center confirming disparities in knowledge, cultural attitudes, access, and uptake of PDHM. We have convened a talented group of community-based breastfeeding and maternal and child health advocacy and support organizations to push forward pilot research on institutional and community-level constraints to breastfeeding equity.

The Title V MCH students would be joining a team that will begin working on this project early in 2022. The scope and timing of the work will vary depending on resources, including funding. Team members include staff from the U of MN School of Public Health, Minnesota Department of Health (MDH), the MMBB, a metro hospital, and the MBC. Additional partners may include the Indigenous Breastfeeding Coalition, The Hmong Breastfeeding Coalition, and additional hospitals. The addition of two students will help the team expand the reach of the research.

Breastfeeding disparities emerge from determinants acting at multiple levels of the socioecological model, from the individual level to the societal level. We are conceptualizing this as a project to document elements/determinants that contribute to inadequate “supply” (of breastfeeding resources) and to low “demand” (for those resources in communities) in our particular case setting. Our questions are: 1. On the demand side, what are current knowledge, attitudes, beliefs, constraints and assets regarding human milk feeding and the use of PDHM in patients and community members from different racial/ethnic and cultural backgrounds with the greatest disparities in breastfeeding rates? 2. On the supply side, what are current knowledge, attitudes, beliefs, constraints, assets, policies, and practices of health care providers that may negatively affect the provision of lactation support services, referral for support, and the likelihood of supplementation with formula or the use of PDHM for patients/ women of color and indigenous women?

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

Minnesota's 2022 Plan includes a priority of reducing overall infant mortality and reducing disparities in infant mortality. One identified strategy to reduce mortality is to increase breastfeeding. Among the objectives our state has chosen as measures are National Performance Measures (NPM): (A) Percent of infants who are ever breastfed; and, (B) Percent of infants breastfed exclusively through 6 months. Pasteurized Donor Human Milk (PDHM) can reduce infant morbidity and mortality through several mechanisms, including by protecting newborn infants, especially premature infants, from necrotizing enterocolitis (NEC) as well as helping birthing families maintain breastfeeding exclusivity and increase breastfeeding duration.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

The use of PDHM is increasing rapidly in Minnesota hospitals as well as post-discharge. In the hospital, there is concern about inequities in receipt of donor milk. Families may not have knowledge of the value of donor milk, or even of its existence, and this knowledge gap varies between communities (demand-side deficits). Because prematurity rates are higher in Black (African American) families, these families are disproportionately impacted by lack of knowledge and availability of donor milk. Hospital systems vary widely in how they make donor milk available, with some hospitals

supplying donor milk to premature infants only until they reach 34 weeks of age, others offering donor milk on the well-baby unit, and others, especially smaller hospitals without NICUs, not providing donor milk at all. Post-discharge, donor milk can be purchased but is not covered by insurance, so at around \$20 for 4 ounces, the cost is prohibitive for all but financially well-off families.

Project Objectives:

Objective 1: Determine current hospital policies and protocols for the education and provision of donor human milk in-patient and post-discharge in Minnesota hospitals (Based on Survey Data).

Objective 2: Determine current knowledge, attitudes, beliefs, constraints, assets, policies, and practices of health care providers that may negatively affect the provision of lactation support services, referral for support, likelihood of supplementation with formula or the use of PDHM (Based on Listening Sessions).

Objective 3: Collaborate on developing model policy on use of DPHM in the hospital setting.

Project Activities

Activity 1: Weeks 1 – 2 Orientation: Students will meet with project team members and get to know the team. They'll become familiar with the project and learn about progress to date in surveying Minnesota hospitals on policies and practices around breastfeeding and PDHM.

Weeks 3 – 7 Students will contact birthing hospitals to request that these hospitals complete the survey developed by the team. The MBC and MMBB will provide lists of their key hospital contacts, including NICU administrators, birth center nurse managers, and staff lactation consultants. Their principal mentor will provide on-going direction and feedback on the data collection process.

Weeks 8 – 10 Students will synthesize collected survey data to report back to the team.

Activity 2: Weeks 1 – 4 Students will review methods and results of any listening sessions already conducted, collect feedback to improve the process, and determine opportunities for additional listening sessions.

Weeks 5 – 7 Students will schedule and conduct 2 additional listening sessions.

Weeks 8 – 10 Students will provide data from these sessions in the same format as earlier sessions, and to the extent possible, report on their findings in comparison to the findings of prior interviews.

Activity 3: Weeks 6 – 10 Students will meet with team members to report back on findings, discuss next steps and draft recommendations and/or model policy based on their findings. Research activities and products will be designed in more detail as the project moves forward as they depend somewhat on what work is completed prior to the students' joining the team.

Deliverables:

Deliverable 1: Preliminary summary of survey findings.

Deliverable 2: Summary of key themes from interviews and listening sessions.

Deliverable 3: Developed with partners, recommendations for model policy and a summary of next steps based on project findings.

Skills required for the project(s):

Qualitative Methods (Implementation) (includes key informant interviews, focus groups, photovoice, etc.)

Qualitative Methods (Analysis)

Facilitation Skills

Quantitative Data Analysis

Synthesis of Information

Required Technology:

Qualitative data analysis skills would be most helpful. Working well in a team setting is very important. Familiarity with virtual meetings would be helpful as well. Being comfortable interacting with diverse groups, from hospital administrators to clinicians to families and community members, would be an asset.

Preferred Internship Length:

No Preference

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

In-person

Is there affordable temporary housing available for the students near your agency?

Yes

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$701-\$900/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

Yes

Housing Resources:

Near the University of Minnesota: <https://housing.umn.edu/other/intern>

Near U. of St Thomas in St Paul: <https://www.stthomas.edu/eventservices/intern-housing/>

Short-term apartment rentals: <https://www.apartments.com/saint-paul-mn/short-term/?bb=4v22n-uk8Kgzx-jrG>

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Minnesota #2 Department of Health, Child and Family Health, Children and Youth with Special Health Needs Section

Location: Saint Paul, MN

Project Description:

Minnesota's Children and Youth with Special Health Needs (CYSHN) Section aims to improve population health through building the capacity of all systems that serve families of CYSHN. A component of this work is surveillance, which includes monitoring and analyzing data to identify trends, adequacy, and availability of services for children and youth with special health needs/disabilities, and underlying causes of birth defects and conditions identified through newborn screening. Ideally, this data collection and analysis would also identify trends related to the intersections of race/ethnicity and disability, which often exacerbate health disparities. This work is aligned with the priorities of our Title V MCH Block Grant, which includes the priority area, "Access to Services and Supports for Children and Youth with Special Health Needs: Ensuring all kids and families have what they need to thrive."

The students will work closely with CYSHN Section staff to compile quantitative and qualitative data, develop a CYSHN data report, and make recommendations for an ongoing data plan for the CYSHN Section. This project aims to identify available data in Minnesota to highlight the unique needs of CYSHN and their families, especially related to the other ten priority areas identified through our Title V 2020 Needs Assessment (e.g., comprehensive early childhood systems, mental well-being, accessible and affordable health care, American Indian family health, housing, and parent and caregiver support).

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

This project supports Minnesota's Title V MCH Block Grant by improving our measurement of National Performance Measure (NPM) 15, National Outcome Measures (NOM) 17.2 and 18, and Evidence-based Strategy Measure (ESM) 15.1, all of which pertain to CYSHN. We also know that many of the other Title V priority areas and measures relate to CYSHN, and plan to incorporate these specific data in our CYSHN data report and ongoing data plan.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

In Minnesota, it is estimated that close to one in five children have a special health care need (2019/2020 NSCH data). The CYSHN Section knows that data is a powerful tool that can be used to share the experiences and needs of children and their families. Sharing data with our stakeholders allows them to act on behalf of and advocate for our families. Understanding the overall needs of CSYHN in Minnesota is an important step in our journey to better identify inequities among subgroups of CYSHN. Ultimately, the goal is to increase health equity and improve health outcomes for children with special health needs/disabilities, particularly those who live at the intersections with diverse race, ethnicity, and language characteristics.

Project Objectives:

Objective 1: Develop the Minnesota CYSHN Data Crosswalk.

Objective 2: Develop a CSYHN data report and recommendations for an ongoing data plan.

Project Activities:

Activity 1: Weeks 1-2: General and Project Orientation

The initial task of the students will be to become familiar with the organizational structure, functions, and personnel of the Children and Youth with Special Health Needs (CYSHN) section of the Minnesota Department of Health, and with Minnesota's Title V MCH Block Grant. The students will be provided with supervision, guidance, and support from the

primary and secondary preceptors, including weekly check-in meetings. Orientation will also include familiarization with intersectional, trauma-informed research and evaluation, and health equity.

A series of readings, meetings, and presentations will be provided to ensure the students understand the project in detail.

In consultation with preceptors and CYSHN Section staff, students will identify existing Minnesota CYSHN data sources from the last three years.

Week 3-6: Development of CYSHCN Data Crosswalk

Students will explore each Minnesota data source with data related to CYSHCN and investigate the topics covered, methodology, populations included/excluded, and assess strengths and weaknesses especially as related to disability and racial/ethnic disparities. They will develop a crosswalk of available Minnesota CYSHN data sources to include: frequency of release of new data, process to obtain data, and the variables and performance measures available from that source.

Activity 2: Weeks 1-2: General and Project Orientation

Students will become oriented to the potential audiences/stakeholder groups. Students will work with preceptors and CYSHN staff to identify the target audience(s), broad areas for exploration and research questions, and type of report (e.g., multiple one-pagers/briefs, written report, dashboard).

Weeks 2-8: Planning, Analysis and Report Development

Students (with support from preceptors/section staff) will develop an outline of the Minnesota CYSHN population report. They will review MDH Accessibility standards to ensure their templates, outline and final report including graphical displays, will be accessible.

Students will be responsible for getting access to secondary datasets (e.g., National Survey of Children's Health, Minnesota Student Survey) as well as communicating with CYSHN section data leads and other state agency partners to obtain additional analyses of non-public state datasets.

Students will have the opportunity to conduct quantitative analyses of public secondary datasets. Data specific to Title V MCH Block Grant priority areas will be prioritized for analyses completed by the student(s). The students will summarize the results of the data analyses for the Minnesota CYSHN population report.

Weeks 8-10: Dissemination

Students will distribute the draft report, collect feedback from section staff and make edits accordingly. Students will work with preceptors to develop a presentation to report out their key findings to our Child & Family Health Division. The preceptors will guide the report through the approval process to post the report on our website.

Deliverables:

Deliverable 1: Written report or Excel spreadsheet listing available Minnesota CYSHN data sources.

Deliverable 2a: Written Minnesota CYSHN population report.

Deliverable 2b. PowerPoint presentation of Minnesota CYSHN population report.

Deliverable 2c. Text files of SAS, R or other code used for the report analyses.

Skills required for the project(s):

Microsoft Excel
Microsoft PowerPoint
Quantitative Analysis
SAS, R, or other statistical software
Synthesis of Information
Communication Skills

Required Technology:

The students will receive an agency-specific email. They will need to be competent in using virtual meeting software for meetings and collaborative work; we use Microsoft Teams and that is where all files will be available. It is recommended that students download Outlook and Teams apps (free) but they will be able to access them through their browser if they prefer. Students will need a computer that reliably connects to the internet. If students do not have a personal computer and statistical software license, the agency can provide a computer and SAS on site only.

Preferred Internship Length:

No Preference

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote. MDH has a hybrid work environment; most staff work remotely. We could have some in-person meetings if the students are in Minnesota.

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Mississippi State Department of Health (MSDH), Maternal and Child Health Workforce Development Office

Location: Jackson, MS

Project Description:

On July 1, 2021, the Mississippi State Department of Health, Health Services Office (Title V Bureau) established a new office called the Maternal and Child Health (MCH) Workforce Development Office. As this office is developing, the hope would be for a team of students to assist with two projects:

1. Support in designing a survey to assess staff training needs; and, 2. Explore national training sites to catalog trainings on cultural humility, racial equity, and work-life balance, participate in these trainings as a way to determine their appropriateness for MS Title V staff, and draft a report on trainings with respect to relevance for MS Title V staff. The MCH Workforce Development team will support the students through weekly meetings to discuss project progress, successes, and obstacles.

To design the survey, the students will begin by reviewing the baseline 2021 survey of MS MCH staff's training needs; gather information from other states and national resources regarding workforce development which could enhance the 2022 survey; review literature surrounding workforce trends, strengths, barriers, work/life balance, burnout, and needs; identify additional data which could be gathered on a revised workforce survey; and, create a new 2022 survey. This survey will help to guide the development of the October 2022 to September 2023 MSDH MCH Workforce Development Office work plan.

The students will explore national public health and MCH training and portals such as the TRAIN Learning Network, Regional Public Health Training Centers, Public Health Leadership, Tulane – School of Public Health and Tropical Medicine, Public Health LearnLink, and the MCH Navigator for trainings on cultural humility, racial equity, work-life balance; and develop a summary report regarding trainings they participated in, including training's strengths and limitations. This will be used in an Advisory Committee discussion, which includes the students, as to which trainings might be applicable to MSDH MCH staff.

Additional opportunities for the students: The students will also have the opportunity to work with the MCH Workforce Development staff to create a webpage for the office. Using the knowledge gained from the research of national training sites, the students will have the ability to provide input about resources and links to be included on the webpage.

The students will also have the opportunity to participate in a book club. The book has not been identified as of this writing. Together, the MCH Workforce Development staff and students will review several books on cultural humility in the workplace environment, develop a brochure advertising a Health Services' Office book club, and support the hosting of the book club during the summer internship.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

The MCH Workforce Development Office was established within the Title V Bureau of Health Services to support workforce development, trainings, and capacity building to meet the needs of the MSDH MCH programs. MSDH identified a priority need for the MCH population for the 2021-2025 Block Grant Cycle as implicit bias/discrimination/racism and health equity. This is an exciting opportunity for students to work within a new program and have input into the development of the training offerings provide to MSDH MCH and Health Services staff. Because the topics cultural humility and racial equity are so broad, the students will have the ability to explore their interests within these topics. (They will also explore trainings on work-life balance). They will also receive weekly support from the MCH Workforce

Development Office staff as they work on this project. Through the research and information gathered by student interns, a new cross cutting objective for the Title V MCH Block Grant will be developed.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

The need to promote health equity was evident from the Mississippi Title V Needs Assessment findings. Health equity is a shared vision of the MSDH MCH Title V program. Assisting the MCH Workforce Development Office, the students will identify cultural humility and racial equity trainings focused on the structural and social dynamics working within health care. With trainings on cultural humility and racial equity, and the effect of the social determinants of health on health inequities, staff will begin to realize their role within the transformation of internal and external systems.

Below are the goals, objectives, summary of activities, timeframe, and deliverables for the activities.

Goal 1: By August 2022, using the 2021 baseline workforce survey data, create an updated electronic workforce survey to assess the needs of the MS MCH staff which will inform decisions about Health Service’s workforce development from October 2022 to September 2023.

The students will:

Activity 1.1	Review the initial 2021 Health Service/MCH survey results.	Week 1
Activity 1.2	Gather information from other states and national resources regarding workforce development surveys for concepts and ideas, keeping a log of the information.	Weeks 1-5
Activity 1.3	Review the literature surrounding workforce trends, strengths, barriers, work/life balance, burnout, and need, keeping a log of the information.	Weeks 1-5
Activity 1.4	Identify any evidence-based survey questions on the topics in Objective 1.3 to present to the MCH Workforce Development staff as possible questions to add to the 2022 survey.	Weeks 3-6
Activity 1.5	Create a new 2022 survey for the Health Services and MCH staff to complete.	Week 7

Goal 2: By August 2022, explore online national and state training portals trainings for relevance and quality with respect to cultural humility/racial equity and work-life balance trainings.

The students will:

Activity 2.1	Research national training sites such as Public Health and MCH training portals such as TRAIN, Regional Public Health Training Centers, Public Health Leadership, Tulane – School of Public Health and Tropical Medicine, Public Health LearnLink, and MCH Navigator for trainings on cultural humility/racial equity and work-life balance trainings.	Weeks 1-9
Activity 2.2	Watch a variety of trainings on the above listed sites –approximately 10 a week.	Weeks 3-5
Activity 2.3	Write a brief summary/critique of the trainings in which the students participated – including strengths and limitations, identifying if the information is engaging, current, relevant to cultural humility/racial equity, and work-life balance.	Weeks 6-9
Activity 2.4	Compile this information into a report for the MCH Workforce Development Office staff to review regarding the different al trainings.	Week 7-9
Activity 2.5	Participate in discussions with the MCH Workforce Development Advisory Committee regarding the various trainings.	Weeks 6-10

Goal 3: The students will participate in the weekly virtual staff meeting for 1-1 ½ hours depending on the agenda. During this meeting, students will learn about other projects within the office, have the opportunity to volunteer to assist with these activities such as the book club or webdesign, and bring information they have been working on to discuss with the team.

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Program Planning

Program Evaluation

Literature Review Skills

Community Assessment

Facilitation Skills

Communication Skills

Social Media Skills

Presentation Skills

Other: Technology skills: to be able to participate in meetings using technology such as Zoom.

Required Technology:

Each intern will need to complete the MSDH HIPAA training, and sign the MSDH 1128e confidentiality agreement. The interns will be provided an MSDH email and access to Zoom account.

Preferred Internship Length:

10 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote

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New Jersey Department of Health, Family Health Services

Location: Trenton, NJ

Project Description:

The mission of the NJ Department of Health (NJDOH), Division of Family Health Services (FHS) is to improve the health, safety, and well-being of families and communities in New Jersey (NJ). FHS collaborates with leaders across the state and sectors to promote and protect the health of mothers, children, adolescents, and at-risk populations, and to reduce disparities in health outcomes. In light of FHS' mission, our team has decided to develop two projects the prospective Title V interns may work on and support the different maternal and child health initiatives.

Project 1: Attaining health equity and eliminating disparities to improve the health of adolescents and young people in NJ is a priority for The New Jersey Department of Health (NJDOH), Division of Family Health Services (FHS), Child and Adolescent Health Program (CAHP). Specifically, CAHP aims to improve the reproductive and sexual health of adolescents and young people throughout the state. As such, to address the social determinants and health inequalities that have contributed to the rising rates of sexually transmitted infections among people under 24, CAHP is committed to partnering with the community by implementing an STI workgroup. The interns will assist in identifying organizational partners and recruiting stakeholders for an STI workgroup. The interns will design the data collection instruments to be used with the STI workgroup members who will include community members, key stakeholders, and service providers, then collect and analyze the data from them to assist in developing a statewide strategic plan to address the increase in STI rates among adolescents.

Project 2: Interns will be offered the opportunity to partake in standardizing the NJ Fetal Infant Mortality Review (FIMR) case identification process. The Fetal Infant Mortality Review is an action-oriented process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. It brings together key members of the community to examine the information from the individual cases of fetal and infant deaths, to determine if those factors represent system problems that require change, to develop recommendations for change, and to assist in the implementation of the change. To ensure proposed changes will be beneficial to the affected population, the fetal and infant death cases that are reviewed need to be representative of the affected population. Therefore, a standardized case identification process is paramount.

The prospective student interns will work closely with maternal and child health epidemiologists within the department to conduct a comprehensive literature review aiming at identifying techniques to support the standardization of the case identification process and communicate findings and recommendations for action to maternal and child health epidemiologists, DOH Leadership and other stakeholders (e.g., Maternal and Child Health Consortia).

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

The Department of Health and Human Services (DHHS) has identified ongoing needs assessment and planning for adolescent health as a priority to improve the health outcomes of those in the communities it serves. In addition, NJ has identified promoting youth development programs and improving adolescent health as major goals. The newly developed STI workgroup will work with young people, government agencies, service providers, advocates, parents and caregivers, and schools to address the rising rate of STIs among young people in NJ and together develop a strategic plan to reduce these rising rates.

The NJ State Priority Measure 2 (SPN 2) is to reduce maternal and infant mortality. To strategically reduce infant mortality, we need to understand the root causes of infant mortality. One approach to collecting this information is through a standardized review of infant and fetal deaths. Therefore, this project will directly support New Jersey's Title V priorities.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

Project 1: The social determinants of health are major factors associated with adolescent reproductive health inequities including the rising rates of STIs among young people. The rate of reportable STIs has increased 47% for teens aged 15-19 between 2013 and 2019 with rates for Black teens increasing 22%, Latinx teens 44%, and White teens 134%. In 2019, 59% of all reported STI cases in New Jersey were among those 24 and under. Therefore, the interns and the STI workgroup will develop a strategic plan to reduce the rates of STIs among youth and address disparities.

Project 2: While New Jersey has the fifth best overall infant mortality rate among the 50 states, the non-Hispanic Black infant mortality rate in NJ is 3.5 times higher than the infant mortality rate for non-Hispanic White infants. The Latinx infant mortality rate is 1.4 times higher than the rate among non-Hispanic White infants. In New Jersey, child health outcomes are concerning, and the statistics call for action. By standardizing the case identification process, our team hopes to review a representative sample of the infant deaths in New Jersey and better understand the root cause of these racial/ethnic disparities. Moreover, we hope to identify key indicators aimed at promoting infant health equity in New Jersey.

Project Objectives:

Objective 1: Acclimate to NJ organizational structures, draft work plans, projects responsibilities, and timelines.

Objective 2: Identify organizations, community members, key stakeholders, and service providers to recruit and engage them as members of the STI workgroup. Develop instruments; collect and analyze data from the STI workgroup members to include community members, key stakeholders, and service providers. Develop a strategic plan in conjunction with the STI workgroup.

Objective 3: Conduct FIMR related literature review; disseminate findings and recommendations to DOH leadership and stakeholders (i.e., Maternal and Child Health Consortia).

Project Activities:

Activity 1: General and Project Orientation: Interns will be given a tour (virtually or in-person) and get familiar with organizational structures, functions, and personnel within the Family Health Division as relevant to the project. The interns will be provided with reading materials relevant to the projects (e.g., NJ FIMR current case identification and review process; Child and Adolescent Health Program).

Activity 2: Under the leadership of the NJDOH State Adolescent Health Coordinator and PREP Program Specialist, during the eight weeks, the intern(s) will assist in developing a strategic plan to address the increase in STI rates among adolescents. The intern will:

1. Identify and recruit organizations, community members, key stakeholders, and service providers to participate in the STI workgroup.
2. Develop a recruitment tracking method for the STI workgroup.
3. Report any significant challenges in recruitment or collaboration to the State Adolescent Health Coordinator and/or the PREP Program Specialist.
4. In conjunction with preceptors, decide on data collection methods aimed at gathering input from STI workgroup members. Develop instruments such as a survey and key informant interview guide to gather information from stakeholders to examine the needs and gaps in STI prevention, education, treatment, testing, and screenings for adolescents.
5. Collect and analyze the data provided by the stakeholders to gather input for the STI workgroup's strategic plan.
6. Use the results from the data analysis to assist the STI workgroup in developing a STI strategic plan.
7. Produce and present a final report to the Family Health Services teams and stakeholders with recommendations for the STI workgroup's strategic plan, based on findings from survey and/or focus groups.

Activity 3: Under the leadership of a NJDOH Maternal and Child Health Epidemiologist, during the first two weeks of the internship, the prospective intern(s) will develop a draft work plan to outline the project, responsibilities, and timeline. For the remainder of the internship, the prospective interns will:

1. Conduct a literature review, using multiple online search engines including PubMed and examining documents from other FIMR programs.
2. Create a comprehensive list of relevant published articles in excel or other software.
3. Compile the study methodologies and results for each article/document.
4. Synthesize the results into a summary comprised of a set of comments, recommendations, and suggestions on how the team can standardize the FIMR case identification process.
5. Work very closely with mentor(s) to review and revise summarized findings (i.e., develop a slide deck) and develop recommendations on how standardize NJ FIMR case identification process prior to dissemination to DOH leadership (i.e., FHS Assistant Commissioner, Medical Director, and others)

Deliverables:

Deliverable 1: Submit work plans, projects responsibilities, and timelines to assigned mentor(s).

Deliverable 2a: Develop a recruitment tracking method for the STI workgroup.

Deliverable 2b: Develop a survey and focus group questions to collect information from stakeholders.

Deliverable 2c: Analyze collected data.

Deliverable 2d: Assist STI workgroup in developing a strategic plan.

Deliverable 3a: Create an excel spreadsheet with all relevant articles.

Deliverable 3b: Prepare a summary of findings and recommendations.

Deliverable 4: For both projects, interns will prepare and present a summary of findings and recommendations to the Family Health Services Team and disseminate to stakeholders and DOH leadership.

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Program Evaluation

Literature Review Skills

Community Assessment

Qualitative Methods (Implementation) (includes key informant interviews, focus groups, etc.)

Qualitative Methods (Analysis)

Synthesis of Information

Communication Skills

Presentation Skills

Required Technology:

The technology used by the agency and interns include Zoom/Microsoft Teams, and the Microsoft Office Suite including Excel, PowerPoint, Word and Outlook.

Preferred Internship Length:

8 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

If the preceptors are able to work in-person in summer 2022, the students will be able to work in person or remotely. If the preceptors are working remotely, the students will be asked to work remotely.

Is there affordable temporary housing available for the students near your agency?

Yes

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$1100-\$1300/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

Yes

Housing Resources:

The College of NJ

<https://tcnj.pages.tcnj.edu/>

Princeton University

<https://www.princeton.edu/>

Rider University

<https://www.rider.edu/>

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South Dakota Department of Health, Division of Family and Community Health

Location: Sioux Falls, SD

Project Description:

The Office of Child and Family Services (OCFS) of the SD Department of Health (DOH), where the MCH Block Grant work resides, has embarked on a change process that centers equity, focuses on community and individual protective factors, and utilizes South Dakota's unique centralized public health system to implement these changes. The MCH block grant and WIC program staff are leading the development of these systems changes; one of the major initiatives of this effort is the Strategic Community Outreach and Outcomes Plan, or SCOOP. The purpose of the SCOOP is to serve as guide for community outreach and action planning across the Office of Child and Family Services. It establishes regional priorities with strategies and activities tailored to the specific needs of communities. The plan uses data and public health evidence to guide decision making and program implementation. Community engagement and involvement is also key to carrying out this work successfully. The goal of this plan is to deliver better care and services to OCFS clients and improve outcomes for these populations. The student interns will develop an implementation plan and process evaluation for SCOOP's evidence-based community outreach and engagement. This implementation plan may include a landscape analysis of current community outreach and engagement activities through the OCFS's local offices (75 total offices) divided into four regions, and the development of trainings, community tools, toolkits, and communication plans to highlight SCOOP's successes.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

The Maternal and Child Health Title V team of the SD DOH embarked on a two year long needs assessment, which centered on health equity. The needs assessment was informed by community input through targeted focus groups and surveys and resulted in a rich understanding of the needs of the state's maternal and child health populations. Family and community outreach and engagement has been adopted as one of two major approaches to address health inequities with Title V priorities and funds. In year 1 of the new MCH priorities, the Title V team identified the need to revise and revamp the OCFS community health offices' needs assessment process. This year long revamp, led by the MCH epidemiologist as part of the state performance measure, data sharing and collaboration, resulted in the SCOOP. Family and community engagement strategies will need to be incorporated in every local priority. Along with addressing WIC focused goals such as breastfeeding, nutrition, and outreach, the SCOOP will also include MCH/Title V infant and maternal priorities. This will be a way to link the MCH state level efforts with field staff who work at the community level. MCH state staff will be the program experts who guide the community health staff at the 75 OCFS offices to select evidence-based strategies and activities, that align and support MCH state action plans.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

Family and community engagement is the bedrock of responsive programming and prevention efforts. As the MCH Title V team continues to move further upstream, the goal is strong family and community champions to guide programmatic decision making. It will take time for staff to build capacity to effectively engage family and community leaders. This proposal is the beginning of that initiative for the Title V state leaders but more so for the local community health staff.

Project Objectives:

Objective 1: Assess current community outreach and engagement strategies and staff training needs in all 75 local community health offices.

Objective 2: Create implementation plans and process evaluation strategy for regional community outreach and engagement activities to improve the quality of services provided and to support increased community capacity, as part of the SCOOP.

Objective 3: Create trainings, tools, and toolkits for community outreach and engagement aimed at improving cultural responsiveness of local community health staff.

Project Activities:

Activity 1: Create a survey to: 1. Assess current outreach and engagement activities in all 75 community health offices; 2. Assess local staff training needs to develop effective community outreach and engagement strategies.

Activity 2: Work with SCOOP regional leads to develop four community outreach implementation plans. Support SCOOP data team to develop a process evaluation plan for implementation of the community outreach and engagement strategies.

Activity 3: Develop a community engagement toolkit, and at least two trainings for local community staff and two trainings for regional community health leadership. Identify ways to share regional and local outreach successes with community members and DOH staff.

Deliverables:

Deliverable 1: Survey results report and recommendations. Training needs report and recommendations.

Deliverable 2: Four community outreach and engagement implementation plans and process evaluation plan.

Deliverable 3: Tools including a community engagement toolkit and communication tools. Trainings for local staff and regional community health leadership.

Skills required for the project(s):

- Microsoft Excel
- Microsoft PowerPoint
- Program Planning
- Program Evaluation
- Literature Review Skills
- Community Assessment
- Quantitative Data Analysis
- Synthesis of Information
- Communication Skills
- Presentation Skills

Required Technology:

Competency in Zoom/Teams

Preferred Internship Length:

No Preference

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

This internship is available in person but could switch to virtual if no students are able to attend in person.

As you selected an in-person internship, students will need to find housing in your locale. Is there affordable temporary housing available for the students near your agency?

Yes

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$500-\$700/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

Yes

Housing Resources:

Public transportation is available, but it is not convenient. The intern would be in Sioux Falls. There are two universities that may have summer short-term leases available – Augustana University and Sioux Falls University.

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Tennessee Department of Health, Division of Family Health and Wellness

Location: Nashville, TN

Project Description:

The main internship project will be two-fold. The first step of the project will be to implement the evaluation plan for the final year of the Tennessee Department of Health Division of Family Health and Wellness's (TDH FHW) three-year health equity plan. The second step will be to align the health equity plan objectives and strategies with Tennessee's MCH/Title V Program 2021-2025 action plan in order to center health equity efforts across programs within FHW. Lastly, an optional project component will be to implement one of the health equity activities within Tennessee's MCH/Title V Program action plan.

Examples of these projects include:

- Partner with Historically Black Colleges and Universities (HBCUs) to initiate the development of lactation education within health care curricula for students of color.
- Develop a survey to assess rural patient and/or provider family planning telehealth experiences and identify opportunities for improvement.
- Collect qualitative data to assess patient experiences for the Community Health Access and Navigation in Tennessee (CHANT) program to inform opportunities to increase access and navigation for socially vulnerable families.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

Health equity is incorporated into all priority action plans for Tennessee's MCH/Title V Program. The aim is for each Title V priority to have at least one health equity-related strategy and evidence-based strategy measure. This internship will focus on aligning the Title V action plan with the TDH FHW three-year plan and advancing health equity strategies and activities within the current Title V priorities.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

The first step of the project will be focused on understanding how TDH FHW has achieved its divisional health equity goals over the past three years, which are: 1) to understand the root causes of disparities and continuously examine personal and systemic barriers to health equity; 2) to continuously identify and examine disparities in health outcomes for vulnerable and disadvantaged populations by factors including age, race, gender, and place; 3) to engage and empower communities to improve service delivery and systems of care; and, 4) to create and support opportunities for health promotion and improvement in all policies and practices. The second step of the project will focus on how to move the health equity work forward within the Title V action plan.

Project Objectives:

Objective 1: To implement the evaluation plan for the final year of the TDH FHW three-year health equity plan and synthesize evaluation findings. Implementation activities will include conducting key informant interviews with division staff and analyzing these data. Some survey data have already been collected and could be augmented by interviews. Based on analysis, recommendations will be developed and presented to division leadership on how to move health equity work forward.

Objective 2: To align the TDH FHW three-year health equity plan with Tennessee's MCH/Title V action plan, so that it is evident how the two documents connect and align with one another. This could be accomplished via a crosswalk and/or editing each document to be similar in format and/or include references to the other document. These documents provide the roadmap that will drive the implementation of our health equity work. Progress on Objectives 1 and 2 may be accomplished concurrently.

Objective 3: To implement a select MCH/Title V Program strategy or activity within the 2021-2025 Action Plan. The interns will have flexibility to select a specific health equity strategy or activity to advance based on their interests. They will work independently and will be supported by the Priority Lead in their work.

Examples of these projects include:

- Partner with Historically Black Colleges and Universities (HBCUs) to initiate the development of lactation education within health care curriculums for students of color.
- Develop a survey to assess rural patient and/or provider family planning telehealth experiences and identify opportunities for improvement.
- Collect qualitative data to assess patient experiences for the Community Health Access and Navigation in Tennessee (CHANT) program to inform opportunities to increase access and navigation for socially vulnerable families.

Project Activities:

Activity 1:

- Attend FHW Health Equity Task Force meetings.
- Work with FHW Health Equity Task Force to gather Year 3 existing quantitative and qualitative data to inform progress on health equity plan goals, strategies, and activities within established evaluation plan.
- Develop an interview guide and conduct key informant interviews with FHW Health Equity Task Force members to assess progress of FHW health equity work and identify future opportunities and priorities for the Task Force.
- Synthesize evaluation findings and make recommendations for next steps.
- Develop presentation on findings to deliver to divisional leadership.

Activity 2:

- Review both the TDH FHW three-year health equity plan and Tennessee's MCH/Title V action plan.
- Choose the best way to link the documents together. Options include but are not limited to developing a crosswalk, editing each document to match in format, or including references in each document to the other document.
- Link documents together based on chosen method.
- Present new linked documents to TDH FHW health equity committee and Tennessee's MCH/Title V action plan teams.

Activity 3:

- Select a MCH/Title V Program strategy or activity based on intern's interests (see above for examples).
- Implement strategy or activity in conjunction with Priority Team Lead.
- Provide brief report on activity implementation to priority team, so that the work can be continued past the internship and included in Title V Annual Report.

Deliverables:

Deliverable 1:

- Develop a key informant interview guide, collect data, and analyze results.
- Develop executive summary of final evaluation findings (2-page document).
- Present evaluation and recommendation findings to the division via a PowerPoint presentation to division leadership.

Deliverable 2

- Create a crosswalk, or other documentation, of the linked TDH FHW Health Equity Plan and Tennessee's MCH/Title V Action Plan.

Deliverable 3

- Create a brief (1-page) written report on implementation of the chosen MCH/Title V Program strategy or activity to be included in the Title V Annual Report.

Skills required for the project(s):

Microsoft PowerPoint

Program Planning

Program Evaluation

Qualitative Methods (Implementation) (key informant interviews, focus groups, etc.)

Qualitative Methods (Analysis)

Facilitation Skills

Synthesis of Information

Communication Skills

Presentation Skills

Required Technology:

Competence in Microsoft Teams; notification needed prior to internship if state computer is needed even if working remotely.

Preferred Internship Length:

10 Weeks

Preferred Internship Work Setting:

No Preference

As you selected an in-person internship, students will need to find housing in your locale. Is there affordable temporary housing available for the students near your agency?

Yes

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$1100-\$1300/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

Yes

Housing Resources:

Airbnb - <https://www.airbnb.com/s/Nashville--TN>

Vanderbilt Off Campus Housing - <https://offcampushousing.vanderbilt.edu/>

Apartments.com

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Location: Burlington, VT

Project Description:

The Vermont Women, Infant, and Child (WIC) program surveys participants annually to solicit feedback and plan for quality improvement. It includes the following sections: Customer Satisfaction, Scheduling, Breastfeeding, WIC Shopping, and Nutrition Education. The 2021 survey also included questions on remote appointments, expanded WIC food options, and access to technology and the internet. The survey is texted to all active households who accept texts. The 2021 survey had about a 9% response rate. The program recognizes that the method of survey distribution – an English only survey, sent by text with a link to a web-based survey, misses voices of program participants who may have unique barriers to fully accessing WIC benefits. In order to increase equity in providing program feedback, which leads to program improvement strategies specific to marginalized populations, we would like interns to engage in qualitative data gathering about WIC program services with people who may be less likely to take the annual survey. This may include non-native English speakers and English language learners and those who live in more remote, rural locations with more limited access to the internet. We envision the project will start with a literature review and learning from community representatives the ideal ways for them to provide feedback, which may vary by population. After that initial learning, students will develop a plan to gather feedback, possibly by conducting key informant interviews, focus groups, or photo stories, or using other approaches. The interns will develop a data collection plan and draft data collection instruments, which could include the development and testing of an interview guide. Interns will collaborate with WIC program and Division of Health Surveillance staff on the development of data collection tools and the analysis and interpretation of results.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

This project aligns well with one of our MCH Strategic Plan crosscutting priority areas: to promote an approach to our work that is integrated, strength-based, and mission-driven, The performance measure is to increase Maternal and Child Health (MCH) programs that partner with family members, youth, and/or community members. The key strategies identified include: Represent all voices in MCH communications campaigns and outreach strategies — including parents, families, youth and consumers and convene and participate in advisory committees that demonstrate authentic family and consumer partnership. In addition, Vermont used a health equity lens in the development of the State Health Assessment and State Health Improvement Plan (SHA/SHIP). Health equity was considered in each step of the process, including: who is engaged in the planning and priority setting; how individuals affected by inequity are engaged; what data is considered and how it is analyzed; how decisions are made; who is involved in decision-making; and how data are reported. This project aligns with our broader state-wide priorities related to health equity.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

Not every WIC program participant is comfortable or able to give feedback in the same way, particularly when the approach is an English, web-based survey sent by text. The project is focused on equity because it focuses on the development of an alternative mechanism to include the voices and perspectives of those who may have been left out of previous efforts to obtain feedback. The project will start by understanding the best ways to collect feedback from marginalized communities by reviewing the research literature. In addition, the project will engage members from the affected communities (those with whom the Health Department has trusted relationships) from the initiation of the project. WIC program staff will support interns in this process, with technical assistance provided by the Health Equity and Community Engagement (HECE) Team in VDH. The project aligns with ongoing efforts to increase equity in the department which will be enhanced in the coming months and years with CDC Health Disparities grant funding. This funding aims to support specific qualitative data gathering projects, increase staff capacity to engage in these projects, and support equity-focused positions, one of which specifically supports the WIC program. This project will add capacity

to these efforts while providing a meaningful experience for the interns.

Project Objectives:

Objective 1: Conduct literature search focused on meaningful engagement strategies for specific populations with support from WIC Program staff and the Health Equity and Community Engagement Team. Collect initial feedback on preferred data collection methods from members of these communities (those with whom the Health Department has trusted relationships).

Objective 2: Develop qualitative data gathering plan in coordination with WIC Program and Division of Health Surveillance staff.

Objective 3: Conduct and compile qualitative data, analyze data, and produce report (if time permits).

Project Activities:

Activity 1: The initial task of the interns will be to become familiar with the organizational structure, functions, and personnel of the WIC program, Health Surveillance, and the Health Equity and Community Engagement (HECE) team. The interns will be provided with supervision, guidance, and support while receiving a general orientation to the department and programs and previous data collection projects. Meetings will be arranged to orient the interns to enable them to gain with a broad understanding of Vermont's Title V MCH priorities and the operations of Vermont WIC.

Once the initial orientation is complete, interns will conduct a literature search on best practices in collecting qualitative data from marginalized populations which avoids placing undue burden on the communities of focus. This will include initial interviews of members/leaders of specific communities where the Health Department has developed prior trusting relationships.

Activity 2: After the initial orientation, literature review, and assessment of approach, interns will develop a draft qualitative data collection plan. This plan could include key informant interviews, focus groups, photo stories, or other mechanisms preferred by the communities of focus. The plan will be reviewed and feedback will be provided by WIC program, Health Surveillance, and HECE staff. After feedback is reviewed, the data collection plan will be finalized.

Activity 3: Interns will then implement the data collection plan. Specific action steps will be determined when the collection plan is finalized. Interns will take the lead, with support from program staff, in conducting both data collection and analysis.

Possible activities in this phase include:

- Developing a focus group guide, an interview guide, and/or photo story guide.
- Collaborating with local WIC programs to recruit WIC participants to participate in providing feedback.
- Conducting or participating in focus groups, interviews, and/or photo stories, with support from VDH staff.
- Compiling and analyzing feedback to develop recommended quality improvement actions for the WIC program.

Deliverables:

Deliverable 1: Completed literature review.

Deliverable 2: Qualitative data collection plan.

Deliverable 3: Implementation of data collection, analysis and compilation of qualitative feedback, and development of recommendations for the WIC program (if time allows).

Skills required for the project(s):

Microsoft Excel
Microsoft PowerPoint
Literature Review Skills
Community Assessment
Qualitative Methods (Implementation) (includes key informant interviews, focus groups, photovoice, etc.)
Qualitative Methods (Analysis)
Synthesis of Information
Communication Skills
Presentation Skills

Required Technology:

Agency-specific emails, competence in Microsoft Teams

Preferred Internship Length:

10 Weeks

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote with a possibility of a short visit to Vermont.

As you selected an in-person internship, students will need to find housing in your locale. Is there affordable temporary housing available for the students near your agency?

I don't know

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$1100-\$1300/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

I don't know

Housing Resources:

Seven Days https://classifieds.sevendaysvt.com/listAds.htm?FORMITEM_CATEGORY=11

Craig's List <https://vermont.craigslist.org/d/apartments-housing-for-rent/search/apa>

The University of Vermont housing office may also be able to assist with finding summer sublets, and a request could be posted in Front Porch Forum <https://frontporchforum.com/>

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Location: Richmond, VA

Project Description:

Strengthen the operationalizing of moving from family engagement towards more equitable collaboration and family leadership in Title V funded programs. The aim is to support leadership and staff in Title V and partner agencies in establishing family engagement strategies and policies by defining best practices and developing guidance through which to shape all Title V family serving systems by December 2022.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

We plan to continue to expand and operationalize our definition of family engagement into a process that positions all families as co-designers and drivers in creating Title V policies and programming (local and state) based on their experiences, hopes, expectations and interests. Family leaders will arise from those who are engaged and equitably involved. The 2021-2026 VA Title V block grant application, has as a priority Community, Family, and Youth Leadership: *Provide dedicated space, technical assistance, and financial resources to advance community leadership in state and local maternal and child health initiatives.* SPM5 is a cross cutting (family leadership) performance measure which measures the percentage of Title V funded programs and sub recipients actively incorporating family engagement annually.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

We plan to continue to expand and operationalize our definition of family engagement into a process that positions families as co-designers and drivers in creating Title V policies and programming (local and state) based on their experiences, hopes, expectations and interests. We continue to grapple with: Is family leadership the goal or is it equitable collaboration? Should we reframe family engagement into a family leadership construct? Or do these two concepts really go hand in hand – in other words, leaders arise from those who are engaged and equitably involved. Is the policy addressing disparity effective as well as equitable?

Project Objectives:

Objective 1: Examine how Title V programs across the nation define equitable family collaboration and family leadership.

Objective 2: Examine how Virginia's grantees define equitable family collaboration and family leadership.

Objective 3: Examine how Virginia's Title V program staff who serve families' and families' served by its grantees describe equitable family engagement.

Objective 4: Based on findings, develop recommendations for how programs can center family engagement across Title V programs and partner agencies.

Project Activities:

Activity 1: Conduct a literature review examining state and territory Title V program definitions.

Activity 2: Conduct a document review examining Virginia Title V program/ grantee definitions and compare to the national review.

Activity 3: Gather information by: 1) conducting a focus group with parents on what 'equitable engagement with families' means to them; and, 2) conducting a focus group with Title V staff (state and local level) on what 'equitable engagement with families' means to them. Students will synthesize the information from the focus groups and identify themes. They will compare and contrast the themes that emerge from the staff and family focus groups.

Activity 4: Develop recommendations that: 1) identify standards for equitable family engagement, 2) identify skill building training topics that meet the needs identified in the focus groups on how to make equitable family engagement the norm, and 3) support ways to modify policies, resources and/or contractual language impacting family engagement.

Deliverables:

Deliverable 1: Literature review of states and territories definitions of equitable family collaboration and family leadership.

Deliverable 2: Document review of Virginia’s grantees define equitable family collaboration and family leadership.

Deliverable 3: Themes from Family and Title V staff focus groups based on an analysis of results.

Deliverable 4: Recommendations for equitable family engagement. Presentation to VDH Title V staff.

Skills required for the project(s):

- Microsoft Excel
- Microsoft PowerPoint
- Program Planning
- Program Evaluation
- Literature Review Skills
- Community Assessment
- Qualitative Methods (Implementation) (includes key informant interviews, focus groups, photovoice, etc.)
- Qualitative Methods (Analysis, Survey Development)
- Synthesis of Information
- Communication Skills
- Presentation Skills
- Social Media Skills

Required Technology:

PC; Zoom; Google docs; email access (not VDH)

Preferred Internship Length:

No Preference

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote

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Virginia #2 Department of Health, Division of Child and Family Health

Location: Richmond, VA

Project Description:

BabyCare is a care coordination/care case management program conducted through home visits by nurses. BabyCare, in its current form, is practiced differently across Virginia's local health districts (LHDs), with some districts fully providing all of BabyCare's services, some providing parts but not all, and others not participating if there are no maternity services offered. BabyCare, in its current form, is not considered an official home visiting program by MIECHV as it is not an evidence-based program. The goal is to transform BabyCare into an evidence-based program that will provide district-level data that will complement upstream Title V initiatives.

The Summer 2022 Interns will conduct evaluations of BabyCare at Mount Rogers and Chesapeake LHDs, the two largest programs in the state, providing approximately 500 visits every month. Specifically, in this evaluation, they will review existing BabyCare program guidelines, tools, and standards for both Mount Rogers and Chesapeake LHDs. The students will review the current data fields that are being collected, looking for potential new data points to add. They will research existing evidence-based programs – including Parents As Teachers, Healthy Families of America, Nurse Family Partnership, and Family's First Title IV-E Prevention Program - assessing the extent to which these types of programs can be integrated into BabyCare, which would satisfy the evidence-based requirement for additional programmatic funding opportunities such as MIECHV.

Finally, the Summer Interns will provide details of their findings and recommendations through written summary and PowerPoint presentation to Title V and LHD Leadership.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

Virginia's Title V 2020 Needs Assessment identified racial disparities in maternal and infant mortality as a priority need. This aligns with the Governor's Summer 2021 Maternal Health Strategic Plan, in which a goal was set to eliminate the disparity between black/white maternal and infant mortality rates by 2025.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

This project provides students the opportunity to observe and measure the impact of a public health program within two large and diverse local health districts - one urban and one rural. Because this project aims to transform the BabyCare program into an evidence-based program in order to reduce racial disparities in maternal and infant mortality, conducting an equity-focused evaluation of BabyCare plays a crucial part.

Project Objectives:

Objective 1: Conduct literature review regarding public health maternal and infant case management programs and evidence-based home visiting programs. Conduct a programmatic review of selected states' local health departments and the maternity care services offered. This may include informational interviews with selected states.

Objective 2: Conduct evaluation of Mount Rogers and Chesapeake BabyCare Programs including document review, review of data collection fields, and the conduct and analysis of results of key informant interviews of local health department staff.

Objective 3: Present key findings and recommendations to VDH MCH/Title V and LDH Leadership at conclusion of internship.

Project Activities:

Activity 1:

- Through this key activity, the interns will orient themselves to maternal and infant case management programs and home visiting programs. Literature review will include research into home visiting best practices and program/process improvement. They will conduct online searches to obtain information about other states with similar programs, and with support from their preceptor, reach out to leadership in those states to conduct informational interviews.

Activity 2:

- The interns will participate in weekly meetings with preceptor and selected team members. They will be responsible for preparing the weekly agenda, including progress, deliverables status, question, and ideas.
- The interns will conduct a comprehensive review of all BabyCare-related documentation, tools, guidance documents, and available data collection fields from the two LHDs and synthesize findings in a written report.
- Interns will conduct key informant interviews with LHD staff and leadership and analyze the data collected.

Activity 3:

- With the support of their preceptor, the interns will develop an outline for their evaluation report (including methodology, key findings and recommendations) and be responsible for document management, to include maintaining a shared folder of documents and their findings.
- With the support of their preceptor, the interns will develop a final presentation, summarizing their findings, which will be presented to VDH leadership at the conclusion of their internship.

Deliverables:

Deliverable 1: Completed Literature Review.

Deliverable 2: Document Review. Key Informant Interview guide and data collection. Qualitative data analysis.

Deliverable 3: The Title V MCH Internship Team will collaborate with Project Preceptor and other Title V Leadership to complete a written evaluation report, and conduct a project presentation to VDH audience.

Skills required for the project(s):

Microsoft Excel
 Microsoft PowerPoint
 Program Evaluation
 Literature Review Skills
 Qualitative Methods (Implementation and Analysis)
 Communication Skills
 Presentation Skills

Required Technology:

Google-based platforms (Gmail, Google Meet)

Preferred Internship Length:

No Preference

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

Remote

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Location: Madison, WI

Project Description:

Students will begin the development of a *Public Health Emergency for MCH Populations Resource* toolkit. Ideally, this “break glass in case of emergency” resource will allow us to be fully prepared to join response efforts and planning in the event of an emergency or disaster. Because of the general population focus of many emergency preparedness resources and protocols, an MCH focused toolkit is needed. Such a toolkit would enable our state to quickly address the unique needs of maternal and child health populations during a public health emergency. Successful development of this resource may eventually be able to be replicated by other states and jurisdictions. In 2021, Wisconsin participated in the AMCHP Emergency Preparedness and Response Action Learning Collaborative (ALC), and the need for this resource toolkit was identified during that project.

Students will work together to identify specific MCH populations (Children and Youth with Special Health Care Needs, infants, rural, undocumented, pregnant, foster children, etc.) and consider what unique needs/resources they may need in an emergency. Students will also brainstorm various emergency/disaster scenarios, and identify unique needs, questions, and considerations specific to maternal and child health for each.

Students will meet with WI Title V staff and conduct web searches to develop a list of key contacts and subject matter experts (including for the special MCH populations identified above) for key informant interviews. Students will conduct key informant interviews (KII) (up to 10) with the identified individuals to ascertain current skills and gaps related to emergency preparedness. Finally, students will research and develop a list of MCH-specific training resources for public health staff at the state and local level to explore.

Project connection to Title V agency's priorities, National or State performance measures and/or strategies in the state's Title V action plan:

Wisconsin's Title V Program strives for equitable health outcomes for all mothers, children, and families, with a special emphasis on addressing needs and including input from those representative of the populations we serve. This project is an opportunity to ensure in advance that those needs are being met across all mothers, children, and families in Wisconsin, regardless of their unique situations or challenges. Additionally, many staff members were pulled from their Title V work to support the COVID-19 response over the past two years. Having a *Public Health Emergency for MCH Populations Resource* toolkit ready and improving the training of our staff and partners with a focus on emergency preparedness will help us be ready to respond when needed in the future. Any improvement in the efficiency of our response effort should also improve our ability to continue to keep Title V work moving ahead during an emergency.

Regardless of your project, please describe how the proposed project(s) center(s) equity:

Emergency and disaster events nearly always exacerbate inequities and widen disparities in health outcomes, as we have seen all too well in the U.S. these past two years. This project is an opportunity for our team of maternal and child health experts to consider potential roadblocks and threats to health for all types of persons and life circumstances in advance, and attempt to build a bypass so that in the event of emergency, all populations can access the resources unique to their specific needs – ultimately increasing favorable health outcomes for all.

Project Objectives:

Objective 1: To identify specific needs related to emergency preparedness of multiple MCH populations through literature reviews, document searches, and interactions with the ALC.

Objective 2: To identify resources to include in a *Public Health Emergency for MCH Populations Resource* through key informant interviews, review of documents from other state and local public health agencies, literature searches, etc.

Objective 3: To locate MCH focused emergency preparedness training resources and propose a training schedule for Wisconsin's MCH Program.

Project Activities:

Activity 1: Students will review the list of potential unique MCH populations developed by the ALC workgroup (see above) and add any other populations that may be missing based on a literature review and document searches. Once populations are identified, students will work together to identify the types of disasters or emergencies that might occur and special or unique needs for each population. This can be done by facilitating a discussion with the work group who created the draft list and through a literature and or document reviews.

Activity 2: The students will interview up to 10 key contacts and subject matter experts focused on MCH emergency preparedness in Wisconsin or the U.S (list obtained from Title V staff and web searches) to identify existing skills and training gaps and to identify resources to include in the *Public Health Emergency for MCH Populations Resource* toolkit. Activities will include developing an interview guide, extending invitations for and conducting the interviews, documenting contacts and resources, and identifying themes for training needs. Students will also glean some of this information from document reviews and literature searches as in Objective 1.

Activity 3: The students should conduct an environmental scan of all emergency preparedness training resources currently available that are specific to the MCH population. Once trainings are identified, the students will organize suggested trainings to include a list of trainings applicable to general MCH populations, with special attention to addressing the training needs identified through the interviews. Students will also include a list of optional trainings and resources for unique/specific populations identified through objective one.

Deliverables:

Deliverable 1: Description of Unique MCH populations, needs and resources to be developed as a section of the *Public Health Emergency for MCH Populations Resource* toolkit.

Deliverable 2: Analysis of KII data and results of literature reviews and document searches to identify existing skills and training needs related to emergency preparedness and MCH populations.

Deliverable 3: Documentation of suggested training and resources for State and Local MCH Staff to be developed as a section of the *Public Health Emergency for MCH Populations Resource* toolkit.

Skills required for the project(s):

Program Planning
Literature Review Skills
Qualitative Methods (Implementation and Analysis)
Synthesis of Information
Communication Skills

Required Technology:

Competence in Zoom/MS Teams

Preferred Internship Length:

No Preference

Preferred Internship Work Setting (Remote/In-Person/Hybrid):

No Preference

As you selected an in-person internship, students will need to find housing in your locale. Is there affordable temporary housing available for the students near your agency?

Yes

What is the typical cost of a furnished short-term rental or sublet near your agency?

\$701-\$900/per person

Is your Title V agency easily accessible by public transportation?

Yes

If your agency is not easily accessible by public transportation, are services such as Lyft or Uber available?

Yes

Housing Resources:

Uwsublets.com and Campusareahousing.wisc.edu are common places students go to find temporary housing. Also, temporary housing can range from \$500-\$1000, depending on whether the person is looking for a room or an entire unit.

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