

Title V MCH Internship Program

Proposed
State Projects
for Summer
2021



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

Table of Contents

Click on the name of the state agency to jump to the state project.

Alabama #1 Department of Public Health, Bureau of Family Health Services	2
Alabama #2 Department of Public Health, Women’s Health	5
Alaska Department of Health and Social Services, Division of Public Health	8
District of Columbia Department of Health, Community Health Administration	12
Florida #1 Department of Health, Community Health Promotion	14
Florida #2 Department of Health, Children’s Medical Services	17
Indiana Department of Health, Maternal and Child Health	19
Kentucky Office for Children with Special Health Care Needs (OCSHCN), Administrative & Financial Services	21
Massachusetts Department of Public Health, Division for Children & Youth with Special Health Needs	24
Minnesota Department of Health, Child and Family Health	28
Ohio Department of Health, Bureau of Maternal, Child, and Family Health	31
Texas Department of State Health Services, Community Health Improvement Division	33
Utah Department of Health, Women and Newborns Quality Collaborative	36
Wisconsin Department of Health Services, Division of Public Health	39

Please note that although housing and transportation information is provided for each project, the Title V MCH Internship Program has not finalized decisions on whether the program will be hosted virtually or in person.

Alabama #1 Department of Public Health, Bureau of Family Health Services

Location: Montgomery, AL

Project Description:

The Fetal and Infant Mortality Review (FIMR) Program was established to identify critical community strengths and weakness as well as unique health and social issues associated with poor outcomes of pregnancy. The program is a community-based statewide initiative designed to enhance the health and wellbeing of women, infants, and families through the review of unidentified individual cases of fetal (stillbirth) and infant deaths and voluntary maternal interviews. FIMR reviews assist in understanding how social, economic, health, educational, environmental, and safety issues relate to infant loss on a local level and are used to improve community resources and systems of care to improve maternal and infant health. In 2018, the Alabama FIMR Program underwent an expansion to enable review of all infant cases in a given time period. To date, due to a variety of reasons, not all infant cases have been reviewed. Data for the cases which have yet to be reviewed are not included in the database. Subsequently, data-driven decisions are being based upon findings which are incomplete.

Launched in 2018, the Alabama Maternal Mortality Review Committee (AL-MMRC) was convened to determine the scope of maternal mortality in our state and put forth actionable recommendations that may positively affect maternal outcomes in the state. The AL-MMRC assesses the circumstances leading up to maternal mortality with findings which provide a broad overview and contextual information to further improve understanding surrounding maternal deaths in Alabama. Through the protocol and procedures established for program implementation, some of the cases submitted for consideration are not selected for further review by the AL_MMRC. Data for the cases which are not selected for further review are not included in the database. Subsequently, a complete picture of the true burden of this issue may not be known.

The student interns, either remotely or in-person, will work jointly to enter key data elements for cases not currently entered into the two web-based FIMR and Maternal Mortality programmatic databases.

- The FIMR Program expanded in FY 2019 to enable review of all infant death cases; however, the program has been unable to do so due to staffing issues. For the new FIMR programmatic database, which contains cases from 2018 forward, the proposed data entry will be for the 260 out of 405 cases in 2018 and any in subsequent years, not currently entered into the database. Having all possible cases entered into each database allows program staff to paint a complete picture of the risk factors for fetal and infant death rather than a picture based only on cases currently entered, leading to a potentially skewed portrait of the issues seen in the state.
- For the Maternal Mortality programmatic database, the proposed data entry will be for cases that were not selected by the AL-MMRC for further review per preset protocol (e.g., homicides, motor vehicle accidents, etc.). Being able to describe the cases not reviewed is important since the entire group represents information submitted to the CDC for the state's PMSS reporting. For the non-reviewed cases, data entry will be focused on the vital events data, which is received from our Center for Health Statistics (CHS) via an Excel spreadsheet, which can be amended, as needed, and shared with the interns electronically via the web-based portal. For the Maternal Mortality program, only 36 out of 86 cases for 2016 and 44 of 83 cases for 2017 were selected for further review resulting in data for 50 cases from 2016 and 39 from 2017 needing entry by the interns.

Having access to complete databases will assist Title V program staff with activities proposed in the MCH Title V State Action Plan Table for the Maternal/Women and Perinatal/Infant Health domains. Both death review programs could benefit from descriptive and higher-level statistical analyses, in order to better understand demographic indicators and risk factors and to observe trends. It will be useful to determine whether risk factors and trends in Alabama are in line with the trends seen nationally (via literature reviews and examination of other state websites). Having the interns explore and determine which indicators can be used as surrogates for the social determinants of health (SDOH) will

enable programs to begin including indicators on SDOH in data/findings disseminated and incorporating SDOH in all the work we do. Thus, completion of this task will reach far beyond the end of the internship and will be of great benefit to the state's maternal and child population.

Having the student interns complete analyses (descriptive and/or higher-level analyses, where indicated) of the data entered will assist program staff with understanding potential gaps in what was previously missing in the data. Having access to complete databases will allow program staff to better identify measures to positively impact community resources and systems of care to improve maternal and infant health. Through the identification of measures based upon complete databases, including SDOH indicators, program staff will be better positioned to address problems through a lens of equity. These more in-depth analyses will provide the evidence-base for action, ultimately assisting program staff with activities proposed in the MCH Title V State Action Plan for the Cross-cutting/Systems Building Domain.

Reports highlighting the data entered by the interns including indicators/findings from the "expanded" datasets, as well as indicators of SDOH, will supplement reports currently developed by program staff. In addition, generating a Maternal Mortality (MM) Case Review Summary Report built around the data points developed by the interns would eliminate program staff having to write narrative through which bias could be introduced. This MM Case Review Summary Report would more closely align the MMR reviews with our FIMR reviews.

Objectives:

Objective 1: Enter select data elements into the two web-based FIMR and Maternal Mortality programmatic databases for cases not currently entered.

Objective 2: Analyze and present, to key FHS staff and the MCH Title V Director, the results of analyses of the FIMR and Maternal Mortality cases entered into the respective web-based programmatic databases.

Objective 3: Develop a MM Case Review Summary Report and other data dissemination tools/products depicting findings from the analyses.

Skills required for the project(s):

- Microsoft Excel
- Microsoft PowerPoint
- Literature Review Skills
- SAS/SPSS/STATA
- Synthesis of Information
- Communication Skills
- Social Media Skills
- Presentation Skills

Deliverables:

1. FIMR and Maternal Death cases will be entered into the two web-based programmatic databases.
2. A literature review of SDOH indicators that can be generated from the two databases will be conducted.
3. Analyses (descriptive or higher-level) of the FIMR and Maternal Death cases entered into the respective web-based programmatic databases will be completed.
4. A MM Case Review Summary Report and other data dissemination tools/products depicting findings from the analyses will be developed.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$901 - \$1300 per person per month

Cost at Auburn University at Montgomery: Between \$701 - \$1300 per person per month (cost varies on building requested)

Is your Title V agency easily accessible by public transportation?

No: While transportation may not be easily accessible, there are options available. The commute through public transportation might require up to two hours one way depending on the transportation options. It is preferred that the student has their own vehicle.

Also, based upon a Google search, the one way Uber cost from Auburn University at Montgomery to the work site is \$20-26 for an UberX and \$32-42 for an Uber XL. The one-way cab estimate is approximately \$23.82 and the Montgomery transit offers single ride (\$2), weekly pass (\$18) and monthly pass (\$45) options. The following is a link to the Montgomery Transit website: <http://montgomerytransit.com/fares/>

Housing Resources:

Auburn University at Montgomery, Alabama State University, Huntingdon College, Faulkner University. We are requesting that the students begin in a timeframe that will allow them to finish their internship before the Montgomery colleges begin their fall semesters.

Auburn University at Montgomery
7430 East Dr. Montgomery, AL 36117
guesthousing@aum.edu
334-244-3296

48 Midtown
2727 Boulter St. Montgomery, AL. 36106
1-844-313-6864

Midtown Row
1109 East Fairview Ave. Montgomery, AL 36106
334-213-9247

Apartment.com

[Back to Table of Contents](#)

Alabama #2 Department of Public Health, Women's Health

Location: Montgomery, AL

Project Description:

The ADPH Well Woman Program (WW) creates the opportunity for women ages 15-55 to receive preventive services, screenings, management of chronic diseases and access to physical activity to optimize the health of women in Alabama. The program provides women the opportunity to understand preconception and/or interconception health care needs; understand their risk factors for developing cardiovascular disease and/or other chronic diseases such as diabetes, hyperlipidemia, and hypertension; and, understand how to make lifestyle changes to help prevent disease and promote overall health.

The summer 2021 interns will assist the Well Woman program with strategy ESM 1.1 (Increase the proportion of women ages 12-55 who report receiving a preventative medical visit in the past 12 months). The projects of this internship will help to increase the proportion of Well Woman (WW) preventative visits in all program specific counties for women ages 15-55 and educate the public in all program specific counties about available WW services by creating and implementing a trifold brochure. There are three main projects:

1. The students will develop a marketing tool for the ADPH WW program.
2. The students will assist in analyzing demographic and program data from the ADPH WW program to show comparisons between 2019 and 2020; create graphics to represent any noted changes between 2019 and 2020; and, assist with collecting data to determine: 1) the counties in Alabama with the highest percentage of women ages 15-55 who are uninsured or underinsured; 2) the counties in Alabama with the highest percentage of women aged 15-55 with high obesity rates; and, 3) the percentage of families within Alabama counties who are below the federal poverty level. The students will have access to all Well Woman program data collected for fiscal year 2019 and 2020; the American Community Survey, and county health statistics compiled by RWJ as well as other online data sources. The analysis of ADPH WW data from 2020 and 2019 will assist the program in showing the progress of the program. County level data will be used to determine the need for the program in other counties within Alabama.
3. The students will help to develop an evaluation process for the current ADPH Well Woman physical activity grantees. This will help the program strengthen outreach with community partners in selected counties, provide more understanding of the program's mission, and gather feedback from existing community partners.

Objectives:

Objective 1: Develop a trifold brochure as a marketing tool to increase awareness and understanding about the ADPH Well Woman program.

Objective 2: Analyze demographic and program data for the ADPH Well Woman program as well as county data across Alabama to determine the need for the ADPH Well Woman program.

Objective 3: Develop and assist with implementation of an evaluation process for the ADPH Well Woman physical activity grantees.

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Program Planning

Program Evaluation

Literature Review Skills

Community Assessment
Communication Skills
Social Media Skills
Presentation Skills

Deliverables:

1. The creation of a trifold brochure as a marketing tool to increase awareness and understanding about the ADPH Well Woman program in the community.
2. Data analysis for the ADPH WW program to show changes over time in program participants; and, use of data to determine counties in need of the ADPH WW program.
3. Development of an evaluation tool for the ADPH Well Woman physical activity grantees.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$901 - \$1300 per person per month

Cost at Auburn University at Montgomery: Between \$701 - \$1300 per person per month (cost varies on building requested)

Is your Title V agency easily accessible by public transportation?

No: While transportation may not be easily accessible, there are options available. The commute through public transportation might require up to two hours one way depending on the transportation options. It is preferred that the student has their own vehicle.

Also, based upon a google search, the one way Uber cost from Auburn University at Montgomery to the work site is \$20-26 for an UberX and \$32-42 for an Uber XL. The one-way cab estimate is approximately \$23.82 and the Montgomery transit offers single ride (\$2), weekly pass (\$18) and monthly pass (\$45) options. The following is a link to the Montgomery Transit website: <http://montgomerytransit.com/fares/>

Housing Resources:

Auburn University at Montgomery, Alabama State University, Huntingdon College, Faulkner University. We are requesting that the students begin in a timeframe that will allow them to finish their internship before the Montgomery colleges begin their fall semesters.

Auburn University at Montgomery
7430 East Dr. Montgomery, AL 36117
guesthousing@aum.edu
334-244-3296

48 Midtown
2727 Boulter St. Montgomery, AL. 36106
1-844-313-6864

Midtown Row
1109 East Fairview Ave. Montgomery, AL 36106

334-213-9247

Apartment.com

[Back to Table of Contents](#)

Alaska Department of Health and Social Services, Division of Public Health

Location: Anchorage, AK

Project Description:

Project One: Children and Youth with Special Health Care Needs (CYSHCN) Advisory Committee

The first project focuses on Children and Youth with Special Health Care Needs (CYSHCN). The Section leads an Advisory Committee that meets two or three times a year to discuss matters pertaining to CYSHCN. This Committee reviews current and future CYSHCN Title V priorities and helps align Title V priorities with similar projects across Alaska. This Committee has been together for several years and was initially formed to advise the Section on a HRSA Patient-Centered Medical Home grant, which ended in 2016. Since then, the Committee continues to meet and seek input from the current membership, but consistent attendance has become sporadic.

As Alaska begins a new five-year Block Grant cycle, we are requesting an MCH intern to help improve attendance and increase Committee member representation from across the state on the CYSHCN Advisory Committee. The MCH interns will conduct a scan of resources across the state to identify potential new members of the Advisory Committee. In addition, the interns will conduct Key Informant Interviews with all current Advisory Committee members to determine their interest in continuing in this role and to obtain feedback about how members believe they can best support Alaska's CYSHCN. The interns will work on the following objectives (see below) and activities and be supported by the CYSHCN Program Manager. As part of this project, the MCH interns will also create a resource that describes the Title V Block Grant, CYSHCN Five-Year Priorities, and offers updated data about CYSHCN in Alaska to share with the Advisory Committee members and for display on the State of Alaska CYSHCN website.

Project Two: Analysis of Child Fatality Review Recommendations and Data

The Alaska Maternal Child Death Review (MCDR) program conducts multi-disciplinary review of all child (ages 0-17) and maternal deaths in Alaska. Following a discussion of preventability and review of the causes, contributing factors and protective factors for each case, multi-disciplinary panels develop recommendations to reduce preventable mortality from similar causes. For each case reviewed, MCDR identifies protective factors and typically generates multiple recommendations. With more than 100 child deaths reviewed per year, the program produces robust data and a considerable number of recommendations. Improvement of recommendation quality and leveraging the program's data to help inform efforts to reduce disparities in child and maternal mortality is included in Alaska's Title V State Action Plan strategies.

Project Two consists of synthesizing and prioritization of existing MCDR recommendations focused on child deaths, which were generated through the review process. In addition, the interns will have access to the review committee's de-identified narratives from child death review meetings and will conduct a thematic analysis of protective factors captured during case reviews. After completing a data use agreement, interns will receive a cleaned data set with all identifying data removed other than addresses. The dataset will be transmitted using a secure file transfer system. The interns will use this dataset to map child fatalities to the Alaska Health Equity Index with the help of a GIS expert. Finally, the interns will develop dissemination documents to both provide an overview of the Child Death Review process in Alaska and to present the combined/synthesized recommendations. An orientation to the MCDR program's operations and how it fits within the Division of Public Health, Section of Women's Children's and Family Health, as well as the Title V program, will occur during the first week of the internship. To help provide context for the interns' qualitative analyses and collaborative work with the committee, an opportunity to observe a live child fatality review (via HIPAA-Compliant ZOOM) meeting will be offered.

Objectives:

Project One - Objective 1: Identify new potential members for the CYSHCN Advisory Committee through a review of resources (e.g., Help Me Grow, 0-3, MIECHV sites) across the state.

- **Week 1:** Meet with preceptor to discuss the work of the CYSHCN Advisory Committee and discuss expectations for the internship. Begin to discuss where to find information about CYSHCN in Alaska.
- **Week 1-2:** Identify organizations and groups working with CYSHCN in Alaska and review their agency mission and work. Determine the evidence-based strategies that various organizations and groups are using and if they overlap with the CYSHCN priorities listed in the Title V Block Grant 2020-2024 State Action Plan. If there is overlap and they are not already a member of the CYSHCN Advisory Committee, list as a potential new partner.

Project One - Objective 2: Determine the interest of current Advisory Committee members to continue on the CYSHCN Advisory Committee.

- **Week 2-4:** Conduct Key Informant Interviews with current members to determine their continued interest in serving on the CYSHCN Advisory Committee and to seek their input with respect to the role of the Advisory Committee.
- **Week 4-5:** Analyze the results of the Key Informant Interviews using “informal” methods and present recommendations to the Alaska CYSHCN program about ways to “revive” the CYSHCN Advisory Committee.

Project One - Objective 3: Create a resource that explains the Title V Block Grant and describes the CYSHCN strategies created as a result of the Title V 2020 Needs Assessment.

- **Week 2-4:** Meet with preceptor to discuss the Alaska Children with Special Health Care Needs Summary of Available Data from March 2017. This summary is to be updated with current information about the Title V Block Grant, CYSHCN five-year priorities, health equity, access to care, and other priorities important for CYSHCN in Alaska. http://dhss.alaska.gov/dph/wcfh/Documents/CYSHCN/CYSHCN_factsheet.pdf

Project One - Objective 4: Invite new partners to the CYSHCN Advisory Committee in August 2021.

- **Week 4-7:** Invite the list of potential new CYSHCN partners to join the CYSHCN Advisory Committee and attend the next meeting. The interns will determine what information from the summary data updated in Objective 3 above to share with potential members, as they educate them on the work of the CYSHCN Advisory Committee and the priorities for the next five years.
- **Week 7:** Update the State of Alaska CYSHCN website. Create a PowerPoint presentation based on this information for the next CYSHCN Advisory Committee meeting.
- **Week 8:** Attend the August 2021 CYSHCN Advisory Committee meeting and give the PowerPoint Presentation.

Project Two - Objective 1: Conduct qualitative thematic analysis, prioritization, and documentation of MCDR recommendations generated through the child fatality review process.

- **Weeks 1-3:** The interns will use standard Microsoft Office software to develop, document, and apply a standardized process for grouping recommendations according to common themes, similar factors, causes of death, and/or geographic region.
- **Weeks 2-4:** Using resources provided by the National Center for Fatality Review and Prevention, the interns will assess recommendations according to their level of impact, level of prevention, feasibility, and other aspects of recommendations quality.

- **Weeks 5-8:** In collaboration with the MCDR Core Committee and program staff, the interns will develop a publication, factsheet(s), or series of materials that provide basic information about the Child Death Review program while communicating key recommendations for a primarily professional target audience including social services and healthcare providers, community and Tribal organization leaders, and policymakers.

Project Two - Objective 2: Conduct thematic analysis of protective factors identified during case review and identify patterns by region, cause of death, or other common factors such as history of child maltreatment.

- **Weeks 1-4:** The interns will identify, document and apply a methodology for thematic analysis of protective factors which are captured in narrative form during multidisciplinary case review.
- **Weeks 4-6:** Develop a narrative brief and/or a series of slides for internal use identifying themes or patterns observed in protective factors by region, cause of death, history of involvement with the child welfare system, or other variables as identified through the analytical process.
- **Week 8:** Present information to the MCDR Core Committee and program staff for discussion.

Project Two - Objective 3: Map child fatalities to the Alaska Health Equity Index, (based on the CDC's social vulnerability index).

- **Weeks 3-5:** Organize address data from death certificates for Alaskan child deaths into 167 possible census tracts. Calculate basic summary statistics of the number of child deaths by year and census tract for Alaska. Depending on the number of deaths, make determinations about number of years to group to ensure confidentiality of data.
- **Week 6-8:** Utilize GIS technology (with support of a GIS expert) to create geospatial mapping of child fatalities, which can then be overlaid with social vulnerability indicators across Alaskan communities.

Skills required for the project(s):

Microsoft Excel
 Microsoft PowerPoint
 Literature Review Skills
 Qualitative Methods (Key Informant Interviews and Analysis)
 Facilitation Skills
 Synthesis of Information
 Communication Skills
 Presentation Skills

The following skills are preferred, but not required:

ArcGIS skills

Deliverables:

Project 1:

1. Identify CYSHCN organizations or groups working with CYSHCN in Alaska, whose priorities are aligned with the Title V Block Grant CYSHCN Five-Year Priority Plan.
2. Conduct Key Informant Interviews of current CYSHCN members and summarize their views of how best to contribute to addressing the needs of CYSHCN in Alaska.

3. Produce a document that describes Alaska’s Title V Block Grant CYSHCN Five-Year Priorities and summarizes data about the CYSHCN population in Alaska.
4. Present the new informational document created for CYSHCN at the CYSHCN Advisory Committee meeting.

Project 2:

1. A factsheet or series of documents providing basic information about the MCDR program and providing a synthesis of key recommendations for a primarily professional target audience.
2. A presentation to MCDR Core Committee Members and program staff about the results of thematic analysis of protective factors in child fatality cases.
3. Geospatial map of child fatalities overlaid with social vulnerability indicators in Alaska (will be developed in collaboration with staff GIS expert).

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$701-\$900 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

Note: The typical cost selected above assumes a house sharing/roommate situation as that is what all of the interns have found to be most affordable in the past. Also, we encourage the interns to reach out to the preceptors to let them know if they need help finding housing and we can network with our colleagues/friends to find a suitable place to stay.

[Back to Table of Contents](#)

District of Columbia Department of Health, Community Health Administration

Location: Washington D.C.

Project Description:

The District of Columbia's Title V FY21-FY25 Needs Assessment found improving women's reproductive health to be a priority. Given this priority, we selected NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year, and SPM 3 - Reduce Implicit Bias/Discrimination- Percentage of pregnant women and new mothers who felt they were treated unfairly while getting services as performance measures. The team of student interns will participate in improving women's reproductive health with a focus on preconception/interconception health and prenatal care.

Well-Woman Visits and Preventive Care Utilization: In 2018, the Behavioral Risk Factor Surveillance System (BRFSS) reported that 82.4% of women in the District of Columbia (DC) had a routine check-up by a doctor within the past year. Nevertheless, there continues to be a disparity in preventive care use by income levels. Those with a lower income (64%) are less likely to visit the doctor regularly than those with middle income (74%) or high income (89%).

Prenatal Care: Although District women are engaging in some preventive care services, rates of women accessing prenatal care are significantly lower. Between 2009 and 2016, the percent of women who initiated prenatal care in the third trimester or had no entry to prenatal care increased from 5.8% to 6.3%. Women in neighborhoods across Wards 7 and 8 have lower rates of first trimester prenatal care initiation, ranging from 44.16% to 64.19%. Mothers who did not initiate prenatal care were more likely to have a pregnancy that resulted in a preterm birth (26.9%) as compared to those who initiated pregnancy during their first trimester (10.2%). Characteristics such as previous preterm birth, smoking prior to pregnancy, being overweight or obese, history of diabetes, and history of hypertension have all been associated with a higher risk of preterm birth and are disproportionately experienced by non-Hispanic black mothers.

Objectives:

Objective 1: Complete a Community Scan.

Develop an inventory of the existing campaigns, activities, and resources available in DC for encouragement of well-woman visits and accessing prenatal care including community-based and primary care clinic programs and campaigns aimed at increasing access to these preventative care services.

Objective 2: Development of a Literature Review and Recommendations for the Use of Social Media.

Review, synthesize, and analyze multiple sources of data focused on social media approaches and the use of digital tools to improve access to well-woman and prenatal care. The student interns will conduct a literature review of how social media and digital tools have been effectively used to improve utilization of well-woman and prenatal care in other states and locales. After completion of the analysis, the interns will collaborate to summarize the findings. Recommendations will be made for the implementation of social media messaging and digital tools that can be used by DC to increase access to preventative care services for women of reproductive age (i.e., well-woman care, prenatal care).

Objective 3: Develop Social Media Strategy and Develop Social Media Messages.

Craft an integrated social media strategy based on the agency's current social media capability. Student interns will assess the DC Department of Health's current organizational capacity to utilize social media. An initial consultation with DC Department of Health's communication department will be conducted to explore whom the interns will work with in developing the social media tools and how to engage social media tools during the process of establishing a social media strategy. Such an exercise will help identify social media assets and the needs of internal stakeholders. This objective includes crafting compelling public health messages to the public, specifically women 18 – 44, that will increase the timely dissemination and potential impact of health information. Students will create social media campaign messages

and materials promoting the importance of getting a well-woman visit and prenatal care in the first trimester (in light of COVID-19 considerations).

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Literature Review Skills

Community Assessment

Synthesis of Information

Communication Skills

Presentation Skills

Social Media Skills

Deliverables:

1. List of community-based and primary care clinic programs, resources, and campaigns aimed at increasing access to preventative care services for women of reproductive age;
2. Literature review of social media approaches and digital tools to improve access to well-woman and prenatal care.
3. Development of a DC Social and Digital Media Strategy aimed at women of reproductive age.
4. Development of Social and Digital Media Campaign messages aimed at women of reproductive age.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Above \$1301 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

- <https://summerhousing.gwu.edu/>
- <https://www.airbnb.com/>

[Back to Table of Contents](#)

Florida #1 Department of Health, Community Health Promotion

Location: Tallahassee, FL

Project Description:

The student project entails conducting a literature search for articles on formal prenatal screening for adverse pregnancy outcomes and conducting an analysis to evaluate Florida's current prenatal screening tool. The students will use Florida Department of Health data and replicate a dated statistical analysis using more current data (prenatal data and birth certificate data) under close supervision of the preceptor. This project is related to the Title V agency's priorities:

- (1) Reduce the Black-White racial disparity in infant mortality;
- (2) National Performance Measure (NPM) 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year;
- (2a) Evidence-Based Strategy Measure (ESM) 1.1: The number of interconception services provided to Florida's Healthy Start Program clients;
- (2b) State Priority: Improve access to health care for women to improve preconception and interconception health, specifically women who face significant barriers to better health.

Background: Enacted in June 1991 and implemented in April 1992, Florida's Healthy Start initiative includes Florida Department of Health's (DOH) universal prenatal and infant risk screening to identify pregnant women and infants at risk for adverse birth, health, and developmental outcomes. Section 383.14(a), Florida Statute states: "The department shall develop a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition."

The Florida prenatal risk screen, developed by the Florida DOH, was designed in 1991 to identify pregnant women at a higher risk for having an adverse birth outcome, including preterm birth and low birth weight, so that these women could be selected for intervention and risk-reduction services. Preterm birth and low birthweight are consistently higher among non-Hispanic black infants compared to non-Hispanic white infants. The latest prenatal screening criteria were revised in 2008 to improve the accuracy, ease of use, and acceptability of the prenatal risk screening. The prenatal screen can serve as a tool to efficiently and effectively identify pregnant women at risk of poor birth outcomes, thereby helping to achieve health equity as these women often face barriers to accessing quality health care as well as disproportionality experience unfavorable social determinants of health.

The purpose of the evaluation of Florida's prenatal risk assessment tool is to assess its performance with respect to accurately detecting high-risk pregnancies and to determine if substantial improvement in screening performance could be achieved by changing the screening criteria.

Objectives:

Objective 1: Conduct literature review and summarize findings on existing prenatal screening tools for adverse pregnancy outcomes and prenatal screening tool evaluations.

- **Weeks 1-9:** The students will meet weekly with the preceptor to discuss the literature review.
- **Week 1:** Orient the interns to the organizational structure, functions, and personnel of the Division of Community Health Promotion. Students will need to take required online DOH trainings on security. Review and become familiar with Florida's Title V needs assessment, NPM 1. Begin literature review. Note: Prior to internship, we will request assistance from the CDC Library to pull articles for the students to review.

- **Week 2 & 3:** Continue to summarize findings from literature review.

Objective 2A (Lead: Student #1): Analyze de-identified prenatal screening data linked to birth certificate data. Replicate findings from a 2019 report and run STATA (statistical software) on Florida’s most current de-identified prenatal screening data linked to birth certificate data.

- **Weeks 2-8:** The students will meet weekly with the preceptor to discuss the data analysis.
- **Week 4:** Read the 2019 report by Dr. Leticia Hernandez, “Assessment of the 2017 Florida Current Prenatal Risk Screening Implemented in 2013 Linked to Birth Records.” This report includes the methodology and results that the students will replicate (Tables 1 and 2) using a more current dataset based on 2019 data that the preceptor will provide. To view Dr. Hernandez’s report: <https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:72796365-c146-48e6-a9de-208abd5bf82b>
- **Week 5:** Use STATA to calculate: (1) the percentage with 95% confidence intervals of adverse birth outcomes (i.e., birth weight less than 2500 grams and/or gestational age less than 37 weeks) by 30 factors; and, (2) adjusted risk ratios with 95% confidence intervals for adverse birth outcomes by the same 30 factors. Estimates will be adjusted for all other 29 factors in the model. Students can use the STATA statistical program already written for the factors as a guide, while working closely with the preceptors throughout the process.
- **Week 6:** Interpret findings and begin writing report.

Objective 2B (Lead: Student #2): Develop an infographic or brochure to help explain the prenatal screen to women at/before their first trimester appointments. The infographic/brochure should include a focus on social determinants of health and health equity.

- **Weeks 2-8:** The students will meet weekly with the preceptor to discuss the plan, outline, and resources, and progress on developing the infographic.
- **Week 3:** Meet with key DOH staff and community partners to share student’s vision for the infographic and obtain buy-in from health professionals before moving forward. Develop strategies for how the infographic can contribute to future marketing strategies to promote awareness of the prenatal screen.

Objective 3: Communicate methods and findings (Both Students).

- **Week 7:** Begin routing data report for DOH approval because the data will be shared online. Begin creating a PowerPoint presentation to share methods, findings, and recommendations with DOH staff.
- **Week 8:** Obtain approval of the oral presentation from key DOH staff.
- **Week 9:** Provide final oral presentation to DOH staff.

Skills required for the project(s):

Microsoft Excel
 Microsoft PowerPoint
 Literature Review Skills
 Synthesis of Information

Communication Skills

Presentation Skills

Data Analysis Skills: **If student doesn't know STATA, then s/he should be willing to learn.**

Deliverables:

1. Excel workbook and/or Word document summarizing the literature.
2. Final report that includes the methodology and results from the statistical analysis.
3. Infographic which explains the importance of the prenatal screen.
4. PowerPoint presentation given to key DOH staff.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$1101-\$1300 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

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

Other options/resources:

- <https://www.apartments.com/tallahassee-fl/short-term/>
- <https://www.airbnb.com/rooms/8340522>

[Back to Table of Contents](#)

Florida #2 Department of Health, Children's Medical Services

Location: Tallahassee, FL

Project Description:

The Title V Internship students will research evidenced based strategies that can assist providers in identifying and addressing social determinants of health (SDOH) and also assist providers in addressing health promotion, including behavior change, for Children and Youth with Special Health Care Needs (CYSHCN). Providers are identified as pediatric, family medicine, and adult providers. This project supports Florida's Title V action plan to implement State Priority Measure 6: Increase access to medical homes and primary care for children with special health care needs. The strategy is 11.1: to identify, evaluate, and enhance education and technical assistance provided to DOH team members, providers (pediatric, family medicine, and adult, families, family partners), and other partners serving CYSHCN regarding the patient-centered medical home model and related topics that impact the health and wellness of CYSHCN. In addition, this project supports the ten essential public health services, included the grounding principle of equity with elements of policy development and assurance.

Objectives:

Objective 1: Compile evidence-based strategies that can be used to assist providers in identifying and addressing the SDOH of the patients they serve, including CYSHCN. Compile evidence-based strategies that can be used by providers to support health promotion (including behavior change) in CYSHCN.

- **Weeks 1-2:** 1) Orientation to Office of CMS including review of Florida's Title V Action Plan; 2) Review of literature; and, 3) Research other state, national or community projects related to best practices in assisting providers in addressing social determinants of health and implementing health promotion strategies with CYSHCN.

Objective 2: Analyze and identify evidenced-based strategies that align with the project objectives to present to CMS 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.

- **Weeks 3-5:** 1) Review, analyze, and select evidence-based strategies that closely align with objectives; and, 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).

Objective 3: Develop implementation plan and Toolkit for the implementation of identified strategies. Toolkit will include: 1) Resources on how SDOH impact CYSHCN and resources for health promotion approaches that can be used with CYSHCN; 2) Self-assessment tool for providers to assess their overall level of knowledge on these topics; 3) Learning objectives specific to identified educational content included in the Toolkit; and, 4) Pre/post-test to measure knowledge change in response to participation in identified educational activities.

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

- **Week 6-9:** 1) Based on the identified strategies, develop Toolkit for the implementation of identified strategies. Toolkit will include: 1) Resources on how SDOH impact CYSHCN and on the use of health promotion practices with CYSHCN; 2) Self-assessment tool for providers to assess their level of knowledge; 3) Learning objectives for related educational content that will be included in the Toolkit; and, 4) Pre/post-test to measure increase in knowledge with identified educational activities.

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

Skills required for the project(s):

Microsoft Excel
Microsoft PowerPoint
Literature Review Skills
Synthesis of Information
Communication Skills
Presentation Skills

Deliverables:

1. Repository of evidence-based strategies addressing social determinants of health and health promotion approaches that provider practices can use for families with CYSHCN.
2. Presentation on potential evidenced based strategies that align with the objectives including discussion points on criteria for consideration for CMS Leadership.
3. Development of a Toolkit that includes resources on how SDOH impact CYSHCN and health promotion approaches to be used with CYSHCN; 2) Self-assessment tool for providers to assess their level of knowledge; 3) Learning objectives for related educational content that will be included in the Toolkit; and, 4) Pre/post-test to measure increase in knowledge with identified educational activities.
4. Final Presentation and summary of project.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$1101-\$1300 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

- Florida State University
- Provenza at Southwood

[Back to Table of Contents](#)

Indiana Department of Health, Maternal and Child Health

Location: Indianapolis, IN

Project Description:

The Maternal and Child Health Division (MCH) at the Indiana Department of Health (IDOH) has just submitted the 2020 Title V Needs Assessment and is eager to begin the Title V transformation process with the help of interns. During the eight-week internship, the student interns will be working closely with the Title V Coordinator on multiple projects that all begin with the Request for Application (RFA) review process for new Title V funded initiatives. We anticipate receiving new applications for programs and initiatives based on the results of the Title V needs assessment completed during the summer of 2020. We are excited to begin this journey to transition from continuing to solely funding our “legacy” programs to exploring new ways to support the MCH population with innovative and diverse programs and partners.

During the first week of the internship, the interns will be a part of the Title V RFA Review Committee. The responsibilities of the Review Committee will be to carefully review and score each application following a previously developed scoring tool. The interns will provide the Review Committee with an outside perspective while reviewing and scoring the applications of new programs and initiatives. The interns will assist in making recommendations on which applicants to fund while keeping in mind the new NPMs, ESMs and SPMs that were chosen to guide Title V funded programs over the course of the next five years.

The second week of the internship will consist of the interns interviewing each of the applicants that submitted a proposal for Title V funding. Historically we have received anywhere between 30-45 applications for Title V funding; however, this year may be different as we are changing our funding process. The interns will be given an interview guide to utilize as they interview organizations and can edit it as needed. The interview is aimed at gathering more information on the programs/initiatives and will help the interns when they start to create reporting tools and evaluation plans/approaches for the chosen applicants.

Throughout the third through fifth weeks of the internship, the interns will create reporting tools that all selected applicants can use (note: there may be evaluation tools that can be used by all applicants and possibly specific tools for different types of applicants) and an overall evaluation approach for the chosen applicants. In order to have a clear understanding of the proposed programs/initiatives, the interns must read the applications and gather the information from the interviews conducted in the previous weeks. They will use this knowledge and the portfolio of measures provided by the Title V Coordinator to create reporting tools. These measures include the basic demographic information that fulfill HRSA’s requirements for the annual Title V application. It is expected that the interns will also include measures of health equity and family and youth engagement in the reporting tools. Once the reporting tools are finished, the interns will then create an overall evaluation approach for the applicants. The Title V Coordinator will assist in creating these reporting tools and an evaluation approach as needed to make sure that Health Equity is adopted in each step of the evaluation strategy.

The next three weeks of the internship will be focused on identifying strategies for sharing the vast amount of data that was collected during the Title V Needs Assessment. The main project will be to create visual infographics (like Data Placemats) that can be shared with partners and posted on the MCH website; the students will also identify other ways to share these infographics with community stakeholders. The Title V Coordinator will provide five sets of fact sheets that were created by our Needs Assessment Consultants. These fact sheets are filled with an immense amount of data that was collected through the course of the needs assessment including data from internal and external data sources, partner survey results, focus group results, and statewide survey results. The fact sheets are organized by the Title V population health domains: Woman/Maternal, Perinatal/Infant, Child, Adolescent, Children with Special Health Care Needs, and Cross-cutting. After creating the visual infographics, the interns will be asked to identify ways to disseminate the data to the communities we serve.

Objectives:

Objective 1: Review and score Title V Request for Applications (RFA), conduct interviews with each applicant, and provide recommendations on which programs to fund.

Objective 2: Create reporting tools and an evaluation approach for chosen applicants.

Objective 3: Create visual infographics by Title V population health domains based on the Needs Assessment data and identify creative ways to disseminate this information to community stakeholders.

Skills required for the project(s):

Microsoft Excel

Program Planning

Program Evaluation

Literature Review Skills

Synthesis of Information

Communication Skills

Presentation Skills

Deliverables:

1. Interns will provide documentation of the programs they recommend for funding along with an explanation of their decisions.
2. The interns will create reporting tools and an evaluation approach for the chosen applicants.
3. The interns will create visual infographics by Title V population health domains from the Needs Assessment data and identify creative ways to disseminate these to community stakeholders.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$1101-\$1300 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

- Indiana University Purdue University Indianapolis (IUPUI) is near IDOH.
- Here is a website to find furnished short term housing: <https://www.hellolanding.com/furnished-apartments-in-indianapolis>

[Back to Table of Contents](#)

Kentucky Office for Children with Special Health Care Needs (OCSHCN), Administrative & Financial Services

Location: Louisville, KY

Project Description:

This project is within the evidence-based strategies domain. As part of State Performance Measure (SPM) 3, Kentucky's Office for Children with Special Health Care Needs (OCSHCN) MCH Action Plan - Access to Care Plan, OCSHCN lists promoting awareness and providing education on accessing support to Children and Youth with Special Health Care Needs (CYSHCN) and their families. Two of the strategies to achieve the goal are to initiate or continue access to medical and specialty care efforts and to promote awareness and provide education to CYSHCN and their families.

In October of 2020, OCSHCN was one of 21 national agencies to receive the CARES Act: Maternal and Child Health Telehealth Capacity in Public Health Systems Direct Awards grant, for a total of \$100,000. The grant runs from November 2020 through April 2021. Funds for the grant will be used to assist Kentuckians who live in rural areas of the state and have poor quality or no internet connection to receive OCSHCN telehealth services. OCSHCN will also be providing families informative videos on accessing support systems, using tele-technology, and other relevant information.

Since OCSHCN has long been a provider of telehealth services, the expansion of telehealth services during COVID-19 has been a much easier for OCSHCN than other MCH entities. To expand the ability of rural residents to receive OCSHCN telehealth services, OCSHCN will use the grant funds to send tablets and MiFi devices to CYSHCN families who have internet issues that prevent them from participating in OCSHCN telehealth services (Telehealth Lending Library Program). OCSHCN also plans to provide satellite service to those with no internet connection. To provide these services, we will work with local school districts and other organizations. By the time the internship is active in summer 2021, the grant will have run its course.

OCSHCN would like to continue providing the service after the grant period ends. To best accomplish this goal, OCSHCN would like a thorough program analysis/evaluation, develop best practices based on this analysis, and engage in programmatic planning for the future of the program. As such, during the grant period, OCSHCN will be collecting survey data (via Qualtrics) from families that use the service which will be available to the student interns. During the internship, the students will also be able to obtain input from OCSHCN staff with respect to implementation issues and successes.

Objectives:

Objective 1: Produce a program evaluation of the Telehealth Lending Library Program utilizing qualitative (open-ended responses to survey questions) and quantitative data.

The main dataset will be based on a Qualtrics survey given to families during the grant period. The Qualtrics survey will be loaded onto the tablet the families receive. Questions will include how the telehealth visit went, how helpful the pre-loaded instructional videos were, and other relevant questions. The dataset will include both Likert scale data, non-Likert scale multiple choice questions, and text field open-ended comments.

In addition, during the internship period, OCSHCN staff will be available to students for surveys. Staff will include support staff, preceptors, clinic staff, medical providers, and families. Interns may survey OSCHN staff using a survey they create in Qualtrics or another survey platform. The surveys may or may not be anonymous depending on what the interns and preceptors believe to be the most effective.

Formal analysis of qualitative data collected through these surveys is not expected. The primary responsibility for both the quantitative and qualitative analysis of data collected during the grant period will be in the purview of the interns. On a limited basis, OCSHCN may rely on Kentucky's Department of Public Health's Maternal and Child Health Branch's epidemiologist to verify the efficacy of the quantitative analysis.

Objective 2: Research and develop best practices for providing CYSHCN specific telehealth services via a literature review and a scan of other states'/organizations' efforts. The best practices developed should include all issues identified through the evaluation of the Telehealth Lending Library program evaluation.

Objective 3: Develop a plan for OCSHCN's use of telehealth services for CYSHCN in the future based on the findings from the data analysis of the family and staff surveys.

Objective 4: Interns will produce a written summary of the findings of the activities related to all three objectives.

Skills required for the project(s):

Microsoft Excel

Program Evaluation

Qualitative Methods (Analysis)

Facilitation Skills

Survey Development

SAS

Synthesis of Information

Communication Skills

Other, Please specify: -- Tableau, esri ArcGIS (Most of the required skills selected are desirable as opposed to required. Analysis may be conducted in Excel instead of SAS.)

Deliverables:

1. Written analysis describing the effectiveness of the Telehealth Lending Library program as implemented from December 2020 - April 2021
2. Written report, based on the best practices review and, on how other states/organizations have overcome similar barriers to those OCSHCN has encountered with providing telehealth.
3. Written plan/recommendations to OCHSCN for future use of telehealth services for CYSHCN.
4. Final report and presentation on what has been learned by the analysis and research as well as how to improve the program going forward.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$701-\$900 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

- <https://www.apartments.com/louisville-ky/student-housing/?bb=9ir-21r16lho686wrB>
- <https://offcampushousing.louisville.edu/property/search?campus%5B%5D=28>

- The following are directly on the public transit line and very close to OCSHCN's main office.
- Cyprus Point Apt (3 month rent available)
- La Fontenay Apt (3 month rent available)
- Charlestown Apt (6 month rent with 60 days' notice can cancel remaining time for 1 month rent)

[Back to Table of Contents](#)

Massachusetts Department of Public Health, Division for Children & Youth with Special Health Needs

Location: Boston, MA

Project Description:

In Massachusetts, only 30.5% of youth with special health needs (YSHN) aged 12–17 years have reported receiving the services necessary to make transitions to appropriate adult health care, work, and independence (National Survey of Children’s Health, 2018). While this has significantly improved in the past two years (15.4% in 2016) and is higher than the nationwide percentage of 18.9%, qualitative data confirm the clear need for continued improvement. Stakeholders have described several limitations of the state health care system to facilitate a smooth transition for youth and young adults with special health needs (YYASHN) (ages 12-22), including a general delay in starting this process in the young person’s life. Specifically, YYASHN and their families need better local resources and guidance to understand and navigate the entire health transition process. “Health transition” is a term that broadly includes the transition of YYASHN from pediatric to adult health care as well as the transition to self-management of one’s health (nutrition, physical activity) and health care (meds, scheduling medical appointments, etc.) in young adulthood.

Massachusetts Title V has long focused on improving health-related transition to adulthood for YYASHN, and has seen gains in implementing enhanced health transition standards in our Care Coordination program to communicate with families who directly receive their support with information and referral. To build upon and use the Care Coordination program’s transition materials towards population health, interns will increase access to health transition resources and information for YYASHN, their families, and providers by developing, promoting and evaluating a YYASHN Health Transition Toolkit. The interns will draw upon previous findings from Key Informant Interviews, focus groups, and advisory meetings conducted separately with caregivers and YYASHN earlier in FY21 to be used to identify, plan and develop the content and type(s) of format needed. The Toolkit should incorporate elements from the Got Transition Six Core Elements, the Charting the Life Course Framework, the Massachusetts Family Engagement Framework, SSI, public benefits and guardianship information, and other related topics. Future projects will enhance the Health Care Transition Toolkit further by ensuring the information provided is refined to be culturally and linguistically appropriate, offered in multiple languages, and utilizes universal design to be fully accessible and ADA compliant.

This project supports Massachusetts’ Title V state action plan to increase the annual performance indicator for the percent of youth with special health needs (YSHN) who have received services necessary to transition to adult health care for National Performance Measure 12 (NPM 12). NPM 12 supports effective health-related transition to adulthood for this population.

Efforts are being made to ensure that all Title V priorities are inclusive of CYSHN, while also being responsive to their unique needs. To that end, in addition to the main project, interns may choose to connect with the Massachusetts Title V priority implementation teams that overlap with NPM 12 health care transition for YYASHN to explore other content with potential application for the Toolkit. Possibilities include implementation teams working on the cross-cutting strategies of the social determinants of health, healing and trauma, and family, father, and youth engagement. Alternatively, interns could explore the work of others in MA Title V with respect to the priorities of racial equity, mental health and emotional well-being, sexuality and reproductive health, and/or nutrition and physical activity for YYASHN and people with disabilities, as they specifically relate to health transition (NPM 12). Preceptors will assist interns in making their selections and providing learning opportunities as requested.

Objectives:

Objective 1: Develop a Health Transition Tool Kit for YYASHN families, youth, young adults and providers.

- **Weeks 1-2:** Orientation

General Orientation: The initial task of the interns will be to become familiar with the organizational structure, functions, and staff within the Division for Children & Youth with Special Health Needs (DCYSHN) related to the Health Transition Toolkit project. The interns will be provided with supervision, guidance, and support from the primary, secondary, and backup preceptors while receiving a general orientation to the agency, including specific trainings required by the Massachusetts Department of Public Health for all personnel and interns. Orientation will also include familiarization with the social, political, and cultural environment of health transition for YYASHN in Massachusetts and with background information about key partners and stakeholders in health transition. Meetings will be arranged to orient the interns to Title V MCH priorities and Health Transition subject matter experts. One team that the interns will work closely with will be the Transition Action Plan Implementation Team.

Project Orientation: A series of meetings will provide the interns with information about the Health Transition Toolkit development work to date. Prior to the summer internship, the Transition Implementation Team will summarize past stakeholder input and analyses to inform the content, structure, and format of the Health Transition Toolkit. This will include a literature review, an environmental scan, best practices, and prior and current activities, policies, and messaging related to Health Transition. The compilation, organization, writing, and formatting of the Toolkit will be completed by the student interns.

- **Weeks 1-9:** Ongoing orientation and mentorship
Interns will meet regularly with preceptors for ongoing orientation, mentorship, and input to/updates about ongoing development and publication of the Health Transition Toolkit.
- **Weeks 2-3:** Planning and development
In consultation with preceptors, interns will collect all identified components of the Toolkit including the Got Transition Six Core Elements, the Charting the Life Course Framework, the Massachusetts Family Engagement Framework, DPH information on SSI, public benefits and guardianship information, and other related topics. They will review the existing Health Transition web pages on Mass.gov to determine which content might be useful for the Toolkit. They will outline the Toolkit to incorporate these components. Interns will explore the appropriateness for inclusion in the Toolkit of the efforts being undertaken for the other Title V priorities to encourage a holistic approach to health transition, link to existing content for other Title V MCH priorities, and/or lead to the development of new content to communicate a holistic approach to health transition. Examples include: racial equity, social determinants of health, trauma informed care, mental health, substance use, sexual and reproductive health, healthy nutrition and physical activity, youth engagement, etc. In addition, interns should identify the inclusion of information about age of majority rights, guardianship (shared-decision making, partial, and full), condition specific information, healthy relationships, etc.
- **Weeks 3-6:** Implementation
Interns (with support from preceptors) will determine the format of the Toolkit based on previous stakeholder input (e.g., web pages, PDF, other). They will draft the sections of the Toolkit using the identified components and any other recommendations they may have from their research. They will present their drafts to their preceptors for initial feedback. Interns will then present the Health Transition Toolkit draft to stakeholders for their feedback with notetaking support from the Health Transition Implementation Team: DCYSHN staff, YYASHN Advisory Group and the Statewide Transition Coalition. They should analyze (informal qualitative analysis) collected feedback and edit the toolkit accordingly. Once all drafts are reviewed and edited, the interns should post the Toolkit on mass.gov for a two-week soft launch for testing purposes. If there is time and if preceptors are able to assist, they should seek assistance to have the Toolkit translated into multiple and to build in universal design.

Objective 2: Promote Health Transition Toolkit.

- **Weeks 1-3:** Interns will be oriented to the potential stakeholder audiences for the Health Transition Toolkit. Interns will work with preceptors to identify the target audience(s) and preferred format(s) (e.g. website, PDF, video or audio materials) for publishing the Toolkit. A timeline will be developed and any needed meetings or events will be scheduled.
- **Week 5:** Interns will prepare promotional posts to be shared on social media platforms used by parents and YYASHN. They will work with preceptors to seek approval from the DPH Office of Communications.
- **Weeks 5-6:** Interns will compose communication strategies and documents for leadership to use to reach out to state pediatric providers, adult medical providers and subspecialists, as well as state professional societies to promote the toolkit in their membership newsletters (e.g., AAFP, MCAAP, etc.).
- **Weeks 6-7:** Interns will disseminate promotional communications to various stakeholder audiences. They will promote the use of the Toolkit to parents and YYASHN via mass.gov web site; social media; and, other vehicles as defined by previous DCYSHN youth research.

Objective 3: Evaluate Usage of Health Transition Toolkit.

- **Weeks 3-6:** Interns will develop their evaluation plan as they develop the Toolkit. The plan will be used to assess the success of the soft launch and to evaluate preliminary public response to the product.
- **Weeks 6-7:** Interns will monitor web traffic, downloads, and requests for information received by DCYSHN programs during the soft launch. They will use this data to begin analysis during this period.
- **Weeks 8-9:** Interns will write up their soft launch findings and recommendations. They will make a presentation to the Division team and other internal and external partners with respect to the usability and reach of the Toolkit including public satisfaction and other feedback.

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Qualitative Methods (Implementation - including Key Informant Interviews)

Qualitative Methods (Analysis)

Facilitation Skills

Communication Skills

Presentation Skills

Social Media Skills

Deliverables:

The MCH Title V internship team will collaborate with project preceptors and the Health Care Transition Implementation Team to compile, write, promote, post and evaluate the preliminary response to the Massachusetts Title V Health Transition Toolkit. The interns will complete these deliverables by the end of the summer internship including documentation of the soft launch evaluation findings and recommendations. They will present the Health Transition Toolkit along with their evaluation findings and recommendations to the Division team and other internal and external partners.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Above \$1301 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

- <http://www.bumc.bu.edu/ohr/shorttermoptions/>
- <https://www.hiusa.org/find-hostels/massachusetts/boston-19-stuart-street>
- <https://offcampus.northeastern.edu/temporary-housing/>
- <https://www.suffolk.edu/student-life/housing-dining/summer-housing/intern-housing>
- <http://conferences.tufts.edu/interns>

[Back to Table of Contents](#)

Minnesota Department of Health, Child and Family Health

Location: Saint Paul, MN

Project Description:

Many of the priority needs identified through our 2020 Title V Needs Assessment (e.g., improving mental well-being, increasing safe, affordable, and stable housing, prioritizing American Indian family health, and promoting the health and well-being of boys and young men) are new areas of focus for our Title V program. Because we don't have prior experience working directly on these issues, the Division of Child and Family Health needs to authentically collaborate with stakeholders to improve MCH outcomes. On top of changes to priority needs, we need to address the following emerging issues while operationalizing our Title V Action Plan:

- **COVID-19 Pandemic:** Over 75% of staff from the Child and Family Division have been reassigned to the state's COVID-19 response at one point in time or another. This has significantly impacted our ability to carry out typical functions as a Division, and will continue to impact our work moving forward. We are also in the process of planning for budget reductions, given the anticipated effect of the pandemic on both state and local budgets.
- **Racial Justice Movement:** The murder of George Floyd at the hands of Minneapolis police, and the resulting demonstrations amplified attention to racism in systems and policies. To achieve positive change and an end to racism, we must collaborate with the Black, Brown, and Indigenous communities boldly, swiftly, and thoughtfully.

Addressing these issues will require adaptive leadership, resiliency, and a clear understanding of how our current systems work, what partnerships exist, and what partnerships are needed to leverage collective impact and improve the health and well-being of Minnesota's MCH populations.

The Title V internship students will assist Minnesota's Title V with the work of operationalizing our Title V Action Plan and our ongoing Needs Assessment effort by ensuring that community voice, data, and information are available for our staff and partners. The interns will work closely with Title V staff to assist with system mapping/gap analysis for our MCH priority needs, with an emphasis on examining whose voices are missing from the table. This project aims to continue our work to move toward our vision of creating authentic partnerships with people with lived experience, honoring cultural wisdom, and highlighting successful community solutions.

Objectives:

Objective 1: Preparing for System Mapping/Gap Analysis for selected Priority Need(s).

- **Weeks 1-3: General and Project Orientation**
The initial task of the interns will be to become familiar with the organizational structure, functions, and personnel of the Child and Family Health Division and Title V MCH Block Grant. The interns 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; health equity; and, data feminism (<https://mitpress.mit.edu/books/data-feminism>).

A series of readings, meetings, and presentations will be provided to ensure interns understand the project in detail. Selection of priority need(s) will be expected by the beginning of week 2.

- **Weeks 2-4: Planning and Development**
In consultation with mentors and informed by the Child and Family Health Priority Need liaison and subject matter experts, interns will identify and prioritize activities with stakeholders/partners to complete systems mapping/gap analysis including holding informal meetings (e.g., listening sessions), attending already

established advisory group meetings, and conducting Key Informant Interviews (with only informal analysis expected). Interns will oversee identification and development of methods including choosing either systems mapping or gap analysis (or both), the development of data collection tools (e.g., interview guides, brainstorming tools), and scheduling meetings to collect information from partners and stakeholders.

- **Weeks 4-6: Implementation**

Interns (with support from mentors) will implement selected methods using chosen tools to collect information from partners and stakeholders to complete systems mapping and/or gap analysis for the MCH domain priority areas.

Objective 2: Analyze and Synthesize Collected information to Complete Systems Mapping/Gap analysis.

- **Weeks 4-8:** Interns will synthesize the collected information to complete the systems mapping/gap analysis for the MCH domain priority areas. The interns will then work with mentors to summarize findings and review the systems mapping/gap analysis in order to make recommendations to inform operationalization of Minnesota's action plan.

Objective 3: Communicate Findings and Recommendations to Stakeholders.

- **Weeks 1-3:** Interns will become oriented to the potential audiences/stakeholder groups. Interns will work with mentors to identify the target audience(s) and preferred method(s) (e.g., brief, presentation, webinar, written report) for communication of findings and recommendations. A timeline will be developed and any needed meetings or events will be scheduled.
- **Weeks 5-7:** Interns will begin to develop communication plans and materials.
- **Weeks 8-9:** Interns will disseminate communication plans and materials to target audience(s).

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Program Evaluation

Literature Review Skills

Qualitative Methods (Implementation - including Key Informant Interviews and listening sessions)

Qualitative Methods (Informal Analysis)

Facilitation Skills

Synthesis of Information

Communication Skills

Presentation Skills

Deliverables:

1. Written report or PowerPoint presentation synthesizing literature review and data collected through qualitative methods, and providing final results of systems map/gap analysis.
2. Excel or Word document containing notes, transcripts, etc. from any qualitative data collection conducted (e.g., Key Informant Interviews, listening sessions, etc.).
3. Data/research brief/presentation/webinar/report for selected priority need(s) (i.e., document used to update stakeholders on the future vision, current status, and strategies addressing priority needs in Minnesota).

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$701-\$900 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

- For an exhaustive list see: http://humanresources.umn.edu/sites/humanresources.umn.edu/files/job013-03_short-term_housing_list.pdf
- Common Resources:
Airbnb: www.airbnb.com

[Back to Table of Contents](#)

Ohio Department of Health, Bureau of Maternal, Child, and Family Health

Location: Columbus, OH

Project Description:

Ohio's Title V Agency is seeking student(s) to be involved in a project to advance our new Title V Action Plan through the development of a multi-faceted communications plan. The Bureau of Maternal, Child, and Family Health (BMCFH) houses the majority of Title V programs and organizes the Title V efforts for Ohio. The proposed project is the development of a plan to increase the visibility and enhance communications of BMCFH. This project would involve the development of a communications plan aimed at improving the BMCFH website, enhancing communications to the public, growing our social media presence, facilitating easier connections to our programs and services, and developing culturally relevant content and messages for key populations with disparate outcomes in Ohio.

As a second project for the intern(s) to work on, in addition to the development of the communications plan, the student(s) will be asked to also conduct literature reviews, gather and document evidence-based best practices, and gather information from multiple BMCFH programs to enhance our efforts to improve preconception health for women of childbearing age and to improve the transition process to adult care for Children with Special Health Care Needs (CSHCN). Plans developed for these specific subtopics are key to the advancement of our new Title V Action Plan.

How projects center equity: Early in our state's response to the COVID-19 epidemic, a Minority Health Strikeforce was developed to improve outcomes among populations most at-risk for COVID-19. One of the key recommendations from this group was the integration of culturally relevant public health messaging and services. This project will facilitate the development of culturally relevant content, messages, and communication plans for Ohio's Title V program.

Relationship to Title V Priorities, performance measures, strategies: The project we have developed relates to several of our priorities and national performance measures and will contribute to key strategies in our Title V Action Plan. First, one of our new priorities centers on improving health equity and the related performance measure is to include at least one strategy focused on social determinants of health, at-risk populations, or health disparities. This project will enhance culturally relevant communication from our Bureau and contribute to better targeted outreach and communication to key populations. The sub-topics of focus, preconception health and transition, are key areas of focus in our action plan for Women's and Children with Special Health Care Needs populations, respectively.

Within the Women's population domain, strategies include identifying barriers to pre- and inter-conception care, implementing culturally relevant pre- and interconception care, and implementing education and awareness for preconception and reproductive health targeted to high-risk women. This project will contribute to our strategy to work with partners to develop a plan to increase coordination, referral, access, and uptake of high-quality services for at-risk women and to identify and leverage cross-promotional/marketing opportunities.

Our CSHCN NPM is NPM 12 Transition and key strategies include increasing provider, family, and teen knowledge and support regarding transition. Coordinated communications will also contribute to the strategy of identifying social determinant barriers in medical transition and addressing through transition planning.

Objectives:

Objective 1: Develop a communications plan for BMCFH to increase web and social media presence in order to increase visibility to public of programs as well as communicate key public health messages in culturally appropriate manner.

Objective 2: Report of best practices and ideas for programs to enable collaboration between multiple BMCFH programs on preconception health interventions, strategies, and communication.

Objective 3: Report of best practices and ideas for programs to enable collaboration between multiple BMCFH programs for CYSHCN transition interventions, strategies, and communication.

Skills required for the project(s):

- Program Planning
- Literature Review Skills
- Community Assessment
- Synthesis of Information
- Communication Skills
- Presentation Skills
- Social Media Skills

Deliverables:

1. Communications plan for BMCFH.
2. Report and evidence-based recommendations on Pre-Conception Health interventions, strategies, and communication.
3. Report and evidence-based recommendations on Transition interventions, strategies, and communication.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$901-\$1100 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

Ohio State University hosts a website with housing near the university, which would also be accessible via public transportation: <https://offcampus.osu.edu/search-housing.aspx>

[Back to Table of Contents](#)

Texas Department of State Health Services, Community Health Improvement Division

Location: Austin, Texas

Project Description:

The Texas Department of State Health Services (DSHS) is the state public health agency whose mission is to improve health and well-being in Texas. From 2012 to 2015, drug overdose was the leading cause of death among women from delivery to 365 days postpartum in Texas. The DSHS Healthy Texas Mothers and Babies Branch (HTMB) spearheaded the Texas Alliance for Innovation on Maternal Health (TexasAIM) initiative in 2018. TexasAIM which currently includes 98% of birthing hospitals in the state, is a quality improvement initiative based on nationally disseminated maternal safety bundles which address specific maternal health issues including Obstetric Care for Women with Opioid Use Disorder (OB-OUD). The TexasAIM OB-OUD Innovation and Improvement Collaborative will launch in late Spring 2021. Implementation of the OB-OUD bundle requires hospital coordination with numerous specialties and community services for addiction treatment and care coordination with medical and social services, as well as coordination and referral for common co-morbidities including use of alcohol, tobacco and other drugs, mental health disorders, infectious disease including sexually transmitted infections, and trauma.

Although many resources have been gathered for state level dissemination, assessment is still needed to better understand relevant locally available services, gaps, priorities, coordination among stakeholders, and provider and advocate perspectives in the seven urban communities where the OB-OUD bundle will first be implemented. The TexasAIM program also needs to better understand the scope and nature of policy issues and barriers to services faced by pregnant and postpartum women with OUD.

This project directly contributes to DSHS priorities and the Texas Title V action plan to improve quality of care and safety for pregnant women, including increasing safety programming and reducing health disparities for maternal and child health populations. This will contribute to improvements in the percent of women with a preventive medical visit in the past year, reduce rates of severe maternal morbidity per 10,000 delivery hospitalizations, and contribute to a reduction in maternal mortality rates in Texas. This initiative also relates to State Performance Measures including: Percent of Women of Childbearing Age who Self-rate their Health Status as Excellent/Very Good/Good; and, Maternal Morbidity Disparities: Ratio of Black to White Severe Maternal Morbidity Rate.

DSHS/TexasAIM incorporates Health Equity in its initiatives through selection of collaborative faculty (we seek to include a balance of linguistically and culturally competent providers and subject matter experts/technical advisors); through the design of the initiative, which focuses on quality improvement to ensure standards of care are followed for every pregnant woman in Texas to reduce health disparities; and, by supporting hospitals to track data and outcomes by race/ethnicity. AIM National is currently developing tools for AIM State partners on incorporating Health Equity into existing bundles and this will be integrated starting in 2021.

The student interns will jointly oversee completion of a resource mapping/landscape analysis to support the TexasAIM Innovation and Improvement Collaborative on Obstetric Care for Women with OUD. Specifically, the interns will conduct a pilot in which they complete an environmental scan and resource mapping related to OUD resources in a single region or community in Texas, and facilitate information collection through virtual meetings, desk reviews, Key Informant Interviews, and/or focus groups with an array of DSHS public health partners. After collecting information, the interns will synthesize results into an assessment report including a geographic/regional-specific resource map. They will develop and communicate findings and provide recommendations for action to key decision makers and other stakeholders; this will include a summary of lessons learned and recommendations regarding the process of conducting an environmental scan and mapping resources. This work will inform the adaptation of the AIM National OB-OUD bundle for other regions in Texas and serve as a resource for future work by hospital teams in the OB-OUD Innovation

and Improvement Collaborative to assess and map their community resources.

Objectives:

Objective 1: Conduct an environmental scan and resource map for one region in Texas on Opioid Use Disorder in Pregnancy by July 15, 2021.

The interns' key activities will include reviewing project documents and orienting themselves to agency programs and operations, reviewing best practices and available models for resource mapping/environmental scanning, and subsequently developing the methodology, defining the objectives activities, and outcomes. With guidance from the TexasAIM Team staff, the intern(s) will review existing resource mapping/environmental assessment tools and will develop/ adapt relevant tools and instruments to carry out the OUD environmental scan and resource mapping in coordination with the preceptor and TexasAIM Team. The intern(s) will conduct online searches to obtain information on comprehensive services for pregnant women with OUD. Additionally, the intern(s) will examine TexasAIM and other relevant data related to the issue, including reviewing previously conducted interviews of hospital teams, key stakeholders, and community-based providers about OB-OUD. The intern(s) may, in consultation with the TexasAIM Team staff, adapt existing interview guides and conduct semi-structured interviews with service providers and/or advocates for women affected by opioid use disorder through virtual meetings and Key Informant Interviews. If interviews are conducted, meetings/interviews would be recorded and automatically transcribed using Microsoft Teams/Stream. If interviews are conducted, the intern(s) would consult with the TexasAIM Team staff to identify key themes and use the resulting information to augment the environmental scan and resource map.

Objective 2: Write an assessment report, in a format agreed upon with the preceptors and TexasAIM Team, that discusses the findings and includes a resource map and guide that can be used by the TexasAIM Innovation and Improvement Collaborative and other stakeholders, by July 20, 2021.

The interns will participate in virtual weekly meetings with the Supervisor and TexasAIM Team, including preparing a weekly agenda for the meetings to include progress, deliverables status, questions, and ideas and participate in meetings with other Branch team members and key stakeholders. The intern(s) with the support of the preceptor will jointly develop an outline for the assessment report, and be responsible for document management, to include maintaining a shared folder with documents related to the project on the program's Basecamp account. The intern(s) will document their processes, lessons learned, and recommendations in the format of a resource guide that can be used by other health systems to support the environmental scan and mapping activities in their communities as part of their participation in the OB-OUD Innovation and Improvement Collaborative.

Objective 3: Present Key Findings from the assessment to the DSHS MCH Unit and HTMB Branch team by July 30, 2021.

The interns' effort will culminate with a presentation of findings along with the assessment report and resource map/guide to key DSHS and TexasAIM Faculty. The activities will be carried out in collaboration with the TexasAIM Team staff from the HTMB Branch, TexasAIM Faculty and Phase I hospital teams that are part of the OB-OUD Innovation and Improvement Collaborative. The student interns will be welcome as partner members in the TexasAIM Team and have ample access to support, coaching, and guidance from the supervisor and program staff in regular weekly meetings and as needed as well as access and orientation to background resources, documents, and data to inform the project. The student interns will be expected to follow agency policies and guidelines for the duration of their placement.

Skills required for the project(s):

Microsoft Excel
Microsoft PowerPoint
Program Planning

Program Evaluation
Literature Review Skills
Community Assessment
Facilitation Skills
Synthesis of Information
Communication Skills
Presentation Skills

The following skills are preferred, but not required:

Qualitative Methods (Implementation - including Key Informant Interviews, focus groups, photovoice, etc.)
Qualitative Methods (Analysis)
Survey Development

Deliverables:

The Title V MCH Internship team will collaborate with project mentors to complete a written assessment report (Methodology, Key Findings, and Recommendations, along with Resource Map/Guide for one region/county/city) and will deliver completed products by the end of the summer internship.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$701-\$900 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

Sublease listservs and chat groups

[Back to Table of Contents](#)

Utah Department of Health, Women and Newborns Quality Collaborative

Location: Salt Lake City, UT

Project Description:

This project will focus on helping implement aspects of the *Obstetric Care for Women with Opioid Use Disorder Alliance for Innovation on Maternal Health (AIM) Safety Bundle*. This links to various Title V action plans including those aimed at reducing maternal mortality and morbidity. The top causes of maternal deaths in Utah from 2015-2016 were accidental drug related deaths and deaths by suicide. These data informed the implementation of a Maternal Mental Health Committee along with the State Perinatal Mood and Anxiety Disorder Measure (Percent of mothers that a doctor, nurse or other health care worker asked if they were feeling down or depressed during prenatal and postpartum care.) The Utah Women and Newborn Quality Collaborative is currently implementing the *Obstetric Care for Women with Opioid Use Disorder AIM Safety Bundle*.

Equity is incorporated into the project as interns will review a variety of available state data (e.g., State Unintentional Drug Overdose Reporting System; Utah Violent Death Reporting System) by geography (rural versus urban), race/ethnicity, and within Utah "Hot Spots". Hot Spots are Utah Small Areas that have significantly higher rates of Opioid Deaths when compared to rates in other small areas and the state overall. These data will help to inform the development of Key Informant Interview questions and will help inform a Gap Analysis.

Objectives:

- **Weeks 1-9 (for both objectives):** Ongoing mentorship: Interns will meet a minimum of weekly with mentor for updates on project progress, answer questions and discuss project plan.

Objective 1: Develop, Conduct and Compile Opioid Use Disorder (OUD) Needs Assessment/Gap Analysis with 12 selected Local Health Departments in Utah.

- **Weeks 1-2:** Develop Key Informant Interview Guide
The initial task of the interns will be to work with the mentor to develop a Key Informant Interview (KII) guide for interviews with key contacts in 12 selected Local Health Departments. The University of Utah's Department of Internal Medicine, Division of Epidemiology's Program for Addiction Research, Clinical Care, Knowledge, and Advocacy (PARCKA) has completed Needs Assessments in Carbon, Emery, and San Juan Counties and the interns can review and build on their findings. Key Informant Interviews will incorporate questions related to potential gaps in OUD resources, such as available treatment centers, peer navigator programs, narcotics anonymous (NA) support groups, programs for pregnant/postpartum persons, Medicated Assisted Treatment (MAT) providers, and ways to access Naloxone. The students will review the completed needs assessment data and based on this review will potentially incorporate additional questions into the Key Informant Interview guide.
- **Weeks 3-5:** Schedule and Conduct Interviews
Key Informant Interviews will be conducted via Zoom with approximately 12 Local Health Departments. Transcripts should be available from ZOOM. If transcripts are not available, one of the interns will take detailed notes during the interviews. Once interview data are collected, the KII will be coded for analysis.
- **Weeks 6-8:** Analyze Key Informant Interview data and Develop Needs Assessment/Gap Analysis
The interns will analyze the interviews either using a package such as Dedoose or potentially a less formal process. They will develop a Needs Assessment/Gap Analysis for the 12 Local Health Departments (LHD) in which interviews have been conducted. This includes determining strengths, what is working well, and exploring areas of need with respect to serving pregnant/postpartum women with OUD, overall and by LHD. The Needs Assessment/Gap Analysis will be presented, along with recommendations on how to better serve women with

ODD statewide to ODD Safety Bundle Steering Committee members. The summary by LHD will also be presented to each of the key informants.

- **Week 9:** Evaluation and Feedback
Interns reflect on their project and provide feedback on how to improve the experience for future interns.

Objective 2: Compile and create local Opioid Use Disorder Community Resource Summaries for 12 selected Local Health Departments in Utah.

- **Week 1:** Orientation
Interns will become familiar with the *Obstetric Care for Women with Opioid Use Disorder AIM Safety Bundle* components, with an emphasis on identifying local SUD treatment facilities that provide women-centered care (defined as):
 - Ensuring that OUD Treatment Programs meet patient and family resource needs (i.e., wrap-around services such as housing, child care, transportation and home visitation)
 - Ensuring that drug and alcohol counseling and/or behavioral health services are provided
 - Ensuring that all patients with OUD are enrolled in a woman-centered OUD treatment program
 - Establishing communication with OUD treatment providers and obtain consents for sharing patient information.
 - Assisting in linking patients to local resources (e.g. peer navigator programs, narcotics anonymous (NA) support groups) that support recovery

Interns will conduct online research to determine available resources in areas served by the selected Local Health Departments. They will also become familiar with existing state and national patient and family OUD resources.

- **Weeks 2-4:** Planning and Development
Develop a list of resources for pregnant women with Opioid Use Disorder for the 12 selected Local Health Departments. Local Health Departments can put info about available OUD resources on their own websites and post on their social media.
- **Weeks 4-6:** Review resource summary with LHD
Review drafted resource lists with community leaders in each Local Health Department to determine any needed modifications.
- **Weeks 6-8:** Develop and Implement Social Media Campaign
Interns will develop an online OUD resources summary template to share information with LHDs. This template will include instructions on how LHDs can provide OUD resource information via social media including how to develop marketing materials and messages.
- **Week 9:** Wrap up
Interns reflect on their project and provide feedback on how to improve the experience for future interns.

*Utah Department of Health Utah Opioid Overdose Fatality Review Hot Spots Report (March 2019) Accessed from <https://health.utah.gov/vipp/pdf/RxDrugs/OFRCHotSpots2019.pdf>

Skills required for the project(s):

Microsoft Excel

Microsoft PowerPoint

Program Planning

Community Assessment

Qualitative Methods (Implementation - including Key Informant Interviews, focus groups, etc.)

Qualitative Methods (Analysis)- Dedoose may be utilized for analysis

Facilitation Skills

Synthesis of Information

Communication Skills

Presentation Skills

Other, Please specify: -- Experience with CANVA or Piktochart helpful but not required. Interview skills for Key Informant Interviews will be helpful.

Social Media Skills

Deliverables:

The interns will collaborate to create a Key Informant Interview Guide, and conduct and analyze data from Key Informant Interviews. Based on these interviews, they will create a gap analysis for selected Local Health Departments with respect to SUD resources for women and families and share their findings. They will develop an online Opioid Use Disorder Community Resource Summary for selected Local Health Departments, with an emphasis on linking to local resources that support recovery.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$901-\$1100 per person per month

Is your Title V agency easily accessible by public transportation?

Yes

Housing Resources:

- Salt Lake City Housing, Rooms, Apartments, Sublets Facebook Page (Prices Vary)
 - Posts about available housing options in The Salt Lake City Area.
 - <https://www.facebook.com/groups/2260902367467148>
- University of Utah Housing (Prices Vary)
 - Options for undergraduate, graduate, living learning communities, family, and off-campus housing
 - <https://housing.utah.edu>
- Apartments near site (Prices vary: \$750-\$1400)
 - <https://www.landingpointapts.com>
 - <https://www.weststationapartments.com>
 - <https://www.thegroveslc.com>
 - <https://www.mortonmeadows.com>
 - <https://www.northmetrotownhomes.com>
 - <https://www.myskyharborapartments.com/scheduleatour.aspx>
 - <https://www.northapts.com>

[Back to Table of Contents](#)

Wisconsin Department of Health Services, Division of Public Health

Location: Madison, WI

Project Description:

Wisconsin's project proposal includes multiple parts related to the implementation of Title V performance measures. Students will work together on most parts, although as appropriate may work individually on some aspects.

Develop an Executive Summary for public distribution: Students will review and adapt the Executive Summary section of the 2020 Report/2022 Title V Application to create a readable (using Flesch-Kincaid, Fog Scale, SMOG Index, or other acceptable readability formula) and visually appealing summary of Wisconsin's Title V Program. The goal of this Executive Summary is to be able to share information about Title V and its reach in Wisconsin with families, partnering agencies, and others.

Conduct Title V Program Website Audit: Students will conduct a review of the maternal and child health-specific pages on the Wisconsin Department of Health Services' website, and compose a list of edits and new language/sections to submit for approval. Edits and revisions should take into account accuracy, relevance, and readability (using Flesch-Kincaid, Fog Scale, SMOG Index, or other acceptable readability formula).

Develop a Logic Model of the Title V Program: Students will develop a logic model of the Title V Program in Wisconsin. They will learn about the programs and activities of Wisconsin's Title V Program through interviews with key Title V staff, and create a logic model encompassing relationships between Title V-funded agencies and national and state performance measures. Much of the work conducted throughout the Title V Program overlaps or crosses into multiple performance measures and areas of work, and a visual representation of these relationships will be of great value to our program as well as our block grant application.

Objectives:

Objective 1: Students will review and adapt the Executive Summary section of the Title V 2020 Report/2022 Application to create a readable and visually appealing Executive Summary of Wisconsin's Title V Program.

- Review past Executive Summaries developed for public distribution.
- Review the Executive Summary of the Title V Block Grant 2020 Report/2022 Application (this will be written but not yet submitted to HRSA at the time of the Title V MCH Summer Internship)
- Become familiar with readability measures, determine a method for ensuring readability of the Executive Summary, and articulate chosen methodology to staff.

Objective 2: Students will conduct a review of the maternal and child health-specific pages on the Wisconsin Department of Health Services' website.

- Review the Title V Program web pages and content on Wisconsin's Department of Health Services' website (<https://www.dhs.wisconsin.gov/mch/index.htm>) and all pages listed on the Title V Home Page.
- Meet with Title V Program staff to determine accuracy of information on pages, and needs/requests for page updates
- Write a list of proposed edits for each web page. Edits should reflect readability as discussed in Objective 1.

Objective 3: Students will develop a logic model of the Title V Program in Wisconsin.

- Review Wisconsin's Title V State Action Plan to become familiar with the work being conducted throughout the program.
- Develop a brief Key Informant Interview guide for Title V Staff Interviews.
- Conduct Key Informant Interviews with Title V staff to better understand relationships among national performance measures and partnerships in the Title V Program.
- Conduct a simple analysis of results of the Key Informant Interviews.

- Develop a logic model encompassing the relationships identified within Wisconsin’s Title V Program.

Skills required for the project(s):

Qualitative Methods (Implementation – including Key Informant Interviews)

Facilitation Skills

Synthesis of Information

Communication Skills

Social Media Skills

Other (please specify): Independence (particularly if 100% virtual), Imagination/vision

Deliverables:

1. Title V Program Executive Summary (in draft form or recently submitted for approval).
2. List of proposed edits and recommendations for all Title V webpages listed on Wisconsin Department of Health Services’ website.
3. Summary of Key Informant Interviews.
4. Title V Program Logic Model.

Is there affordable temporary housing available for the students near your agency or affordable housing easily accessible by public transportation?

Yes

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

Between \$701-\$900 per person per month

Is your state agency easily accessible by public transportation?

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.

[Back to Table of Contents](#)