
WORKING WITH STATE HEALTH DEPARTMENTS ON MATERNAL AND CHILD HEALTH

#NCSLmchfellows

January 25-27, 2019
New Orleans, La.



Working with State Health Departments: The Role of State Health Officials (SHOs)

Sanaa Akbarali

Director, Family and Child Health

Association of State and Territorial Health Officials

January 26, 2019

Association of State and Territorial Health Officials | astho.org

VISION

State and territorial health agencies advancing health equity and optimal health for all.

MISSION

To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.



ASTHO: Who We Are

- Non-profit organization representing public health agencies
- Track, evaluate, and advise members on the impact and formation of public or private health policy
- Provide guidance and technical assistance on improving the nation's health



State Health Officials

- Governor appointed officials
- Chief health officials of their jurisdictions
- Formulate and influence sound public health policy and ensure excellence in state-based public health practice



State Health Agency – Governance Classification

Centralized

Local health units are primarily led by employees of the state and the state retains authority over most fiscal decisions.

Shared

Local health units may be led by employees of the state or of local government. If they are led by state employees, then local government has authority to make fiscal decisions and/or issue public health orders.

Mixed

Some local health units are led by employees of the state and some are led by employees of local government. No one arrangement predominates in the state.

Decentralized

Local health units are primarily led by employees of local governments and the local governments retain authority over most fiscal decisions.

Engaging Your SHOs

- Share data, evidence-base, and best practices on emerging public health issues
- Inform legislation contributing to better health outcomes for your constituents
- Provide testimonies
- SHO peer networks – what’s happening in other states?
- Legislative Liaisons!



State Example

PRESS ROOM

- Press Room
- About Us >
- Directory of State and Territorial Health Officials >
- Board of Directors >
- Policy Committees >
- Alumni Society >
- Staff >
- Affiliated Organizations >
- Joint Council >
- History >
- Policy and Position Statements >
- President's Challenge Initiatives >
- Firm 980 >
- ASTHO Bylaws >

ASTHO Member and West Virginia Health Commissioner Rahul Gupta Testifies on Nation's Opioid Epidemic

ARLINGTON, VA (May 17, 2018)—Rahul Gupta, commissioner and state health officer at the West Virginia Department of Health and Human Resources' Bureau for Public Health, testified today on the nation's opioid epidemic before the United States House Committee on Oversight and Government Reform. The hearing, "A Sustainable Solution to the Evolving Opioid Crisis: Revitalizing the Office of National Drug Control Policy," provided members of Congress the opportunity to discuss reauthorizing the Office of National Drug Control Policy to elevate evidence-based initiatives to combat the current opioid crisis.

The Association of State and Territorial Health Officials (ASTHO) is pleased Congress continues to address the greatest public health threat facing Americans today. The nation's state and territorial health agencies are on the front lines combating the current substance misuse, addiction, and drug overdose crisis and it is vital that Congress and the Administration support efforts to end the epidemic.

"I am grateful for the opportunity to represent West Virginia and discuss the twin challenges of overprescribing opioids for pain and the growing use of heroin, often adulterated with fentanyl. West Virginia continues to experience the highest rate of overdose fatalities in the nation and is also enduring a surge in the rate of neonatal abstinence syndrome," says Gupta. "Collectively, states and territories recognize the opioid crisis as a public health emergency. To develop sustainable solutions to this contemporary challenge we need authentic national leadership, expanded access to evidence-based treatment, and increased focus on primary prevention strategies to avert drug use and misuse before it starts. I will continue to work tirelessly in my state to address these areas, but we rely on a strong partnership with the federal government. To implement these solutions, it is critical that we take a comprehensive, science-driven approach that combines the efforts of federal, state, and local agencies, along with other organizations and industries. The hearing today was a very important first step in that process."

For more information on the hearing, visit the [commissioner's website](#).

022

SHARE + EMAIL PRINT

UPCOMING EVENTS

- ASTHOConnects Series on Brain Health: Virtual Open House**
Jan 23, 2019
3:00pm - 4:00pm ET
 - ASTHO's Expert Panel on Multiple State Opioid Preparedness**
Jan 23-24, 2019
9:00am - 4:00pm ET
 - NARR Executive Committee Retreat**
Jan 23, 2019
8:00am - 6:00pm ET
- [View All Events >](#)

[Follow @astho](#) 10.8K Followers



State Health Official Directory

Home

About Us >

Directory of State and Territorial Health Officials >

Board of Directors >

Policy Committee >

Alumni Society >

Staff >

Affiliate

Organizations >

Joint Council >

History >

Policy and Position

Statements >

President's Challenge

Initiatives >

Form 900 >

ASTHO Bylaws >

State and Territorial Health Officials

Alabama

Scott Harris, MD, MPH (Bio)
State Health Officer

Alaska

Jeri McLoughlin, MD*
State Epidemiologist and Chief, Alaska Section Epidemiology

American Samoa

CSM Malena Tolomosa Tolomosa Nui (Bio)
Director, Department of Health

Arizona

Cara M. Christ, MD, MS (Bio)
Director and State Health Officer

Arkansas

Nathaniel H. Smith, MD, MPH (Bio)
Director and State Health Officer

California

Karen Smith, MD, MPH (Bio)
Director and State Public Health Officer

Colorado

Jill Ryan, MPH*
Executive Director

Tina Ghosh, MD, MPH

Chief Medical Officer
S/THO Designee

Commonwealth of Northern Mariana Islands

Esther L. Muna, MPH, FACHE (Bio)
CEO, Commonwealth Healthcare Corporation

Connecticut

Raul Pina, MD, MPH (Bio)
Commissioner

Delaware

Kacyl Ratzky, MD, MS (Bio)
Director, Division of Public Health

District of Columbia

LeQuandra S. Rowell, MD, MPH (Bio)
Director

ASTHOConnects Series on Best

Health: Virtual Open House

Jan 23, 2019

3:00pm - 4:00pm ET

ASTHO's Expert Panel on Building

State Operational Preparedness

Jan 23-24, 2019

8:00am - 4:00pm ET

NARR Executive Committee

Retired

Jan 23, 2019

8:00am - 8:00pm ET

View All Events >

Follow @astho

10.4K Followers

PHWINS

PUBLIC HEALTH WORKFORCE

INTERESTS AND NEEDS SURVEY

<http://www.astho.org/Directory/>

Thank You!

Contact Info:

- Sanaa Akbarali: Sakbarali@astho.org
- ASTHO Website: www.astho.org



Working with State Health Departments on Maternal and Child Health

Amy Zapata, MPH

Director, Bureau of Family Health, Office of Public Health,
Louisiana Department of Health

Louisiana Priorities

Title V (2016-2020)

- Ensure high-performing MCH screening and surveillance systems
- Improve access to and quality of services
- Improve social and behavioral supports
- Support children, adolescents, and CYSHCN through transitions
- Bolster local level capacity to promote and protect health
- Understand and address health disparities
- Actively and meaningfully engage youth and families

Key Issues

- Perinatal quality
- Maternal morbidity/mortality
- Infant and early childhood mental health
- Developmental screening and child health policies
- Improving school based health services
- Informing and complementing state Medicaid policy



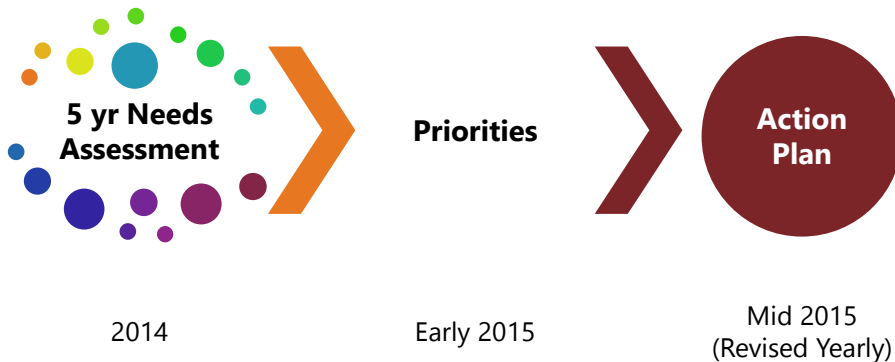
Working with State Health Departments

NCSL Maternal and Child Health Fellows

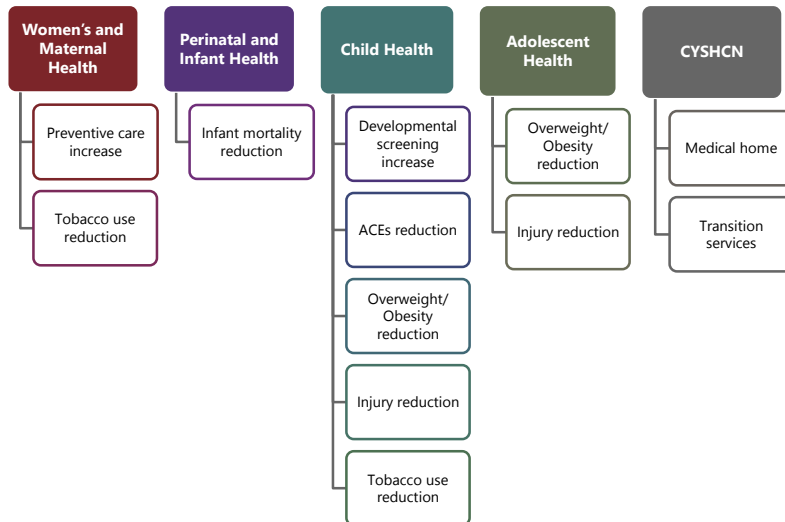
January 26, 2019

Morgan McDonald, MD | Assistant Commissioner, TN Department of Health

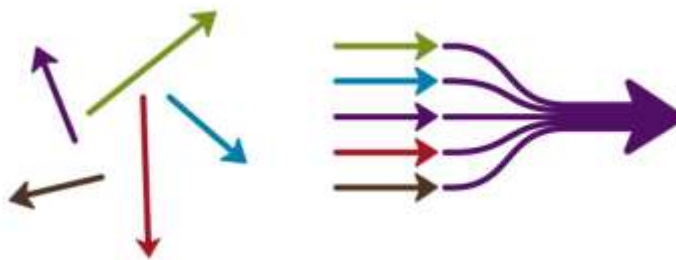
Setting State MCH Priorities



Priorities by Domain



Louisiana's MCH Strategy

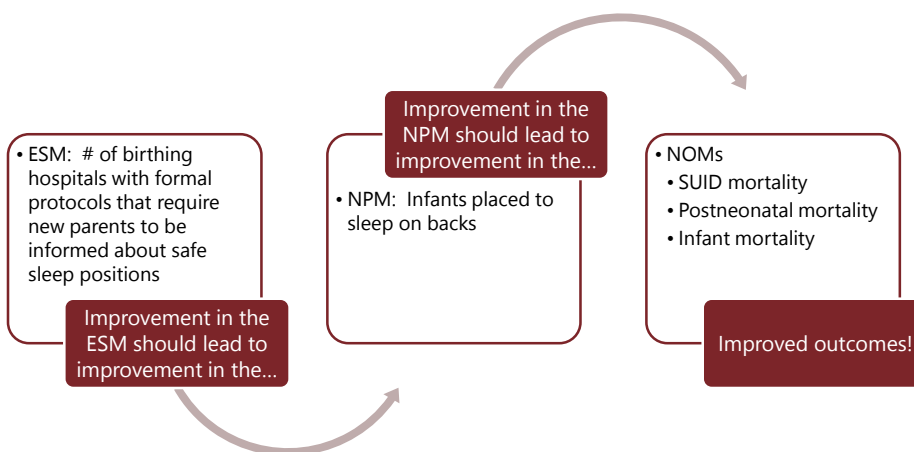


- Continuously **assess the needs** of Louisiana's mothers, children, and families
- **Assess the capacity** of the internal and external systems to address those needs
- **Align efforts** to address the most pressing needs

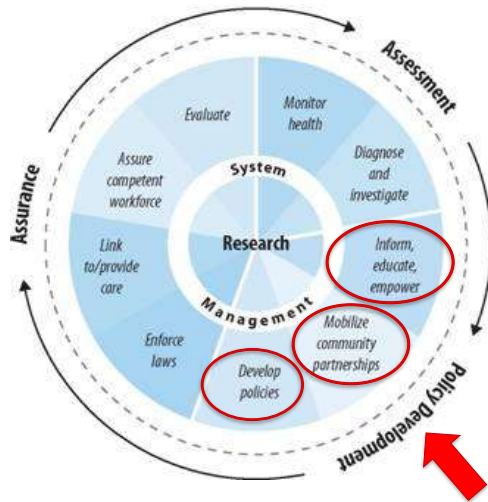
Measurement Framework



Measurement Example: Infant Mortality



How We Work With Legislators



Pre-session

- Topics for bill proposals
- Consulting for bill writing/development

During Session

- Subject-matter expertise
 - Talking points
 - Testimony

Post-session

- Study resolutions
- Policy implementation

Year-round

- Boards, Councils, Commissions

TN Legislative Process

1. Educating vs Advocating
2. Governor's Legislative Priorities – Timeline, Process, and Structure
3. Bill Analysis Process

Examples of Collaboration

Louisiana Commission
on Perinatal Care and
Prevention of Infant
Mortality

Healthy Moms,
Healthy Babies
Advisory Council

Louisiana's Early
Childhood Care and
Education
Commission

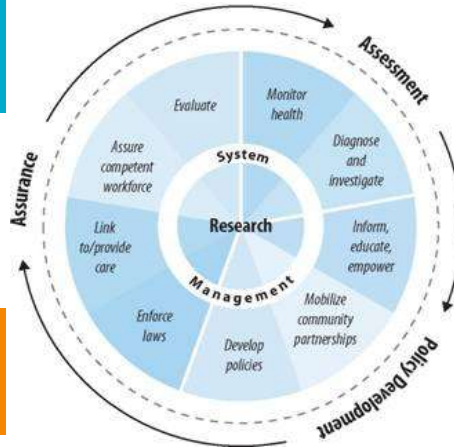
TN Examples of MCH Legislative Successes

1. Maternal Mortality Review
2. Adverse Childhood Experiences
3. Immunizations
4. Opioid Response/Neonatal Abstinence Syndrome
5. Suicide

We can help you...

Identify & connect with stakeholders across systems

Understand the MCH needs of your constituents



Assess the MCH implications of proposed or current policy

Identify data-informed, evidence-based options

Thoughts on working together

1. There is significant subject matter expertise in health departments – request a face to face, relationships help
2. The structure, scope, funding, and flexibility of every state health department is unique
3. We are all in this together
4. Help us maintain focus on priorities
5. “Health in all policies” is often our approach



Questions?

Morgan McDonald, MD
 Assistant Commissioner
Morgan.mcdonald@tn.gov

THINK, PAIR AND SHARE



BREAK

- Transition to next session in LaForche/Point Coupee
- Joint sessions with Opioid Policy Fellows
 - Medicaid 1115 Waivers
 - Lunch
 - Adverse Childhood Experiences (ACEs)

#NCSLmchfellows

