



# 22ND ANNUAL MATERNAL AND CHILD HEALTH FORUM

FRIDAY, DECEMBER 3rd, 2021  
1:00 - 3:00 PM EST

PROGRAM ABSTRACTS



Lily Acton, *Practice Fellow*

**Title: Assessing the Progress Toward Achieving Sexual and Reproductive Health Equity Goals at Planned Parenthood League of Massachusetts (PPLM)**

**Introduction:** In 2019, Planned Parenthood League of Massachusetts (PPLM) began a three-year strategic plan to reduce racial, ethnic, and geographic inequities in sexual and reproductive health access and outcomes. To do this, PPLM strategized four goals: (1) equitable access to safe, legal abortion, (2) equitable access to contraception and sex education and decreased stigma in Worcester for young Latino/a/x people, (3) equitable access to HIV prevention care for Black and/or Latino/a/x communities in Springfield, (4) become an organization that better reflects patients. **Methods:** As the Health Equity Strategic Plan Fellow, I created monthly data dashboard to assess the progress of these initiatives and their corresponding goals. Every month, I collected and analyzed data into five dashboards, and presented these at a monthly meeting. I also worked with interdepartmental teams to craft new goals for the FY22 fiscal year and researched sexual and reproductive health inequities to inform the planning process for the forthcoming strategic plan. **Results:** My work resulted in a year's worth of data dashboards that were presented to the Strategic Plan Operations Team, the Board, and the entire organization to demonstrate the progress toward achieving these strategic goals. I revised dashboard elements to reduce redundancies and eliminate inconsistencies, created a glossary defining key terms, and developed new dashboards for the final year of the strategic plan. Through these monthly dashboards, PPLM staff can visualize the progress toward health equity goals, which will ultimately make sexual and reproductive health services more accessible and equitable for all people in Massachusetts.

Isabelle Alexandre, *Research Fellow*

**Title: Do Doulas Facilitate Physiologic Births within the Hospital Setting?**

**Background:** Recent studies have revealed the importance of doulas as a continuous form of support in childbirth, particularly for non-Hispanic Black (NHB) mothers. This study investigates whether doula use in hospital births is related to physiologic births. **Methods:** I utilized data from the Listening to Mothers in California (n=2539) survey to measure physiologic birth outcomes in doula supported births. Physiologic births were measured with three labor & delivery outcomes: walking around during labor, utilizing "drug free" methods for pain relief and whether an episiotomy was performed. Statistically significant results for women with and without doulas in planned vaginal births were analyzed using chi-square and multivariate tests controlling for race, parity, age, insurance, income, and attitudes toward interventions. **Results:** Birthing persons in planned vaginal births with doulas were significantly more likely to utilize non-pharmacological pain relief methods, including walk around during labor (aOR 1.52, 95% CI 1.09,2.13); shower or tub (aOR 3.30, 95% CI 2.20,4.88); birthing ball (aOR 1.96, 95% CI 1.33,2.83) and change of position (aOR 1.70, 95% CI 1.22, 2.40) compared to birthing persons without doulas. Birthing people who used a doula trended toward avoiding an episiotomy, but the difference was not statistically significant. **Conclusion:** These results suggest that doulas in hospitals can play an important role in facilitating physiologic births by supporting and encouraging birthing persons to remain mobile and use drug free methods of pain relief.

**Djaratou Aney**, *Research Fellow*

**Title: Barriers and Facilitators to ART Adherence among Adolescents Living with HIV in Kenya**

**Introduction:** Adolescents and young people living with HIV (ALWHIV) constitute a large percentage of the worldwide population living with HIV. The initiation of Antiretroviral Therapy (ART) has allowed people living with HIV to live longer and healthier lives. Globally, ALWHIV have comparatively poor ART. To learn more about the barriers and facilitators to ART adherence in this population, a mixed-methods study was conducted in Western Kenya.

**Methods:** The study was conducted from August to November 2018 at the Comprehensive Care Center at Jaramogi Oginga Odinga Teaching and Referral Hospital in Kisumu City. The goal of the study was to measure ART adherence among 33 adolescents living with HIV via eCap devices, which are electronic data monitoring containers that collect data on openings.

**Results:** Adherence was measured for 30 participants only. Only 1 participant achieved a 95% adherence, while 10 achieved an adherence level of 91-95% and 10 reached an adherence level of 81-90%. All others had an adherence of 80% or below. Most (24) participants took part in in-depth-interviews. The reasons for poor adherence were: fear of stigma and discrimination, lack of family support, poverty, abusive behavior from schoolmates and teachers and lack of support in school. **Conclusion:** ALWHIV face many barriers to achieving high ART adherence. Community based interventions targeting discrimination and stigma have the potential to provide support for this population and deserve further attention.

**Jasmine Babool**, *Practice Fellow*

**Title: Exploring the Transition to Virtual Doula Care**

**Background:** Accompany Doula Care is a Boston-based nonprofit focused on reducing health inequities, increasing access to doula care, and reducing costs in the healthcare system. With the spread of the COVID-19 pandemic in the United States, the doulas at Accompany Doula Care had to shift their care to virtual support and interactions, which came with its own set of advantages and challenges. Accompany Doula Care was awarded a major grant from the Maternal Telehealth Access Project (MTAP) to explore the various facets of virtual doula care and the necessary resources specifically for the birthing individuals most at risk for maternal mortality and morbidity. **Methods:** As a fellow, my role was to assist in the strategic planning for the telehealth grant. I designed a tracking tool to manage the deliverables associated with the grant, and I supported the development of materials for communication tools. Additionally, I participated in the data analysis, writing, and compilation of a report summarizing our findings. **Results:** The final telehealth report, *Providing Virtual Doula Care: Lessons & Opportunities*, is now published on the Accompany Doula Care website and was showcased as part of the MTAP grantee program. Additionally, we are in the midst of finalizing a Spanish version of the report to reach an even wider audience. Finally, an outreach initiative will be launching soon to share this report with nation-wide maternal and child health partners with the hope to raise awareness regarding the opportunities, barriers, and future recommendations for providing doula care virtually.

Ruth Berhanu, *Practice Fellow*

**Title: Promoting a Healing-Centered Work Environment**

**Background:** Public health workers at MA Department of Public Health defined Equitable Healing Centered Systems to Address Trauma as a priority under Title V. The department sought out to support equitable healing centered systems and approaches to mitigate the effects of trauma. By 2025, the goal was set to increase by 10% above baseline the percent of BFHN & BCHAP staff that report a workplace culture that reflects a safe and supportive environment to mitigate primary and secondary trauma. **Methods:** As a practice fellow, I designed an organizational healing-centered assessment through a racial equity lens encompassing aspects of healing-centered engagement in the work environment. Key informant interviews (N=11) were conducted to identify five healing-centered domains. Between February 2021 thru November 2021, I facilitated monthly meetings with the Healing-Centered Work Environment workgroup to develop strategies to promote healing. I revised the assessment tool based on feedback and formatted it as an electronic survey. I presented a pilot of the assessment questions before BFHN workers (N=100) who participated in a real-time polling session to gauge significance and relevance of the assessment moving forward. **Results:** Healing-centered organizational assessment domains included Policies and Procedures, Adaptability and Flexibility, Equity and Advocacy, Communication and Transparency and Culture and Identity. Thematic analysis revealed (1) differences in work environment between the divisional level as compared to the bureau level, (2) necessary education and future training on healing-centered systems and (3) racial equity as an area of growth for the department.

Esther Bwenyi, *Practice Fellow*

**Title: Partnership Database Tracker**

**Background:** Early Childhood Connector (ECC) is an online platform with a mission to connect communities to reimagine tomorrow. ECC aims to solve the need for better network connections and expertise. **Methods:** As a fellow, I managed and led the development of a partnership database. The purpose of the project was to design, implement and create a management process for an initial version of a tool that databases ECC's partners. Four main objectives iterated and improved the necessary steps in building the project. Tracking new partnership engagement opportunities, centralizing these opportunities, creating a user-friendly tool, and identifying ways internal partners can interact with the database. I implemented management skills throughout the project by developing a project charter and work plan which detailed the scope of the work; developed user stories, and assessed viable technology options to host the partnership database based on these user needs. Furthermore, I assisted with project management and evaluation work; by improving notetaking processes at core team meetings and elevating curated member content online. **Results:** Following my technology assessment, Airtable was selected as the final database tracking platform. The database features stakeholders' personal information, their organizations, and the type of ECC engagement. Additionally, I produced a one-pager and summary report which details utilization recommendations; and a proposed evaluation process to support further improvements. This database will assist ECC in staying up to date with their partners and in their aim towards a better overall connection in the early childhood system.

**Alyson Codner**, *Research Fellow*

**Title: Sociodemographic Factors Associated with Hunger among Food Pantry Users**

**Background:** Hunger, a physiological condition measured within individuals, is often an indicator of food insecurity though is deserving of separate attention. While there are many known sociodemographic and economic determinants associated with food insecurity, few studies have analyzed hunger as the primary outcome of interest given inconsistencies in definition and complications in measuring it. Aims: To assess the determinants of hunger among food pantry users through use of a modified, validated Household Hunger Scale.

**Methods:** Between June 2018 to August 2018 a survey was administered to food pantry users assessing their sociodemographic characteristics, household composition, food assistance programs, economic hardships, and the Household Hunger Scale. Hunger was categorized as little to no hunger, moderate, or severe, while the presence of hunger was defined as experiences of moderate or severe hunger. Logistic regression and mixed effect models were used to assess the associations between determinants and hunger status.

**Results:** Of the 611 food pantry users, 60.72% experienced little to no hunger, 20.13% experienced moderated hunger, and 19.14% experienced severe hunger. Marital status, educational attainment, some work status, large households and lower income were all found to be associated with severe or moderate hunger. Age, WIC and SNAP were found to be protective factors against severe hunger. Experiences of any economic hardship had the strongest association with both moderate and severe hunger (OR=2.03, OR=4.88).

**Conclusions:** This study provides insight into factors affecting household hunger in food pantry users, which is essential to informing program and policy efforts that are targeted and effective.

**Allyson Cogan**, *Research Fellow*

**Title: What is needed for eating disorder prevention for transgender youth?**

**Background:** Transgender and gender diverse (TGD) youth experience alarming inequities in eating disorder symptoms compared to cisgender peers. To eliminate inequities, it is essential to develop multi-level preventive interventions tailored to the needs of TGD youth. The BRIGHT Project is a community-engaged research study that seeks to address this gap.

**Methods:** We conducted eight asynchronous online focus groups with TGD young adults in the US (n=66; ages 18-30 years) and then convened two Community Expert Working Groups (CEWG) to review focus group findings and engage in strategic brainstorming. CEWG participants (n=11; ages 26-42 years) were clinicians, program planners, and patient advocates with expertise in eating disorders or TGD health who had been working in their field for >1 year and identified as TGD. The CEWG meeting was a one-time, 2-hour meeting via Zoom, co-facilitated by BRIGHT researchers and community partners. We conducted deductive qualitative thematic analysis of meeting notes and products, guided by a social-ecological framework. Reflecting on focus group narratives, CEWG participants identified multiple challenges to and opportunities for eating disorders prevention for TGD youth.

**Results:** Our analysis identified themes across multiple social-ecological levels, including the power of appearance pressures on TGD youth, existing stigma towards TGD individuals in treatment, and the need to dismantle racial oppression and weight stigma/fatphobia to address the fundamental causes of eating disorders. **Conclusion:** Based on these findings, this presentation will offer key recommendations for public health stakeholders interested in addressing eating disorder risk factors and advancing health equity for TGD youth.

Sasha Dastine and Tessa Kehoe, *Practice Fellows*

**Title: The Maternal and Child Health National Network**

**Background:** The Maternal and Child Health National Network (MCH-NN) was created to connect graduate students and alumni across all universities with Centers of Excellence (CoE) (N=13) and Catalyst Programs in MCH (N=5), and eventually all programs of MCH in the nation. Its mission is to foster collaboration, networking, and advocacy among early MCH professionals. Implementation and leadership of the MCH-NN is supported by the BUSPH CoE, 2020-2025. **Methods:** The MCH-NN was established in 2014 by two BUSPH MPH students, and is now supported by the BUSPH CoE, 2020-2025. We as MCH Practice Fellows have led the launch and growth of the organization. We began by surveying all program directors to identify leaders of Student Interest Groups (SIG's). We hosted the first event for all student leaders in February 2021 to introduce the mission and vision of the network and form a leadership board (N=13 students from 12 universities). The board built a social media presence, engaged students, hosted three virtual events, and shared educational links across universities. We created a Guiding Document to inform future leaders. **Results/Project Outcomes:** Currently, 13 CoE and 5 Catalyst Programs are engaged in the MCH-NN so far. Project outcomes include 32 attendees from eight universities during the October Networking Event and increasing social media presence (100+ followers on Instagram, Facebook, Twitter and LinkedIn). This project has been successful and is positioned to sustain itself. Participants have given positive feedback and expressed excitement for the opportunity to network and collaborate with like-minded MCH professionals.

Maura Donnelly, *Research Fellow*

**Title: Who Gets Respectful Intrapartum Care in California?**

**Background:** Respectful intrapartum care, also known as Respectful Maternity Care (RMC), is "care that is respectful of and responsive to individual women and their families' preferences, needs, and values." This paper examines demographic and behavioral factors related to fair treatment and autonomy to make decisions during birth. **Methods:** The data for this research is from the 2016 Listening to Mothers in California survey. Responses in categories related to RMC were compiled into a new variable titled "Disrespect", which was analyzed using chi-square tests and multivariate regression with the following predictors: race/ethnicity, insurance type, income, age, parity, marital status, language, country of birth, and primary provider of prenatal care. **Results:** Black race, Asian/PI race, multi-parity, MD provider, Asian language, non-US country of birth, less than college education, and being single were positively associated with disrespectful care ( $p < .05$ ). High income and private insurance were negatively associated with disrespectful care ( $p < .05$ ). After controlling for confounders, single birthers (aOR 1.08, 95%CI 1.01-1.15) and Asian/PI birthers (aOR 1.09, 95%CI 1.02-1.16) had a statistically significantly positive association with disrespectful care. The highest two income groups (aOR 0.88, 95%CI 0.81-0.96) and those with two children (aOR 0.95, 95%CI 0.90-0.99) had a statistically significantly negative association with disrespectful care. **Conclusion:** Based upon this statistical analysis, a birther's race, income, marital status, and parity may be important predictors of their experiences of RMC in California.

**Dureti Godana**, *Practice Fellow*

**Title: Geographical Trends in Barriers Affecting Families Participating in the MHAP for Kids Program**

**Background:** The Mental Health Advocacy Program (MHAP) for Kids consist of a team of advocates who provide pro bono legal representation for families with children at risk of entering the juvenile justice system throughout Massachusetts. Advocates at MHAP for kids connect unmet mental health needs to available education and mental health services. All families entering this program are required to partake in a baseline and follow up survey functioning as a pre and posttest to measure the impact of services provided. The surveys assess a multitude of factors such as income and various barriers to receiving services, educational discipline history and previous mental health services. **Methods:** As a fellow I supported MHAP for Kids by conducting follow-up surveys with families. Surveys averaged thirty-five to forty-five minutes and were conducted through RedCap. I worked with a team of advocates at MHAP for kids and met weekly to discuss best practices for conducting surveys and trends in responses. In this qualitative approach I learned first-hand of the various barriers and experiences of families fighting for the services. In a separate but related project I connected the barriers indicated by families to the family resource centers (FRC) in which they reside to visualize trends and possible disparities. **Results:** The most frequently indicated barriers included bureaucratic delay, lack of information on where to seek support, and time conflicts with other responsibilities. Further research is needed to narrowly connect characteristics of the Holyoke, Worcester, and Lowell FRC's, in which these barriers were most prevalent.

**Michaela Harris and Melanie Lambert**, *Practice Fellows*

**Title: The Role of MCH Fellows as Health Promotion Advocates in the Pediatric Emergency Department, March-November, 2021**

**Background:** The Health Promotion Advocate Program (HPAP) in the BMC Pediatric Emergency Department (PED) provides comprehensive assessment of patients aged 13-23. We assessed health and safety needs through a public health/social justice lens and took an active approach to patient centered care. **Methods:** We interviewed PED patients eight hours/week using a brief negotiated interview to elicit how patients' behaviors fit into their daily lives and future goals, and to customize referrals to resources within BMC and the Greater Boston Area. We developed additional questions to the HPAP REDCap screening survey to assess COVID impact and social needs, and revised questions on substance use, mental and sexual health, safety, injury and violence exposure. Follow-up occurred two weeks post-visit. **Results:** Average age was 20; 63% self-identified as female, 36% male, and 1% transgender (N=92); 49% as Hispanic/Latino. Racial identities were: 4% Asian, 52% Black/African American, 11% White, 3% more than one, 30% Other (25/28 Hispanic). Over 30% endorsed increased anxiety, increased depression, reduced productivity, and social isolation, while 33% reported disrupted education and 27% financial difficulty, and 47% reported that they were "somewhat" or "a lot" worried about getting COVID. Hispanics were most likely to report lack of a trusted person (p=.04). We made 90 referrals, primarily for mental health, testing/vaccination, housing, and food insecurity. **Conclusion:** We built trust through meaningful conversation to ascertain need and encourage help-seeking and behavioral change. Follow-up proved difficult (37% contacted). Our data demonstrates the need for more acceptable resources for young people and more effective outreach.

**Katie Haupt, Research Fellow**

**Title: Does outness matter? Differences in the sexual health information parents/guardians give their adolescent sexual minority sons by outness about sexual attraction to other males**

**Background:** Adolescent sexual minority males (ASMM) are less likely to receive adequate sex education from traditional sources, including parents. The current study examines what sexual health topics ASMM report discussing with a parent/guardian and whether that differs by outness with a parent/guardian about sexual attraction to other males.

**Methods:** ASMM (N=154; ages 14-17) in the United States completed the baseline assessment of an online sexual health intervention pilot. They reported which of twelve sexual health topics they discussed with a parent/guardian and if they had disclosed their sexual attraction to other males to a parent/guardian. Firth logistic regression models examined associations between the sexual health topics discussed and ASMM's outness to a parent/guardian about attraction to other males. **Results:** Eighty-eight (57%) participants reported being out about their sexual attraction to other males with a parent/guardian. Commonly discussed topics with a parent/guardian included how to say no to sex, birth control methods, and how to avoid sexually transmitted infections. Six sexual health topics were significantly more likely to be discussed if participants were out to a parent/guardian. The three categories with the largest differences by outness were how to discuss with a partner what they would not like to do sexually (AOR = 6.97, 95% CI: 1.97-24.64), how to use condoms (AOR = 5.85, 95% CI: 2.26-15.13), and how to prevent HIV/AIDS (AOR = 3.53, 95% CI = 1.43-8.72). **Conclusions:** Interventions on parental provision of inclusive, comprehensive sexual health information are needed to ensure ASMM are given adequate sexual health knowledge.

**Clare Killian, Research Fellow**

**Title: Negative clinic experiences as a barrier to ART adherence and retention in care and related preferences for intervention support: A qualitative study among patients at high-risk of treatment failure and their providers in Cape Town**

**Background:** For the MCH Forum 2022, I will present my work with Dr. Lora Sabin on a secondary analysis of LEAP: Locally Tailored, Evidence Based and Personalized ART Adherence Interventions Study. To solicit input on barriers to ART adherence and interventions to support people living with HIV, we conducted research among patients and providers in Cape Town, South Africa. We describe an analysis focused on patients' clinic experiences. **Methods:** Data were collected in 2019 at three clinics in Cape Town. In-depth interviews were conducted with patients to elicit views on barriers and on evidence-based interventions vetted by local health officials. Subsequently, we conducted focus groups with clinicians, counselors, and community care workers to gain their perspectives. Transcripts were analyzed in NVivo; we explored descriptions of clinic experiences and their alignment with views of intervention options. **Results:** 41 patients participated in IDIs; 20 providers participated in three focus groups. Most participants described negative clinic experiences, including disrespectful provider attitudes, HIV status disclosure within clinics, and long wait times. Nearly half of these participants with such experiences acknowledged that fear of mistreatment led to nonadherence. Among patients who described negative clinic encounters, the majority preferred non-clinic based intervention options such as peer support groups or check-in texts, while providers endorsed both individual counseling and support groups. **Conclusion:** Patients and providers stressed negative experiences in clinic settings, leading to fear and hesitancy to seek care. These negative clinic experiences demonstrate the need to include clinic system improvement and strengthen provider training in intervention work for ART adherence.



**Martha Koenig**, *Research Fellow*

**Title: Lessons Learned in Prioritizing Community Safety, Health Promotion, and Partnership in a Cluster Randomized Trial Intervention for Children and Families during the COVID-19 pandemic.**

**Introduction:** The H2GO! Study is a cluster randomized trial conducted collaboratively with the Massachusetts Alliance of Boys and Girls Clubs (BGC) and Boston University (BU). Children ages 9-12 who are patrons of BGCs statewide, and their caregivers comprised a racially, ethnically, and socioeconomically diverse population for this study. Children at BGC intervention sites take part in a 6-week, 12-session, youth empowerment program designed to improve child z-BMI scores through reducing sugar-sweetened beverage consumption and increasing water consumption. BU and BGC staff developed strategies to safely deliver the intervention in-person during COVID-19, where public health messaging and connection with peers was crucial for youth. **Methods:** The H2GO! study is actively enrolling and has partnered with 10 BGC sites and 141 parent and child participants to date. Adaptions were made to recruitment, anthropometric and survey questionnaire data collection, and intervention delivery protocols. Most data collection protocols were expanded to include in-person and remote options. During in-person intervention sessions, BU study staff joined via video to observe intervention. An onsite presence of BU staff at BGCs increased as community transmission of COVID-19 decreased. **Results:** Adapting study protocols to deliver an in-person community-based dietary intervention for children and families during COVID was feasible and facilitated social, mental, and physical wellbeing of children and their caregivers during a time when group-based in-person activities was severely limited. Preliminary findings from this study indicated that many study protocols can be implemented via multiple modalities and that group-based health interventions remains a critical need in youth-based community settings.

**Eilisha Manandhar**, *Practice Fellow*

**Title: Strengthening the Communications Strategy of BUSPH's Center of Excellence in Maternal and Child Health**

**Introduction:** The Boston University School of Public Health (BUSPH) Center of Excellence in Maternal and Child Health (MCH CoE) MCH Practice Communications Fellowship's goal was to expand its public reach through strategic communications. It amplified the CoE's work and publications, established the Center as a leader in MCH, and uplifted MCH-related issues. The goal was achieved by; 1) streamlining the Center's website, 2) enhancing social media, and 3) building the foundation for a podcast. **Method:** The target audience was prospective and current students, alumni, faculty, other CoEs, and partners. Website: Updated to streamline information, feature programs, engage prospective students, provide information for current students and alumni, and share publications/research from faculty or partners. Social Media: Events, resources, and MCH-related issues were promoted on Twitter, Facebook, Instagram, and LinkedIn. Podcast: Preparation to publish podcasts included: researching, creating interview guides, facilitating conversations, and editing. **Result:** Website: The need for a blog section was apparent due to the publication of posts on the CoE's and outside organization's websites. Social Media: The Center increased engagement and followers (average 2.5k impressions per month). Podcast: The process was established - identified topics, created work plans, podcast preparation material, and digital editing platform. **Conclusion:** Prioritizing strategic communications through the website, social media, and the podcast will continue to center the CoE as a leader in the MCH space. Communication allows for learning about vast topics and sharing tangible content to audiences. Incorporating communications is key in the strategic and sustainability plan of an organization.

**Eva Nelson**, *Research Fellow*

**Title: Understanding the Impacts of COVID-19 on the Determinants of Food Insecurity: A State-Specific Examination**

**Objectives:** This paper highlights risk factors influencing food insecurity during the first year of the COVID-19 pandemic, examines the specific determinants that have emerged in a state heavily impacted by the pandemic, and offers recommendations for multi-sector intervention. **Methods:** Relevant questions and demographic data from the U.S. Census Bureau Household Pulse Survey were analyzed to evaluate the impacts of COVID-19 on food security in Massachusetts. Food security was defined as a categorical variable (food security, marginal food security, low food security, and very low food security) and as a binary variable (food security and food insecurity) based on a question in the survey that asked participants if they had enough to eat in the past seven days. **Results:** This study found that lower education level, unemployment (i.e., unable to work for pay), and expecting loss of employment were determinants of food insecurity. The main reason people experienced food insecurity was they did not have enough money to buy food. People who were not working for pay reported that childcare needs, concern about contracting or spreading COVID-19, or being laid off due to COVID-19 were the primary reasons. **Conclusions:** Determinants of food insecurity include economic hardship, lack of access to healthy foods, and sociodemographic characteristics. To address these determinants, programs and policies should consider the various levels of the social ecological model to create a comprehensive approach to increasing food security. This ongoing public health issue is important to address through multi-pronged approaches given the context created by the pandemic.

**Rosemary Raymundo**, *Research Fellow*

**Title: Understanding through Data How Policies Can Shape Population Health**

**Introduction:** During the Covid-19 pandemic states across the nation responded to the crisis with a flood of policy changes aimed to address the safety of people. Without a unified response from the federal government, states implemented many different policies to limit the spread of the virus. Witnessing the differences in policy's CUSP realized the need to track these changes to better understand how policies impact population health and health equity. **Methods:** With the help of many volunteers CUSP tracked over 200 policy changes during the pandemic. Additionally, I conducted research related to maternal and child health policies to understand their effects on women's healthcare. With that research I wrote a reflection piece on how Covid-19 policies contribute to women's healthcare. **Results:** Key findings included lack of unified response from the nation, policy restrictions that limited already vulnerable individuals, and the increased barriers policies promoted. It also notes positive changes such as the inclusion of doulas as a vital role on healthcare teams, gained access to insurance coverage for vulnerable populations, expansion of telemedicine to resolve accessibility efforts, and temporary lifts on restrictions that increased accessibility to medications. **Conclusion:** CUSP's work in collecting policy change data throughout the pandemic allows the notion that policy change can shape and effect population health to be irrefutable. It can shape lives in both positive and negative ways and policymakers must take this into consideration to produce policies that support the people they represent.

**Sanya Thomas**, *Research Fellow*

**Title: Cost-effectiveness of an Infection Prevention and Control Bundle for Sepsis Prevention in Neonates in Zambia**

**Introduction:** A prospective observational cohort study was conducted in the neonatal intensive care unit of the University Teaching Hospital in Lusaka, Zambia in 2016-2017. During the infection prevention and control (IPC) bundle intervention period (June 2016-March 2017), 2035 neonates were enrolled. IPC bundle resulted in reductions in hospital-associated mortality, total mortality, and rates of suspected sepsis and bloodstream infection with pathogen during the intervention compared to pre-intervention period (September 2015-March 2016). **Methods:** We conducted cost and cost-effectiveness analyses to assess whether the relatively simple intervention was cost effective and a candidate for scale-up. Cost data were collected retrospectively from program-related documents. Estimated deaths in the absence of the intervention (76.2 total; 8 deaths per month) were used for effectiveness. The analysis was conducted from a provider viewpoint. **Results:** Total cost during implementation (April-May 2016) and intervention (June 2016-March 2017) periods was \$25,443.5. Fixed costs were \$12,755.6, while variable costs totaled \$3,316.5. Personnel cost was \$9,371.4, of which most expenses incurred were during the implementation period. Average monthly cost of the intervention was \$1,406.4. Estimated cost per child death averted during the intervention period was \$334.8. **Conclusions:** IPC bundle implementation to prevent neonatal mortality due to sepsis was highly cost-effective. Cost reductions from task shifting and longer intervention periods would likely bring down cost per death averted. IPC bundle intervention is recommended for low-resource settings where sepsis and other nosocomial infections are associated with high neonatal mortality.

**Julia Wilson**, *Practice Fellow*

**Title: Impact of Covid-19 on Children Enrolled in the Mental Health Advocacy Program for Kids**

**Background:** The Mental Health Advocacy Program (MHAP) for Kids provides no-cost legal services to improve special education and coordinated community-based mental health services for youth in income-eligible households across Massachusetts. In partnership with Boston University School of Public Health, data has been collected regarding the impact of the COVID-19 pandemic on enrolled children and families. **Methods:** As a practice fellow, I assisted MHAP for Kids with conducting baseline interviews with parents, and with management and dissemination of study data related to the COVID-19 pandemic. COVID-19 data were collected through two online questionnaires. The first was a one-time seven-question baseline questionnaire that attempted to capture children's access to learning devices, grades, impacts of Covid-19 on the family, and mental health. Next was a weekly log, consisting of questions regarding children's schoolwork and their social and emotional welfare. **Results:** 100 families participated in the initial baseline interview and 494 weekly logs were completed. Half of parents reported a loss of income during the pandemic and 25% lost reliable childcare. Half of enrolled children received IEP services, but only half were provided services. 69% of parents were concerned with their child's ability to focus and 59% were concerned that remote learning would negatively impact their child's mental health. Of all participants, 75% observed challenges with anxiety, 48% with depression and 49% with verbal aggression. **Implications:** The findings indicate the COVID-19 pandemic has raised concerns about the potential for exacerbated observed mental health challenges for enrolled youth and apprehensions regarding adequate implementation of IEP services.