23RD ANNUAL MATERNAL AND CHILD HEALTH FORUM

FRIDAY, DECEMBER 2nd, 2022
2:00 - 4:30 PM EST

PROGRAM ABSTRACTS

Boston University
School of Public Health
CENTER OF EXCELLENCE IN MATERNAL & CHILD HEALTH
EDUCATION, SCIENCE & PRACTICE

PRACTICE FELLOWS

Ashlie Alarcon, *Practice Fellow*

Title: Maternal and Child Health National Network (MCH-NN) Practice Fellowship
Introduction: The mission of the Maternal and Child Health National Network (MCH-NN) is to foster collaboration, networking, and advocacy among students and early MCH professionals. The MCH-NN fellowship goal was to enhance and expand the network. **Methods:** Internal standardization targeting the leadership board structure, while outreach and engagement was targeted to current MCH students, alumni, and prospective advocates utilizing a Gantt chart to track efforts. *Network engagement*: MCH-NN social media platforms, emails to MCH student interest group leaders, and the newly implemented newsletter to advertise virtual events and resources. *Resources*: Official reproductive advocate websites, hotlines, and providers/clinics nationally. *Social media*: Inclusion of MCH-NN social media platforms in all virtual events, advertisements, and online correspondence to increase followers and subscribers. **Results:** *Internal standardization*: The number of board members (N=11) and roles (N=6) was refined, a manual of procedures was developed for hosting virtual events, committee-specific Statement of Work documents detailing the responsibilities of each role, an upgraded Director's Guiding Document with new content, and a standardized virtual event schedule (N=4) per term was implemented. *Events*: Seven virtual events and one in-person gathering were achieved. *Network growth*: Followers increased on Instagram and LinkedIn by ~160%, on Facebook by 84%, and Twitter by 64%. Newsletter subscribers increased by 93%. *Resources*: A reproductive justice toolkit was created for MCH-NN members with resources and information for bodily autonomy and advocacy. **Conclusion:** Prioritizing continuous member engagement through social media, newsletter and advertising opportunities and resources is critical to the MCH-NN growth and fostering connection among all members.

Cynthia Baker, *Practice Fellow*

Title: Leveraging Best Practices to Inform Co-Design in Early Childhood Systems Building
Introduction: Start Early is a national nonprofit organization that advances quality learning for families with children, before birth through their earliest years, to close the opportunity gap. The Early Childhood Connector (ECC) team helped Start Early to learn more about supporting local level early child systems builders through tech-enabled products. **Methods:** I conducted a landscape assessment to review current literature, case studies, and best practices across early childhood systems measurement, co-design principles and methods, and social network research. Following initial research, I applied guiding questions to identify key domains of interest and refined the results to target insights aligned with ECC Annual Operating Plan. Insights were compiled and organized into a template for team utilization. I conducted feedback sessions with the ECC team to review and validate my research, solicit feedback for design and organization of the tool, and ideate integration of the tool into other areas of ECC workflow. In a separate project, I leveraged this tool to inform recommendations for ECC Key Performance Indicator (KPI) development to support product and user success. Finally, I developed sustainability recommendations for future implementation to guide internal knowledge management practices. **Results:** The Partnership Insights tool is a user-friendly interface that currently highlights key takeaways and best practices to measure and center partnership in product design. The tool is evergreen in that it is an easily customizable template for organizing research and facilitating knowledge sharing among team members who are working on design phases of future strategic, programmatic, and product planning efforts.

PRACTICE FELLOWS

Noemie Bechu, *Practice Fellow*

Title: Examining the Impact of MHAP for Kids on Reducing Barriers to Care: A Qualitative Approach

Background: The Mental Health Advocacy Project for Kids (MHAP for Kids), is an initiative piloted by Health Law Advocates to provide no-cost legal services to low-income children at risk of entering the juvenile justice system in Massachusetts. Lawyers work diligently with families to reduce barriers to accessing care, and advocate for children struggling with unmet mental health needs. To evaluate the impact of MHAP for Kids on improving access to services, parents complete both a baseline and follow-up interview and survey. The measures provide both quantitative and qualitative data. **Methods:** As a practice fellow, I assisted the paralegals in conducting closing interviews with families who had previously been enrolled in the MHAP for Kids program. Interviews took between 30 to 45 minutes to complete, and were conducted via phone. All interview and survey responses were inputted directly into RedCap. **Results:** 148 total closing interviews were completed between March 2020 to June 2022. Results indicated a significant reduction in the experience of certain barriers from baseline to follow-up, including barriers such as bureaucratic delay, incomplete information, and cost. Qualitative data from follow-up surveys confirms this trend, and highlights the impact of advocates on addressing systemic barriers to care. **Implications:** MHAP for Kids effectively reduces families' experiences to barriers to care. More information is needed to understand the factors that mediate this relationship.

Haradeen Dhillon, *Practice Fellow*

Title: Client Management System Database Project for the Division for Children and Youth with Special Health Needs at the Massachusetts Department of Public Health, Bureau of Family, Health, and Nutrition

Introduction: The Division for Children and Youth with Special Health Needs of the Massachusetts Department of Public Health faced a lack of universal, modern, and efficient processes for data management, storing, and entry. Many programs were still utilizing snail mail, and many relied on Excel sheets where data was at risk for being overwritten and lost. Additionally, there is a lack of a system to easily refer children between programs in the division and within the Bureau of Family Health and Nutrition as appropriate. The intention of developing the Apex Oracle Client Management System (CMS) was to modernize systems, bring about uniformity between programs, simplify processes for families, and streamline workflows for programs, thereby reducing family wait times and increasing the number of families helped each year. **Methods:** A series of discussions were conducted with each participating program to map out current workflows, desired workflows, revise and rethink data fields, ensure measurement of program requirements for family engagement and racial equity, establish queries, ensure data points were available to measure outcomes to determine progress and efficacy of programs, and gauge family feedback on new program processes. Behind the scenes of the discussions included revamping data fields, reports, requirements, validations, re-map workflows, build external data systems for a family facing system, and build out new forms for programs. **Outcomes:** The projected outcomes for implementation of the CMS centers streamlined workflows for programs and shorter wait times for families, as well as less burdensome processes. Additionally, a projected outcome will be the ability to measure program outcomes over time and utilize that information to inform the future of programs.

Tomeka Frieson and Cyrah Finley, *Practice Fellows*

Title: There's Power in PEERS: Bridging the Gap between Public Health and Medicine to Deliver Social Determinants of Health Care in a Pediatric Emergency Setting
Introduction: Adolescence is a critical period where sociocultural, political, and economic factors shape current and future health. Despite this, many adolescents do not or cannot access routine health care, instead visiting emergency departments (EDs), where clinicians must focus on acute health needs rather than holistic care. Partners in Equity and Empowerment through Resources and Support (PEERS) bridges the gap between public health and medicine in Boston Medical Center's Pediatric ED by screening for patients' social determinants of health (SDoH) to provide resources for needs that might have otherwise gone unmet. **Methods:** Public health and medical students, called Health Promotion Advocates (HPAs), screen patients ages 13-24 using validated screening questions to assess patients' mental health; substance use; and experiences with COVID-19, housing, food insecurity, education, employment, and other SDoH. HPAs conduct brief negotiated interviews to help adolescents identify intrinsic motivations for healthful behaviors, provide resources addressing identified SDoH needs, and follow up at one week and one month to improve patient experience and program quality. **Results:** During the past year, 105 patients were screened. Patients' mean age was 18.2 years old, 90.5% were non-white, and 48.6% were Hispanic/Latinx. 53.3% of patients requested and received tailored educational resources, 41.9% employment resources, and 39.0% mental health resources. More patients requested resources than were identified as needing them through screening, highlighting that discussions about SDoH can empower adolescents to acknowledge, anticipate, and address their own SDoH needs. **Conclusion:** PEERS is a promising interdisciplinary program that combines public health and medicine and addresses adolescents' SDoH in an emergency setting.

Anna Hanel, *Practice Fellow*

Title: Education Development Center Home Visiting CoIIN 2.0 Health Equity Assessment
Background: The Education Development Center (EDC) is a global nonprofit that advances lasting solutions to improve education, promote health, and expand economic opportunity. EDC led Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) supports Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Awardees and their local implementing agencies to utilize continuous quality improvement to reach breakthrough outcomes in priority maternal and child health areas such as health equity. To support home visiting systems to advance and achieve health equity for all families, the HV CoIIN developed a practical framework, tested it, and refined it for dissemination. **Methods:** As a fellow, I had a leadership role in: 1) the development of the Health Equity Toolkit presenting examples from participating home visiting programs; 2) the creation of dashboards presenting qualitative and quantitative data from the collaborative's health equity assessment; 3)the qualitative analysis of interviews with MIECHV Awardees to assess facilitators and barriers of participating in HV CoIIN 2.0 and 4) coordinated efforts across project activities including the development of workplans, meeting note taking, and presentation development. **Results:** The Health Equity Toolkit is in its final editing stages and will be disseminated by January 2023. The qualitative and quantitative data dashboards were presented to EDC staff and HV CoIIN 2.0 Awardees, LIAs, and faculty to demonstrate their growth through the collaborative and highlight key themes. The qualitative analysis of the MIECHV awardees interviews was used to improve practices and inform the structure of the next iteration of the project, HV CoIIN 3.0.

PRACTICE FELLOWS

Zala Jalili and Alexia Jones, *Practice Fellows*

Title: Strengthening Maternity Care Practices That Are Supportive of Breastfeeding: The Breastfeeding Initiative: Massachusetts Department of Public Health
Introduction: The Massachusetts Department of Public Health (MDPH) strives to promote and support maternity care practices that best facilitate breastfeeding. However, there has not been a consistent or comprehensive plan in place to best support people with their breastfeeding goals. There is a need for a continuity of care available through hospitals and communities to provide high quality, culturally and linguistically appropriate breastfeeding services to families across the Commonwealth. Given these circumstances, a needs assessment was conducted to inform the development of a statewide strategic plan statewide breastfeeding practices. **Methods:** We interviewed MDPH staff members to identify gaps and find areas for collaboration and improvement. We spoke with community stakeholders (doula organizations and midwife programs) as well as clinicians (nurse managers, OBs and IBCLCs) about their respective organizations, gaps, and strengths. Interview findings and the stakeholders' suggestions were used to generate recommendations and craft questions for a provider survey. This survey will be distributed to all state clinics, hospitals, and organizations for a breastfeeding landscape "snapshot." **Results:** Massachusetts struggles with breastfeeding support in the following areas: 1) prenatal education of providers, 2) hospital discharge practices, 3) providers sharing conflicting information, 4) stark difference between Baby-Friendly Hospitals (BFHs) and non-BFHs, and 5) lack of representation among breastfeeding stakeholders. **Conclusion:** This needs assessment will inform MDPH on the development of a statewide strategic plan. The next step for this project will be to analyze the RedCap survey results and create a survey for families.

Gabriel Noriega Santini, *Practice Fellow*

Title: Mental Health Toolkit for Health Transition Toolkit for Youth and Young Adults with Special Health Needs
Introduction: The Massachusetts Department of Public Health's (MDPH) Division of Children & Youth with Special Health Needs has been developing a Health Transition Toolkit to facilitate tools and resources for youth and young adults with special health needs (YYASHN). Their current aim is to aid during the pediatric to adult health care transition. Funded by the Title V Maternal and Child Health Block Grant, the division is creating a holistic toolkit that includes a range of topics such as Healthy Lifestyles, Self-Management, Public Benefits, and Mental Health. The Toolkit consists of more than ten sections that will be culturally appropriate, inclusive, and accessible for anyone. **Methods:** As a fellow, I conducted literature reviews and a bibliography to collect data and information and assess the gaps in mental health regarding special health needs and physical disabilities. With another fellow, we developed a survey for healthcare professionals to evaluate the current mental health needs of YYASHN. I conducted key informant interviews in English and Spanish with mental health specialists and relevant specialists to obtain feedback and insights on the mental health toolkit. I attended weekly check-in meetings with my preceptor and other fellows to discuss the Toolkit. **Results:** The Mental Health Toolkit has been drafted. Both the Toolkit and survey are being reviewed to ensure the information provided is concise, culturally relevant, and inclusive. Through this Health Transition Toolkit, many YYASHN can find information on many topics in one holistic document that will ease their transition between pediatric and adult health care.

PRACTICE FELLOWS

Briana Silveira, *Practice Fellow*

Title: Finding a Diversity, Equity, Inclusion (DEI) Partner for a Boston-based Doula Care Non-profit

Background: Accompany Doula Care is a Boston-based nonprofit focused on providing doula care to families at no cost while reducing perinatal inequities and providing supervision of community doulas. Due to the organization's growth, Accompany felt it was necessary to invest in its commitment to DEI using grant funds from Every Mother Counts. Accompany wished to use the funds to facilitate a long-term partnership with a DEI consultant. **Methods:** First, I created a tracker to track my preceptor’s outreach to potential DEI partners recommended by professionals in her network, including their contact information, outreach timeline, and interview dates and outcomes. Once potential consultants submitted their proposals, I summarized and compared them in a presentation to the board. After the board selected a partner, I developed a guide detailing how we decided on a partner and attended any meetings with this partner to end my fellowship. **Project Outcomes:** We conducted interviews with nine potential partners and invited six of them to submit proposals. After reviewing the proposals, the board decided to partner with a consulting partnership that had experience working with reproductive and sexual health organizations on DEI issues. This partnership is still ongoing, as we intended for it to be a year or more. Creating a long-term partnership with a DEI consultant ensures that the organization affirms its commitment to DEI while creating an inclusive environment for its clients and employees. Additionally, birth equity organizations can use the guide I wrote to understand how to select an appropriate DEI partner.

Aleena Surenian, *Practice Fellow*

Title: Expanding Pregnancy and Postpartum Education Access to Support Black and Brown Birthing People in Boston, Massachusetts

Introduction: Love Your Menses, Inc. is a non-profit organization based in Boston, MA, founded in response to the growing menstrual wellness needs of young people. Love Your Menses’ mission is to dispel myths surrounding menstruation, promote menstrual equity, and build the next generation of leaders through educational programming. Over the past year, Love Your Menses has expanded their work to support people across the lifespan with varying reproductive experiences, including those who are pregnant or in postpartum. **Methods:** Love Your Menses developed a free virtual postpartum education and support group for Black and Brown pregnant and postpartum people living in the Greater Boston area. As a Maternal and Child Health Fellow, I was the Program Coordinator for this support group and worked to recruit participants, schedule guest speakers, plan session curriculum, facilitate sessions, and compile qualitative data for an impact report. **Results:** In the Spring of 2022, we completed our first cohort of the program. 16 participants living in the Greater Boston area participated in 8 biweekly virtual sessions from January-April. Many medical, public health, and wellness professionals were invited to speak at our sessions about topics related to pregnancy and the postpartum period. We completed a second cohort of the program in Fall 2022, reaching 6 participants who attended 7 weekly sessions from September-November. We also invited 3 participants from the Spring cohort to participate as peer mentors, providing additional support for our Fall 2022 participants. In both cohorts, participants expressed that this program was informative and empowering.

Grace Thomas, *Practice Fellow*

Title: New Hampshire Perinatal Substance Exposure Collaborative

Introduction: The JSI Research and Training Institute's Perinatal Substance Exposure (PSE) team provides leadership and technical assistance (TA) to a collaborative of healthcare professionals who address topics relating to PSE in New Hampshire (NH), including the implementation of Plans of Safe Care (POSC). All states are federally required to develop POSCs for all infants affected by substance exposure. This tool helps coordinate existing resources and new service referrals to ensure that infants and families are supported after leaving the birthing hospital. **Methods:** I assisted the PSE team in facilitating POSC projects and TA to support the PSE Collaborative's goals. In the past year, I attended and facilitated discussions at PSE Collaborative meetings, implemented need assessments, collaborated with the PSE team in planning meetings, and attended calls and webinars with state agencies. I co-wrote a grant request for POSC project funding, assisted in project planning for an informational video series, and reviewed current state practices and policy on POSC implementation. In separate projects, I conducted a literature review research summary on perinatal cannabis exposure and co-designed an opioid overdose rescue guide for a client request. **Results:** The literature review summary and rescue guide were published as educational resources for providers and families. Based on needs assessment findings and state POSC research, the PSE team and collaborative will continue their work to advance the NH providers' implementation of POSC. Next year, the POSC video series will be implemented as a tool for both NH perinatal providers and families affected by PSE.

RESEARCH FELLOWS

Deidra Clermont, *Research Fellow*

Title: Assessing Community Trauma and Linkages to Adverse Childhood Experiences

Background: The Community Trauma and Adverse Childhood Experiences (ACEs) Study, aims to examine community trauma and linkages with ACEs within Winthrop. Community trauma is an aggregate of trauma experienced by community members or an event that impacts people but has structural and social traumatic consequences. Stressors from the COVID-19 pandemic, along with identified structural racism and bias most recently exacerbated in 2021 with a fatal hate crime. **Methods:** This research was conducted using a mixed methods formative evaluation of community trauma that includes quantitative and qualitative analyses. Between August 2022-October 2022, we conducted five asynchronous interviews with community experts within Winthrop (n=5). An in-depth qualitative analysis was conducted using NVivo, using The Consolidated Framework for Implementation Research (CFIR) constructs. A survey (n=280) was distributed to individuals in the community to understand their healthcare needs, and their perspective on community trauma and ACEs. An in-depth quantitative analysis was conducted using Statistical Analysis System (SAS) to look at the importance of access to needs, community trauma and ACEs. **Results:** Our analysis identified key themes across multiple CFIR constructs, including information on how to implement youth programming and a provider network for those with limited access and the need to address community support and resiliency. Our findings also identified the need for ACEs and community trauma interventions in Winthrop. **Conclusion:** This poster will identify key information for public health professionals interested in addressing community trauma and ACEs in Winthrop.

Madeline D'Onfro, *Research Fellow*

Title: An Examination of Strategies to Prevent Fatal Overdose Among Pregnant and Postpartum Women in the HEALing Communities Study

Introduction: Accidental overdose is one of the fastest growing causes of death among pregnant and postpartum women in the United States (1). Nationally, states attribute 11-20% of all pregnancy-associated deaths to opioid-related overdose (2). This research examines strategies identified by community coalitions participating in the HEALing Communities Study to prevent fatal overdose among pregnant and postpartum women and explores barriers to implementing evidence-based strategies. **Methods:** Mixed qualitative methods were employed, including document review and interviews. Document review involved analyzing coalition action plans. Plans were uploaded in NVivo and directed content analysis was performed (3). Strategies aiming to reach pregnant and postpartum patients were extracted, characterized, and categorized based on identified characteristics. Eight qualitative interviews were conducted with medical providers and issue-area experts around barriers to implementing evidence-based strategies for pregnant and postpartum women who use opioids. **Results:** Of the 625 strategies reviewed, 10 referenced some approach to engage pregnant or postpartum women. Two of the 10 strategies involved an active approach to reach the population and 8 used a passive approach. Qualitative interviews revealed punitive state policies around child welfare, heightened stigmatization of substance use in motherhood, and a lack of support systems in the postpartum period create barriers to providing evidence-based OUD treatment to pregnant and postpartum women. **Conclusions:** Stigma and systems level barriers inhibit engagement with services. Although plans indicate communities are working to improve the reach of strategies, most are using a passive rather than an active approach to reach pregnant and postpartum women who use opioids.

Nairi Kalpakian, *Research Fellow*

Title: Exploring the Relationship Between Prenatal Depression and Perceptions of Mistreatment During Labor and Delivery

Introduction: Prenatal depression has multiple effects on the health of infants and pregnant people, but little is known about how prenatal depression affects the birthing experiences of pregnant people. **Methods:** We used data from the 2016 Listening to Mothers in California survey to examine potential correlations between prenatal depression and reporting unfair treatment during birth. Prenatally depressed participants were identified using the PHQ-4 algorithm. A summary variable was created to capture any instance of mistreatment, which included: pressure from health professionals, unfair treatment on the basis of race, spoken language, or health insurance, and harsh language or rough handling from providers. Chi-square and multivariate logistic regression were used for analysis. **Findings:** Of the 2,539 survey participants, 13.5% experienced moderate to severe levels of prenatal depression. Of those with prenatal depression, 44.9% reported some form of mistreatment compared to 30.0% ($p<.001$) of those not depressed. Adjusting for age, education, insurance, parity, and race/ethnicity, those experiencing prenatal depression reported 1.77 (95%CI; 1.33-2.33) times the odds of mistreatment, compared to those reporting no prenatal depressive symptoms. Deconstructing the summary measure, those with prenatal depression were 4.84 (95%CI; 2.48-9.40) times as likely to report mistreatment because of insurance. **Significance:** These results suggest the need for more attention to prenatal mental health and its potential impact of perceptions of mistreatment during birth, and how depression may alter overall perceptions of the birthing experience. Further research, with larger samples, is called for.

Ciarra McFarland, *Research Fellow*

Title: Inequity in Maternal Morbidity: the UMOMMI project

Introduction: Severe maternal morbidity (SMM) is an unanticipated event during labor or delivery linked to significant adverse health outcomes that can impact the woman's health over the life course and generate postpartum complications limiting reproductive health. The incidence of SMM increased 200% between 1993-2014, yet, 14 in every 1,000 women who give birth will be hospitalized with at least one SMM outcome in the United States. **Methods:** To understand the drivers of racial/ethnic disparities in SMM, I conducted a systematic literature review of US-based studies. I focused my narrative synthesis of this broader literature primarily on the adolescent population using the PICO framework. **Findings:** Medicaid recipients are more likely to experience SMM, specifically sepsis. Yet, the incidence of sepsis increases by 44% if admitted to the hospital over the weekend regardless of race/ethnicity. In conjunction with low socioeconomic status, the incidence of sepsis is strongly related. There is a significant association between health equality and access to quality care. SMM rates are higher among Black women by 4.2 % compared to white women by 1.5%. If Black women delivered at the same obstetrics unit hospital as their white counterparts. Theoretically, Black women would experience 940 fewer SMM outcomes. **Conclusions:** Socioeconomic and racial disparities are associated with the risk of all SMM have been substantially noted in empirical studies socioeconomic status is roughly inversely proportional to the risk of SMM, including the frequency of the incidence of sepsis, related complications, and hospital readmission.

RESEARCH FELLOWS

Arianna Rahimian, *Research Fellow*

Title: The Healthy Relationships Project

Introduction: Comprehensive school-based sex education is an important public health issue, as it's associated with many positive adolescent sexual health outcomes. Increasingly, high schoolers have easier access to pornography and without relevant or comprehensive school-based sex education, may turn to pornography to learn how to have sex. Accordingly, the National Sex Education Standards now recommend pornography literacy be included in school-based sex education. We are interested in understanding the sex education needs of high school students and the acceptability or feasibility of integrating pornography literacy into school-based sex education curricula. **Methods:** We conducted semi-structured interviews (n=48) with students, teachers, and administrators at Massachusetts high schools. Interview transcripts were thematically analyzed using unique codebooks and NVivo coding software. **Results:** Students in this study do not feel prepared for the realities of sex and relationships by their school-based sex education. According to students, wanting to understand some of the details and mechanics of sex is a common reason why their peers turn to pornography. Students also acknowledge that pornography is not always realistic and can portray unhealthy behaviors. Teachers and administrators agreed about the need to educate students on the realities of sex and relationships and on pornography literacy. **Conclusions:** School-based sex education should equip students with more information about healthy relationships and the realities of sex. While all groups supported incorporating pornography literacy into sex education curricula, there are many challenges to consider in implementing such a program. As such, more research is needed to establish a foundation for sex education reform.

Katherine Togher, *Research Fellow*

Title: Utilizing Youth Empowerment to Promote Obesity Preventing Habits Through the H2GO! Program

Introduction: Nearly one in five youth ages 2-19 in the United States experience obesity and are at risk for developing chronic comorbidities. Decreasing sugary drink intake is a dietary behavioral change shown to reduce childhood obesity risk. **Methods:** The H2GO! study is an ongoing cluster randomized trial in collaboration with 10 Boys and Girls Clubs (BGC) across Massachusetts. Quantitative data gathered at baseline, 2, 6, and 12-months include measured child height and weight, and self-report beverage intake patterns. Process evaluations were completed through intervention fidelity observations of trained BGC staff who delivered the intervention with enrolled participants ages 9-12 years. Qualitative data assessing program experience was collected through youth and parent interviews by phone, and an in-person youth focus group. Interview and focus group transcripts were analyzed using a directed content analysis approach. **Results:** Intervention delivery and data collection are currently in progress. Interviews were conducted with N=5 youth and N=10 parent participants; one focus group was conducted with N=5 youth. Themes emerging from the youth focus group and interviews indicate that youths' water intake increased by participating and youths enjoyed H2GO! enough to recommend to others. Themes from parent interviews indicated their personal intake and knowledge of water did not increase from their child's participation, but that water was their drink of choice when experiencing thirst. **Conclusions:** If efficacious, the H2GO! intervention could be scaled to other BCGs and youth-based settings nationally as a community-based program that decreases sugary drink intake and childhood obesity risk.