

Infant Mortality Reduction Plan



Infant mortality – the death of an infant before his or her first birthday – is a **key measure of the health of women of child-bearing age** within a state and has been a longstanding public health issue in Alabama.

Multiple factors, such as **socioeconomic, environmental, and behavioral factors**, act as contributors to this issue. Between 2016 and 2020, the state's infant mortality rates (IMR) were **9.1, 7.4, 7.0, 7.7, and 7.0 per 1,000 live births**, respectively.



LEADING CAUSES OF INFANT DEATHS statewide included sudden unexplained infant death (including sleep-related deaths), premature births, and birth defects. Alabama IMRs were all above the national rates in comparison (refer to Figure 1). In addition to high overall IMRs, Alabama, like most states, has experienced longstanding disparities between birth outcomes for black and white infants. Despite a recent narrowing of this gap, disparities persist and the IMR of black infants remains twice that of white infants. A multifaceted approach is required in order to reverse current trends.

TO MITIGATE THIS ISSUE, Governor Kay Ivey convened the Children’s Cabinet in December 2017 to address the problem of infant mortality in Alabama. A subcommittee was created to develop an action plan.

To Learn More About Infant Mortality

- ▶ For more information about infant mortality in Alabama, visit the Alabama Department of Public Health website: <https://www.alabamapublichealth.gov/perinatal/infant-mortality.html>
- ▶ Graphs and detailed charts may be found by visiting https://www.alabamapublichealth.gov/healthstats/assets/im_20.pdf

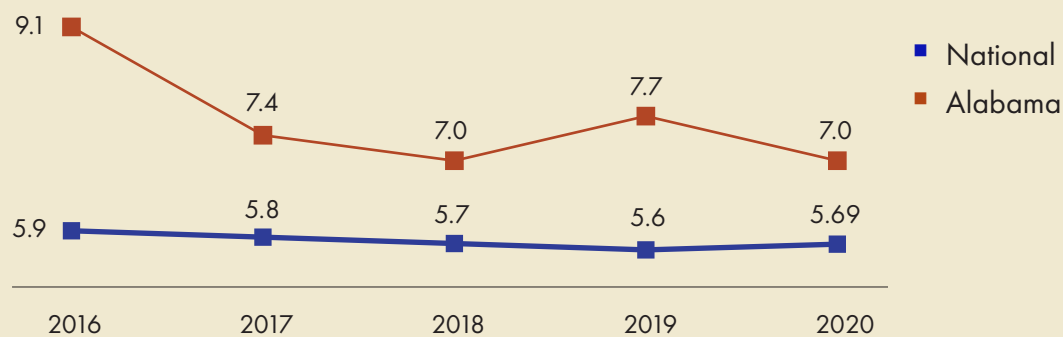
This subcommittee is comprised of leaders from the following agencies:

- Alabama Department of Early Childhood Education
- Alabama Department of Human Resources
- Alabama Department of Mental Health
- Alabama Department of Public Health
- Alabama Medicaid Agency
- Governor’s Office of Minority Affairs

THE ALABAMA LEGISLATURE APPROPRIATED \$1 million annually beginning in Fiscal Year (FY) 19 for the State of Alabama Infant Mortality Reduction Plan (Plan). The Governor’s Children’s Cabinet adopted the recommendations of the working subcommittee to implement a pilot program to reduce infant mortality rates by at least 20 percent in three pilot counties (Montgomery, Macon, and Russell), within 5 years. Pilot county IMRs are shown in **Figure 2**, with the percentage of infant deaths accounted for by the leading causes in **Table 1**.

THE PLAN CURRENTLY INCLUDES six strategies: Home Visitation; Safe Sleep Education; Preconception and Interconception Care through the Well Woman Program; Perinatal Regionalization; Breastfeeding; and expanded use of the Screening, Brief Intervention, Referral to Treatment (SBIRT) Tool. (Note: A seventh strategy, promoting the use of Alpha Hydroxyprogesterone Caproate (17P), was initially part of the Plan; however, this strategy was discontinued during the reporting year due to the Federal Drug Administration (FDA) recommendation to remove the treatment from the market.) More information on the Plan is available at <https://www.alabamapublichealth.gov/perinatal/infant-mortality-reduction-plan.html>.

Figure 1: IMR – Nationwide and Alabama, 2016-2020



The IMR is the number of infant deaths for every 1,000 live births. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

Figure 2: IMR by Pilot County, Alabama, 2016-2020

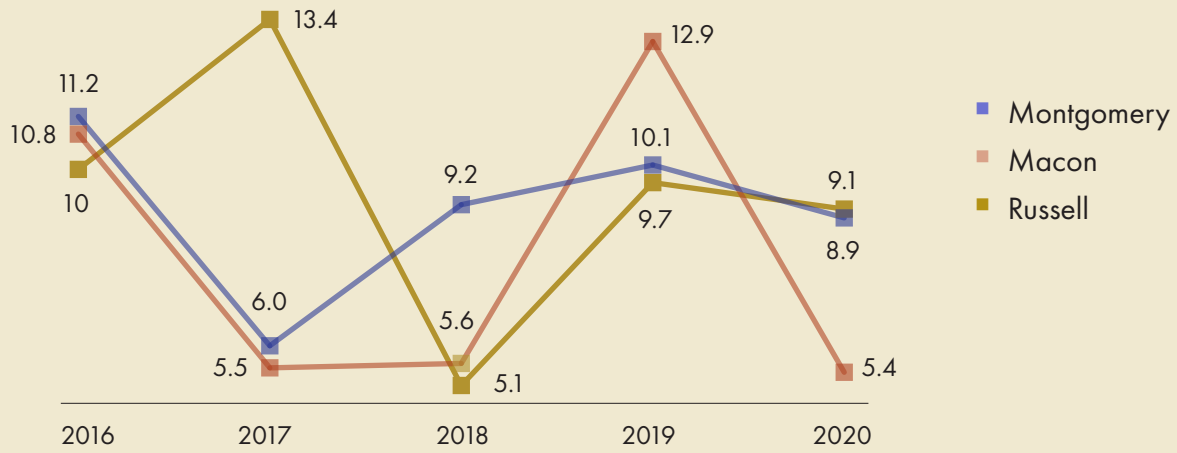


Figure 3: IMR of Pilot Counties, Alabama, 2016-2020

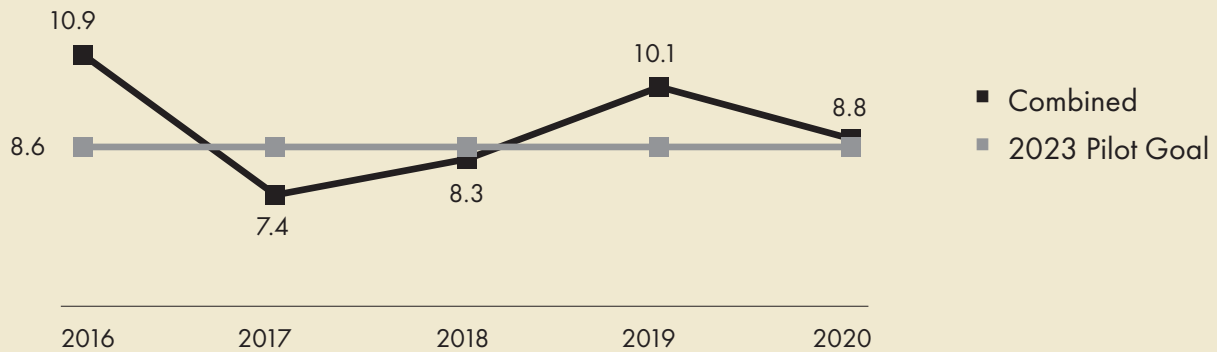


Figure 4: 3-Year Rolling Averages of IMR by Pilot County, Alabama, 2016-2020

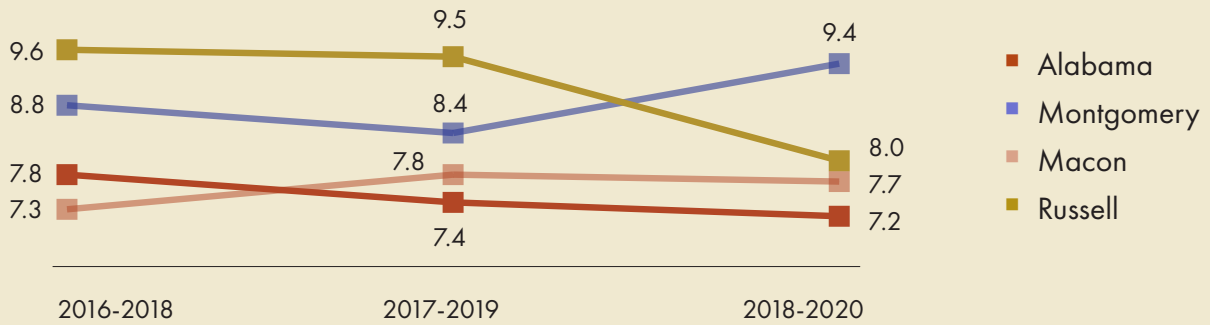


Table 1: Percentage of Infant Deaths in Montgomery, Macon, and Russell Counties from Statewide Leading Causes of Infant Death – 2018-2020*

	2018	2019	2020
Montgomery	41.4	59.4	60.7
Macon	100.0	50.0	100.0
Russell	50.0	75.0	42.9
TOTAL	44.1	61.9	58.3

*Among total deaths, the percentage accounted for by leading causes of infant deaths. Leading causes of death include: premature births (disorders related to short gestation and LBW, not elsewhere classified), sudden unexplained infant death (including sleep-related deaths; ICD-10 classified R95, R99, and W75), and birth defects (congenital malformations, deformations, and abnormalities).

Year Three Highlights

- *SBIRT online training* has been implemented in all seven Alabama Coordinated Health Network (ACHN) Regions. Alabama Department of Public Health (ADPH) staff in the ALL Babies, Well Woman, and Title X Care Coordination Programs have received this training, as well.
- *Over 200 families were enrolled* in the Home Visitation program.
- *Over 250 women were enrolled* in the Preconception/Inter-conception (Well Woman) Program and began the journey to a healthier lifestyle.
- There were *an estimated 845,000 views of the Safe Sleep Campaign ads* through bus wraps in Macon, Montgomery, and Russell Counties.
- *A social media Safe Sleep Campaign was initiated* increasing education across the state.
- *The Annual Infant Mortality Summit held* in September 2021 brought key partners, organizations, and professionals together to address issues around infant mortality in Alabama.
- *A nurse coordinator was hired* in the third quarter of 2021 to assess previous activities with perinatal regionalization and promotion of breastfeeding, and to develop new initiatives.
- *Delivering hospitals self-declared neonatal care levels* to the State Health Planning and Development Agency in the annual hospital survey.

Several teams' activities included continued program implementation, quality improvement, and assessment of programs to reach the overarching initiative goals. The progress of the teams is outlined below.

Evidence-Based Home Visitation

HOME VISITING IS A PREVENTION STRATEGY used to support pregnant women and families of young children to promote infant and child health, foster development and school readiness, and help prevent child abuse and neglect. Participation in these programs is voluntary, and families may choose to opt out at anytime.

HOME VISITORS FOCUS ON LINKING PREGNANT WOMEN with prenatal care, promoting strong parent-child attachment, coaching parents on activities that foster their child's development, and providing educational materials such as safe sleep guidance. Home visitors also work to decrease preterm births, increase breastfeeding, and to provide screenings for caregiver depression, intimate partner violence, developmental delays, tobacco use, and parent-child interaction issues.

BASED ON RESULTS FROM THESE SCREENINGS, children and families are connected to additional resources and services as needed. All these elements can help to reduce infant mortality over time. This strategy includes expansion of home visitation programs, such as the Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). These programs provide support, parenting education, resource referrals, and school readiness for high-risk families who qualify.

ALABAMA DEPARTMENT OF EARLY CHILDHOOD EDUCATION (ADECE) contracts with two community programs to provide home visiting services in the three target counties. Although the ongoing novel coronavirus (COVID-19) pandemic altered the delivery of some services, the First Teacher Home Visiting Programs continued to serve families. The national offices for both the PAT and NFP models continued to provide resources for best practices related to serving families via remote technology. Visits continue to be both virtual and in person depending on the family's preference.

Figure 5: Number of Active Families Enrolled in the Home Visitation Program from October 2020 to September 2021



Table 2: Home Visitation Program Referrals and Screenings Provided in Target Counties During FY2021

	Referrals or Screening # (% of Total Eligible)
Tobacco Cessation Counseling/Services Referrals	9 (100)
Parent/Child Interaction Screening	62 (92.5)
Child Developmental Screening	75 (93.8)
Intimate Partner Violence Screening	63 (100)

THE COVID-19 PANDEMIC presented the most significant challenge this year. ADECE recommended remote visiting while the statewide mask mandate was in effect and vaccination efforts continued. Programs distributed vaccine information to families to allow them to make informed decisions regarding COVID-19 vaccinations. Nurse Home Visitors and Parent Educators connected families with essential resources during these challenging times.

Figures 6a through 6c depict select performance measures and outcome indicators, with targets where applicable, for the third year. At least 50 percent of primary caregivers in Montgomery and Russell Counties reported safe sleep practices. Just over half of the mothers who delivered during the time period initiated breastfeeding in all three counties. Only Montgomery County reported any preterm births in Year 3.

Figure 6a: % Primary Caregivers Reporting Safe Sleep Practices

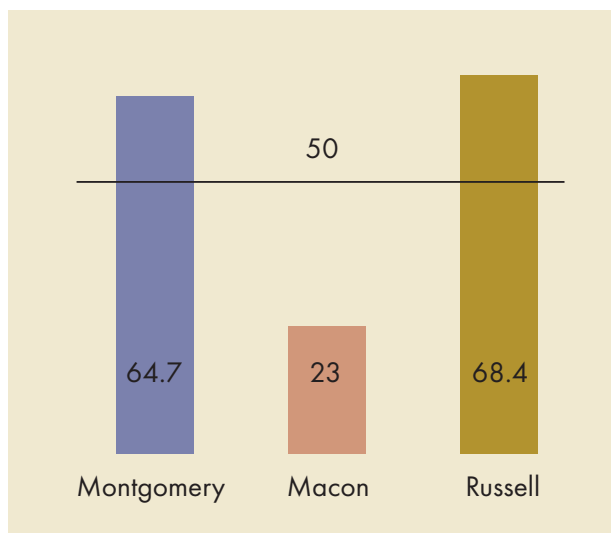


Figure 6b: % Women Who Initiate Breastfeeding

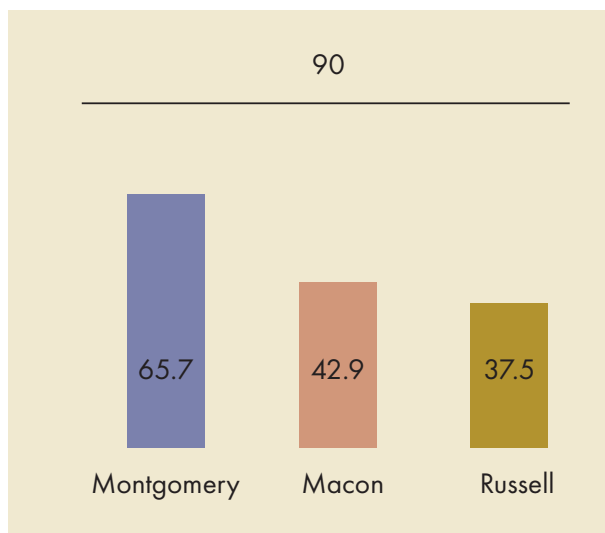
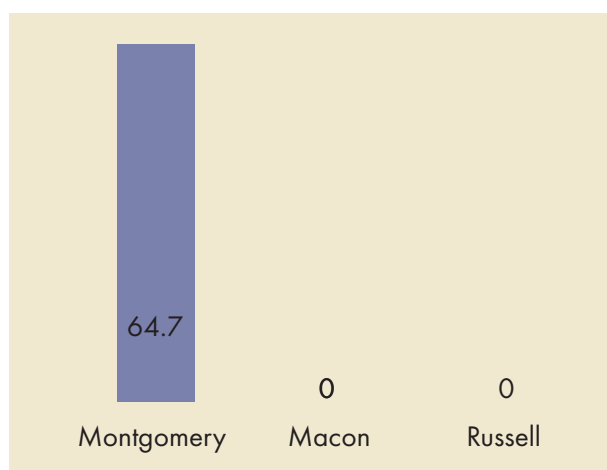


Figure 6c: % Infants Born Preterm



Program Success Story: Gift of Life (GOL) Montgomery County

THE GIFT OF LIFE FOUNDATION IS COMMITTED to improving the health and well-being of at-risk mothers and babies to build strong communities. NFP is just one of the many programs offered through this agency. Moms benefit by getting the care and support they need to have a healthy pregnancy from a registered nurse who visits them from prenatal through two years of age. Two families who participated in the GOL NFP program shared highlights of the experiences in the quotes below.

“One of the things that I did learn that I wouldn’t have if I didn’t go through Gift of Life is the importance of actually being there as a father. As a man, we constantly think we’re just a provider, but that time is just as much important as me actually providing financially. Because she needed my help you know and me being available and having that time there made it, I’m not going to say it was easy because having a newborn baby isn’t easy, but it made it a lot easier for us to deal with and manage.”

“When I began the Gift of Life program, I was a first-year law student who had just found out I was pregnant, and I was scared. How do you accomplish such a big goal while being pregnant? But I’ll tell you how: support, encouragement, motivation. Through the Gift of Life Foundation, I learned so many tools to being a great mother. I learned how to create a safe and loving environment for my son, how to provide time and attention to him despite my busy law school schedule. I could go on and on about the great things the Gift of Life Foundation taught me.”

Safe Sleep Education

THE AMERICAN ACADEMY OF PEDIATRICS (AAP) RECOMMENDS that infants sleep alone (in the same room with a caregiver, but not in the same bed), on their backs, and in a crib or other firm surface that is free of soft bedding (blankets, bumper pads, stuffed animals).

THE ALABAMA COLLABORATIVE ON SAFE SLEEP HAS PRODUCED a position statement that aligns with these recommendations and informs the guidelines, resources, and educational materials that are disseminated in the state. Alabama Department of Human Resources (ADHR) used these materials to develop a multifaceted approach to educate new parents on Safe Sleep practices.

IN YEAR THREE, ACTIVITIES AIMED to provide Safe Sleep educational materials throughout the pilot counties. ADHR began the year with a brainstorming session to discuss education and outreach activities. The decision was made to initiate a media campaign to further promote the message of safe sleep and to advertise on the public transportation system in Montgomery County. The campaign message was displayed on both the inside and outside of the vehicles. The advertisements yielded an estimated 845,000 views. Additionally, the Safe Sleep educational materials were accessible through targeted media ads in each pilot county. The estimated views provide insight on the impact of awareness activities. These estimates are as follows:

- **Montgomery** – 341,514 views
- **Macon** – 139,879 views
- **Russell** – 24,096 views

PILOT COUNTIES ALSO CONTINUED TO DISTRIBUTE Baby Boxes and cribs through programs sponsored by ADHR and ADPH. The Safe Sleep workgroup continued to determine the direction of the campaign, with members contributing to strategies and ideas.

Preconception and Interconception Care (Well Woman)

THE WELL WOMAN PROGRAM IS A GROWING PROGRAM for women, ages 15 - 55 years old in Alabama that began as a pilot program in Butler, Dallas, and Wilcox Counties. The goal of the program is to provide preconception and/or interconception healthcare to women of childbearing age as a foundation for wellness and to reduce cardiovascular disease risk factors in Alabama.

Well Woman creates the opportunity for women to receive recommended preventative services, screenings, and management of chronic diseases such as elevated cholesterol, and hypertension. Well Woman seeks to optimize the health of women before, during, between, and beyond potential pregnancies.

THE SUCCESSES IN THE THREE PILOT COUNTIES and the implementation of the Governor's Infant Mortality Initiative led to an expansion in 2019 to Montgomery, Macon, and Russell Counties. The program is continuing to grow and expand to better serve the women of Alabama. In October 2021, the program expanded into Marengo, Henry, and Barbour counties, as well as starting a Well Woman Team Approach pilot study in Greene, Hale, and Perry Counties.

GENERALLY, THE STAFF FOR WELL WOMAN COUNTIES consist of a nurse practitioner, Well Woman social worker, registered nurse, clinic aide and an administrative support clerical assistant. However, the pilot program in Greene, Hale, and Perry Counties consists of a team that travels to each county to conduct Well Woman visits on their respective clinic days. The composition of the traveling team includes a nurse practitioner, social worker, and clinic aide, when fully staffed. As the Well Woman program expands, it continues to provide preconception and interconception care and education, specifically regarding healthy lifestyle behaviors.

AT THE START OF THE YEAR, WELL WOMAN PROGRAM STAFF worked diligently to ensure that women were able to work toward healthier lifestyles, despite challenges related to the ongoing pandemic. The Well Woman program serves clients who are at increased risk of severe outcomes. Groups at risk include those with underlying health conditions, such as obesity, hypertension, diabetes, high cholesterol, and heart disease.

DURING COVID-19, existing clients continued to receive services via telehealth phone visits and by virtual means. Telehealth service protocols were adopted and continued during this reporting period. Physical activity is an important component of the program. Partners hosted virtual sessions for participants during the height of the pandemic and continue to augment their services with the virtual option. Virtual support group meetings are offered monthly in the East Central District through a partnership with Alabama Cooperative Extension Services. **Table 3** shows enrollment throughout the three pilot counties by quarter.

Table 3: Alabama Well Woman Enrollment Year 3

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Montgomery	32	22	18	27
Macon	20	15	5	18
Russell	25	17	17	13

PROGRAM STAFF ATTENDED a three-week SBIRT virtual training. The screening tool will be utilized to screen for substance use disorder, depression, and domestic violence. The training will provide staff with the tools to assess and identify participants and refer to treatment as appropriate once protocols have been developed.

STRATEGIES FOR IMPROVING COMMUNICATION among partners were employed and educational resources were disseminated to clients. New this fiscal year, the program began conducting quarterly conference calls with community partners to build a stronger partnership and to help with any of the partners' challenges.

Program Success Stories: Well Woman

Montgomery County

"Some patients were eating no fruits, fish, or vegetables when they started the program. They learned from the nutrition classes that these foods are needed in their diet and have since added these foods to their overall diet.

Fried chicken and red meats were major foods for a lot of the patients. Since starting the program they have cut out red meats and have started purchasing skinless chicken to bake. Some reported that they did not drink water, only sweet tea and cokes. They are now drinking 4-5 bottles of water and no sugary drinks. They have also reported that they've stopped using large amounts of salt and are now using Dash to season food.

There have been lots of changes in eating habits, weight loss, lower blood pressure, pre- diabetes has gone away and reports of feeling better." – *Cynthia Foster, LMSW*

Russell County

"I have some clients who have been successful with Well Woman. I had two who have both lost over 30 pounds since they joined Well Woman last year, one in Spring the other during the Summertime. One told me that she uses the Well Woman plate she received from the nutrition class for portion control. 'If it does not fit on the plate, I cannot eat it', is what she told me. She also said she was planning to use it for her Thanksgiving dinner to avoid overeating. Also, several have reported changes in eating habits even if they have not lost weight. They are making better choices with their food. It has also made me more aware of my diet since I started working the program." – *Angelika Windham, LBSW*

Perinatal Regionalization

PERINATAL REGIONALIZATION CREATES A SYSTEM for referrals to ensure high-risk pregnancies and low-birth weight, preterm, or otherwise at-risk newborns receive consultation and access to risk-appropriate care. Through this strategy, systems of perinatal care will be promoted and improved. These systems are designed so that women deliver infants at hospitals with appropriate resources to meet the medical needs of the mother and the infant. Receiving risk-appropriate care can reduce both maternal and infant mortality.

THE PERINATAL REGIONALIZATION STRATEGY TEAM underwent significant staffing changes in the third fiscal year, including loss of key staff. Staff changes, coupled with challenges brought on by the ongoing COVID-19 pandemic, hindered advancement of the team's activities throughout most of the year. In the final month of this quarter, a new staff member was hired and trained. The nurse coordinator was oriented on past progress in this strategy and next steps were examined. Self-declared neonatal care levels for FY 2020, based on

the guidelines from the American Academy of Pediatrics, are on file with the State Health Planning and Development Agency for delivering hospitals serving the three pilot counties.

Breastfeeding

SCIENTIFIC EVIDENCE DOCUMENTS THE BENEFITS for the mother, baby, and the environment if breastfeeding is initiated and then continued through at least the first six months of life. Breastfeeding is a key strategy geared towards improving the physical and emotional well-being of mothers and their infants. In addition to the nutritional benefits, breastfeeding promotes a unique and emotional connection between mother and baby and can help reduce illness and the risk of Sudden Infant Death Syndrome (SIDS). Through this strategy, hospitals, providers, and women of child-bearing age continue to be educated and supported on breastfeeding activities.

THE BREASTFEEDING STRATEGY TEAM lost key staff in Year 2, resulting in subsequent stagnation of activities. However, during the first quarter of FY 3 progress was made on efforts to develop a breastfeeding-friendly provider program. The program focuses on provider education and awareness of optimal breastfeeding practices. Providers will receive toolkits, which consist of information regarding healthy infant nutrition through breastfeeding. The toolkits also include materials specifically for patients. The materials for the toolkit were vetted amongst the breastfeeding workgroup and revisions were made. New staff was trained and oriented on the past progress in breastfeeding initiatives. Cross-sector partnerships were reestablished, and the workgroup will be restarted in the first quarter of FY 4.

Screening, Brief Intervention, Referral to Treatment (SBIRT) Tool

SBIRT IS A COMPREHENSIVE, INTEGRATED public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. This strategy involves training health care providers in implementing SBIRT and the associated tools to aid in identifying and providing referrals for women who may be experiencing substance abuse, domestic violence, and/or depression.

IN FY 3, THE SBIRT STRATEGY TEAM at the University of Alabama School of Social Work and VitAL continued to make progress on the online SBIRT training module for obstetricians and gynecologists (OB/GYNs). Through cycles of review and revision, the team provided subject matter guidance to d’Vinci Interactive, Incorporated, the software company responsible for engineering the electronic and visual formatting of the training module. Maternity care coordinators with ACHNs completed SBIRT training across the state, including the three targeted counties of Macon, Montgomery, and Russell. A total of 6,805 pregnant patients with Medicaid coverage were screened for alcohol use, substance use, and mental health this year. By screening these patients and identifying risky use patterns and/or potential mental health issues, care coordinators can address these behaviors before they worsen. This best practice will also increase positive health outcomes for mothers and babies in Alabama. ACHN staff were provided pocket cards, brochures, and other materials to use in SBIRT implementation. The SBIRT team will provide consultation/coaching and other technical assistance as needed to the ACHN staff. The SBIRT team provided tools to the Alabama Medicaid Agency staff that will assist in tracking the ACHN’s implementation of SBIRT progress.

THE SBIRT STRATEGY TEAM CONTINUED ongoing support and follow-up consultations with previously trained ADPH ALL Babies, Well Woman, and Title X staff. Education to targeted providers and staff is projected to increase the uptake of SBIRT screening throughout the state.

Increase Utilization of Alpha Hydroxyprogesterone Caproate (17P)

17P IS A HORMONE TREATMENT which may be prescribed to women who have experienced a previous spontaneous preterm birth as a means to reduce her risk of having another preterm birth. Nationwide, there have been challenges in access to 17P and in promoting its use. In October 2020, the federal FDA made a recommendation to remove 17P from the market. This strategy has been discontinued and new strategies are being explored to address prematurity. Preliminary steps were taken to gather input from various stakeholders for strategy suggestions. Next steps will be to investigate the feasibility of strategies and to consult with more stakeholders in the pilot counties.

Year 3 Evaluation Summary

IN THE THIRD YEAR OF THE INITIATIVE, six of the original seven strategy teams continued efforts to reduce infant mortality in Montgomery, Macon, and Russell Counties. Teams were at different stages of implementation, following a successful first two years of establishing objectives, performance measures, and evaluative indicators. Data were collected with the assistance of the Maternal & Child Health Epidemiology (MCH-Epi) Branch and reported quarterly. The MCH-Epi Branch monitored activities, provided guidance throughout the year, and assessed data reported by the teams.

Figure 7: Logic Model for Alabama’s Infant Mortality Reduction Initiative



Table 4: Anticipated Measurable Outcomes Following Implementation of the Governor’s Initiative



Measurable Outcomes	Increase (↑) or Decrease (↓)	Contributing Strategy Team(s) *
Number of Preterm Deliveries	↓	
NICU Admissions	↓	
NICU Costs	↓	
Sleep-related Infant Deaths	↓	
Infant Deaths	↓	
Number of Low Birth Weight Deliveries	↓	
Infants Delivered at a Healthy Weight	↑	
Deliveries with Adequate Birth Spacing	↑	
Breastfeeding Initiation and Duration	↑	
Women Screened and Referred for Treatment	↑	
Very Low Birth Weight Infants Delivering at an Appropriate Facility	↑	

Key Successes

- *The Annual Infant Mortality Summit* in September 2021 drew professionals, organizations, and concerned Alabamians throughout the state to bring awareness to the multi-layered causes of infant mortality.
- *The nurse coordinator for Infant Mortality Reduction was hired* and trained in September. Partnerships and projects that had lain dormant during the extended job vacancy were reestablished.
- *Staff across strategies continued to persevere and adapt* to changing circumstances related to the COVID-19 pandemic.
- While gyms were closed, *Well Woman participants had access to on-line exercise classes*. Support group meetings were also shifted to online.
- *SBIRT training was provided* to additional ADPH and ACHN staff, expanding SBIRT services statewide.
- *Safe Sleep education transitioned to bus wraps and social media*, significantly expanding access to information in the targeted counties.

Beyond the Governor's Initiative

THE FIGHT TO REDUCE INFANT MORTALITY IN ALABAMA extends beyond the Governor's Initiative to maximize impact. Two programs, ALL Babies and Project HOPE, are dedicated to this cause and thus, complement the work of the initiative. Below are summaries of these programs.

ALL Babies: This ADPH-led program was designed to improve the health of mothers and babies in Alabama by providing low-cost, comprehensive healthcare coverage for pregnant women in Montgomery, Macon, and Russell Counties. There are no premiums for coverage and the eligibility criteria are broad, which allows more mothers to become enrolled. Mothers who meet eligibility requirements are offered a wide range of benefits, including but not limited to mental health and substance use disorder services and all-inclusive healthcare services (e.g., maternity, preventive, hospital, pharmacy, dental, etc.). Benefits begin from the date the approved application is received up to the baby's birth. Social workers provide care coordination services which support navigation of all aforementioned services to promote the health of both mother and baby. Referrals are provided, as needed, which link mothers to social resources, such as transportation and housing.

Noteworthy accomplishments:

- *Enrollment of eligible women* in medical care began on January 23, 2020.
- *Postpartum medical coverage of 60 days after delivery* began for ALL Babies enrollees in August 2021.
- In FY21, *571 women were enrolled in the ALL Babies Program*. 199 enrollees received care coordination services. Approximately 60 percent of September enrollees entered coverage during the first trimester of their pregnancy.
- 100 percent of enrollees receiving care coordination services *received education on Safe Sleep practices*.

Project HOPE (Harnessing Opportunity for Positive Equitable Early Childhood Development): Project HOPE centers on promoting and achieving equitable health and educational outcomes in children, from prenatal to 5 years. Montgomery and Macon Counties were selected as the target areas to initiate this project, which is sponsored by the Robert Wood Johnson Foundation and implemented by the BUILD Initiative in Alabama. The BUILD Initiative supports state leaders in development of early childhood systems and related policies by connecting programs, services, and resources. By focusing on children and families who experience disparities across different factors (e.g., racial/ethnic, economic), strategies can be implemented to give disadvantaged youth

opportunities to succeed in life. A core leadership team worked to assist in the advancement of existing programs from member agencies. Member agencies include ADECE; Alabama Partnership for Children; ADPH; Alabama Medicaid Agency; Alabama Department of Rehabilitation Services, Early Intervention; and the Governor's Office of Minority Affairs.

THE TEAM WORKS COLLABORATIVELY to identify and address factors which lead to race and health equity issues and inhibit child development. Qualitative and quantitative data indicators were chosen in conjunction with community leaders from the selected counties in early 2019 to serve as a baseline to evaluate the efficacy of the project. Between November 2019 and April 2020, processes and plans were put into place to frame the specifics for improving access and quality of services to children and families. Specifics included confirming the equity challenges faced by beneficiaries and identifying and selecting at least one policy, practice, or funding vehicle, which upon modification may lead to anticipated changes. Throughout the implementation of this project, continuous feedback, communication, and evaluation has facilitated progress towards the team's goals.

IN LIGHT OF THE COVID-19 PANDEMIC, up to \$30,000 in direct aid was provided to children and families in Montgomery and Macon Counties. In Macon County, the following items were purchased: 900 cloth masks, 252 quart-sized bottles of hand sanitizer, 90 Amazon Fire tablets, and 25 Teach My Learning kits. In Montgomery County (West), 66 Chromebooks were delivered to children entering kindergarten in fall 2020. Additionally, the local school district equipped school buses with Wi-Fi, to serve as hot spots in locations around the county for areas with limited internet access. Provision of these items in both counties allowed the safe continuation of learning and allowed disadvantaged students to have equitable access to technology.

