Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.

Silence your cell phone

Close the door

Close browser windows

Check your audio and video

Stretch

Take a few deep breaths

Emotionally release your to-do list

Take a bio break

4th Trimester Series Webinar #2

Tuesday, July 20, 2021 || 2 pm to 3:30 pm ET

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

HEALTHY start
TA & SUPPORT CENTER

4th Trimester Webinar Series Webinar #2

Promoting Birth Equity in the Healthy Start Community

July 20, 2021

NICHQ
National Institute for Children's Health Quality

Agenda

Housekeeping	Lisa Hong, NICHQ
Welcome	Olivia Giordano, NICHQ
Promoting Birth Equity in the Healthy Start Community	Inas Mahdi, MPH Phoebe Wescott, MPH
Questions	All
Closing	Olivia Giordano

Meeting Logistics

- This session is being recorded.
- All participants are muted upon entry. We ask that you remain muted to limit background noise.
- Members are encouraged to participate in the discussion by typing your comments or asking questions using the chat box.

Connecting to the Audio Conference

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- An audio conference box will appear
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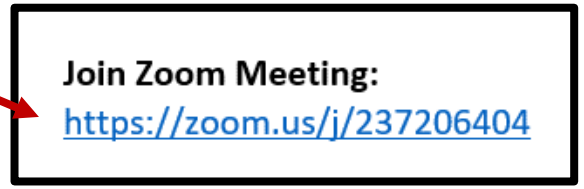
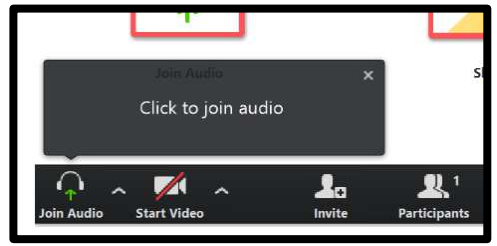
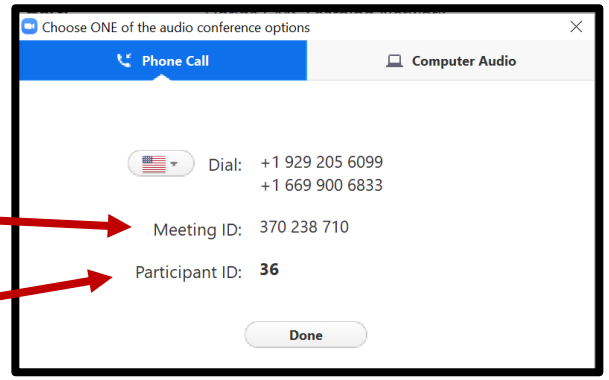
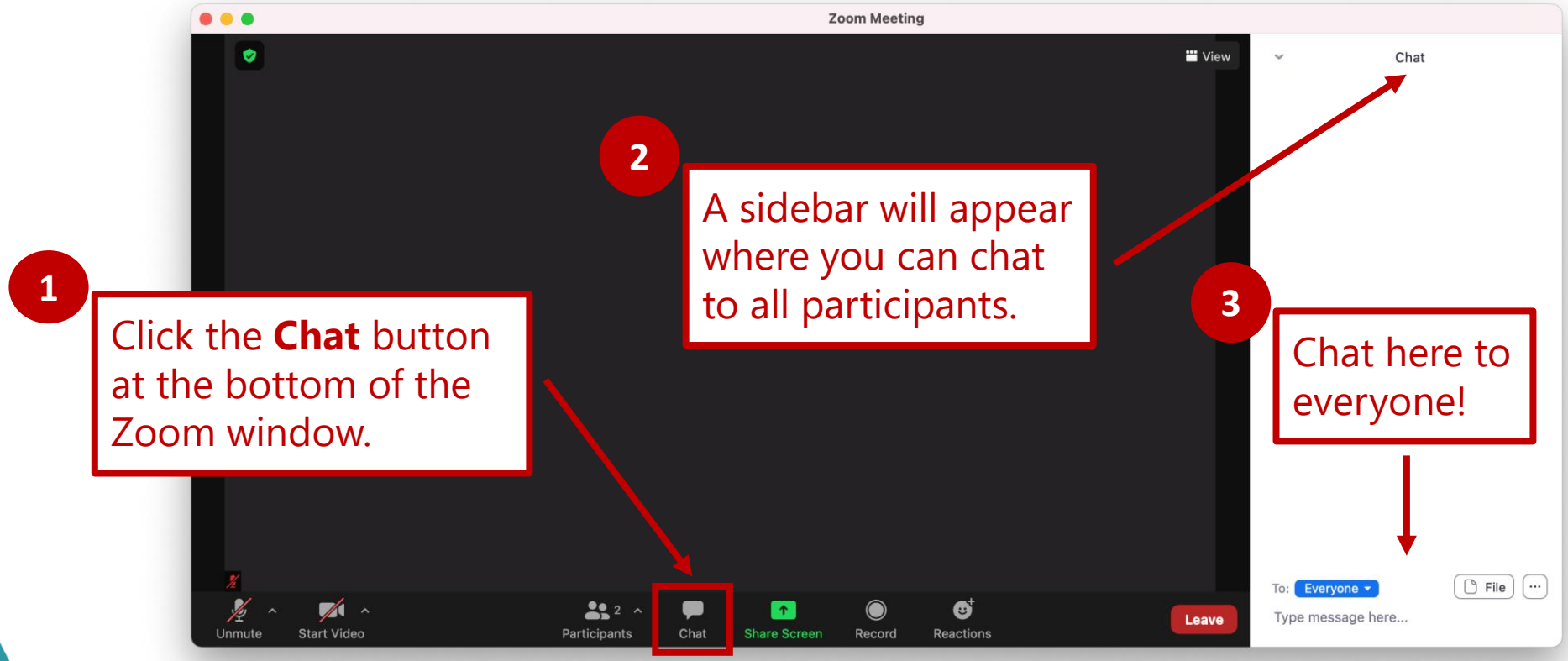
- From the audio conference box, select '**Phone Call**' or '**Computer Audio**'
  - If using the phone:
    - Dial one of the given numbers next to "**Dial**"
    - You will be prompted to enter the **Meeting ID**
    - Then you will be prompted to enter the **Participant ID**







How to Chat


1
Click the **Chat** button at the bottom of the Zoom window.
2
A sidebar will appear where you can chat to all participants.
3
Chat here to everyone!
Zoom Meeting
View
Chat
Unmute
Start Video
Participants
Chat
Share Screen
Record
Reactions
Leave
To: Everyone
File
Type message here...

Welcome

Olivia Giordano
Healthy Start TA & Support Center

4th Trimester Webinar Series Schedule

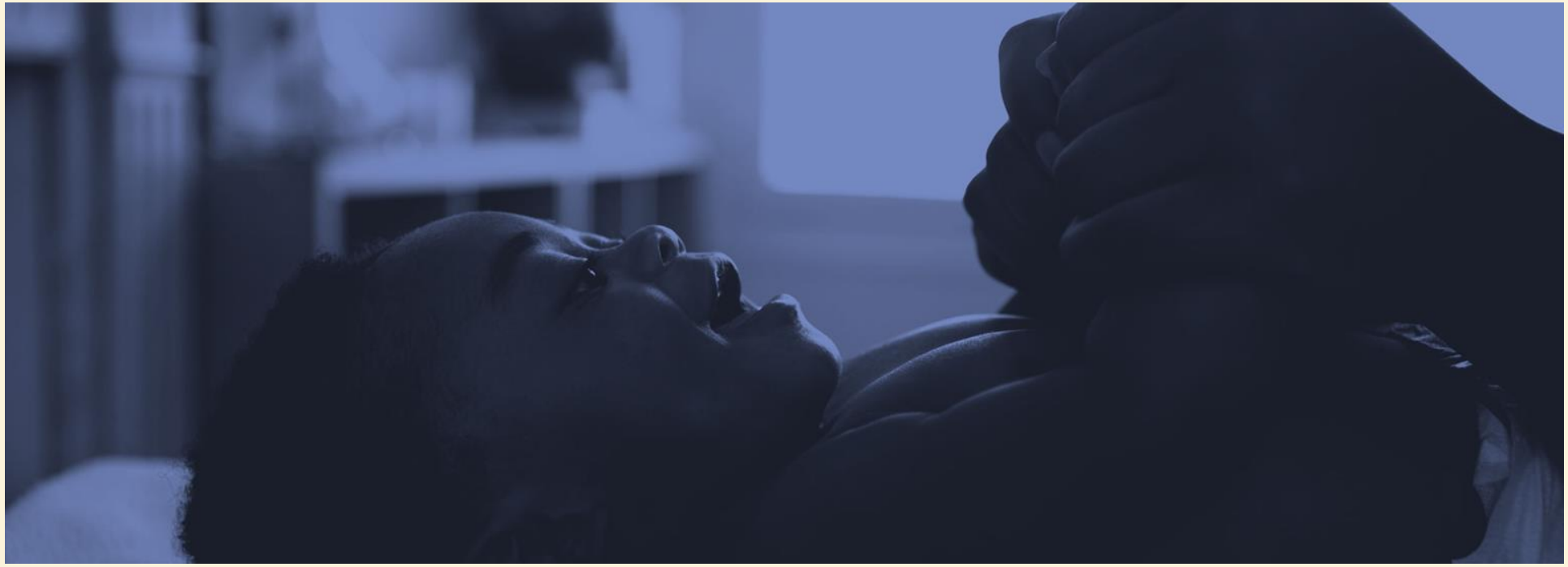
Webinar 1	June 21, 2021 12:00pm to 1:30pm ET
Webinar 2	July 20, 2021 2:00pm to 3:30pm ET
Webinar 3	August 17, 2021 2:30pm to 4:00pm ET

HEALTHY start
TA & SUPPORT CENTER

Today's Speakers

NATIONAL BIRTH EQUITY COLLABORATIVE

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.



Promoting Birth Equity in the Healthy Start Community: 4th Trimester Webinar Series

Inas Mahdi, MPH
Phoebe Wescott, MPH

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Learning Objectives

- Discuss birth equity foundational themes
- Discuss strategies for advocacy and policy change
- Discuss power and system policies that impede birth equity
- Spotlight model Healthy Start programming
- Outline system barriers to birth equity and 4th trimester access

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Mission

NBEC creates global solutions that optimize Black maternal, infant, sexual and reproductive well-being. We shift systems and culture through training, research, technical assistance, policy, advocacy and community-centered collaboration.

Goal

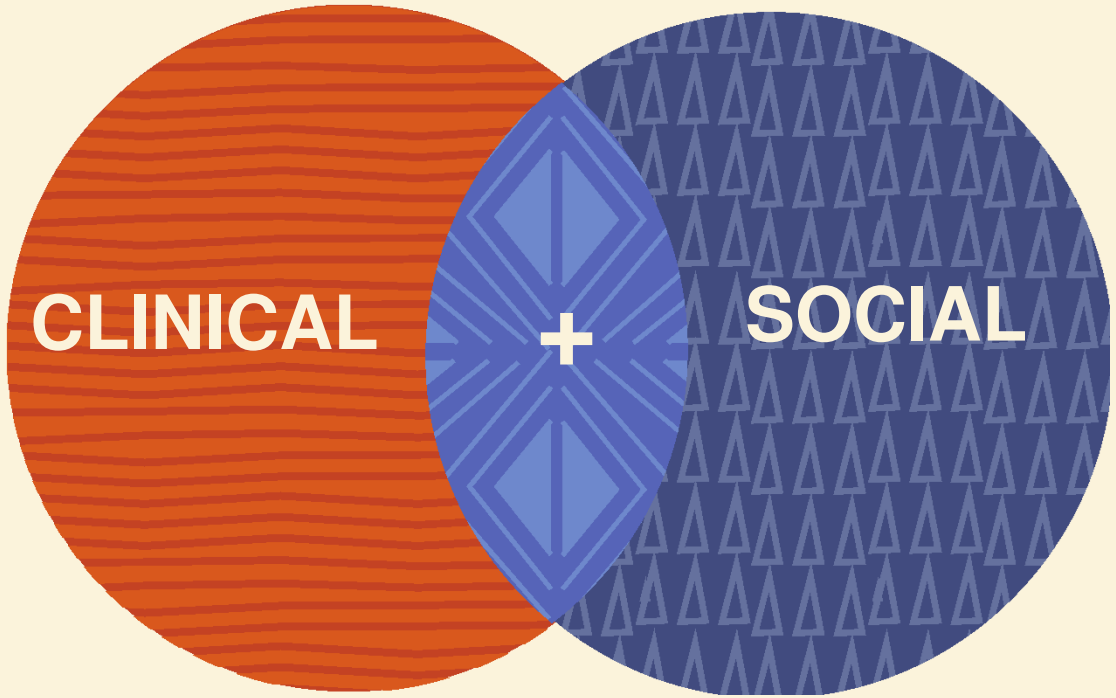
Reducing black infant mortality rates by 50% in the next 10 years.

NBEC
NATIONAL BIRTH EQUITY COLLABORATIVE

Our vision is that all Black Mamas, babies and their villages thrive.

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

NBEC Focus



- **Dismantling systems of power and racism**
- **Education on SDH**

"Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success."

– Arthur James, M.D.

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

birth equity *(noun)*:

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

pregnancy wellbeing *(noun)*:

1. Rooted in Reproductive Justice, asserts that regardless of access to knowledge, power or wealth, all birthing people are supported by government and health systems to be physically and mentally well through their pregnancy.

Joia Crear-Perry, MD
National Birth Equity Collaborative

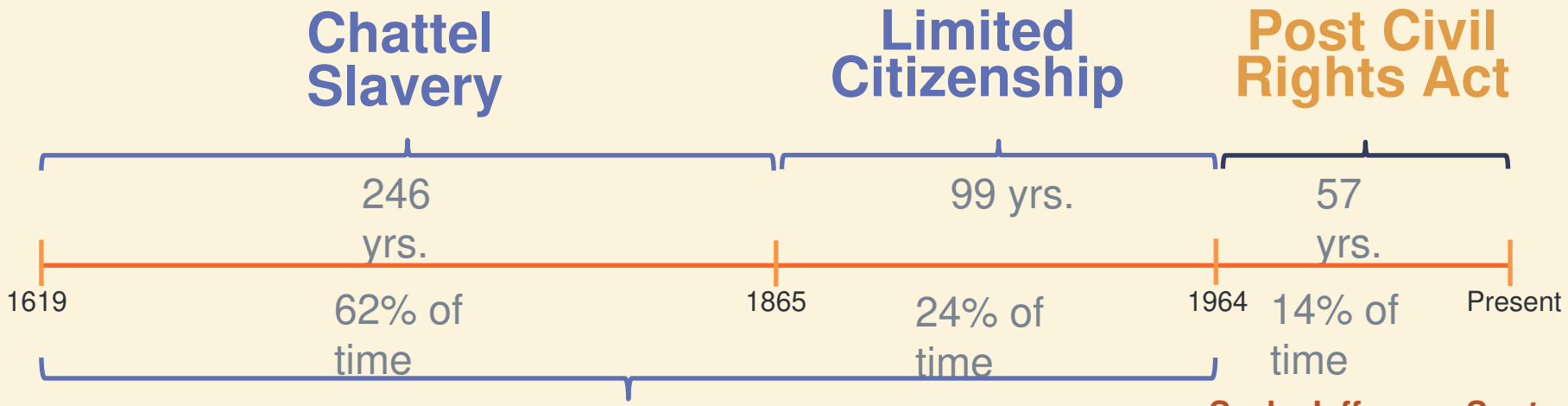
The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

reproductive wellbeing *(noun)*:

1. All people have the information, services, and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives

Power to Decide

Timeline of the Black Experience



Sealy-Jefferson, S. *et al.*

86% of the Black experience has been under explicit racial oppression.

100% of the U.S. Black experience has been in struggle for humanity and equality.

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Human Rights – The Global Standard

Article 2.

Everyone is entitled to al the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to **a standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

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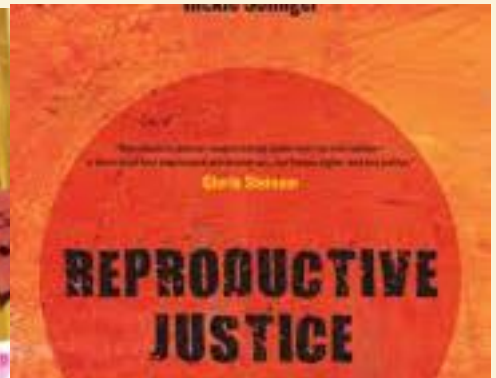
Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must…

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities



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Indicator ≠ Framework

Indicator

Indicator is a datapoint

- Measurement limited by current reality
- A product of our past understanding of public health and science
- Systems are more apt to adhere to specific prescribed indicators than to determine alternatives

Framework

A framework is a vision

- Expands understanding of current reality
- Allows freedom to explore language of indicators
- Exploration of alternatives to traditional data collection & application
- Questions historical construction health systems

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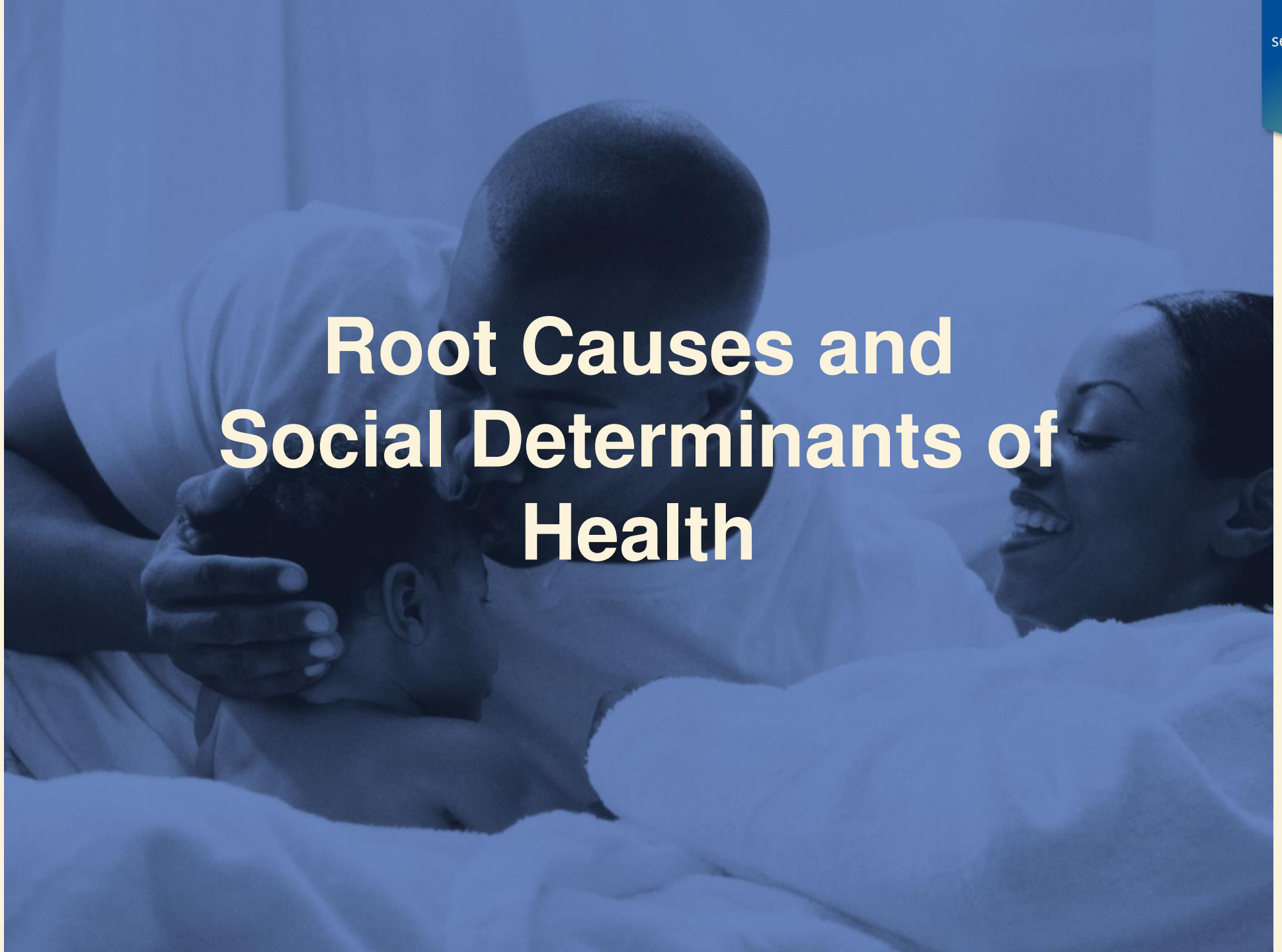
Look Back…

- How is your Healthy Start project doing in terms of meeting Healthy Start Benchmark III (Increase the proportion of Healthy Start women participants who receive a postpartum visit to 80%)?
  - Not yet meeting the benchmark
  - Meeting the benchmark
  - Exceeding the benchmark
- What are your top 3 concerns about serving Healthy Start participants during 4th Trimester?
- What support do you need to better serve Healthy Start participants during the 4th Trimester?



Root Causes and Social Determinants of Health

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What are "Social Determinants of Health"?

"The social determinants of health are the conditions in which people are born, grow, live, work, and age.

These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels.

Examples of resources include employment, housing, education, health care, public safety, and food access."

Source: World Health Organization (http://www.who.int/social_determinants/sdh_definition/en/)

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Socio-Ecological Model

Racism as a SDOH

Racism affects health both directly (i.e., via chronic stress) and indirectly (i.e., via race-based discrimination across multiple systems which creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.)

Social Construction of Race

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Anthropological Approaches Demonstrate

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology, but racism has biological effects
- Social constructs are real for those who hold them

RACE

≠

ETHNIC GROUP

≠

POPULATION

≠

ANCESTRY

These are four different ways to describe, conceptualize and discuss human variation… and cannot be used interchangeably

Racism- Not Race

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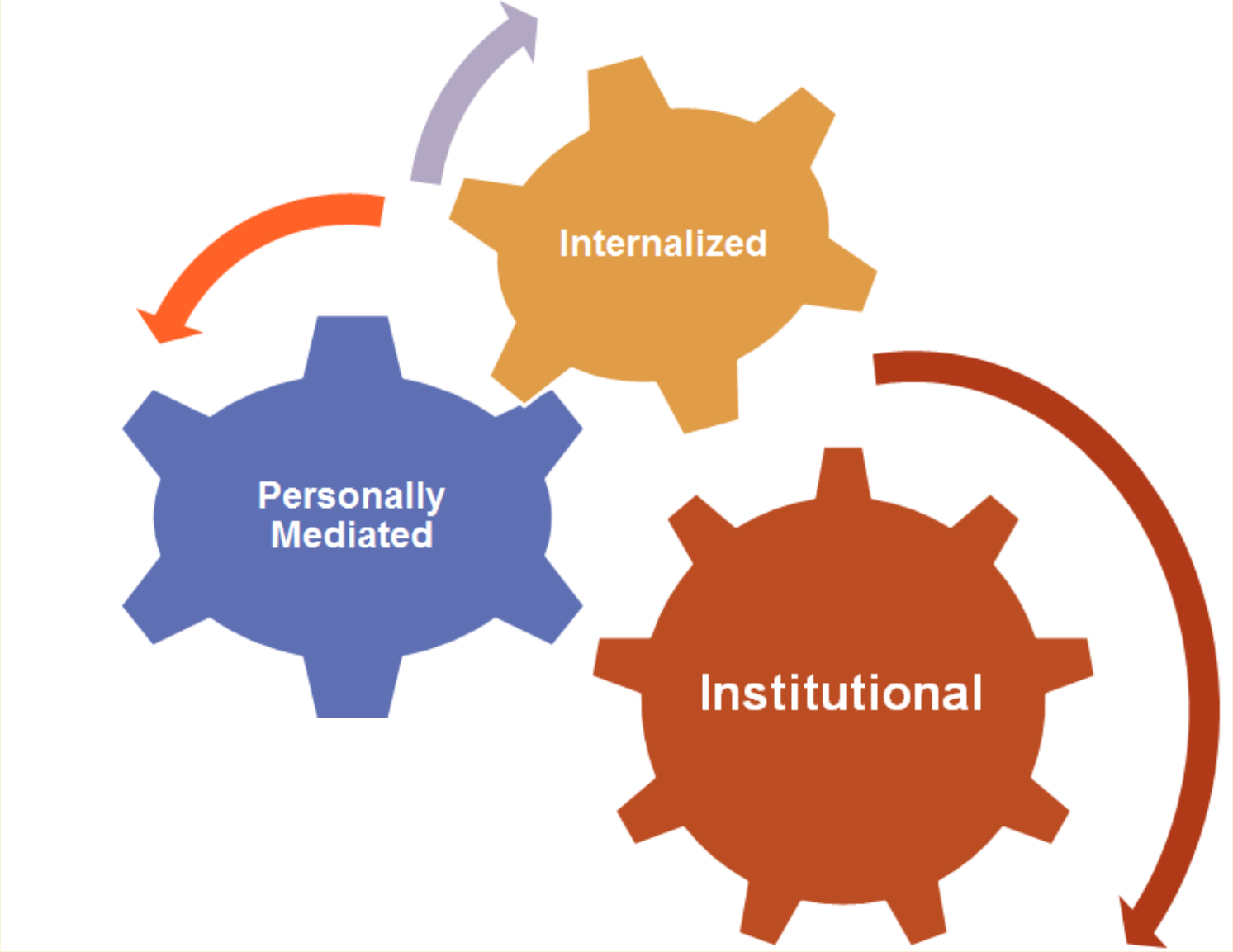
Levels of Racism



- **Institutionalized racism**- the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.
- **Personally mediated** - the biases and differential assumptions about the abilities, motives and intentions of others by race.
- **Internalized racism** - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.

-Camara Jones, MD, PhD, Past President APHA

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Finding the Roots of Inequities

Black mothers who are college-educated fare worse than women of all other races who never finished high school.

Obese women of all races have better birth outcomes than black women who are of normal weight.

Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.

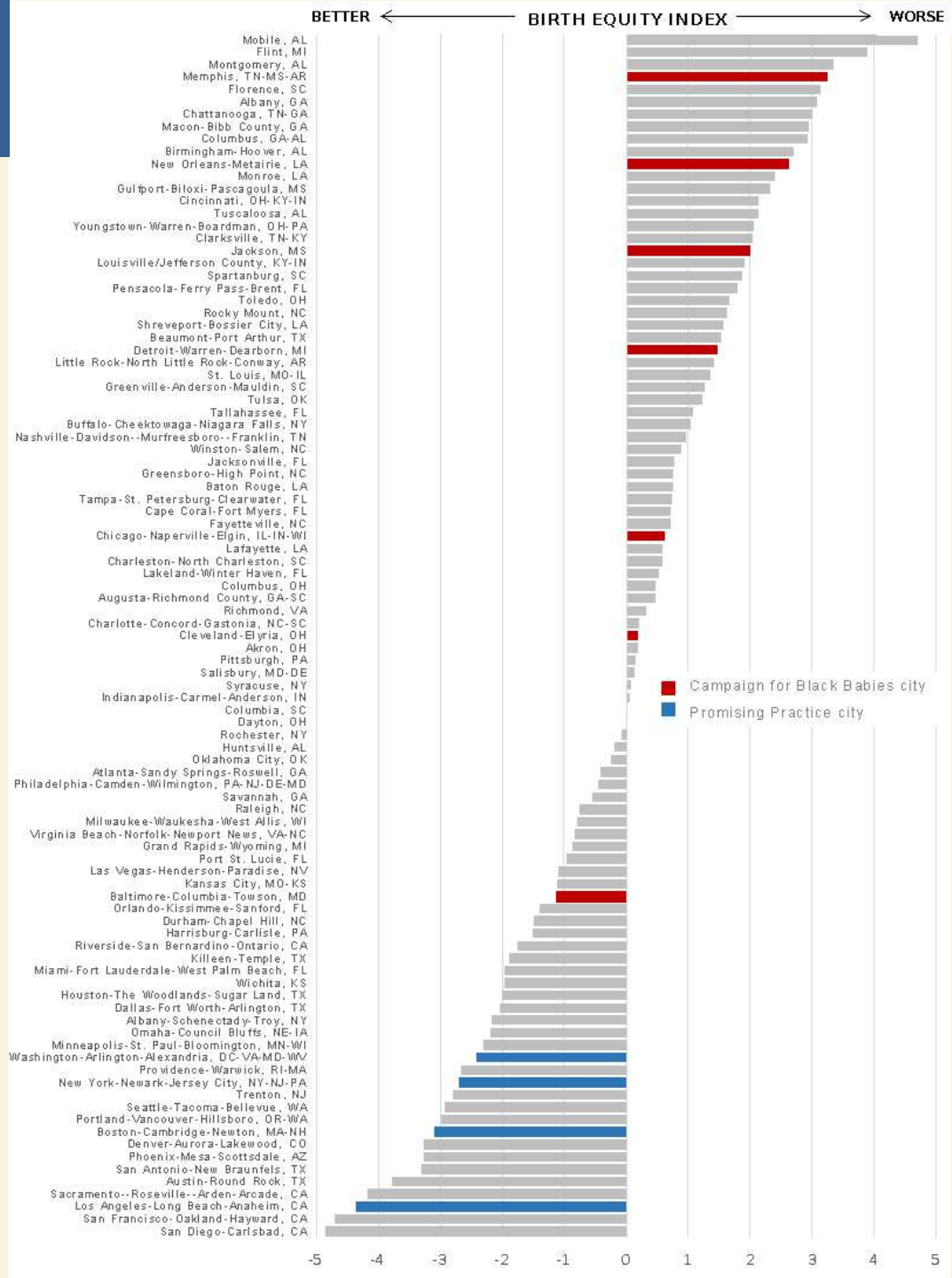
Black women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal. care.

Birth Equity Index

Data tool to identify significant social determinants

- *A comprehensive set (50+) of social determinant indicators were selected to broadly define health and opportunities for better health within the social and physical environment of 20 US metro areas with some of the highest black infant mortality rates in the country. We identified those that were at least marginally associated with black infant mortality rates including:*
  - *prevalence of smoking and obesity among adult residents*
  - *number of poor physical and mental health days experienced by residents*
  - *percentage of residents with limited access to healthy foods*
  - *rates of homicide and jail admissions*
  - *air pollution*
  - *racial residential segregation (isolation)*
  - *rates of unemployment and low education among NH black residents*
  - *income inequality between black and white households*

- *We used data-reduction techniques to combine values of these indicators into an overall index of black infant mortality social determinants, with higher values representing worse health conditions.*



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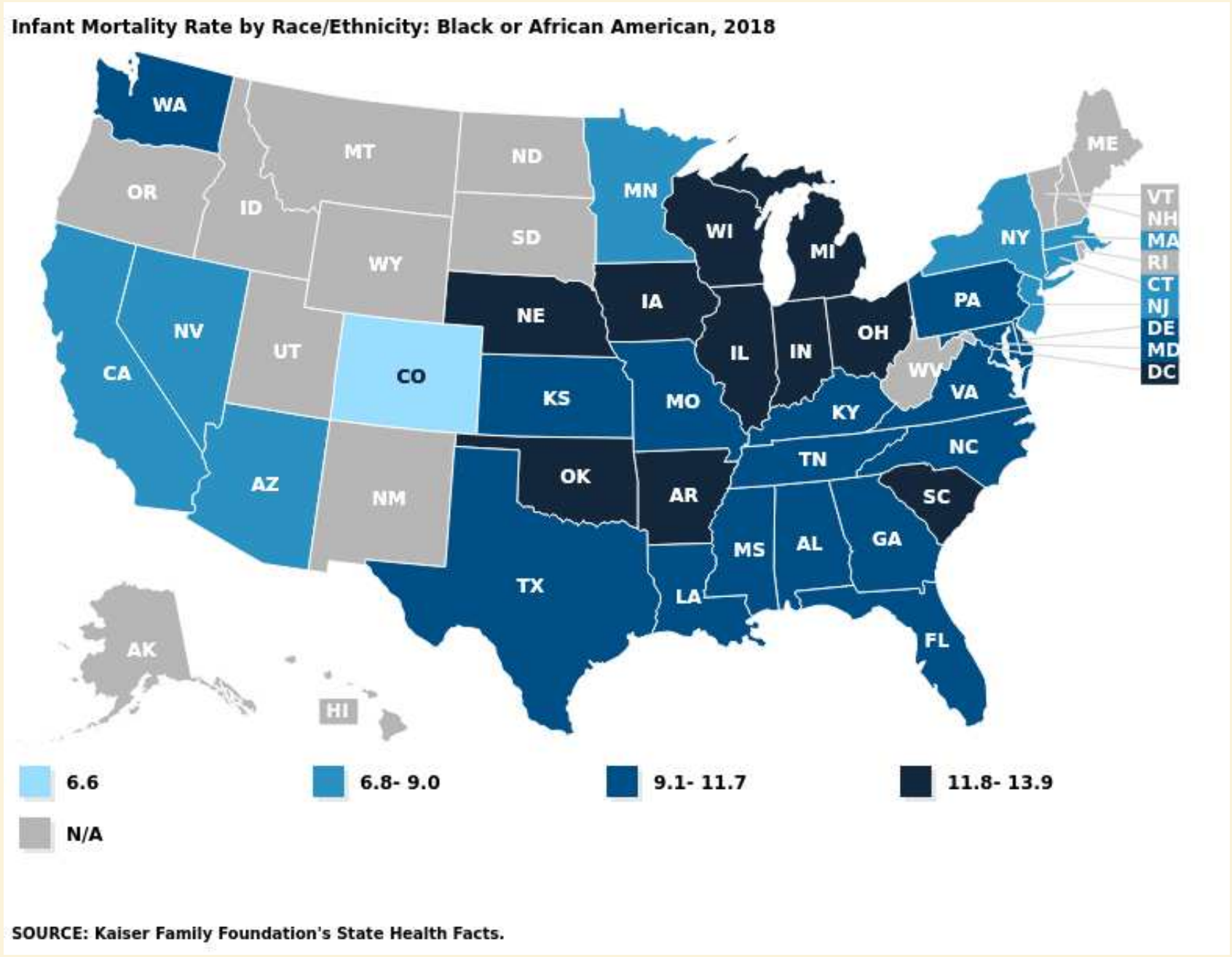

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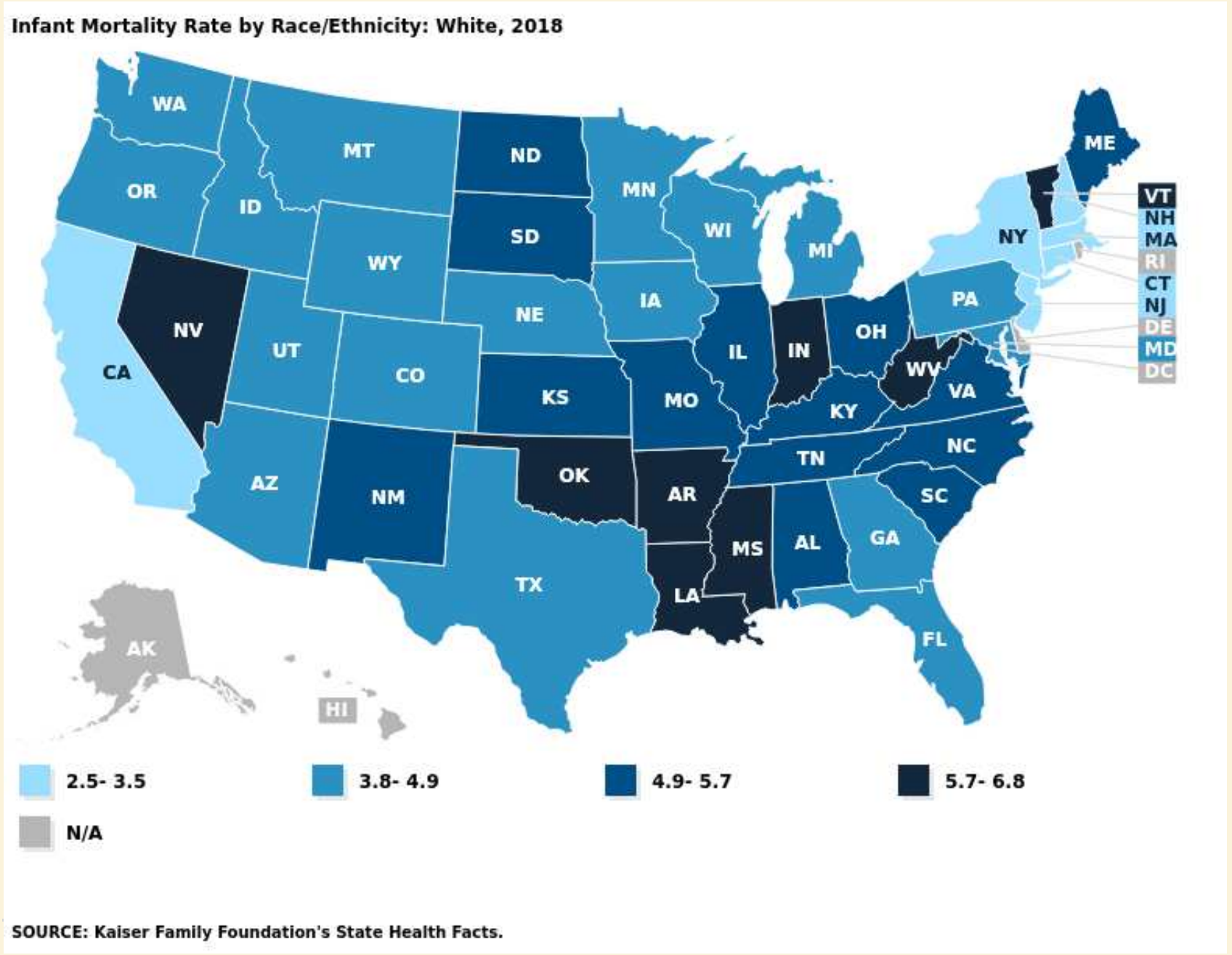
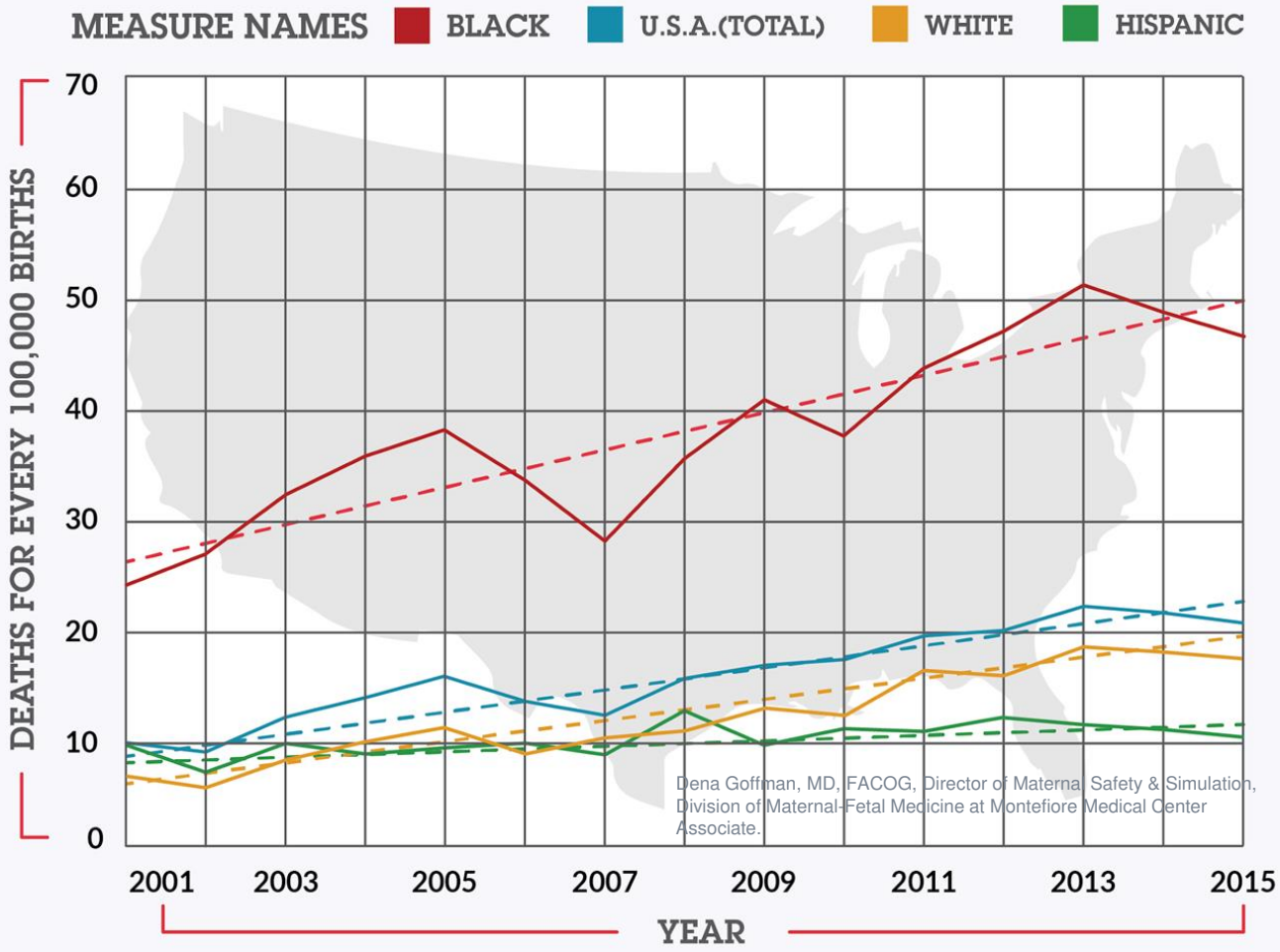


Maternal Mortality/Morbidity



Source: CDC Wonder.

Maternal Mortality/Morbidity Risk factors

Clinical	Social

• Eclampsia
• Cardiac disease
• Acute renal failure
• Preconception BMI
• Chronic conditions
• Serious obstetric complications
  ○ Blood transfusion
  ○ Ventilation
  ○ Hysterectomy
  ○ Heart failure
	• Housing
	• Income
	• Neighborhood safety
	• Air quality and environmental stresses
	• Food Insecurity
	• Access to quality, comprehensive health care services
	• Low educational attainment
	• Unemployment and rigid scheduling

Policies and Perinatal Health

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Campaign for Black Babies

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

"Look at the Whole Me": A Mixed-Methods Examination of Black Infant Mortality in the US through Women's Lived Experiences and Community Context

Maeve E. Wallace [1,2,*], Carmen Green [2], Lisa Richardson [2,3], Katherine Theall [1,2] and Joia Crear-Perry [2]

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Power Imbalances Create Racist Policies

- Power imbalances create racist policies
- Racist policies create health disparities
- Past political action which can be undone with deliberate political action

“Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing.”

— Ibram X. Kendi, Stamped from the Beginning: The Definitive History of Racist Ideas in America

History of Reproductive Injustice

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- Black women's bodies used as vessels for the institution of slavery in the U.S.
- Experimentation on black female slaves paved the way for modern day gynecology
- Dr. Samuel Cartwright's Drapetomania facilitated and supported by Tulane University
- Black women forced to care for and breastfeed white babies
- Eugenics and systemic manipulation of Black family planning

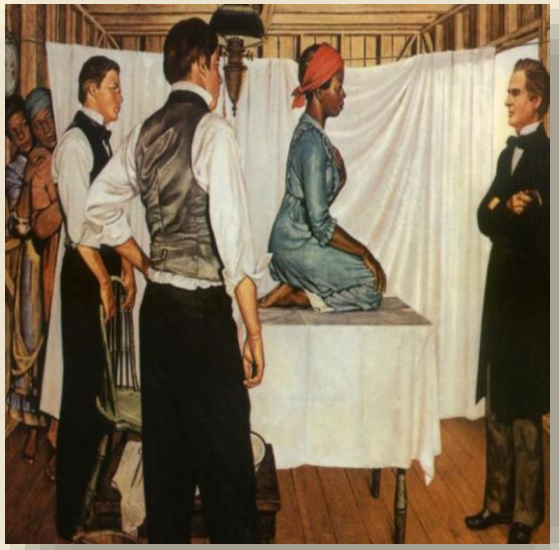

Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha was subjected to 30 experimental surgeries. Pearson Museum, Southern Illinois University School of Medicine

Source(s):

- Roberts, Dorothy E. 1997. Killing the black body: race, reproduction, and the meaning of liberty. New York: Pantheon Books.
- Wall LL. The medical ethics of Dr J Marion Sims: a fresh look at the historical record. Journal of Medical Ethics. 2006;32(6):346-350. doi:10.1136/jme.2005.012559.
- Sunshine Muse. "Breastfeeding America: What We Know" published in partnership with Echoing Ida, a Forward Together Program https://www.momsrising.org/blog/breastfeeding-america-what-we-know

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Black Midwives Through Time • 1500 BC - 1941

1500 BC

Shiphrah and Puah were Nubian midwives who refused the Egyptian Pharaoh's order to kill all newborn Hebrew males." *The Bible* recorded their story in Exodus 1:15-21. The Bible is one of first records on the work of Black midwives. [7]

1619

According to Sharon Robinson, in the Journal of Nurse-Midwifery (1984), the first Black lay midwife came to America in 1619, bringing with her knowledge of health and healing based on her African background. [3]

1879

Upon graduation from the New England Hospital for Women and Children Training School for Nurses, Mary Eliza Mahoney became the first Black professional nurse in the USA. [2]

1900

At the turn of the 20th century, midwives delivered half of all babies born the USA, with most Black midwives receiving their training through apprenticeships. [5]

1910

Progressive reformers used birth and death statistics to agitate for diverse ideas of health reform, which brought the practice of midwifery into public scrutiny. [16]

1914

The term "nurse-midwife" is introduced by "Frederick J. Taussig, MD at the annual meeting of the National Organization for Public Health Nurses (NOPHN) to differentiate nurses educated in midwifery from apprenticeship-trained immigrant and African American midwives. [6]

1918

Black midwives attended 87.9% of all Black births in the state of Mississippi. [13]

1920

In the rural South, the terms "Granny," and "Granny-midwife" were synonymous with Black midwives. In Northeastern cities, physicians working in hospitals largely displaced midwives, as many women considered hospital births a "modern" and "advanced" form of delivery. In Southern rural areas, Black midwifery reigned because few physicians, white or Black, were willing to attend births for the fee that midwives would accept, two or three dollars per delivery. [16]

1925

The Medical Association of Georgia asked the State Board of Health to supervise the practice of the 5000 lay nurse midwives in the state. [8]

1927

Between 1927 and 1958, Deola Lange Cyrus worked with the Louisiana State Department of Health to provide antepartum and postpartum care and supervise apprentice-educated midwives. During this time, she graduated from Flint Goodrich School of Nursing, earned a certificate in public health nursing, and then entered the nurse-midwifery program In 1942 to earn a CNM credential. [5]

1930

Midwives attended only 15% of births in the USA. [5]

1930-1940

American physicians—primarily wealthy, native-born, white males—increasingly used standardized medical school curricula, formal credentials for practice, and professional societies with the authority for self-regulation to differentiate themselves from traditional midwives—mainly African-Americans and working-class immigrants. [12]

1941

Tuskegee University was the first school in the nation to train Black nurse-midwives. It graduated 31 students before it closed in 1946. [5]

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Racial Health Inequities: Individual vs. Collective Accountability

"Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing."

- Politicians seek political self-interest.
- Capitalists seek increased profit margins.
- Cultural professionals seek professional advancement.

— Ibram X. Kendi, Stamped from the Beginning: The Definitive History of Racist Ideas in America

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COVID-19

SDOH Inequities

Health care access

Proximity to hospital

Multigenerational households

Pre-existing conditions

- Heart disease
- Diabetes
- Asthma
- Obesity
- COPD or respiratory conditions

Equity

Black, Latinx and American Indian and Alaskan Native (AIAN) people are facing disproportionate brunt of both cases and deaths

Data must be disaggregated by race and not all states and local health departments have followed through, despite U.S. Department of Health and Human Services guidance

Data is crucial for targeted resources and testing in a proactive manner

Strategies to Create A New Legacy

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Racial Equity Lens

The health care system alone isn't equipped to overcome the inequities driven by income, language, education or racism

Racial Equity Lens

- Centers place, environment and social determinants
- Addresses aggravated risk for specific local challenges
- Addresses intergenerational and cumulative effects of structural racism on health

Moving forward

Strategies that Support Racial Equity Lens

- Centers place, environment and social determinants
  - Gathering data on your participants through community partnerships (i.e. FIMR)
  - Advocacy for SDoH
- Addresses aggravated risk for specific local challenge
  - Actively addressing your local SDoH
- Addresses intergenerational and cumulative effects of structural racism on health
  - Funding for expanded programming (participant incentives, etc)
  - Rigorous evaluation of efforts
  - Support for shared decision making

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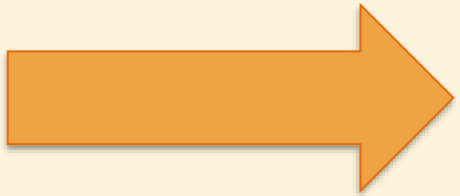
Data  Action

- Using data and stories
  - Identify cross cutting themes
  - Themes are barriers and opportunities for improving infant mortality
  - Assess capacity/readiness and address shortcomings (staff, partners, resources, knowledge)
  - Program practices, internal policies and local municipal policy have significant leverage
  - Maintain health and racial equity lens

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Alliance for Innovation on Maternal Health Community Care Initiative (AIM/CCI)

In 2019, HRSA awarded NHSA with a five year award for a project focused on improving maternal health outcomes across the US.

Goals

- To reduce maternal mortality/morbidity through the development and implementation of non-hospital focused maternal safety bundles in communities and outpatient settings

NBEC Partnership

- AIM CCI has partnered with National Birth Equity Collaborative (NBEC) to conduct community voice focus groups across eight pilot sites' community participants.
- The focus groups will measure participants experience before and after Bundle implementation, provide a community perspective on equity , help improve initiatives and the connection between community and health care systems, as well as assess participants lived experiences in care to determine what is working and where inequities exist.

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Community Care Initiative (AIM CCI)

(Source: https://www.cdc.gov/vitalsigns/maternal-deaths/index.html)

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

AIM/CCI Pilot Sites

Center for Black Women's Wellness

STRONG Beginnings
Strengthening families for a Healthy Start

new orleans health department

GNHCC
Greater Newark Health Care Coalition

California Health Collaborative

JACKSON-HINDS COMPREHENSIVE HEALTH CENTER

COMMUNITY SERVICE COUNCIL
Improving Oklahomans' Lives Through Research, Planning & Action

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Community Care Initiative (AIM CCI)

(Source: https://www.cdc.gov/vitalsigns/maternal-deaths/index.html)

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Lead Organization:Strong Beginnings

Accountable Leader:Peggy Vander Meulen

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Strong Beginnings – Healthy Start

Fourth Trimester Webinar Series

July 20, 2021

STRONG Beginnings
Strengthening families for a Healthy Start

Presentation Outline

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- What We Do
- Outcomes / Successes
- Lessons Learned / Best Practices

STRONG Beginnings
Strengthening families for a Healthy Start

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Strong Beginnings – Healthy Start

Strong Beginnings is a federal Healthy Start project working to improve maternal, paternal and child health among African-Americans and Latinxs, promote father engagement, and eliminate racial disparities in health status and birth outcomes

eginnings
for a Healthy Start

A Partnership of….

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Arbor Circle (community mental health)
- Changing River, LLC (evaluation)
- Cherry Health (FQHC)
- Grand Rapids African American Health Institute (CBO)
- Healthy Kent – Infant Health Action Team (CAN)
- Kent County Health Department
- Metro Health (hospital system)
- Mercy Health (hospital system)
- Michigan State University (evaluator)
- Spectrum Health (hospital system)

Fiduciary: Spectrum Health

STRONG Beginnings
Strengthening families for a Healthy Start

Staffing Structure – Six Agencies

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- 1 Program Director
- 1 Program Manager
- 1 Education Coordinator
- 1 Outreach & Racial Equity Coordinator
- 1 Fatherhood Coordinator
- 1 Administrative Project Coordinator
- 3 Therapists
- 28 CHWs (2 male)
- 6 part-time Supervisors
- Contracted evaluators
- Baby Scholars (PALS): 1 Supervisor, 5 Parent Coaches

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Funding – Current Fiscal Year

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

14 funding streams with 9 different fiscal years

- HRSA Healthy Start: $980,000 HS + $164,000 MMM
- Early Childhood Millage: $584,000
- Spectrum Health Healthier Communities: $300,000
- SH DEI: $30,500
- Medicaid Match: $450,000
- W.K. Kellogg Foundation: $180,000
- NIH grant through MSU: $200,000
- AIM-CCI: $XXX
- State of Michigan Pay-for-Success: Depends PTB
- Baby Scholars (separate evidence-based parenting & child development program with 4 funders – MDE, KISD, DMDVF): $307,000

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Eligibility

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Latinx & African-American birthing persons who are:
  - Pregnant
  - Parent of a child under <4 months
  - Medicaid eligible
- Children under 18 months of age
- Male & female partners of program participants
- Serve approx. 1,000 families / year (1,750 unique clients in 2020)

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Goals & Objectives r/t Fourth Trimester

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Increase the number of women with timely postpartum visits
- Increase access to mental health
- Promote father engagement
- Decrease rapid repeat pregnancies
- Increase breastfeeding rates and duration

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Goals & Objectives

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Increase the number of women with a medical home
- Educate community and health care providers
- Raise awareness about the effects of individual, structural, and internalized racism on health disparities – promote equity
- Improve the overall system of care

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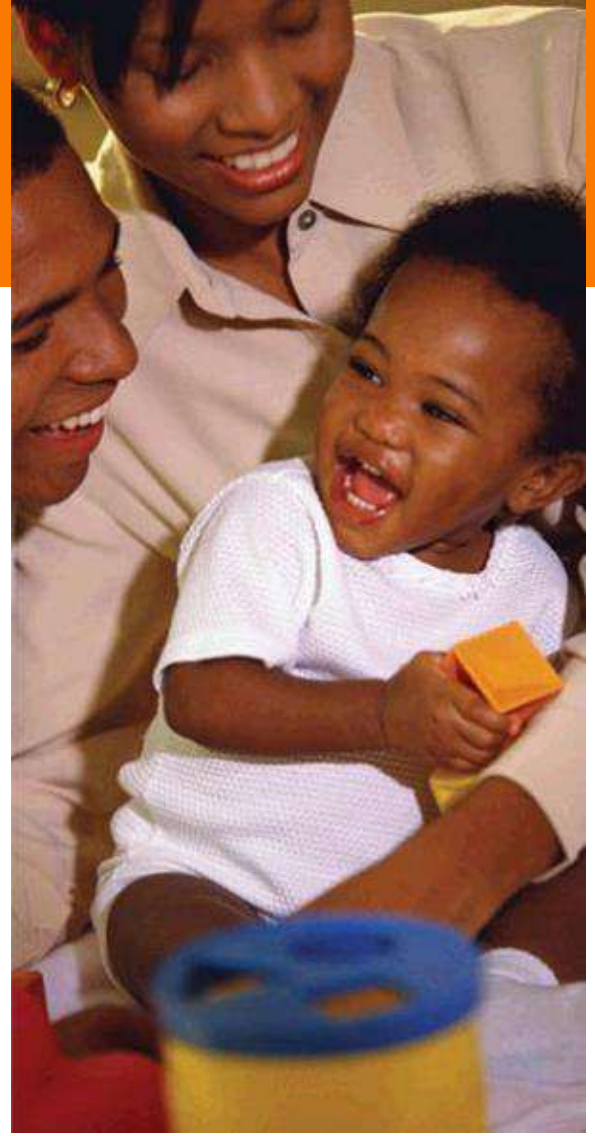

Program Components – Core Services

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Service Level – English & Spanish

- Outreach
- Care Coordination
- Inter-Conception Care x 18 mos.
- Health Education
- Mental health & SUD counseling
- Father Engagement

Systems Level

- Community Action Network (IHAT)
- Coordination – Local, State & National
- Promote health equity

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Core Component - *CHWs*

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Outreach to recruit eligible clients
- Care Coordination with MIHP RNs and SWs
- Home visits to develop goals with clients, provide social support and health education
- Link to needed services

  (GED, housing, FP, insurance, employment, transport, etc.)

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Service Level Core Services: *Mental Health Therapists*

- Individual counseling (home/clinic)
- Trauma-informed care & CBT
- ROSE (E-B PPD Prevention)
- Six-week therapeutic support groups on stress, depression & anger management
- Joint visits with CHWs / warm hand-off
- Provider education & staff support

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Fatherhood Program

- Home visits for male partners of program participants or father of enrolled child
- Group discussions for men
- Father-child activities
- Text4Dad
- Presentations on importance of fathers, workshops, Coaches Corn Fatherhood Summit, State & Count map of resources
- FOC provide alternatives to jail time.

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Community Education

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Community residents
- Agency staff
- Health care providers
- Parenting classes
- Breastfeeding support groups
- Preconception Counseling
- Know Your Rights, ICE cards, MIRC booklets
- Community education events (focus on RE/IB)
- Reach >3,500 individuals each year

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Rationale for Racial Equity Work

We believe that racism, compounded by growing gaps in wealth and income, is the root cause of health disparities, including disparities in birth outcomes and maternal health.

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NHSA AIM-CCI Pilot

Selected several PP Care Bundle elements to test:

- Provide education on postpartum warning signs
- Transition to PP & Primary Care
- Maintain inventory of community services and resources
- Develop connections with community services, especially with the Maternal Infant Health Program and Strong Beginnings
- Provide racial equity & IB/MUB training to health care providers

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Increase awareness of serious pregnancy-related complications and their warning signs
- Empower women to speak up and raise concerns
- Encourage women's support systems to engage in important conversations with her
- Provide tools for women and providers to better engage in life-saving conversations (improve communication)
- Materials in 17 languages w QR code to link to website

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Educate on PP Warning Signs: CDC Hear Her

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Launched Hear Her campaign countywide by:

- MIHP Care Coordinators (state may adopt as PoC)
- SB CHWs – added to CHW Intervention Guide
- Hospital in-patient & OB Residency Clinic
- Fatherhood Facebook Live and Monthly Newsletter (>3,000)
- Presentations / trainings with CBOs & CAN members
- Distributed QR Code stickers & printed materials

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CHW Intervention Guide - IC Yr. 1

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Month 1	Month 2	Month 3
Pregnancy & Interconception Care		
Interconception/ Postpartum Care ○ Help Mom manage typical physical discomforts that follow childbirth. **p38 H17 (code: 1iccp38h17)** ○ If Mom had a cesarean birth, discuss her recovery and when to call the doctor. **p40 H18 (code: 1iccp40h18)** ○ Explain that feeling really tired after childbirth is normal and suggest ways to manage fatigue. **p42 H19 (code: 1iccp42h19)** ○ **Ensure Mom schedules her postpartum checkup. p44 H20 (code: 1iccp44h20)** ○ **Discuss post birth warning signs - "Save Your Life" handout. Ensure handout is in easy to find location. (available in English and Spanish) https://awhonn.org/education/hospital-products/post-birth-warning-signs-education-program/ (code:1icc1835)** ○ **Follow-up on HEAR HER Education – Provide education if needed. Encourage use. Ensure handout is in easy to find location for client. (code: 1icc1820)**	**Interconception/ Postpartum Care** ○ Help Mom find ways to cope with the loss of sleep. **p154 H67 (code: 1iccp154h67)** ○ Ask Mom about her postpartum checkup and how she's feeling about her post-pregnancy body **p.156 H68 (code: 1iccp156h68)** ○ **Empower Yourself to be a Healthy Mom booklet, "Meeting a New Provider" Lesson (code: 1icc1318) – Use as refresher for clients enrolled prenatally/previously received intervention** ○ **Empower Yourself to be a Healthy Mom booklet, "How to Talk to Your Doctor" lesson (code: 1icc1317) - Use as refresher for clients enrolled prenatally/previously received intervention**	**Interconception/ Postpartum Care** ○ Explain why doing Kegel exercises is important. **p212 H94 (code: 1iccp211h94)** ○ **Talk with Mom about recovering from a difficult or unplanned birth experience. p214 H95 (code: 1iccp214h95)** ○ **Empower Yourself to be a Healthy Mom booklet, "Where to go in Case Doctor Office is Closed" Lesson (code: 1icc1319) - Use as refresher for clients enrolled prenatally/previously received intervention**

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Transition to Primary Care

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- MSU Created “Empower Yourself to be a Healthy Woman” with clients & staff
- Guides clients through rationale & step-by-step process to obtain a medical home for primary care
- 6th grade reading level, English & Spanish
- Intervention Guide for CHWs to walk clients through the transition
- Strategies focus on empowering women through education, shared decision-making, self-mgt skills & action planning

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Racial Equity Training for Providers

- Quarterly Implicit Bias / Managing Unconscious Bias
- Two-day Health Equity/Social Justice Dialogues
- Candid Conversations on Race & Racism; TRHT Circles
- Complements PET skill-building for clients on how to talk to their providers – goal of improving two-way provider-patient communication by mitigating negative impact of unconscious bias while promoting patient empowerment & shared decision-making
- In June, 334 individuals participated in RE sessions

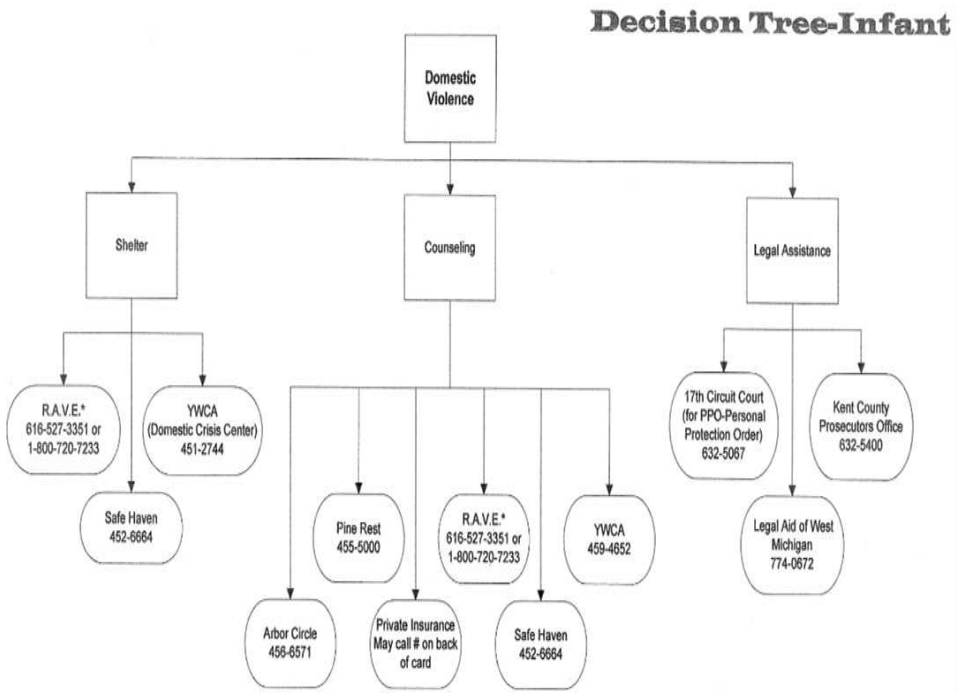
The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Community Inventory of Resources

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Maintain an up-to-date inventory of community resources.

- Screening tools on SDoH for providers
- 12 referral algorithms (e.g., utilities, social support, DV/IPV, transportation, food, mental health, housing, family planning)



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Community Resources & Referrals

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- Screeners & decision trees to be used by providers & clients as an interactive app for referrals to community resources.
- Use High Tech – High Touch (HT-2) platform for clinics (locally-determined questions re: SDoH, brief intervention, & resource referral (iPad or QR Code)
- What is HT2? – YouTube
- Https://www. Ht-2.org

Develop Connections w Community Services

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Used previous VR data to show clinicians why it's important to connect patients to MIHP & SB:

- MIHP Evidence-based, SB evidence informed programs
- Clinics that have specific procedures to identify and connect patients to MIHP/SB early in care found patient population improvements in:
  - Adequacy in PNC
  - ED use
  - Postpartum visit completion

Propensity Score Weighted Difference-in-Different Estimates among Medicaid-Insured Women from Two Practices that Initiated Formal MIHP/Strong Beginnings Connections

	Clinical-Community Integrated Practices	
	2010	2015
All women	Unadjusted % N=826	Unadjusted % N=881
MIHP participation	58.0	66.3
First trimester MIHP	54.5	67.8
Adequate Prenatal Care	67.4	77.1
Any ED use during pregnancy	56.1	54.6
Postpartum care within 60 days	82.2	81.6
Black women	N=280	N=304
MIHP participation	63.9	68.4
First trimester MIHP	48.0	56.3
Adequate prenatal care	67.6	71.1
Any ED use during pregnancy	67.9	66.8
Postpartum care within 60 days	77.5	81.9

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Client Characteristics – prior QED

- Compared to African American pregnant women on Medicaid in Kent County, Strong Beginnings clients were statistically more likely to:
  - Be unmarried
  - Be in extreme poverty
  - Have an unwanted pregnancy
  - Smoke and use drugs
  - Be in abusive relationships
  - Have a clinical diagnosis of depression
  - Have had a prior poor pregnancy outcome
  - Be homeless and move more frequently

But had higher rates of Post Partum exams (70% vs. 57%)

Client Chracteristics – 2019 QED

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2019 QED study SB pregnant women to non-SB Michigan Medicaid beneficiaries, SB clients had higher medical & psycho-social risk factors but had 19% lower relative risk of PTB.

Condition / factor	Strong Beginnings (n = 389)	Michigan MC (n=80,547)
High-risk pregnancy claims	67.4%	30.2%
Mental health conditions	31.9%	20.2%
Multiple health conditions	61%	49%
Prior preterm birth	6.7%	3.7%
<12 grade education/health literacy	41.6%	16.9%
Chronic hypertension	5.7%	4%

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Successes: Post Partum Visits

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SB frequencies for postpartum visits - MDHHS Vital Records (2017-2018)

	All women in SB 2017-2018 (n=All 589)	**Black women in SB 2017-2018 (n=327)**	All Medicaid Women in Mich. 2018 (n=33,906	All Black Women in Mich. 2018 (n=11.093
PP Visit w/in 3 weeks	56.5%	64.0%	NA	NA
PP Visit w/in 60 days	90.4%	90.7%	60.8%	54.1%

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Successes: Rapid Repeat Pregnancy

(<18 mos from previous delivery)

Prospective cohort of 455 SB inter-conception clients followed through June 30, 2017. Study concluded 2019.

Data: Linked vital records

Analysis: Chi-square tests of independence; bivariate and multivariable logistic regression

SB clients had 17% RRP rate (vs. estimated 25% - 35% for non-clients)

HRSA benchmark: <30% RRP.

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Successes: 2020 Client-Reported Data

- 648 Interconception clients served:
  - 59% Black
  - 39% Hispanic
  - 2% Other
- Postpartum Visit: 86%
- Medical home / source of usual care: 94%
- Well Woman Visit in previous 12 months: 75%
- Breastfeeding Initiation: 89%
- Breastfeeding at six months: 42% (vs. 15.5% WIC clients in Kent County).

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Successes: Policy Change

Through advocacy and participation on various workgroups (e.g., Gov. Whitmer's Racial Disparities Taskforce & MCMCH) helped passage of:

- State requirement for all health care providers to go through annual IB training to maintain licensure
- Extension of PP Medicaid coverage to 12 months
- Large hospital system requiring all 32,000 employees to participate in IB / Racial Equity training.

Continue to advocate for CHW reimbursement, end to ICE, comprehensive sex education, paid parental leave, etc.

Lessons Learned / Best Practices

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

- Racially, culturally and linguistically aligned CHWs are key to success – with lived experience, able to build trust relationships, serve as peer mentors, and act as a bridge between community and health care systems.
- Helped by relevant training, support, clear roles, and being recognized as professionals.

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Lessons Learned / Best Practices

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- Involve community in development, testing and implementation of plans, interventions, educational materials, and tools from the start
- Connect with clinicians to determine their needs and create resources / processes / tools to help them provide optimal care for their patients
  - Use data to demonstrate benefits of addressing SDoH and connecting to community resources & support programs
- Form multi-sectoral partnerships and multi-discipline teams to address client needs holistically

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Lessons Learned / Best Practices

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- Work at all socio-ecological levels: Individual, Family, Community, and Systemic
- Address the underlying causes of health disparities / health inequities, with SDoH as proximate or mid-stream factors, and racism as the underlying or upstream factor.
- Inculcate a sense of corporate or social responsibility instead of “personal responsibility” – focus on the systems that keep women, LGBTQ+, and BIPOC marginalized and oppressed.

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THANK YOU!

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Funded in part under the Health Resources and Services Administration, Maternal and Child Health Bureau grant No. H49MC03591

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Birth Equity Agenda

Five critical measures for ensuring that the United States has the proper infrastructure and resources in place to achieve equitable maternal health outcomes.

1. Reproductive health and autonomy are promoted and protected at the highest levels of government.
2. Health is a government priority and a recognized right.
3. Individual and institutions are held accountable for discrimination that leads to disparate health impacts.
4. No maternal death goes unnoticed or uncounted.
5. Government involvement in reproductive health may not intrude on reproductive freedom, agency, and autonomy.

The Black Maternal Health Momnibus Act of 2021

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Comprehensive federal legislation to address and improve every dimension of the Black maternal health crisis in America.

- Social Determinants for Moms Act
- Kira Johnson Act
- Protecting Moms Who Served Act
- Perinatal Workforce Act
- Maternal Health Pandemic Response Act
- Maternal Vaccinations Act
- Data to Save Moms Act
- Moms MATTER Act
- Justice for Incarcerated Moms Act
- Tech to Save Moms Act
- IMPACT to Save Moms Act
- Protecting Moms and Babies Against Climate Change Act

Health care coverage through 12 months postpartum

- Health and well-being of pregnant and parenting people occur into the weeks and months postpartum
  - Continuous coverage is critical to ensuring prenatal, pregnant, and postpartum people have access to screenings, diagnosis, monitoring, and treatment

- Momnibus IMPACT to Save Moms Act
  - Creates an innovative perinatal care alternative payment model demonstration project to address clinical and non-clinical factors in payments for maternity care
  - Develops strategies for ensuring continuity of health insurance coverage for pregnant and postpartum people

Increasing the diversity of the perinatal workforce

- Lack of access to culturally congruent maternity care and support is a driving force of poor birth outcomes
  - discrepancies between receipt of care and those who make healthcare priorities and norms
- Momnibus Perinatal Workforce Act
  - Calls on the Secretary of Health and Human Services to (1) provide guidance to states on the promotion of diverse maternity care teams and (2) to study how culturally congruent maternity care promotes better outcomes for moms
  - Provides funding to establish and scale programs that will grow and diversify the maternal health workforce, increasing the number of nurses, physician assistants, and other perinatal health workers like doulas, community health workers, and peer supporters

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Doula Care

Benefits

- An evidence-based approach to improving maternal and infant health
- Reduces health disparities and promotes health equity
- Potential cost savings

Barriers

- Doula care is not currently covered by insurance
- Most doula programs targeting populations facing high disparities, were funded through private foundations versus the government

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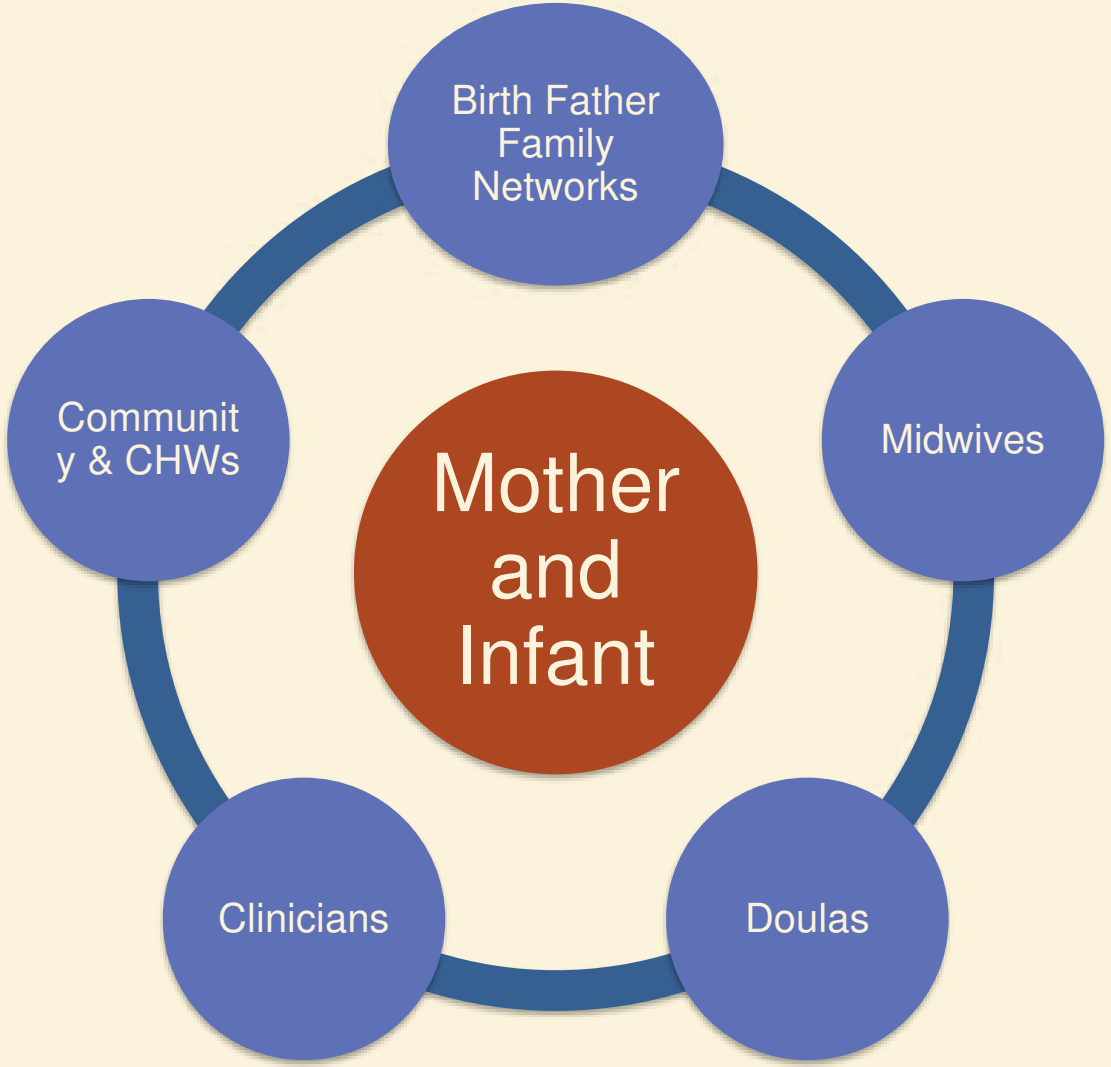
Maternity Care Team



- Provides holistic care and improved outcome for the mother and her family
- Mitigates negative experiences in the hospital setting
- Health system coordination and building continuum of care
- Overall health cost savings

Discharge and Follow-Up...

- Listen to Black birthing women and appropriately address concerns
- Shared decision making between the patient and the provider
- Addressing the social determinants of health and social risk factors
- Apply the respectful care model
- Ensuring continuity of care

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Advocacy with a Birth Equity Lens

Focusing resources into only safe sleep or education campaigns does not efficiently address maternal health inequities or the preventable causes of preterm birth.

- Values communities with highest risk of poor outcomes
- Efficient use of program funds
- Encourages community partnerships and innovation
- Makes racial equity an priority for providers
- Centers and integrates social determinants into health systems improvement

CAN Work

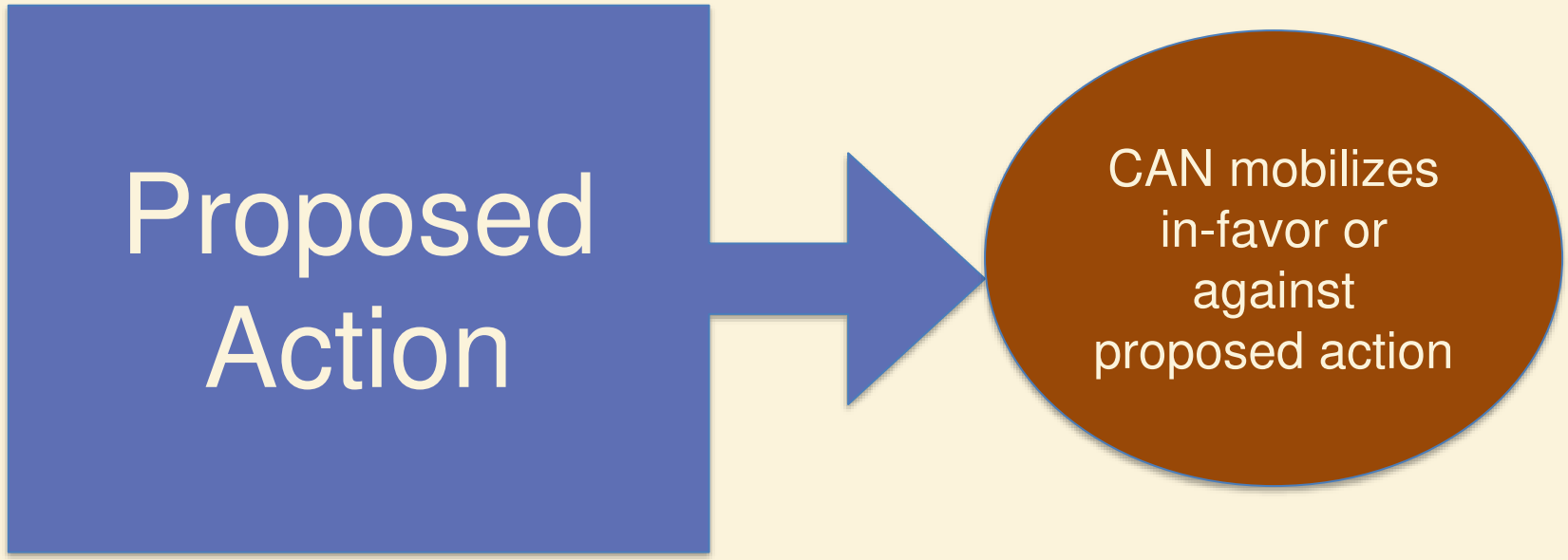
Set Parameters of Problem

- Gather and analyze data together
- Co-lead visioning and planning session with community stakeholders
- Active listening and reflect together on what was said
- and what wasn't said
- Identify focal issues to address
- Identify potential partners and advocates

Tools

- Talking to residents
- Community mapping (built environment)
- EJScreen (environmental)
- Transportation and Health Tool (transportation)
- Census data (demographic)
- Local health department reports
- Health Impact Assessment (overall)
- City council and town hall events
- Socio-ecological model (understanding issues across levels)
- Search Google **"Community engagement activities"** Or **"Toolkit for Community Action"**

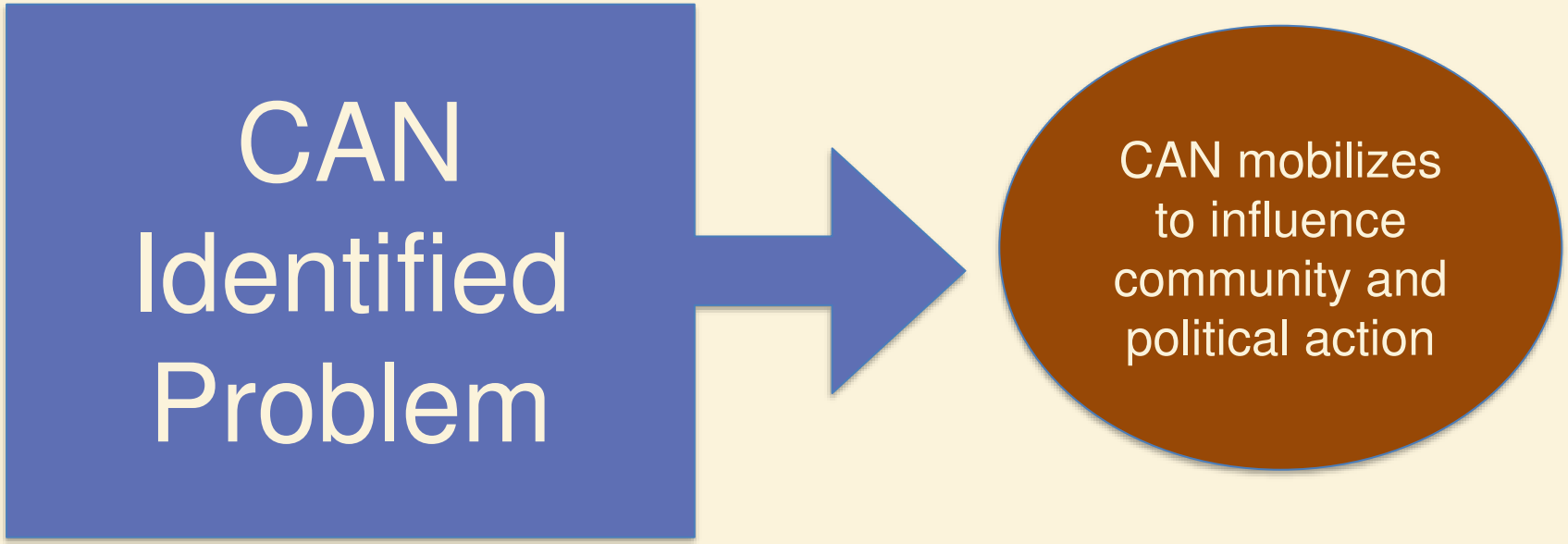
Method 1



An organization offers an action relevant/powerful or residents

Ex: There is state legislation which may effect access to prenatal care. CAN participants mobilize to make phone calls and write letters to representative

Method 2



CAN offers action relevant/powerful to residents

Ex: CAN identifies that blighted properties in neighborhood discourage outdoor exercise. CAN generates the political support to ease the process of clearing blighted properties.

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Policy Change Examples

- Leverage nurses and other staff to **assist in culture-shift to collaborative care** (assessments, referrals, relationship building)
- Influence partner organizations to prioritize racial equity in their work
- Trainings and workshops for staff to develop more cultural competence and manage implicit bias **in response to maternal experiences of racism**
- Work with community action teams to improve city-wide transportation infrastructure **in response to data and maternal experience** (signage, bike lanes, crossing guards, bus schedules, etc)
- Lead community action teams to activate against federal threats to Medicaid and public health infrastructure through the ACA, **in response to overall disinvestment in health and safety**
- **Educate the community** on opioid abuse and its impact on family health. **Lead a city-wide advocacy campaign** to direct funds towards the issue

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Healthy Start Advocacy

Programs

Where Dads Matter- Kentucky

- Inclusive action plan
- Community education
- Activation of father population

Partnerships

FIMR

- Improved data collection/access
- Aligned Case Review and Community Action Team membership
- CAT recommendations and informing policy

CAN

- Align CANs with regional or state FIMR CATs

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"What's missing from the care of Black women is their centered voice, validation of experience, and freedom to choose and be informed. Black women need **respectful care that is free of implicit and explicit bias**. It is the provider's responsibility to address those biases. To address the issue of maternal mortality **we need care that originates from and is defined by Black women-led organizations, practitioners, and community members**."

Jessica Roach, MPH

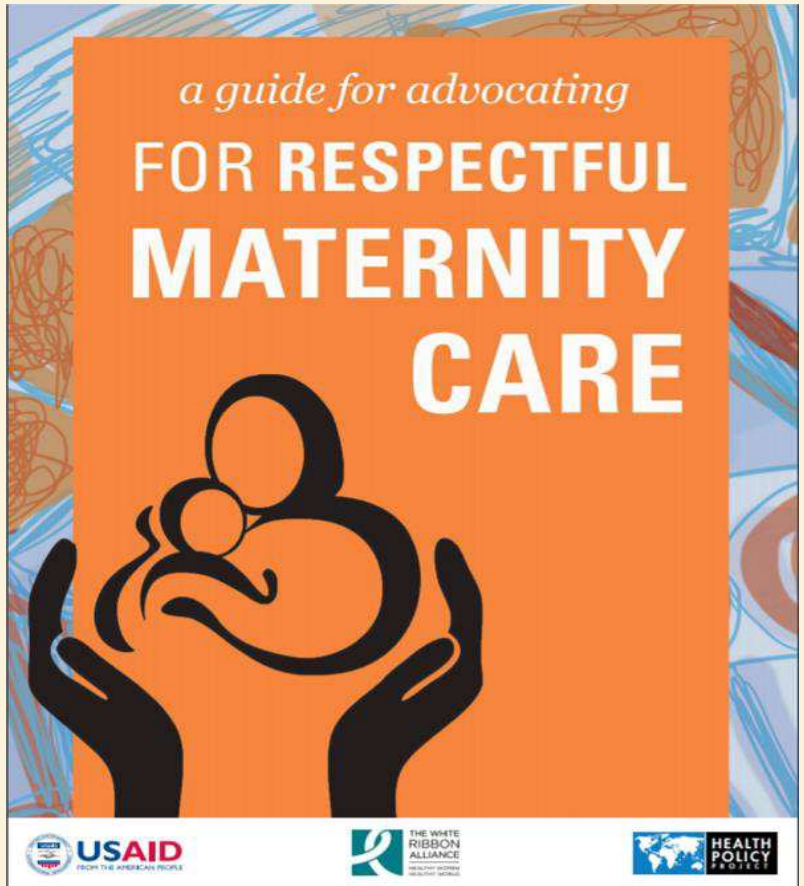
Black Mamas Matter Alliance (2018). Setting the Standard for Holistic Care of and for Black Women. Retrieved from https://blackmamasmatter.org/resources/bmma-products/

Global Respectful Care

Respectful Maternity Care Charter: Universal Rights of Women and Newborns

The Global Respectful Maternity Care Council

- Researchers
- Practitioners
- Advocates
- Policymakers
- Programmers



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Mothers Voices Driving Birth Equity

Robert Wood Johnson Foundation

Transforming Health & Healthcare Systems

"Cultural transformation deepens the capacity for providers and systems to listen to, understand, and respond to community voices in sharing stories of disrespectful and dismissive care and service gaps."

- Dr. Karen Scott

Participant Characteristics

Black women from U.S. and Africa

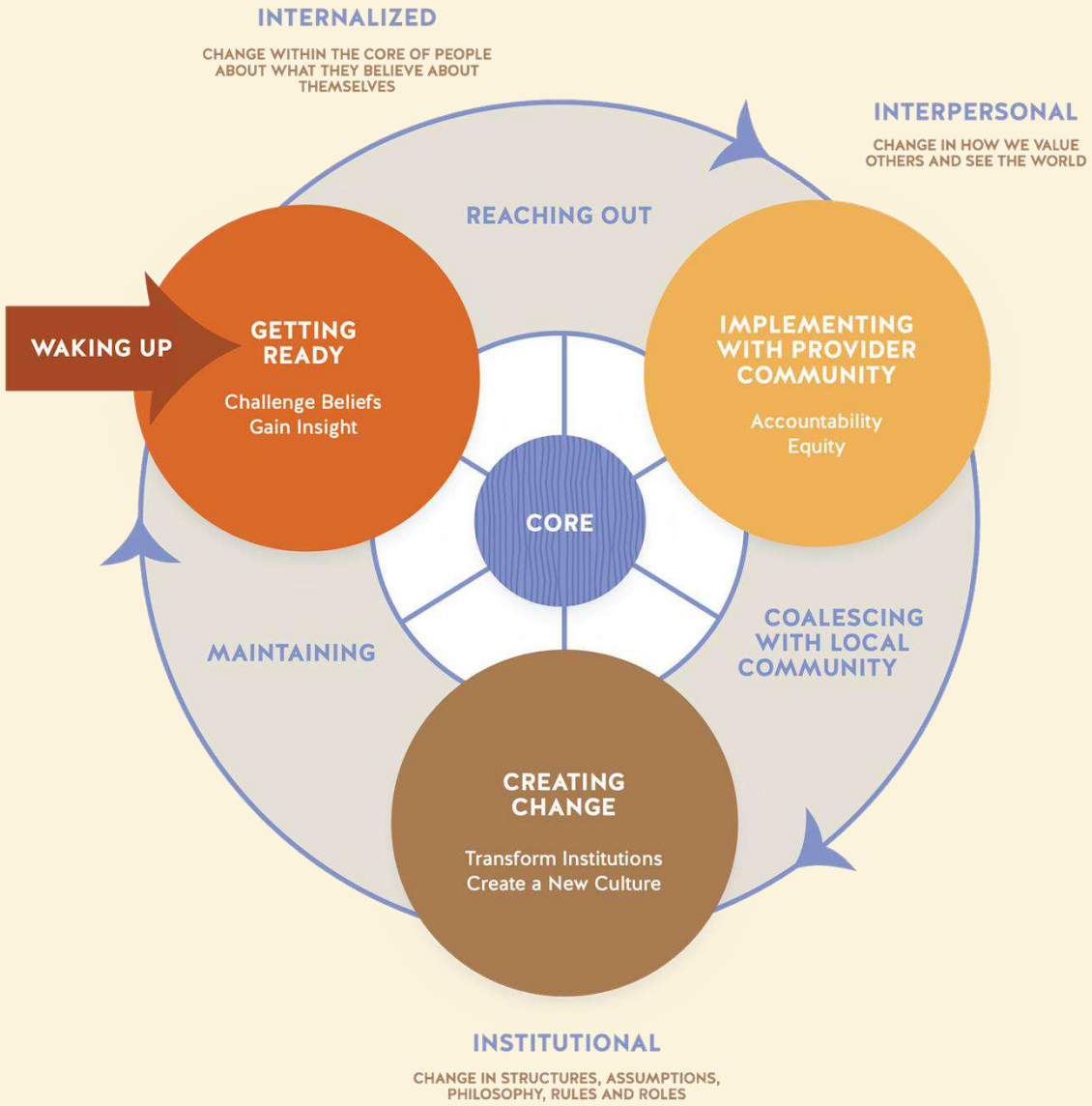
N=50

Mean Age: 32

Cities

- Atlanta, GA
- Baltimore, MD
- Chicago, IL
- Dallas, TX
- Houston, TX
- Tulsa, OK

Cycle to Respectful Care



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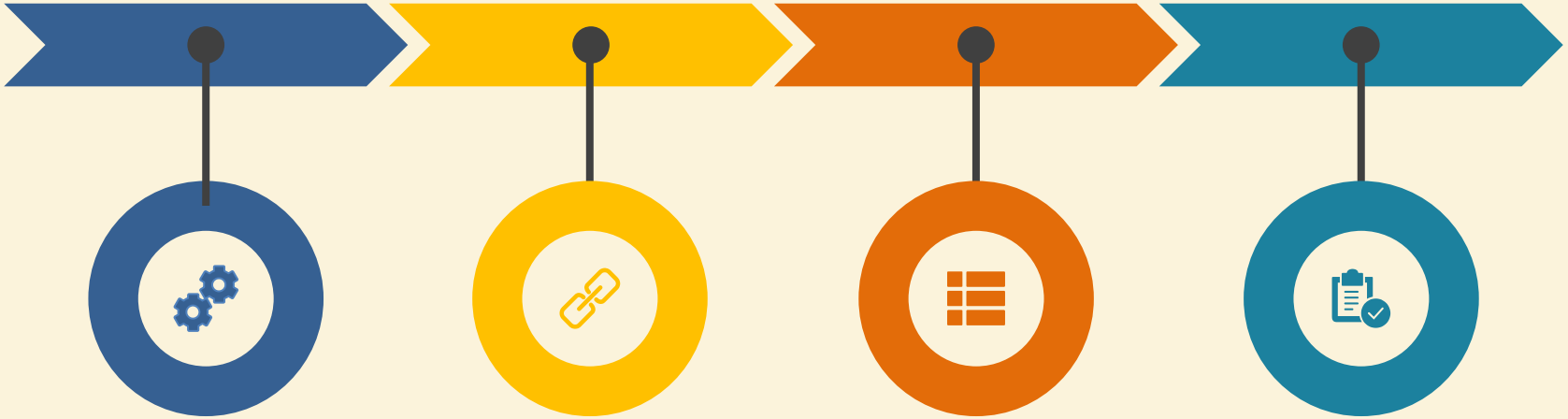
PROPOSED EXECUTIVE ASSESSMENT ACTIVITIES



EXECUTIVE TEAM PRE-ASSESSMENT

Assesses commitment and motivation for equity efforts, identifies overlapping DEI efforts at the executive level

EQUITY CAPACITY & READINESS REVIEW

Assesses organization's existing capacities to implement activities to improve Birth Equity.

DOCUMENT & DATA REVIEW

Reviews core documents for alignment with equity goals.

FINDINGS & RECOMMENDATIONS

Identifies gaps and proposes responsive capacity building map.

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Where do you start?

- Think about where you can begin addressing the structural barriers to improve 4th trimester outcomes.
- Identify the logical steps do you need to take to get there.
  - Who are your partners?
  - What changes need to be made?
  - Where is this change feasible?

The 4th Trimester series is hosted by the Healthy Start TA & Support Center at NICHQ.

Thank you

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Closing

Olivia Giordano
Healthy Start TA & Support Center

Satisfaction Survey

Next Webinar:
August 17 from 2:30-4 p.m. ET

Healthy Start
Deadlines & Events

HEALTHY start TA & SUPPORT CENTER

Can be found on the EPIC website or
bit.ly/hs-deadlines-and-events

August 2021

Deadlines:

Aug 15 HSMED-II Report (CSV or XML) Due
Aug 31 Aggregate Report (Excel) Due

Events:

Aug 2 Networking Café: Father/Male Recruitment and Retention
Aug 2 Healthy Start & WIC Webinar
Aug 16 TIROE CoP Learning Session #4 – *COP members only*
Aug 17 4th Trimester Webinar Series Session #3
Aug 18 Healthy Start COIN Meeting #9 — *COIN members only*
Aug 24 Fatherhood Learning Academy Session #2
Aug 26 CAN Learning Academy Session #4

www.healthystartepic.org

HEALTHY start TA & SUPPORT CENTER
NICHQ National Institute for Children's Health Quality


Thank
You!