MEETING WOMEN WHERE THEY LIVE, WORK AND PLAY: CLINICAL AND PUBLIC HEALTH BEST PRACTICES IN COMMUNITY SETTINGS

Monday, May 21
3:30 PM - 5:00 PM

#prematuritycollab
Meeting Women where they Live, Work and Play:
Clinical and Public Health Best Practices in Community Settings
Joia Crear-Perry MD, Founder/President
Mission
To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

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

Our vision is that every Black infant will celebrate a healthy first birthday with their families.
birth equity (noun):

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

Joia Crear-Perry, MD
National Birth Equity Collaborative
• Dismantling systems of power and racism
• Assessing and Educating on SDHI
• Provide policy improvements

“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.
PAYMENT REFORM FOR MATERNITY CARE TEAMS
Setting the Standard for Holistic Care of and for Black Women
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
Economic Benefits to Holistic Care

• Reduction of spending on elective cesarean deliveries and non-essential medical procedures

Vaginal birth costs half of what a cesarean birth costs for health insurers

• Reduces medical complications that result from non-essential procedures

• Prevents chronic conditions and risk of repeat cesareans

• Can integrate with Community Health Worker (CHW) model

• Reduces use of epidurals, instrument assisted birth and increases breastfeeding

• Long term health system improvement and transformation
No state has submitted a Medicaid amendment to reflect the rule change revision for state Medicaid reimbursement of doula services.

National Partnership for Women & Families
Developments in Payment Reform

2012- An Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid/CHIP at the Centers for Medicare and Medicaid Services (CMS) recommended providing doula coverage.

2013- CMS Preventive Services Rule (42CFR §440.130(c)) allow reimbursement for preventive services by non-licensed providers “...that have been recommended by a physician or other licensed medical provider...”

CDC and other organizations provide resources and technical support for states to implement rule change.

Delivery System Reform Incentive Payment (DSRIP) initiatives are a category of ACA 1115 waiver that allow states to innovate with payment reform to reduce Medicaid costs.
Barriers to Holistic Care

**State/Institutional**
- Bureaucratic hurdles in for states that reimburse
- Limited state health and innovation funding
- Absence of implementation policies or processes
- Lack of national coordinating body
- Limited availability of methodologically sound local data and research
- For CMS rule change to apply, states must pass a law to amend their state Medicaid plan, which may require a state credentialing body and other provisions.

**Community/Individual**
- Availability of doula services
- Local/regional training opportunities
- Affordability of services
- Exposure to/acceptability of doula services in community
“Birthing has always been an integral part of our communities and there have always been those who answered the call when a laboring woman was in need. I am just answering the call to support families to know their Rights, Options and to Advocate for themselves by using traditional methods with a modern twist.”
“We believe that the right to health and self-preservation according to one’s own will is a basic human right; therefore, if women, due to socioeconomic status, ethnicity, or citizenship status, lack access to the information and tools they need to preserve their lives; the lives of their children; and long term interests, then it is considered a violation of their rights as humans... We believe that women can be strengthen by other women from their own communities to give rise to a more cohesive and supportive environment for childrearing and family wellness.”
Recommendations

• Seek state approval of CMS rule change 42 CFR §440.130(c).
• Federal and state requirements that Medicaid MCOs cover doula services.
• Look into DSRIP programs and initiatives.
• Pressure U.S. Preventive Service Task Force to recognize doula services so that private insurers are required to reimburse.
• Community support for local/regional doula certification programs.
• Publish more evidence based literature.
Segregationists, Assimilationists, Anti-Racists
Thank you

Joia Crear-Perry, MD
Founder President

drjoia@birthequity.org
Ttáwaxt: Healthy Families, Our Heritage and Our Future

• A multi agency group concerned with the growing infant mortality rates and disparities among Native Americans, locally, statewide and nationally

• Mission: A collaborative effort to reduce infant mortality and promote healthy families within tribal communities.

• Vision: Bridging culture, health care and families to strengthen all Native generations.
Objectives

• To build knowledge about the growing disparities among women, infants and families in the Yakama Nation community.

• Learn the process of discovering the pre-conception, pregnancy and birth experiences of women and their families in the Yakama Nation Community.

• Learn how the team has disseminated their results.

• The steps the Ttáwaxt Collaborative are taking to nurture the needs that have been revealed and plans for the future.
Landscape
2016 Premature Birth Report Card
Washington State

Native American: 12.1
55% Higher

Black: 10
28% Higher

Hispanic: 8.4
8% Higher

White: 7.8
Lowest
Yakima County Infant Mortality

Infant Mortality by Race 2009-2011

- AI/AN: 8.81, 8.81, 10.58
- Hispanic: 8.83, 7.14, 5.19
- White: 2.84, 3.71, 6.05

Colors: 2009 (Purple), 2010 (Blue), 2011 (Dark Blue)
Our Team

How did our team begin?

Who is part of our team?

What are the dynamics or our team?

What are the challenges and successes of our work?
What does infant mortality mean to us?
March of Dimes
- 10k in 2012
- 20k in 2014
- 11k in 2017

Yakima Valley Community Foundation
- 20k 2013

Show Your Love
- 5k 2016

Total = 66k in 6 Years!!!
Identifying Community Needs
Our Community Study

Community Based Research

Surveys (104)

Community Members

Focus Groups (39)
Our Community Study
**Take Away: Doing a Study**

- Offer support to those who are engaging in this work. Those collecting data and those sharing their experiences.
- Using the opportunity to also teach traditional ways or to offer a connection to someone who they can reach out to.
- Thoughtful dissemination of the results and use of data.
- **PATIENCE!**
Dissemination

Service Providers

CME

Tribal Community

Women

Protocol and Plan
Results
What did we learn?

Trauma

Historical Trauma → Personal Trauma and Violence → Adverse Outcomes
What did we learn?

Planning Pregnancy

• In the focus groups mothers were the most commonly discussed source of support outside of partners. The participant’s mother was a significant source of emotional support for new mothers.

• 76% of women did not plan their pregnancies
What did we learn?

Health Care Experiences

• Many women in the focus groups shared personal testimonies that were not positive.

• The people that were there, there was only a few that were nice about things and understanding or they didn’t look down on you like you were somebody dirty. That one nurse I finally got to talk to…she was really nice. She sat down and talked to me and comforted me and gave me the right handouts and explained the stuff the baby was going through a lot better to me. And it was just WOW—how come some couldn’t sit down and do that the first time.
What did we learn?

Access to Care

- 41% Lacked money for gas
- Average miles traveled for a medical appointment was 20 miles
- 36% Lacked access to a car
- 23% Clinic/appointment too far
- 22% Work conflict/scheduling
- 10% Lacked phone
- 41% Lived in several homes during pregnancy
- 17% Were homeless during pregnancy
The cycle of life for the woman is the baby, girl, woman, and grandmother. These are the four directions of life. She has been given by natural laws the ability to reproduce life. The most sacred of all things is life.
Our Grandmothers – Our Future

Women who had an elder woman in their life had no infant mortality
Healing from the Truth of Historical Trauma

Elder Involvement

Centering Pregnancy

Doulas

Outreach

Perinatal Loss Support Groups

Home Visiting NFP

Professional Development

Community Education

Trial Council Continual Communication
Reflect & Respond
Toledo-Lucas County

Getting to 1

Celeste Smith, MA, PC
Supportive Pregnancy Care is an innovative vehicle to achieve equity in birth outcomes, where pregnant women with similar due dates meet together for prenatal care and education with their obstetric provider.
CONCEPTUAL FRAMEWORK

Fosters

By addressing

And is an approach that is

HEALTH LITERACY and HEALTH EQUITY

- Social determinants of health
- Cultural relevance
- Medical factors
- Flexible
- Can be customized
SUPPORTIVE PREGNANCY CARE APPROACH

An innovative vehicle to achieve EQUITY IN BIRTH OUTCOMES
EXPANSION INTO OHIO

Two sites, funded by UnitedHealthcare Community and State in Ohio:

1. Toledo-Lucas County Health Department
2. Axesspointe Healthcare, Akron

Community Baby Showers hosted by UHC at each site

First groups of women started in February 2018
CHALLENGES

- High infant mortality rate
- Large disparity between Black and White babies not making it to age 1
- Knowing the benefit in group prenatal care and not having the resources
- Staff Changes
- Training new staff (schedules)
- Low Recruitment
- Patient/Staff Buy In to Supportive Pregnancy
- Groups do not fit into patients school and work schedules
Successes

- Midwives and OB RN going over patient list to find patients that can start group.
- Conversations about the group with patients when they come in for initial or repeat prenatal appointments
- Start of first Group 2/27/2018
- Group guest speakers
SOLUTIONS

- March of Dimes Supportive Pregnancy Pilot Site!
Questions?

Contact Information

Celeste Smith, MA, PC
Toledo Lucas County Health Department
635 N. Erie Street.
Toledo, Ohio 43604
419-213-4095
smithc@co.lucas.oh.us