Kansas Maternal & Child Health Council

OCTOBER 10, 2018 MEETING

Welcome
Approval of Minutes
Recognize New Members

Dennis Cooley, MD, Chair

Healthy Equity & MCH

DR. STEVE FAWCETT, KU CENTER FOR COMMUNITY HEALTH & DEVELOPMENT

KMCHC Health Equity Planning: Strengthening state and local efforts to assure equal opportunities for maternal and child health

Steve Fawcett, Senior Advisor
KU Center for Community Health and Development

Kansas Maternal and Child Health Council, Topeka, October 10, 2018

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WHO Collaborating Centre for Community Health and Development

COMMUNITY TOOL BOX

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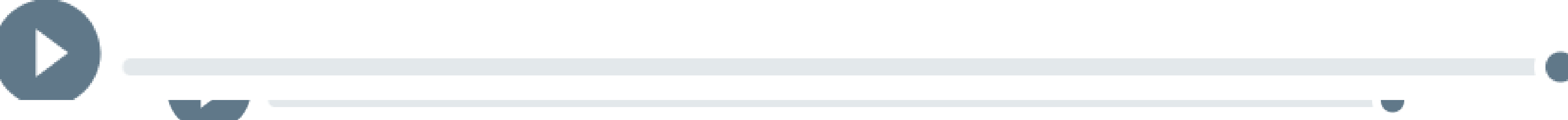
Child mortality (0-5 year-olds dying per 1000 born)

320
160
80
40
20
10
5

1800 1840 1880 1920 1960 2018



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Why plan for health equity?

"The good we secure for ourselves is precarious and uncertain until it is secured for all of us and incorporated into our common life."
— Jane Addams

"Unless commitment is made, there are only promises and hopes; but no plans."
— Peter F. Drucker

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Today's Session

- Reflect on key orienting ideas related to health equity and maternal and child health
- Consider how health inequities are produced and can be addressed
- Using the 10 essential services to strengthen the health equity infrastructure for maternal and child health

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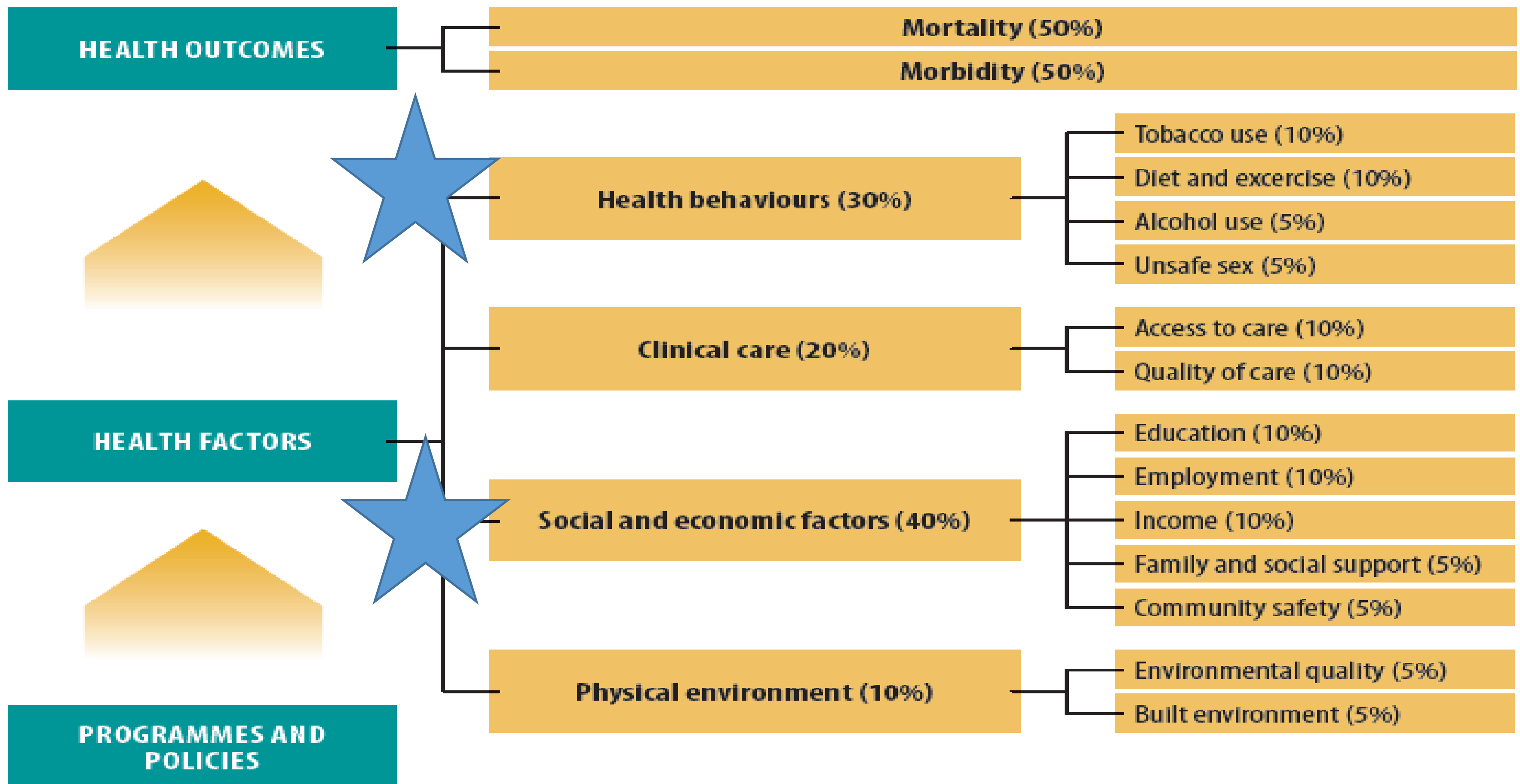
What determines population health?



Health Inequities—def.

"Systematic inequalities in health between social groups that are deemed to be avoidable by reasonable means."

--Sir Michael Marmot

Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMARY

Closing the gap in a generation

Health equity through action on the social determinants of health

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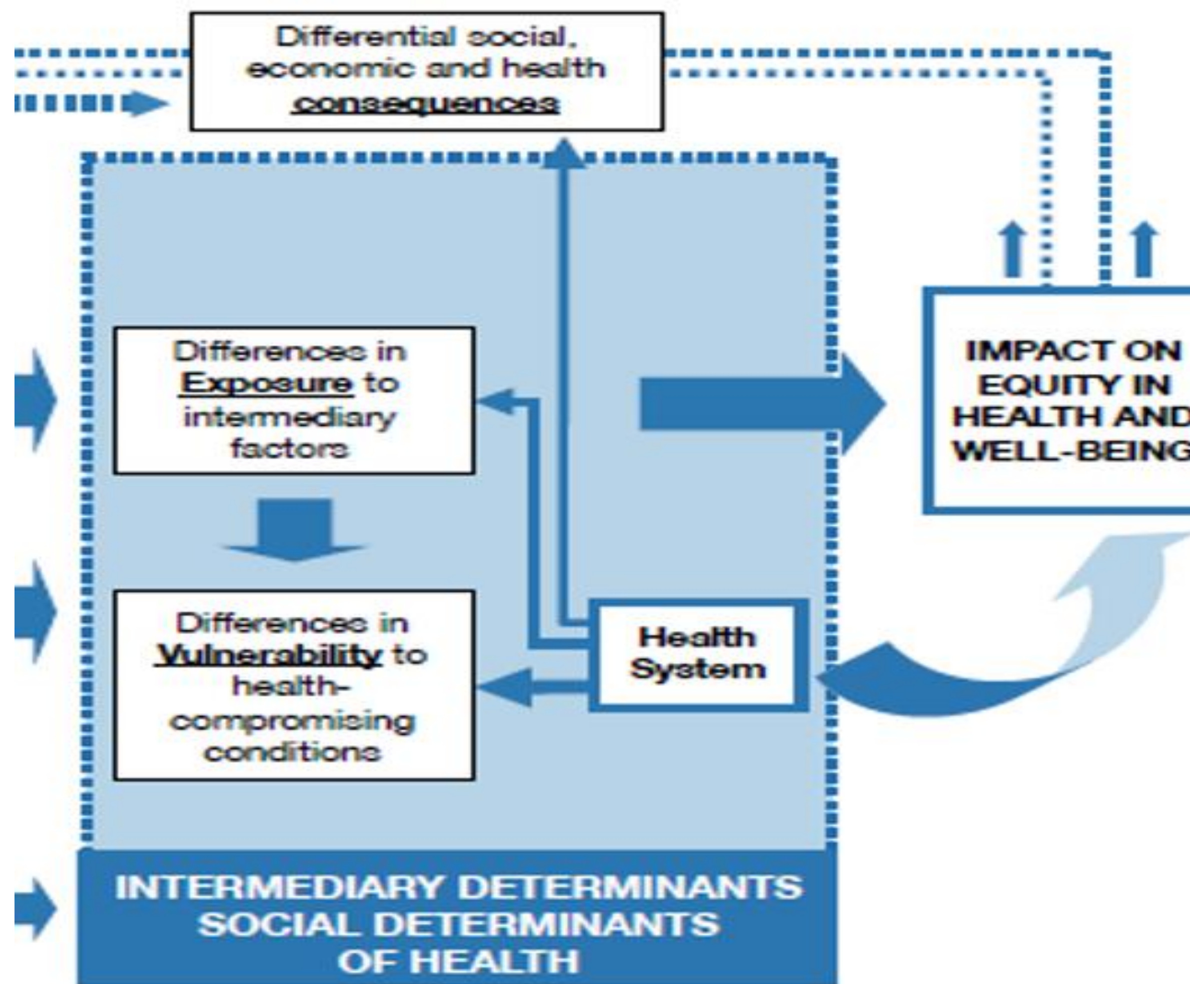
How are health inequities produced?
3 Mechanisms (intermediary determinants)



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Exercise: Considering mechanisms by which health inequities are produced

- Select a health concern to examine (ratios, not rates):
  - Infant mortality* (2.6 to 1: Blacks, Whites; 1.4 to 1: Hispanics, Whites)
  - Maternal mortality* (3 to 1: Blacks, Whites)
- Work as a group at your table
- Brainstorm to identify mechanisms producing health inequities for that health concern
- Each group reports out for their health concern

*Source: KDHE, Bureau of Epidemiology and Public Health Informatics, Kansas, 2012-2016

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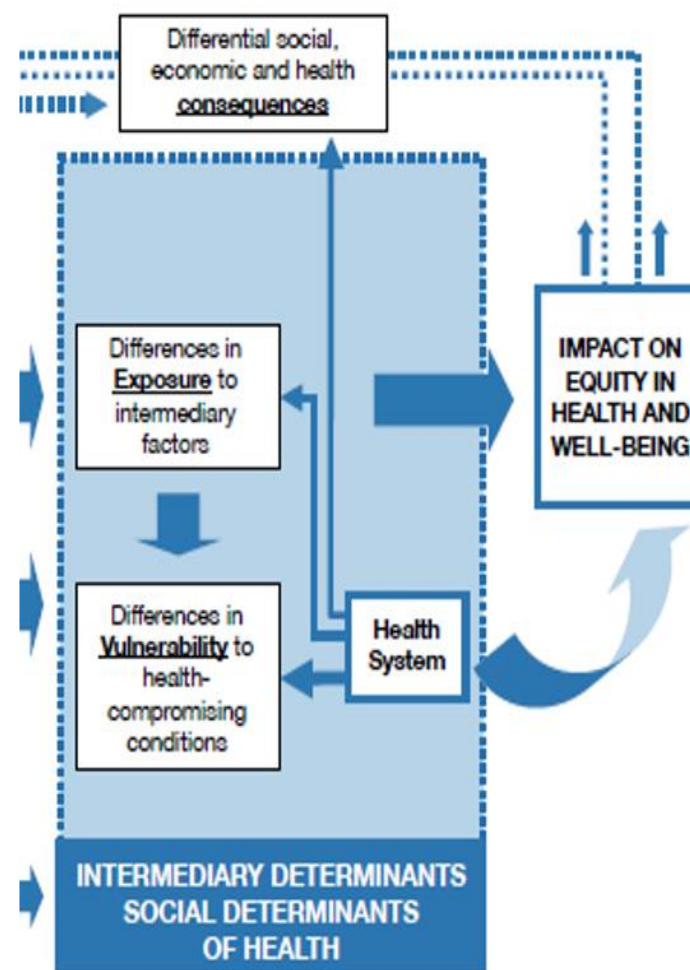
Exercise: What particular mechanisms (intermediary determinants) are likely to contribute to health inequities for your concern?

- Differential exposures/ opportunities
- Differential vulnerabilities/ capabilities
- Differential consequences/ access



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Reporting & Dialogue—Thinking together about how MCH health inequities are created

- Reporting
  - What differential exposures/opportunities did you identify that could contribute to health inequities?
  - What differential vulnerabilities/capabilities?
  - What differential consequences/access?
- Takeaways: Commonalities/ differences in identified factors?
- Whose work is it to address inequities?

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Health Equity—def.

"Everyone has a fair and just opportunity to be healthier."

--Robert Wood Johnson Foundation

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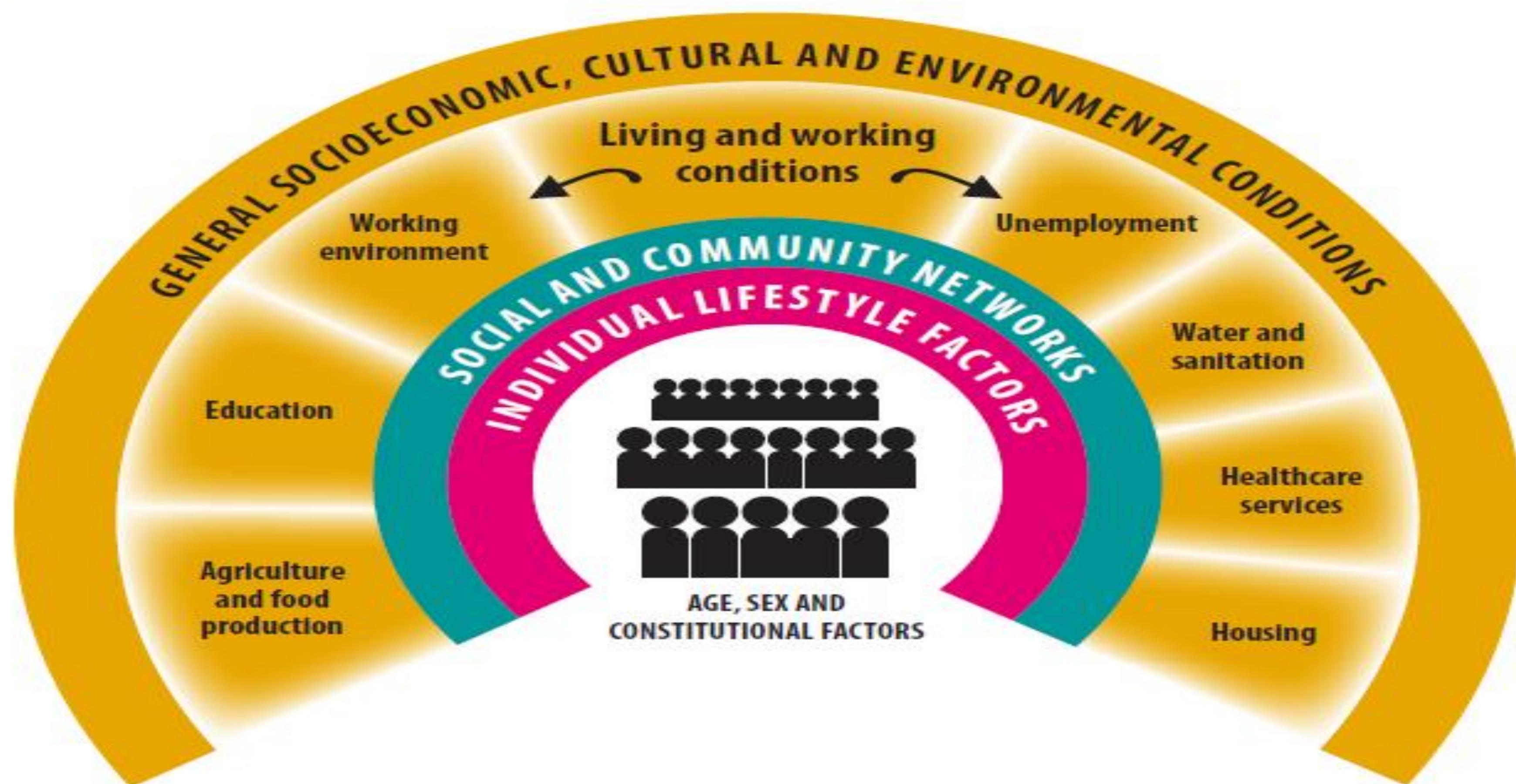
Promoting Health Equity—Assuring equal opportunities for health

Figure 2.3: The health gradient

Source: Taket A (1990) *Making Partners: Intersectoral Action for Health: Proceedings and Outcome of a Joint Working Group on Intersectoral Action for Health.* Copenhagen, WHO.

What systems have a role in health equity?

Figure 1.2: The main determinants of health



Source: Dahlgren G and Whitehead M (1991) *Policies and strategies to promote social equity in health*. Stockholm, Institute of Future Studies.

Exercise: Your Vision for Health Equity

- Write down—Your Vision—"What would things look like if KDHE MCH were optimally supporting efforts to promote health equity, at KDHE and in Kansas?"
- Report out
- Takeaways about vision statements: Commonalities, differences?

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Framework for promoting population health and health equity (and addressing SDoH)

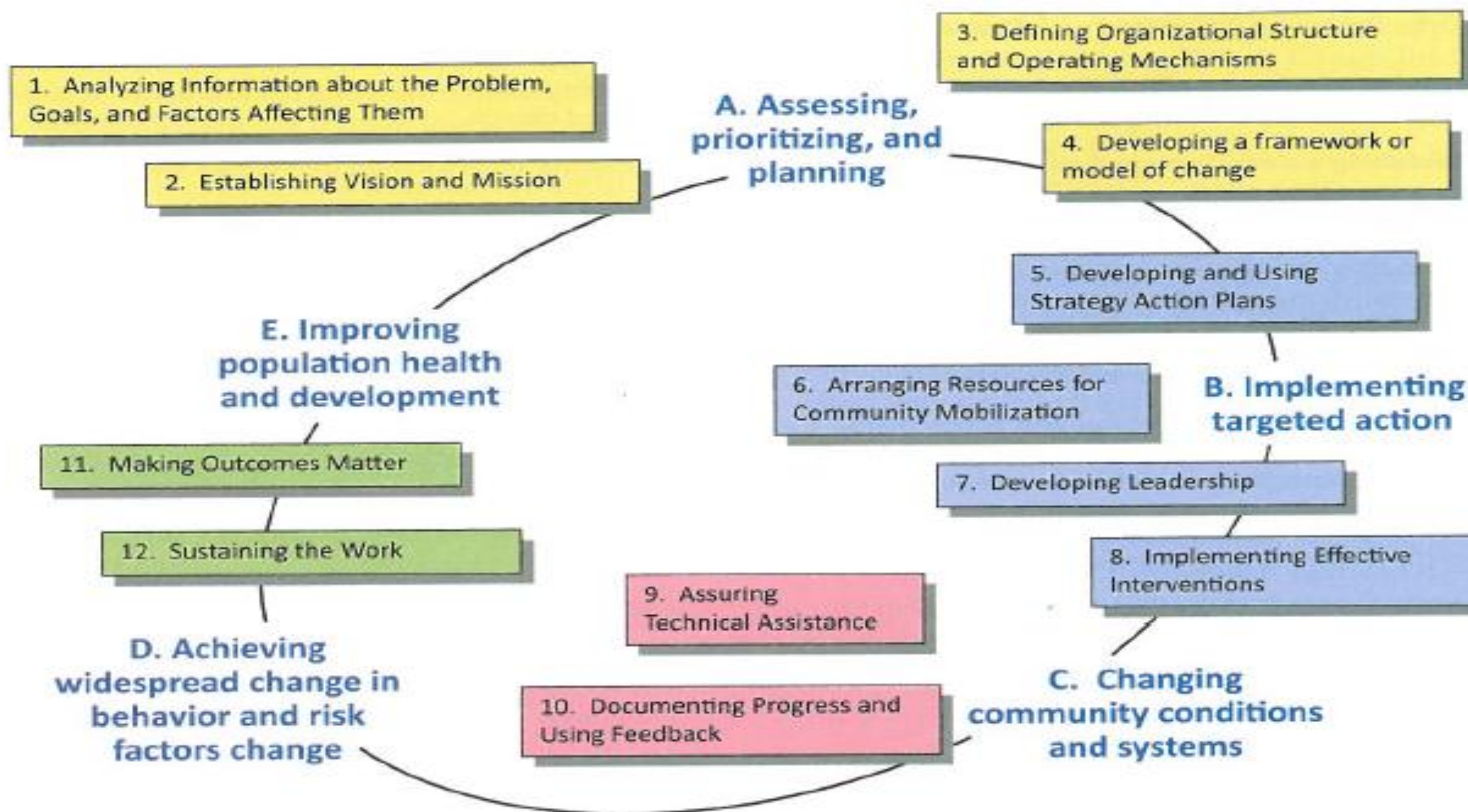

FIGURE 25-1 **Framework for Collaborative Action for Population Health and Health Equity, and Associated Community Development Processes**

Adapted from the "Framework for collaborative public health action," as cited in The Future of the Public's Health in the 21st century.

10 Essential Services: Strengthening the health equity infrastructure for MCH

[10 Essential Public Health Services]

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Exercise: Strengthening the health equity infrastructure through 10 essential services

- Break into one of 3 groups
  - Educate and empower people, Mobilize partnerships; Workforce preparation
- Assess current situation of this essential service's contribution to health equity
- Consider potential strategies for supporting health equity efforts (using Inventory)
- (use votes) Identify priority strategies
  - Consider importance to advancing health equity at KDHE, in Kansas
  - Consider feasibility (financial, political, time)

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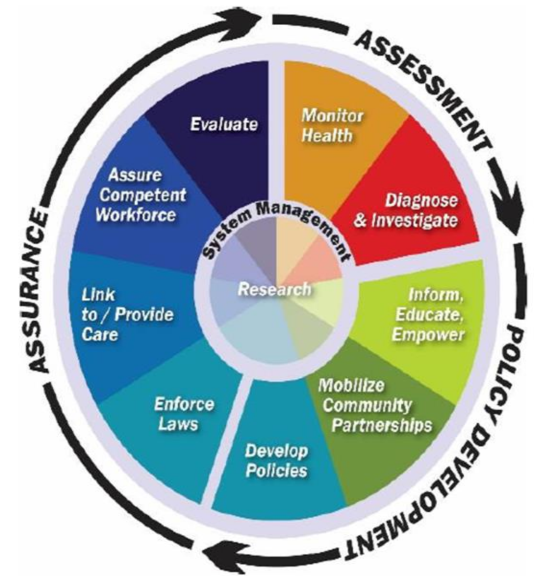
Select an Essential Services Group

- ES3: Inform, educate and empower people about health equity issues
- ES4: Mobilize community partnerships and action to identify and solve health (and health equity) problems
- ES8: Assure competent public and personal health care (and health equity) workforce



10 Essential Public Health Services

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Exercise: Strengthening the health equity infrastructure through the essential services

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Reporting & Dialogue: Critical Reflection on Sufficiency of Identified Strategies

- REPORTING:
  - What priority strategies did you identify?
- DIALOGUE:
  - Is this a strong set of strategies for supporting health equity efforts at KDHE MCH, in Kansas?
  - Will they reach those who need to benefit?
  - Are they feasible?
- Taken together, can this combination of strategies—if fully implemented—achieve the vision?

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Wrap up for Today's Session

- TAKE AWAYS for today's session (whole group dialogue)
- Agreements and next steps
- Other communications

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Lunch & Networking

KANSAS
MATERNAL &
CHILD HEALTH

Domain Group Work

HEALTH EQUITY PLANNING AND ACTIONABLE STRATEGIES FOR MCH

Domain Group Tasks

Task 1 *(15-25 minutes):* Discuss and identify intermediary determinants

Task 2 *(30-40 minutes):* Identify and select potential strategies to support health equity

Task 3 *(10-20 minutes):* Recommend one potential health strategy to advance for each essential service

- ES #3: Inform, Educate and Empower
- ES #4: Mobilize Partnerships
- ES #8: Assure Competent Workforce

Domain Group Assignments

KANSAS MATERNAL & CHILD HEALTH

STAFF SUPPORT BY DOMAIN GROUP

Women/Maternal: Stephanie Wolf, Diane Daldrup, & Sarah Fischer

Perinatal/Infant: Carrie Akin & Jenny Taylor

Child: Kayzy Bigler & Connie Satzler

Adolescent: Elisa Nehrbass & Tamara Jones

Ground Rules

KANSAS MATERNAL & CHILD HEALTH

1. Stay present (phones on silent/vibrate, limit side conversations).
2. Invite everyone into the conversation. Take turns talking.
3. ALL feedback is valid. There are no right or wrong answers.
4. Value and respect different perspectives (providers, families, agencies, etc.)
5. Be relevant. Stay on topic.
6. Allow facilitator to move through priority topics.
7. Avoid repeating previous remarks.
8. Disagree with ideas, not people. Build on each other's ideas.
9. Capture "side" topics and concerns; set aside for discussion and resolution at a later time.
10. Reach closure on each item and summarize conclusions or action steps.

Small Group Reports

W/M, P/I, C, A

Topeka Doula Project

Special Guest: Juliet Swedlund, Founder

TOPEKA DOULA PROJECT

Supporting underserved families through pregnancy, labor, and the postpartum period

Introduction

Juliet Swedlund, CD(DONA)

Memphis - Seattle - Topeka

Background in Health & Wellness with YMCA

DONA Trained & Certified at Simkin Center for Allied Birth

Evidence Based Birth® Instructor

The DONA Advantage

Families who work with a DONA certified birth or postpartum doula know that they're getting someone who has completed in-depth, high-quality, evidence-based training and continuing education.

DONA International upholds the highest standards for certified doulas, and families can rest assured that they will receive the highest level of support from a DONA certified doula.

DONA Standards of Practice and Code of Ethics

Topeka Doula Project - Mission

A Topeka area 501(c)(3) nonprofit offering volunteer, evidence based doula support to teen mothers, incarcerated and reintegrating mothers, and low-income mothers and their families.

Collaborative Partners & Referrals

- Topeka Correctional Facility
- Shawnee County Health Department
- GraceMed
- Community Midwives and OBGYNs
- Community Health & Baby Fairs
- Direct Connection through website

What is a Doula?

A trained professional who provides continuous physical, emotional, and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.

Benefits of Birth & Postpartum Doulas, DONA.org

What Doulas do NOT do

- We are NOT medical professionals
- We do not perform clinical tasks
- We do not give medical advice or diagnose conditions
- We do not replace the birth partner or other support

Continuous Support of a Doula

- Emotional support
- Comfort measures
- Evidence based information
- Reassurance
- Facilitates communication when helpful or necessary

Evidence on Doulas

2017 Cochrane review, 26 trials, 15,000+ people

15% ⇧	in the likelihood of a spontaneous vaginal birth
31% ⇩	in the use of Pitocin
39% ⇩	in the risk of Cesarean
10% ⇩	in the use of any medications for pain relief
31% ⇩	in the risk of being dissatisfied with the birth experience

Source: Evidence Based Birth

The Topeka Doula Project Difference

Extend and intensify the role of the doula with families from early pregnancy through the first months postpartum.

- Populations served
- Standard of care - why are we helpful?
- Comprehensive community connection - programs and referrals

In Support of Community Doula Programs

Up to 45% of birthing women experience childbirth as traumatic. They feel intense fear, helplessness, loss of control, and isolated. Mothers at the greatest risk are:

- People of color
- Low income
- Prior trauma (sexual abuse)
- History of mental health

Beck et al. (2013). *Traumatic Childbirth.* Routledge Taylor & Francis Group: London

By My Side - New York City

- Implemented in 2010 by the New York City Health Department
- Offers free doula services in central & eastern Brooklyn neighborhoods where maternal and infant mortality are highest
- 12 doulas served over 800 families from 2010-2015
- 50% reduction in preterm births and low birth weight babies compared to other women in the same community

Thomas M-P, Ammann G, Brazier E, Noyes P, Maybank A. Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. Maternal and Child Health Journal. 2017;21(Suppl 1):59-64. doi:10.1007/s10995-017-2402-0.

New Jersey Department of Health Community Doula Program

- Awarded $4.3 million across 6 agencies
- Devoting $450,000 to implement doula program in cities with highest infant mortality rates
- Community Doula Pilot Training in February

Healthy Women, Healthy Families' Initiative Targets Health Disparities. New Jersey Health Department, 2018.

Medicaid Reimbursement & Prison Doulas

- States offering Medicaid Reimbursement for Doulas
  - Minnesota & Oregon
  - Introduced legislation: New York, New Jersey, Vermont
- States requiring access to a doula to incarcerated pregnant people, either free or paid for by the client
  - Minnesota, Oklahoma, & Washington
  - Introduced legislation: Wisconsin

State Policy Approaches to Incorporating Doula Services into Maternity Care, 2018

Topeka Doula Project: Next Steps

- Prison Doula Training and Collaboration, October 19-21, Minneapolis, Minnesota
- DONA Doula Training, late Winter 2019
  - Open to the public, offering 3 scholarships
  - Bring est. 10+ doulas to Shawnee County, expanding capacity to serve
- Childbirth Education Training, May 2019
  - Offering Childbirth Ed. at Topeka Correctional Facility, in the community, and in-home for clients with transportation or childcare barriers

Supporting the work of the KMCH Council

- National Performance Measures
  - NPM 4: Breastfeeding (Percent of infants ever breastfed; Percent of infants breastfed exclusively through 6 months)
  - NPM 14: Smoking during Pregnancy and Household Smoking (Percent of women who smoke during pregnancy; Percent of children who live in households where someone smokes)

Supporting the work of the KMCH Council

- State Performance Measures
  - SPM 1: Percent of preterm births (<37 weeks gestation)
  - SPM 2: Percent of children living with parents receiving emotional support (help with parenthood)
  - SPM 5: Percent of adults who report that it is somewhat difficult or very difficult to understand information from doctors, nurses and other health professionals

Topeka Doula Project supporting Kansas Families

- Past 12 months
  - 18 Mothers from Topeka Correctional Facility received free doula support, 3 are currently prenatal
  - 16 Mothers in Shawnee County referred to Topeka Doula Project, half are postpartum and half are prenatal
- Potential to grow

With support from the right stakeholders, we believe our program and model of care could expand to serve families throughout the state of Kansas.

Contact Information

Juliet Swedlund

topekadoula.org
785.380.7899 (text or call)
julietswedlund@topekadoula.org

Discussion: MCH's Role

- Was any information presented about doulas (role, impact) new to you?
- Which aspect(s) did you most relate to in terms of current or potential work with doulas?
- Are you or partners in your community already referring to and/or working with doulas in some way? How?
- Are there potential gaps that came to mind that the MCH Council and the MCH community would be a natural fit to help address through partnership opportunities—with Topeka Doula or doulas generally?
- Are there new connections that should be made or partnerships lacking?

Action

What is one activity the Council can do to promote and support doulas?

KANSAS MATERNAL & CHILD HEALTH

Kansas PRAMS Update

Lisa Williams & Brandi Markert, KDHE Bureau of Epidemiology & Public Health Informatics

Announcements January Agenda

KDHE & KMCHC MEMBERS

KANSAS MATERNAL & CHILD HEALTH

KDHE Announcements

- One Key Question® and Women's Health

SAVE THE DATE

> ONE KEY QUESTION®

Feb. 25, 2019, Wichita
Feb. 27, 2019, Hays
March 1, 2019, Topeka

Training will take place from 8:30 a.m. – 4:00 p.m. A working lunch will be provided. Registration is limited to 50, and registration link will go out in early January.

This training is brought to you by the Power to Decide and supported by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #B04MC31488 and title Maternal and Child Health Services.

KDHE Announcements cont…

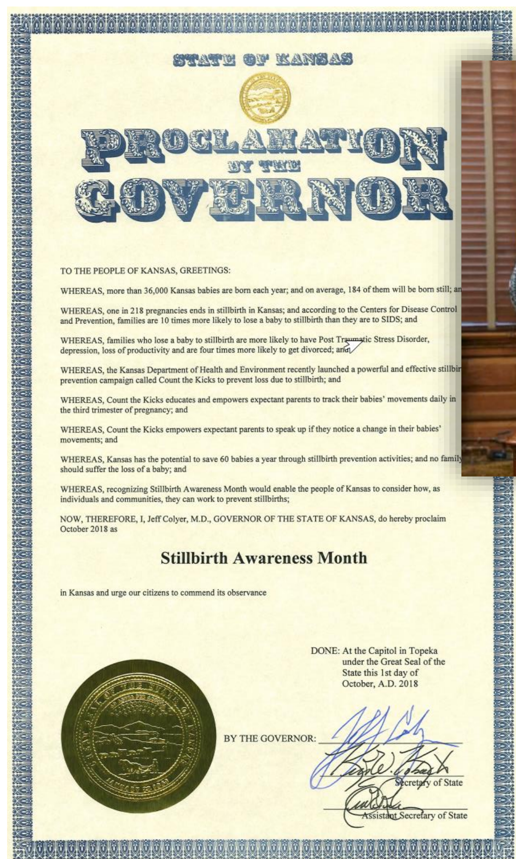
KANSAS MATERNAL & CHILD HEALTH

- Supporting You (www.supportingyoukansas.org)

KANSAS MATERNAL & CHILD HEALTH

KDHE Announcements cont…

- Stillbirth Prevention & Count the Kicks


STATE OF KANSAS

PROCLAMATION BY THE GOVERNOR

TO THE PEOPLE OF KANSAS, GREETINGS:

WHEREAS, more than 36,000 Kansas babies are born each year; and on average, 184 of them will be born still; an

WHEREAS, one in 218 pregnancies ends in stillbirth in Kansas; and according to the Centers for Disease Control and Prevention, families are 10 times more likely to lose a baby to stillbirth than they are to SIDS; and

WHEREAS, families who lose a baby to stillbirth are more likely to have Post Traumatic Stress Disorder, depression, loss of productivity and are four times more likely to get divorced; and

WHEREAS, the Kansas Department of Health and Environment recently launched a powerful and effective stillbir prevention campaign called Count the Kicks to prevent loss due to stillbirth; and

WHEREAS, Count the Kicks educates and empowers expectant parents to track their babies' movements daily in the third trimester of pregnancy; and

WHEREAS, Count the Kicks empowers expectant parents to speak up if they notice a change in their babies' movements; and

WHEREAS, Kansas has the potential to save 60 babies a year through stillbirth prevention activities; and no family should suffer the loss of a baby; and

WHEREAS, recognizing Stillbirth Awareness Month would enable the people of Kansas to consider how, as individuals and communities, they can work to prevent stillbirths;

NOW, THEREFORE, I, Jeff Colyer, M.D., GOVERNOR OF THE STATE OF KANSAS, do hereby proclaim October 2018 as

Stillbirth Awareness Month

in Kansas and urge our citizens to commend its observance

DONE: At the Capitol in Topeka under the Great Seal of the State this 1st day of October, A.D. 2018

BY THE GOVERNOR:

Secretary of State

Assistant Secretary of State

STILLBIRTH IN KANSAS

36,000	184	One in 218
Kansas babies are born each year	will be born still, on average	pregnancies ends in stillbirth in Kansas

According to the Centers for Disease Control and Prevention, **families are 10 times more likely to lose a baby to stillbirth than they are to SIDS.**

Families who lose a baby to stillbirth are more likely to have Post Traumatic Stress Disorder, depression, loss of productivity and are four times more likely to get divorced.

Kansas has the potential to save 60 babies a year through stillbirth prevention activities.

For more information, visit www.countthekicks.org.

Kansas Department of Health and Environment

KDHE Announcements cont…

KANSAS MATERNAL & CHILD HEALTH

- *NEW* Maternal Mental Health Grant (media release)
- Maternal Mortality Review & Committee (media release)
- Palliative Care Program & Committee/Council
- Newborn Screening Expansion (media release)
- Care Coordination Updates
- Birth Defects Updates

January Agenda

Individuals w/Special Health Care Needs and Their Families

- Relevant discussions by population domain
- Considerations and implications for MCH and the state action plan
- Lessons and successes applicable for the general MCH population
  - Family Support and Engagement including use of the Family Engagement Standards
  - Life Course Framework/Tools
  - Peer Support
  - Other

Next Meeting Date

JANUARY 23, 2019

Closing Remarks

DENNIS COOLEY, MD, CHAIR