

Infant Mortality in African American Infants and Infants in Rural Areas Study

Innovative Programs Subgroup

Meeting Summary

December 3, 2018

Location: Maryland Healthcare Commission (MHCC), Rm 100, 4160 Patterson Ave., Baltimore, Md. 21215, Remote Access Available

Purpose of the meeting: There is a mandate by the Maryland General Assembly in the form of legislation from last session that asks the Commission and State partners to look at this particular group: Infant mortality among African American infants and infants in rural. This workgroup will run through 2019.

Attendance:

Lillian Norris-Holmes
Megan Renfrew
Lee Woods
Anne Jones
Dr. Rob Atlas
Laura Wilson

Donna Strobino
Ben Steffen
Sandy Kick
Marianne Hiles
Ben Wormser
Carla Bailey

Welcome & Introductions: Megan Renfrew welcomed all attendees and facilitated a round of introductions. Ms. Renfrew also asked each attendee to give a brief reason as to why they were interested in being a part of this workgroup.

Work group members mentioned how this work group aligns with their organizational missions and roles, including providing direct service to families, decreasing infant mortality in hospitals, developing creative approaches to reducing infant mortality, and extending existing programs.

Discussion of ideas for tackling infant mortality

Megan reviewed the subgroup's purpose: creating a space to hear stories from folks on the ground that complement the more academic/quantitative work of the data analytics subgroup and the literature reviews that will be completed by contractors. The subgroup was asked to discuss their vision and goals for this subgroup.

Calvert County created a program focused on vulnerable under-served populations in rural communities, including mothers, pregnant women with substance abuse issues, as well as women who could become pregnant. This program has succeeded in getting women into treatment, GED programs, and back to work programs, and providing contraception. The goal is

to help stabilize a family. This program ended about a year ago but was so successful it is being implemented in Montgomery and Prince George's Counties.

The group discussed program evaluation and program evaluation standards and populations.

The group also discussed concerns about lack of data sharing between entities that work with families. For example, the Baltimore City Health Department does not share data on Healthcare Access Maryland that could be helpful in patient care. Patients could fall through the cracks or critical services that need to be provided get missed.

Others shared that significant improvement could be made between OB/GYN and Pediatrics Departments as they move low-birth weight babies from the NICU to home so that support systems are adequate throughout this transition.

The group then discussed preconception health and the importance of that factor on pregnancy outcomes, as well as the difficulty of focusing on preconception health when it is impossible to know when or if a woman will eventually have a pregnancy. The rate of unintended pregnancy is high (approximately 50%). It would help to do a better job spreading the message that taking care of your health before pregnancy is important to ensure a healthy baby.

The group discussed targeting high school girls with this messaging, and messages that alcohol and drugs could impact their babies. It would also be useful to think about messaging to women with chronic illnesses.

The issue of health care access also came up in discussion. How do we reach women who do not have a provider or regular source of health care, particularly in rural areas?

Pediatricians could be a pathway for a new approach on maternal health. Pediatricians usually see a mother frequently during the 1st three years of the child's life, which provides an opportunity to discuss their health before a second (or 3rd) child. Perhaps depression screening could be conducted in this setting. The needs of women with behavioral health needs should also be addressed.

This study is partly to educate the legislature, and stories are important for effectively reaching legislators (as a compliment to data analysis). The group discussed potentially conducting focuses groups with successful program leaders on the ground, with nurses in rural areas working on infant mortality, and with school based healthcare systems. This study has a limited budget, so the number of focus groups would need to be limited.

The statutory charge for the study also requires us to look at programs outside of the United States. European countries with refugee populations are facing difficulties with these topics. Data from Europe/Australia doesn't have the US looking good internationally; they just do so much more to support family leave, including for fathers. Denmark provides women with great benefits for having and rearing babies. It's hard in this country as a woman to have a career and have a baby.

The group had a discussion about whether the legacy of slavery and discrimination in the United States presents different problems than the issues that are raised by new refugee populations.

How can we better partner with OBGYN providers?

Transportation is a persistent issue with women in rural communities.