NH AIM/ERASE Monthly Webinar
August 8, 2024

WELCOME!

- We will begin shortly
- Reminder, we will be recording this session
- Your line will be muted upon entering. Please enter comments or questions in the chat
- Julie Bosak & Karen Lee will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email **Karen.G.Lee@hitchcock.org**

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CE is ONLY available for live attendance.

NH AIM/ERASE Monthly Webinar
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REMINDERS:

- Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ **www.NNEPQIN.org**: Educational Offerings | NNEPQIN
- We HIGHLY value your input. Please be sure to **complete the evaluation** that Karen Lee will send to you immediately following the webinar. It takes less than 5 minutes to complete.

Why a comprehensive SDoH assessment improves your ability to address mental health concerns.

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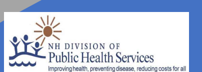


Today's Agenda

AIM Bundle Updates
Julie Bosak, DrPH, CNM

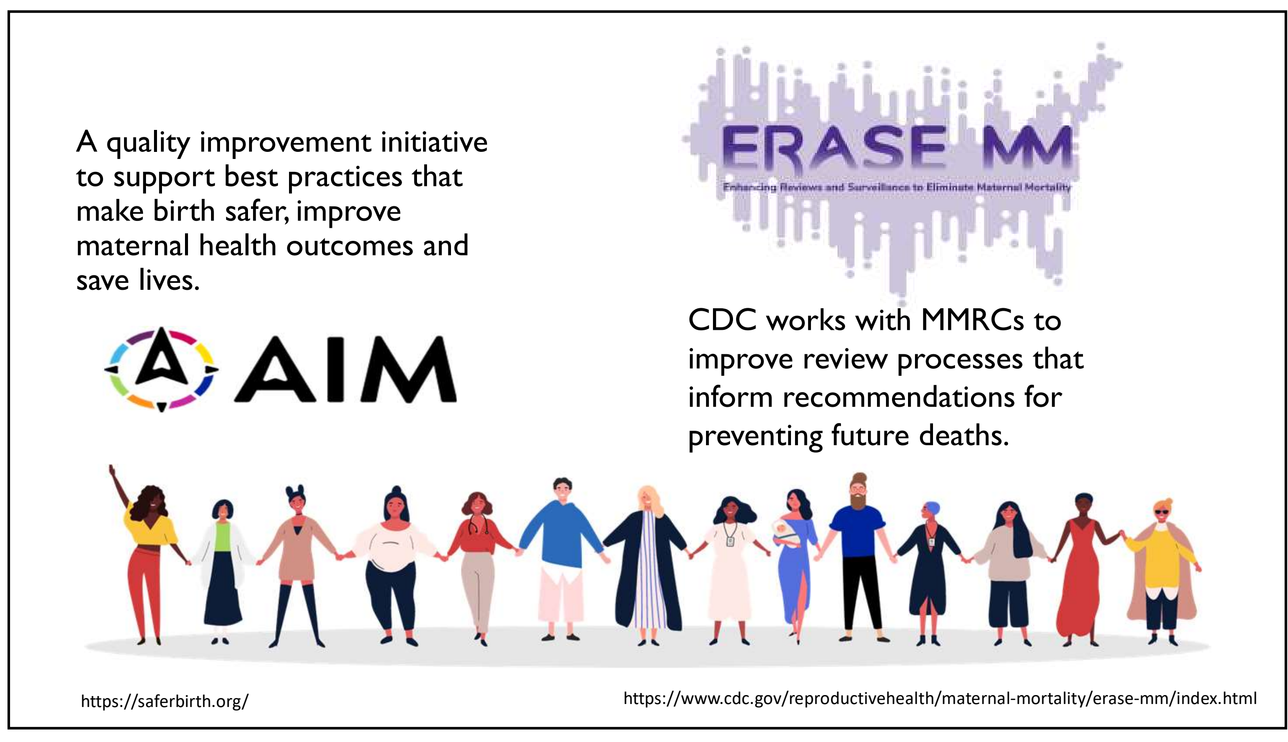
SDoH Screening for Mental Health
Sophia Allen, MPH

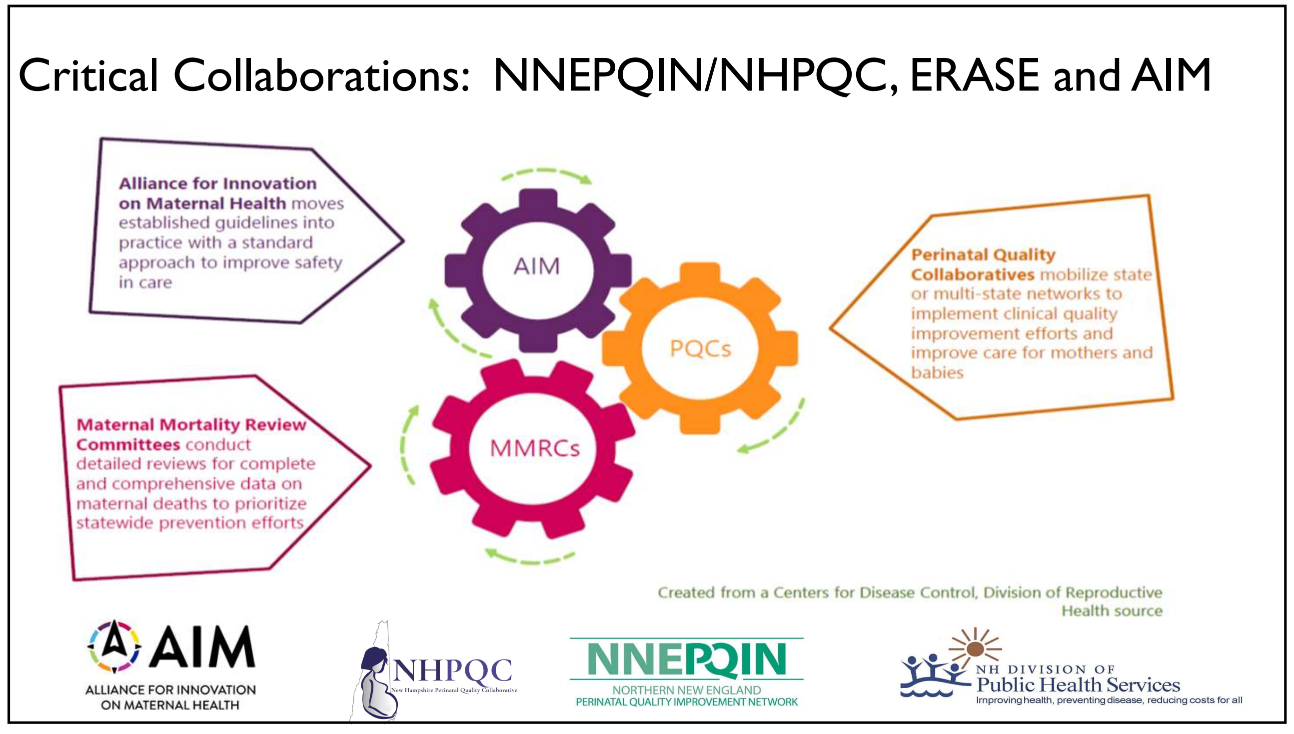
Food is Medicine Program
Taralyn Bielaski, MPH and Chelsey Canavan, MSPH

NOTE: Todays speakers have nothing to disclose

Gender Statement

We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.

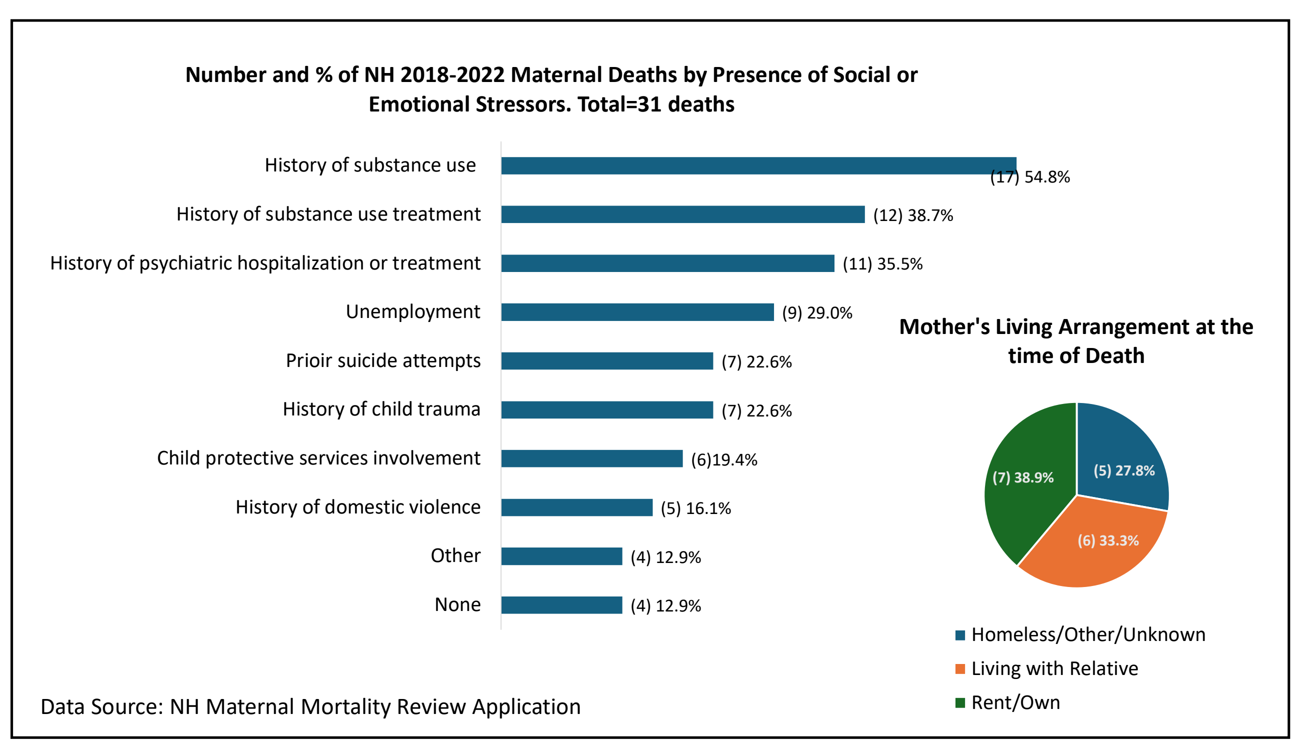

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.
AIM
ERASE MM
Enhancing Reviews and Surveillance to Eliminate Maternal Mortality
CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.
https://saferbirth.org/
https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html

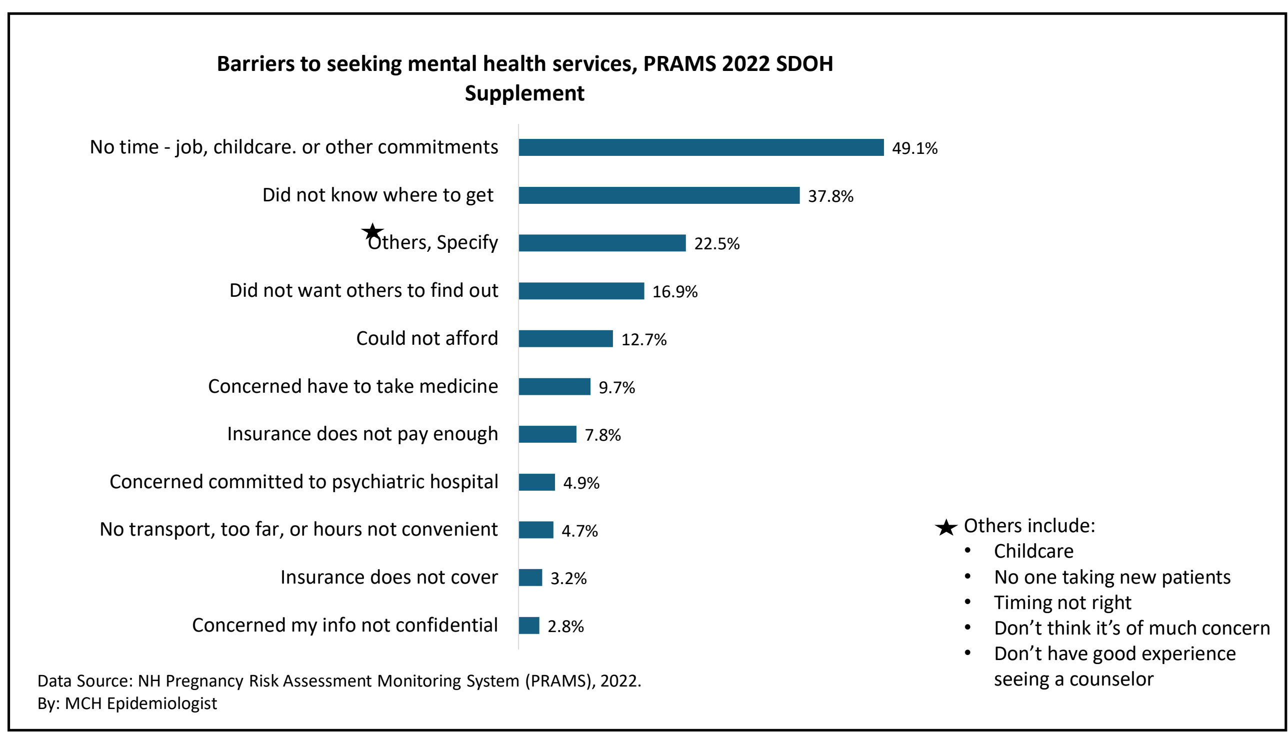

Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM
Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care
AIM
PQCs
MMRCs
Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies
Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts
Created from a Centers for Disease Control, Division of Reproductive Health source
AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
NHPQC
NNEPQIN
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK
NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

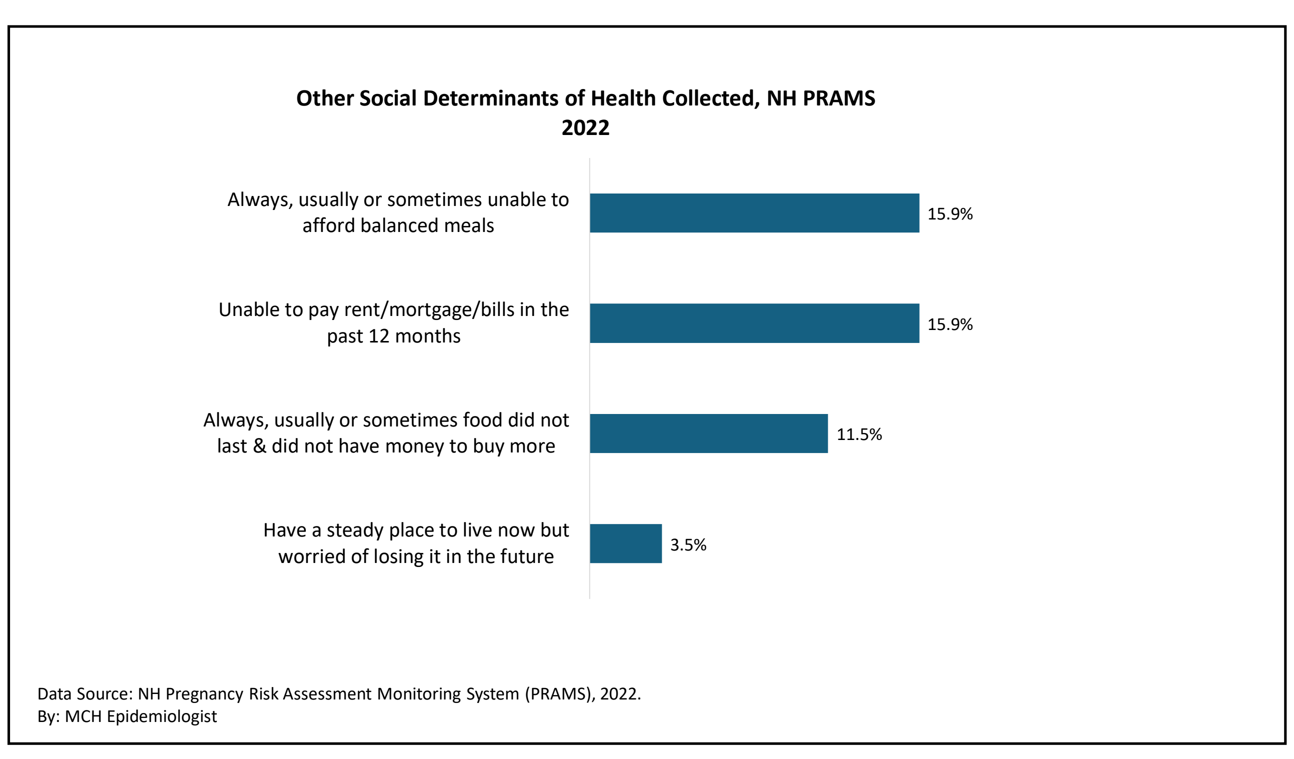
Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM

RECOMMENDATION FROM THE NH MATERNAL MORTALITY REVIEW COMMITTEE
If there was at least some chance that the death could have been averted, what action might change the course of events?

Enhance outreach to homeless individuals & shelters, prioritizing access to women's services




Barriers to seeking mental health services, PRAMS 2022 SDOH Supplement
No time - job, childcare. or other commitments
49.1%
Did not know where to get
37.8%
Others, Specify
22.5%
Did not want others to find out
16.9%
Could not afford
12.7%
Concerned have to take medicine
9.7%
Insurance does not pay enough
7.8%
Concerned committed to psychiatric hospital
4.9%
No transport, too far, or hours not convenient
4.7%
Insurance does not cover
3.2%
Concerned my info not confidential
2.8%
Others include:
Childcare
No one taking new patients
Timing not right
Don't think it's of much concern
Don't have good experience seeing a counselor
Data Source: NH Pregnancy Risk Assessment Monitoring System (PRAMS), 2022.
By: MCH Epidemiologist


Other Social Determinants of Health Collected, NH PRAMS 2022
Always, usually or sometimes unable to afford balanced meals
15.9%
Unable to pay rent/mortgage/bills in the past 12 months
15.9%
Always, usually or sometimes food did not last & did not have money to buy more
11.5%
Have a steady place to live now but worried of losing it in the future
3.5%
Data Source: NH Pregnancy Risk Assessment Monitoring System (PRAMS), 2022.
By: MCH Epidemiologist

Birth Certificate Surveillance QA for PMHC Plan

- Timeframe: **September 16 through September 29**
- Instructions: Keep track of how many PMHC patients deliver on your unit, and how many of those patients were referred to/received treatment
- Resources: review the June QA webinars for information on improving the accuracy of this data
- Please let **Maggie and Maddie** know if you would like reminders for your email calendar and if you have any questions related to this QA (**Madalynne.M.Bridge@hitchcock.org and Margaret.A.Coleman@hitchcock.org**)

SDOH Screening in OB Clinics – Implementation and Evaluation

Sophia Allen

Project team: Daisy Goodman (PI), Alka Dev, Chelsey Canavan, Taralyn Bielaski

Background

- Food insecurity during pregnancy is associated with nutritional deficiencies, gestational diabetes, and preterm birth
- Housing instability during pregnancy is associated with delays in prenatal care, low birthweight, preterm birth, delivery complications, and low breastfeeding rates
- Despite screening mandates to address SDOH in maternity settings (CMS, the Joint Commission, ACOG, Dept of Health and Human Services), most work has been done in primary care and pediatrics; gap in knowledge about optimally implementing SDOH screening and intervention in rural obstetrics settings

Park et al., 2014; Laraia et al., 2013; Leung et al., 2022; Sandoval et al., 2021; DiTosto et al., 2021

SDOH intersects with mental health

- Psychological or emotional distress during pregnancy is associated with impaired child social, emotional, and behavioral development
- Perinatal food insecurity is associated with maternal stress and depression, increased family instability, and increased rates of intimate partner violence
- Housing instability is associated with higher rates of depression and anxiety among birthing people
- Housing instability is associated with adverse childhood experiences (ACES). ACES are associated with poor mental and behavioral outcomes and low educational attainment among children

Walsh et al., 2019; Perez-Escamilla et al., 2020; Robinson et al., 2022; Joseph et al., 2023

Agenda

- SDOH screening context, process, rates across sites
- Acceptability of SDOH screening and referral among patients
- Acceptability of SDOH screening and referral among providers and clinic staff

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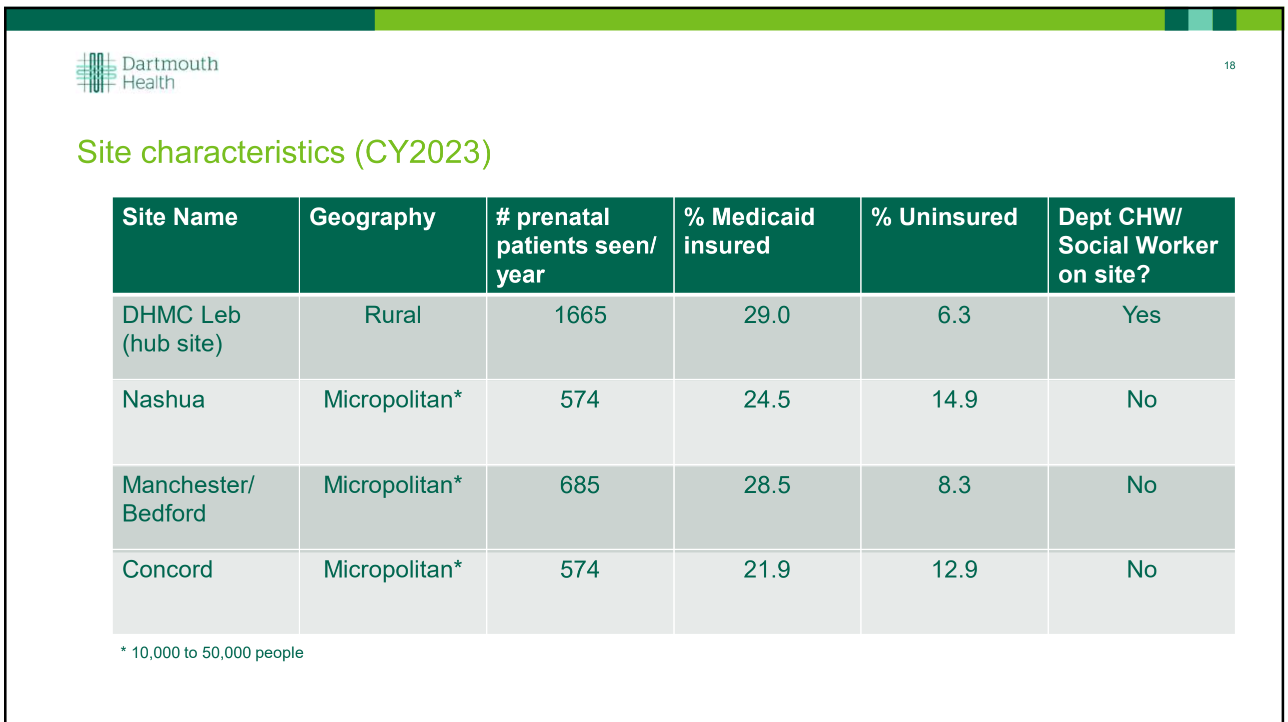
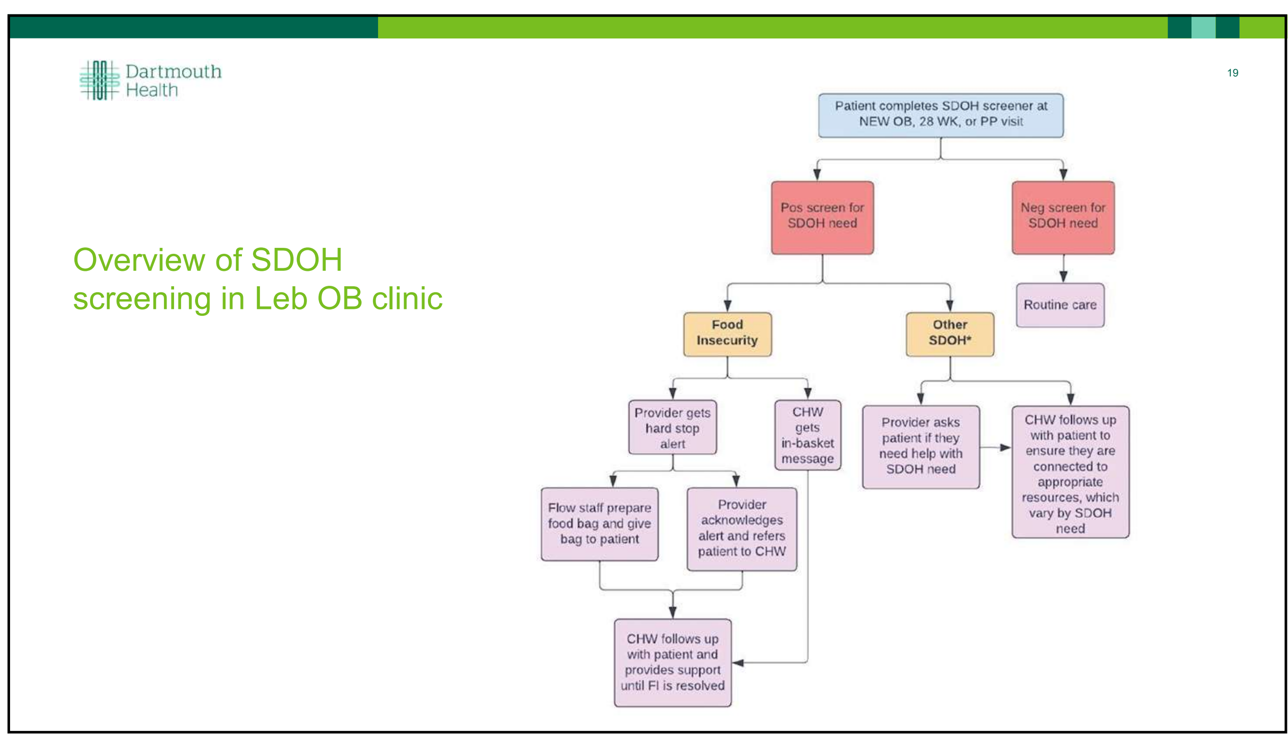
Site characteristics (CY2023)



Site Name	Geography	# prenatal patients seen/ year	% Medicaid insured	% Uninsured	Dept CHW/ Social Worker on site?
DHMC Leb (hub site)	Rural	1665	29.0	6.3	Yes
Nashua	Micropolitan*	574	24.5	14.9	No
Manchester/ Bedford	Micropolitan*	685	28.5	8.3	No
Concord	Micropolitan*	574	21.9	12.9	No

* 10,000 to 50,000 people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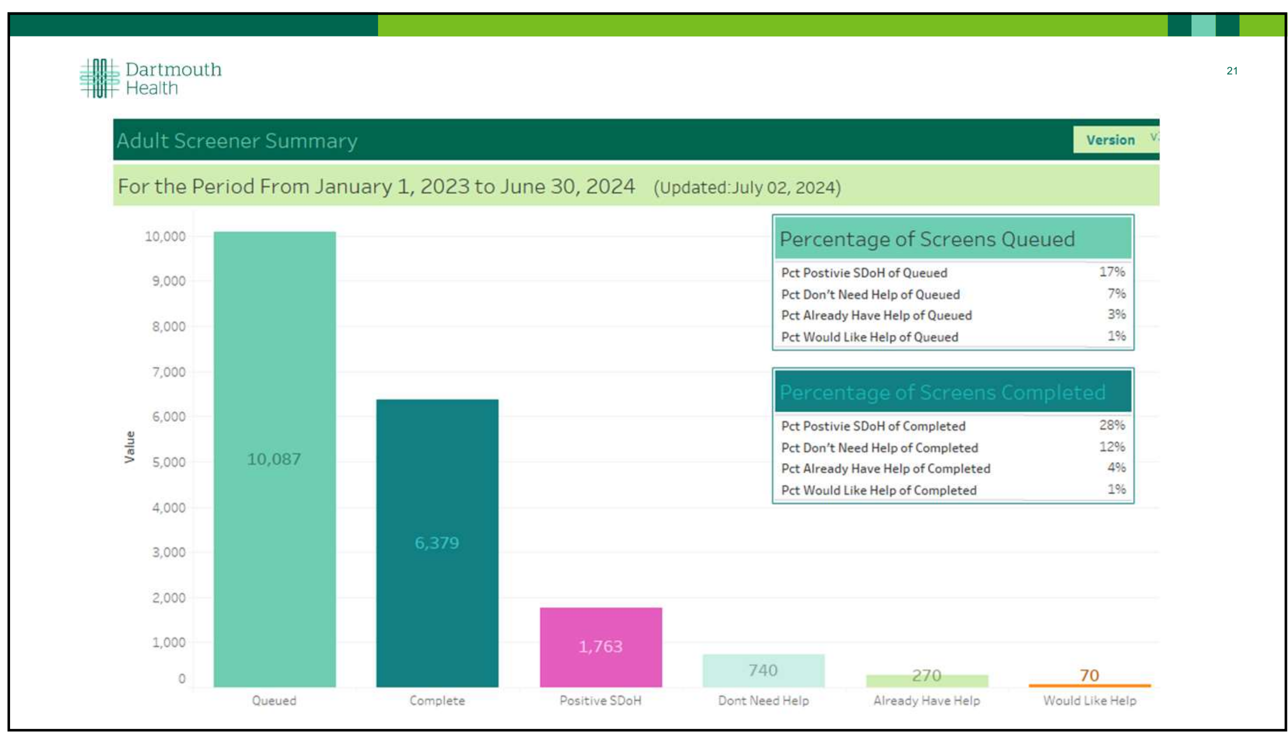
19
Overview of SDOH screening in Leb OB clinic
Patient completes SDOH screener at NEW OB, 28 WK, or PP visit
Pos screen for SDOH need
Neg screen for SDOH need
Routine care
Food Insecurity
Other SDOH*
Provider gets hard stop alert
CHW gets in-basket message
Provider asks patient if they need help with SDOH need
CHW follows up with patient to ensure they are connected to appropriate resources, which vary by SDOH need
Flow staff prepare food bag and give bag to patient
Provider acknowledges alert and refers patient to CHW
CHW follows up with patient and provides support until FI is resolved

The Hunger Vital Sign
“Within the past 12 months we were worried whether our food would run out before we got money to buy more.”
“Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”
Never True
Sometimes True
Often True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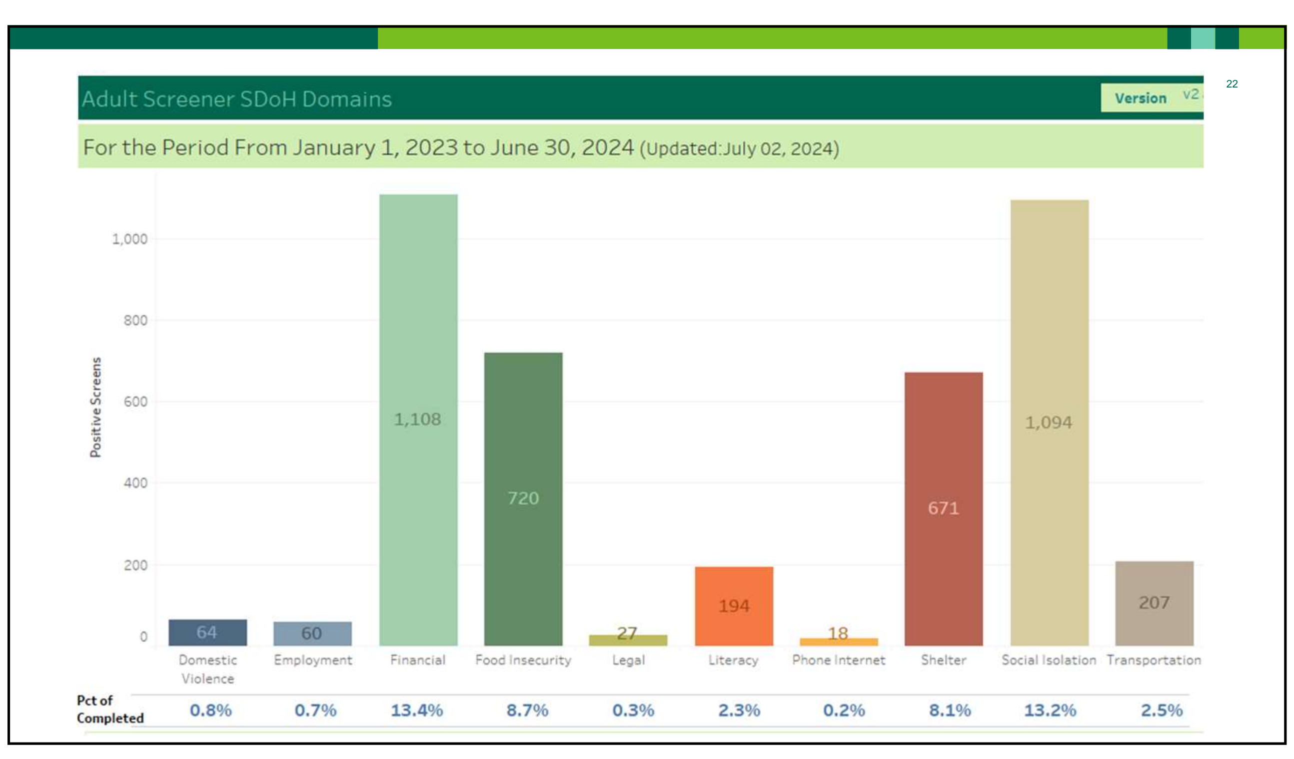
21
Adult Screener Summary
Version
For the Period From January 1, 2023 to June 30, 2024 (Updated:July 02, 2024)
Percentage of Screens Queued
Pct Postivie SDoH of Queued 17%
Pct Don't Need Help of Queued 7%
Pct Already Have Help of Queued 3%
Pct Would Like Help of Queued 1%
Percentage of Screens Completed
Pct Postivie SDoH of Completed 28%
Pct Don't Need Help of Completed 12%
Pct Already Have Help of Completed 4%
Pct Would Like Help of Completed 1%
Value
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
10,087
6,379
1,763
740
270
70
Queued
Complete
Positive SDoH
Dont Need Help
Already Have Help
Would Like Help


22
Adult Screener SDoH Domains
Version v2
For the Period From January 1, 2023 to June 30, 2024 (Updated:July 02, 2024)
Positive Screens
1,000
800
600
400
200
0
64
60
1,108
720
27
194
18
671
1,094
207
Domestic Violence
Employment
Financial
Food Insecurity
Legal
Literacy
Phone Internet
Shelter
Social Isolation
Transportation
Pct of Completed
0.8%
0.7%
13.4%
8.7%
0.3%
2.3%
0.2%
8.1%
13.2%
2.5%

WIC rates by insurance status for DHMC

	Commercial	Medicaid	No insurance
Count (total)	3,866	1,567	317
Count (on WIC)	172	521	36
% on WIC	44%	33%	11%

WIC enrollment status based on insurance type for Lebanon OB-GYN (2022-2024)

Notes:
(1) If you are on Medicaid, you are automatically eligible for WIC
(2) This includes VT and NH residents (statewide WIC enrollment rates are approximately 20% higher in VT at 72% vs. NH at 54%)

Preliminary data

	Medicaid (n=424)	Commercial (n=1,113)
0 SDOH	57.3%	86.0%
1 SDOH	16.7%	10.2%
2 SDOH	9.7%	2.9%
3+ SDOH	16.3%	<1%

	Preterm birth	Low birthweight
0 SDOH	10.8%	8.2%
1 SDOH	11.1%	12.4%
2 SDOH	11.9%	13.3%
3+ SDOH	20.9%	19.4%

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	Medicaid (n=334)	Commercial (n=848)
Preterm	15.6%	9.7%
Low birthweight	14.7%	7.5%

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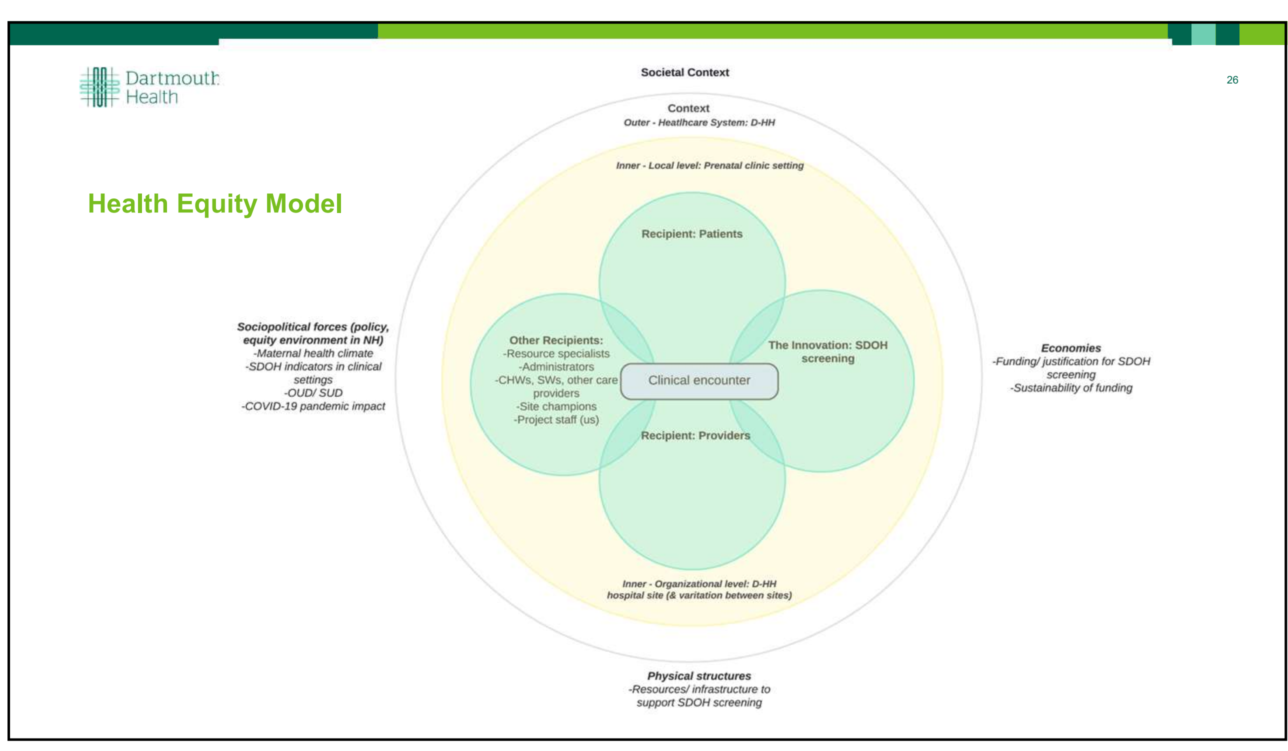
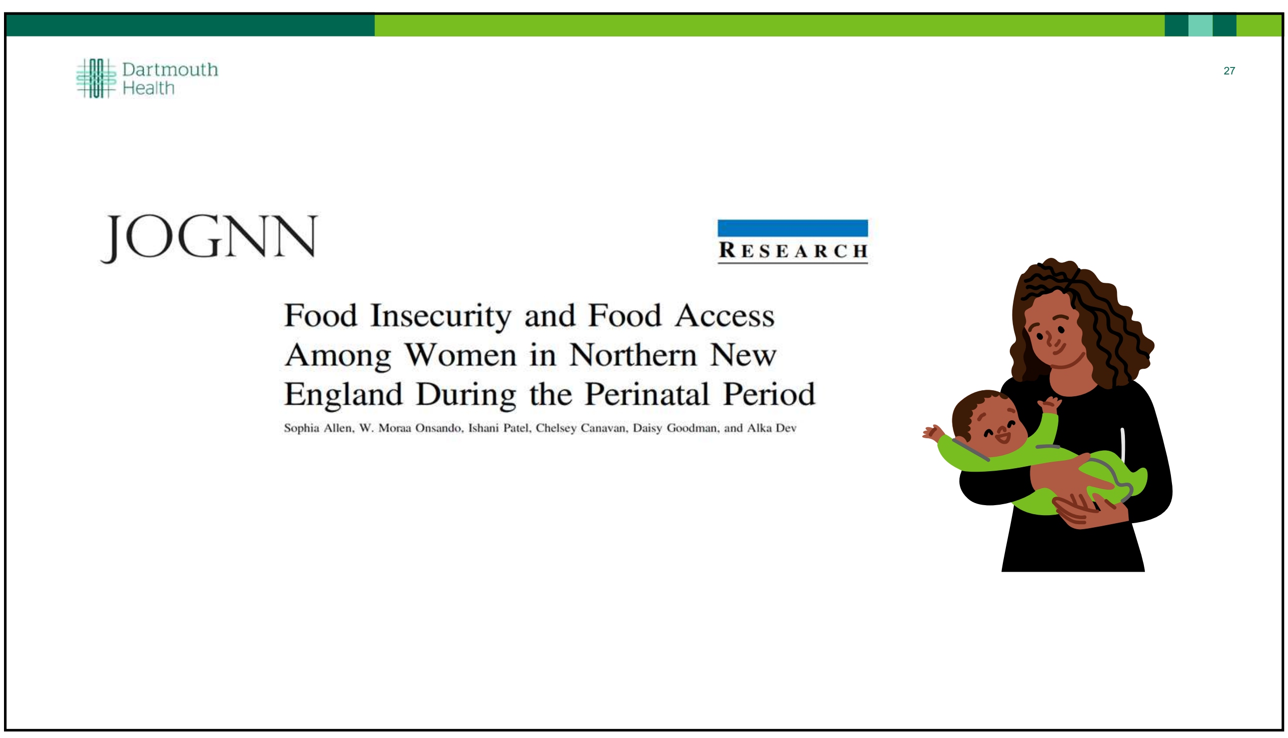
Health Equity Model





28

OBJECTIVE: This study highlighted the experience of food insecurity as well as barriers and facilitators of accessing food distribution programs during pregnancy and postpartum

PARTICIPANTS: 12 pregnant and 2 postpartum patients

METHODS: Fourteen pregnant and postpartum people were interviewed about their experiences of prenatal food insecurity, including screening, their willingness and ability to access food programs, and the extent to which food insecurity needs were met through these referrals

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29

Themes	Representative quotes
Theme 1: Experiences being screened for food insecurity	"It was good. They didn't make me feel uncomfortable about it or weird…or like a lesser person." "I think that was one of the things that kind of was most important to me was that they just were so nice about it. They never made me feel like I was wrong for the way I had budgeted or not being prepared."
Theme 2: Intersecting social needs	"Right now I don't have a vehicle, so I'm relying on the Medicaid rides and as of the last month they've been missing either completely, getting the rides wrong or the days off, or they don't even have me scheduled…It's been a mixture...sometimes I couldn't afford minutes for my phone and I had changed my address…I got my food stamps set off and then I didn't have a ride or know of where to go and get food. Another problem has been housing…"

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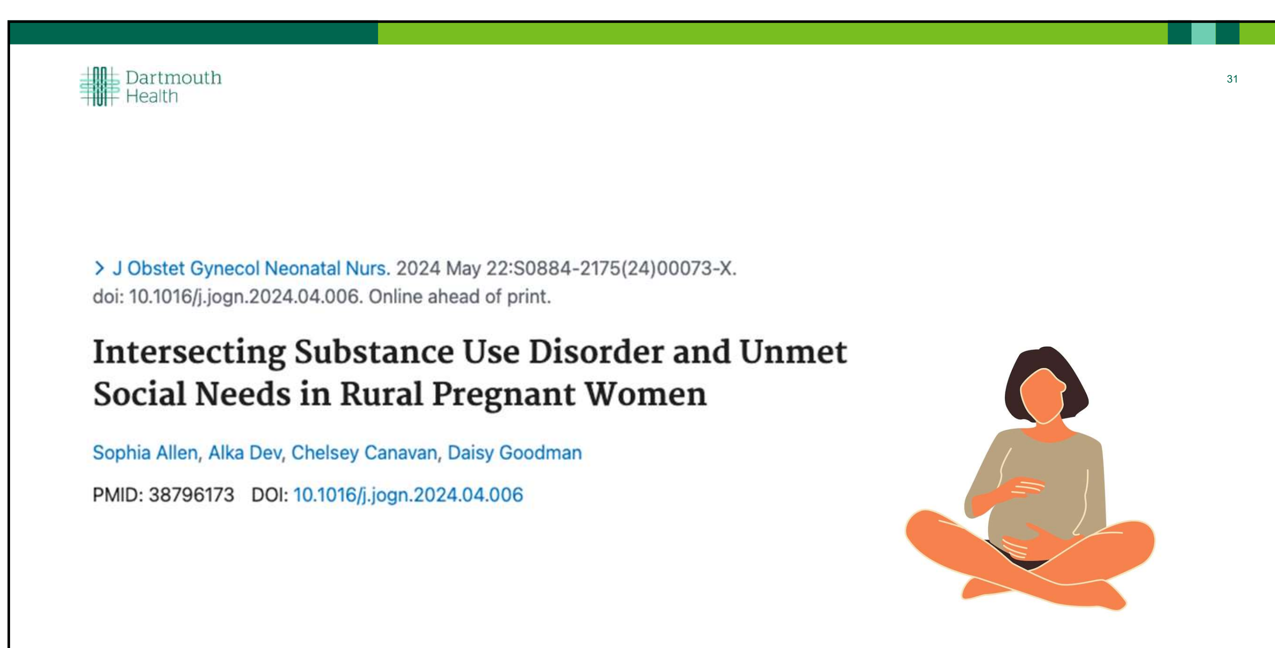
30

Themes	Subthemes	Representative quotes
Theme 3: Experiences accessing resources	**Facilitators:** - Ease of resource access (e.g., timely, convenient) - Knowledgeable care team members (e.g., consistent follow up, help with applications, taking time to understand full situation) **Barriers:** - Persistence and complexity of food insecurity - Challenges with public support programs - Awareness of resources - Stigma	*"…It was a lot easier being able to sit down with somebody and have them understand my situation and be willing to help"* *"It's so difficult for people like me who fall in that income gap…because I'm just that little bit over, I get nothing as far as social services. I didn't qualify for WIC during my pregnancy. I didn't qualify for Medicaid."*



32

Secondary data analysis

Sub-analysis focused on four participants (3 pregnant and 1 in the postpartum period) who self-identified as being in recovery for SUD and spoke unprompted about the relationship between SUD and unmet social needs. Three commonalities emerged:

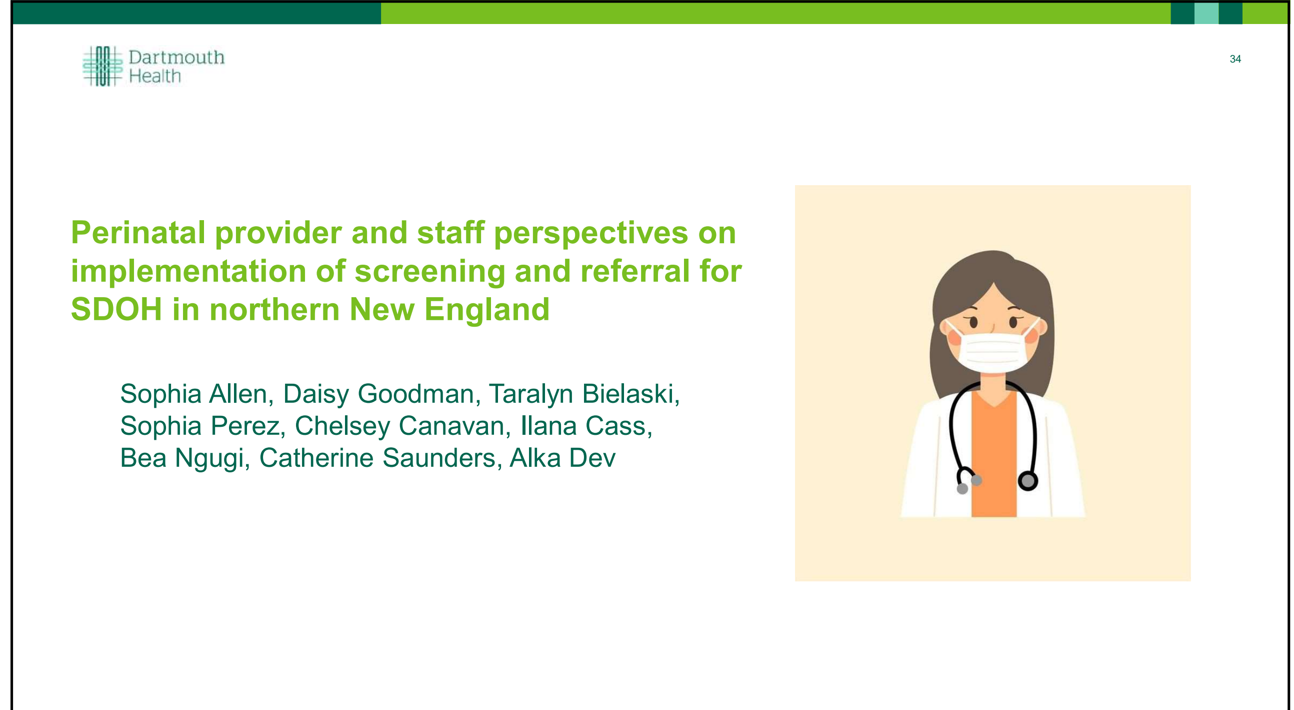
Barrier: Experiencing Social Needs During Pregnancy Complicates SUD Recovery and Treatment

Barrier: Stigma, Social Isolation, and Mental Health Challenges Overlap with Unmet Social Needs to Influence Recovery

Facilitator: The Integration of Social Support in Prenatal Care and SUD Treatment is Affirming and Helpful

Patient perspectives – Implications

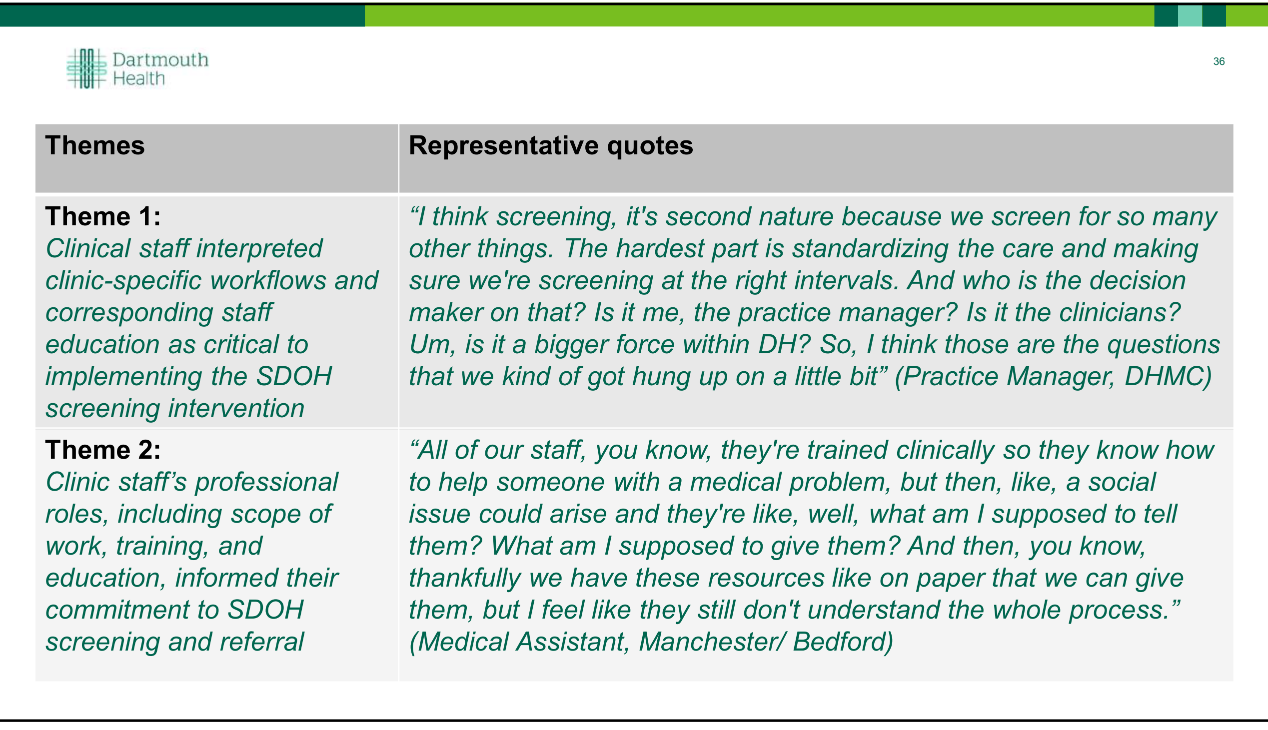
- Perinatal food insecurity occurs in the context of other SDOH and requires direct patient outreach through an interdisciplinary team
- Integration of social needs support and recovery services with perinatal care can help reduce stigma and maternal stress and is especially important in rural areas with high rates of SUD, such as New Hampshire.
- Further research on the experiences of pregnant and postpartum people at the intersection of rurality and unmet social needs is needed to inform patient-centered policies and support program development.



- **OBJECTIVE:** This study highlighted the perspectives of providers and other clinic staff on the implementation of SDOH screening and referral at their respective clinics

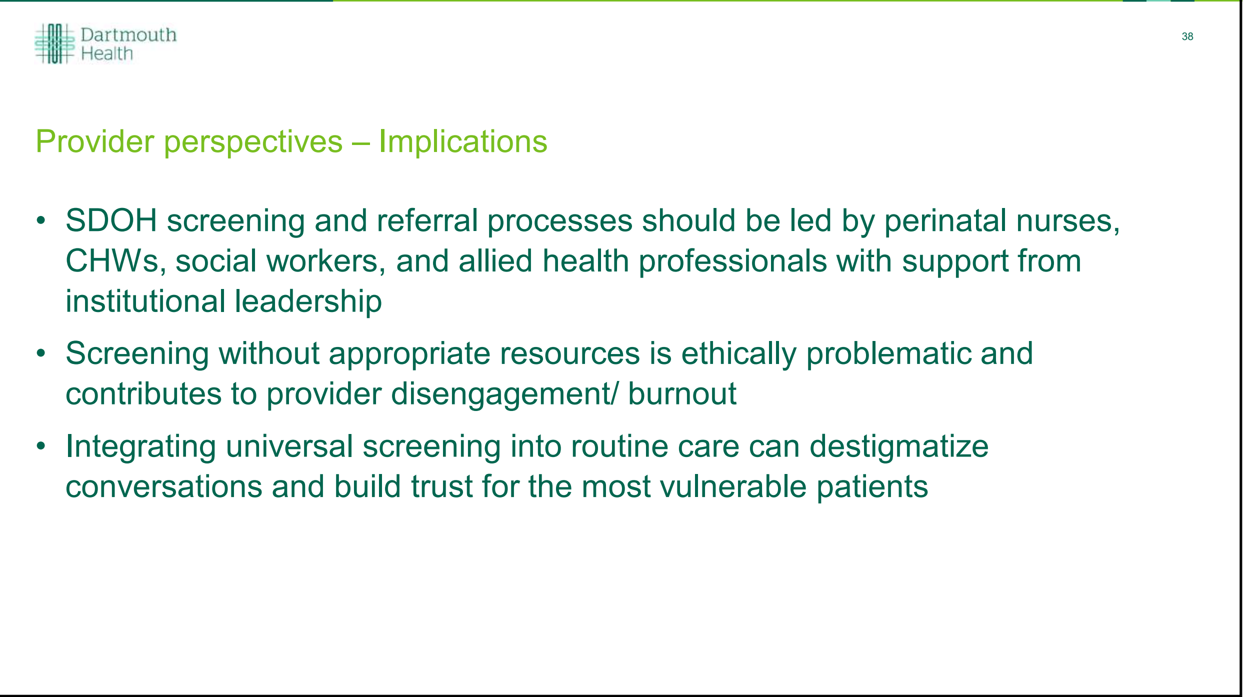
- **PARTICIPANTS & SETTING:** 15 interviews and 4 focus groups (20 participants total; 3 participated in FG and were interviewed); 4 DH OB-GYN clinics

- **METHODS:** Interviews conducted virtually and FGs held in person; questions were about participants': 1) knowledge of and involvement in the delivery of SDOH screening and referral; 2) relative priority of SDOH screening and referral; 3) challenges, resource gaps, and opportunities for improvement in the intervention process



Themes	Representative quotes
Theme 1: *Clinical staff interpreted clinic-specific workflows and corresponding staff education as critical to implementing the SDOH screening intervention*	*"I think screening, it's second nature because we screen for so many other things. The hardest part is standardizing the care and making sure we're screening at the right intervals. And who is the decision maker on that? Is it me, the practice manager? Is it the clinicians? Um, is it a bigger force within DH? So, I think those are the questions that we kind of got hung up on a little bit" (Practice Manager, DHMC)*
Theme 2: *Clinic staff's professional roles, including scope of work, training, and education, informed their commitment to SDOH screening and referral*	*"All of our staff, you know, they're trained clinically so they know how to help someone with a medical problem, but then, like, a social issue could arise and they're like, well, what am I supposed to tell them? What am I supposed to give them? And then, you know, thankfully we have these resources like on paper that we can give them, but I feel like they still don't understand the whole process." (Medical Assistant, Manchester/ Bedford)*

Themes	Representative quotes
Theme 3: *Given many patients' extensive psychosocial needs, clinical staff wanted dedicated resources and time to respond to screening results*	*It's really hard. That's like whenever I see a referral come through, this patient needs housing. I just, I already feel defeated. There's not much I can do, but I do send referrals. I get them on lists, but they're waiting…I just wish we had more resources to offer. (Community Health Worker, Lebanon)*
Theme 4: *Clinical staff perceived that SDOH screening impacts the patient experience, with the potential to decrease stigma depending on how screening results are discussed*	*"You know, like, I, I still feel like we have patients who are not, are not being honest…because of embarrassment. Or fear of what that could potentially, you know, like, you know what could happen….Are they gonna take my baby away or…what kind of can of worms they're opening..." (Bedford FG)*



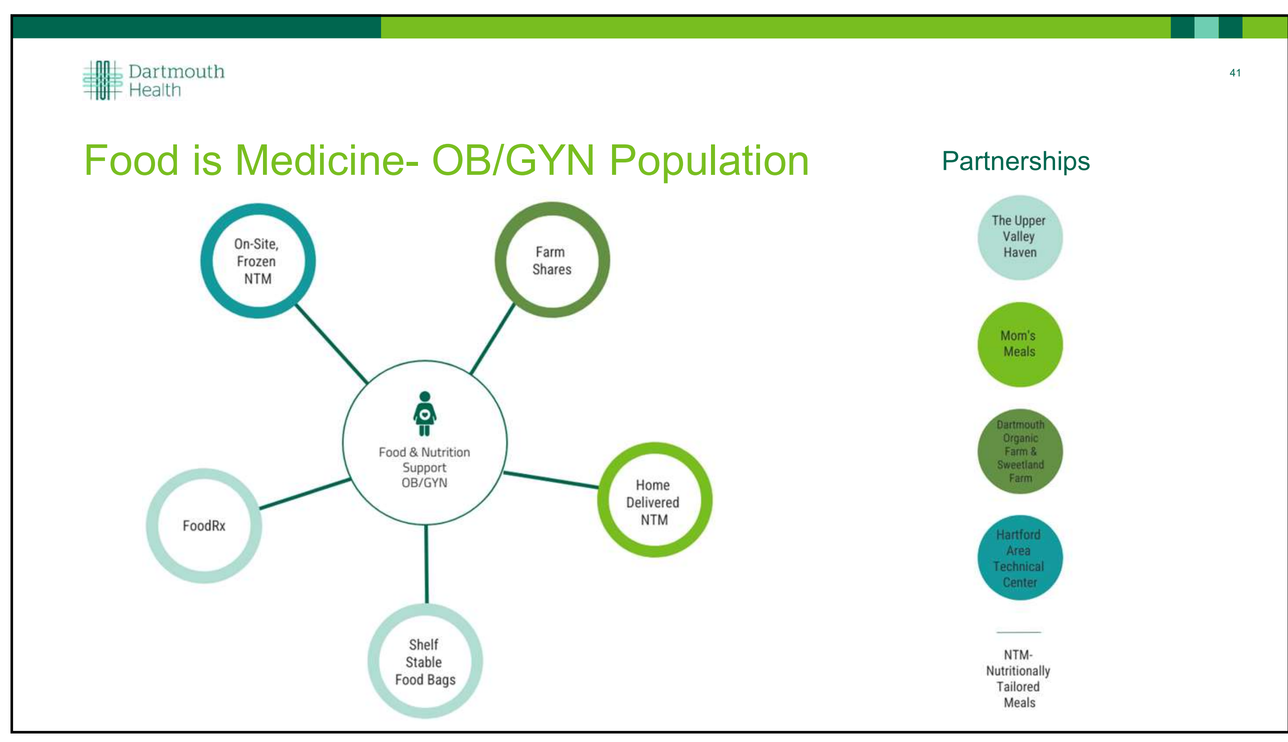
References

1. Park CY, Eicher-Miller HA. Iron deficiency is associated with food insecurity in pregnant females in the United States: National Health and Nutrition Examination Survey 1999-2010. *J Acad Nutr Diet*. 2014;114(12):1967-1973. doi:10.1016/j.jand.2014.04.025
2. Laraia B, Epel E, Siega-Riz AM. Food insecurity with past experience of restrained eating is a recipe for increased gestational weight gain. *Appetite*. 2013;65:178-184. doi:10.1016/j.appet.2013.01.018
3. Leung CW, Laraia BA, Feiner C, et al. The Psychological Distress of Food Insecurity: A Qualitative Study of the Emotional Experiences of Parents and Their Coping Strategies. *J Acad Nutr Diet*. 2022;122(10):1903-1910.e2. doi:10.1016/j.jand.2022.05.010
4. Sandoval VS, Jackson A, Saleeby E, Smith L, Schickedanz A. Associations Between Prenatal Food Insecurity and Prematurity, Pediatric Health Care Utilization, and Postnatal Social Needs. *Acad Pediatr*. 2021;21(3):455-461. doi:10.1016/j.acap.2020.11.020
5. DiTosto JD, Holder K, Soyemi E, Beestrum M, Yee LM. Housing instability and adverse perinatal outcomes: a systematic review. *Am J Obstet Gynecol MFM*. 2021 Nov;3(6):100477. PMCID: PMC9057001

Food is Medicine
OB/GYN Population

Chelsey Canavan, MSPH

Taralyn Bielaski, MPH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41
Food is Medicine- OB/GYN Population
On-Site, Frozen NTM
Farm Shares
Food & Nutrition Support OB/GYN
Home Delivered NTM
FoodRx
Shelf Stable Food Bags
Partnerships
The Upper Valley Haven
Mom's Meals
Dartmouth Organic Farm & Sweetland Farm
Hartford Area Technical Center
NTM- Nutritionally Tailored Meals

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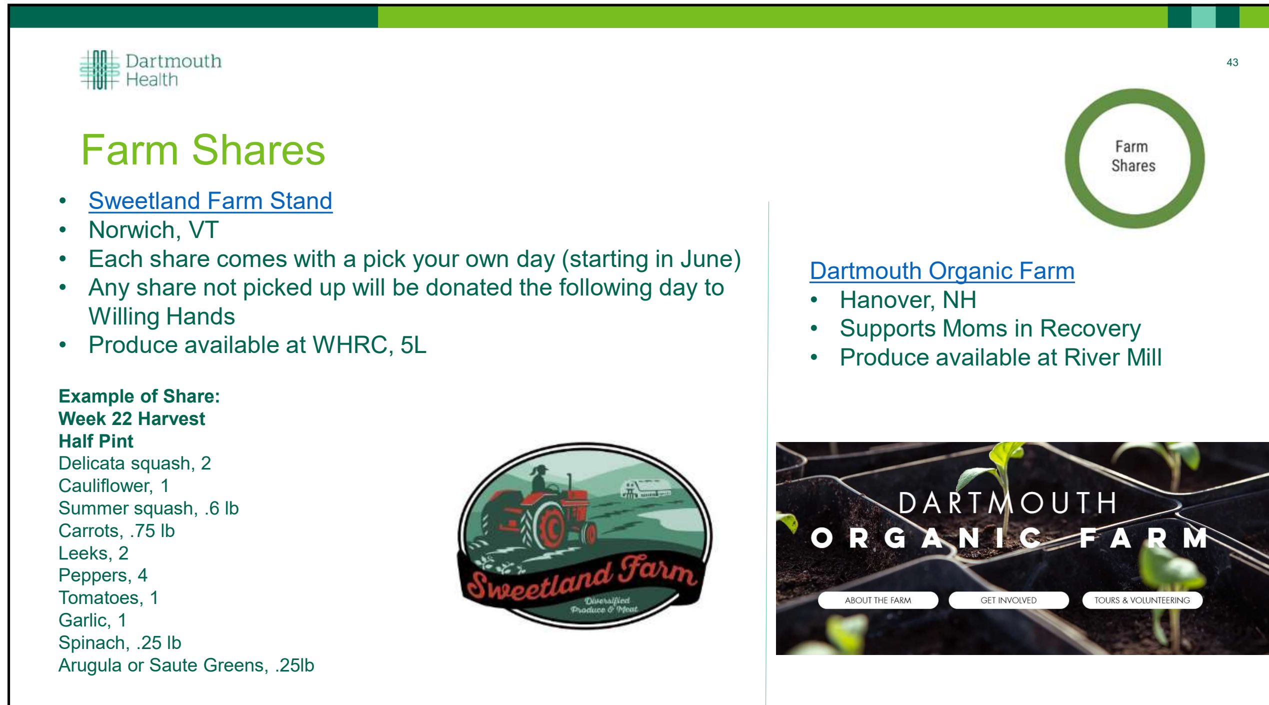
42
On-site, Frozen NTM
On-site, Frozen NTM
• Community partnership with the Hartford Area Technical Center Culinary Medicine Program
• Funding from a Cigna Foundation grant, Health Food Healthy Birth
• 100 meals were distributed to families from December 1, 2023 to March 1, 2024
• Available at WHRC & 5L OB/GYN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43
Farm Shares
Sweetland Farm Stand
Norwich, VT
Each share comes with a pick your own day (starting in June)
Any share not picked up will be donated the following day to Willing Hands
Produce available at WHRC, 5L
Example of Share:
Week 22 Harvest
Half Pint
Delicata squash, 2
Cauliflower, 1
Summer squash, .6 lb
Carrots, .75 lb
Leeks, 2
Peppers, 4
Tomatoes, 1
Garlic, 1
Spinach, .25 lb
Arugula or Saute Greens, .25lb
Sweetland Farm
Diversified Produce & Meat
Farm Shares
Dartmouth Organic Farm
Hanover, NH
Supports Moms in Recovery
Produce available at River Mill
DARTMOUTH
ORGANIC FARM
ABOUT THE FARM
GET INVOLVED
TOURS & VOLUNTEERING

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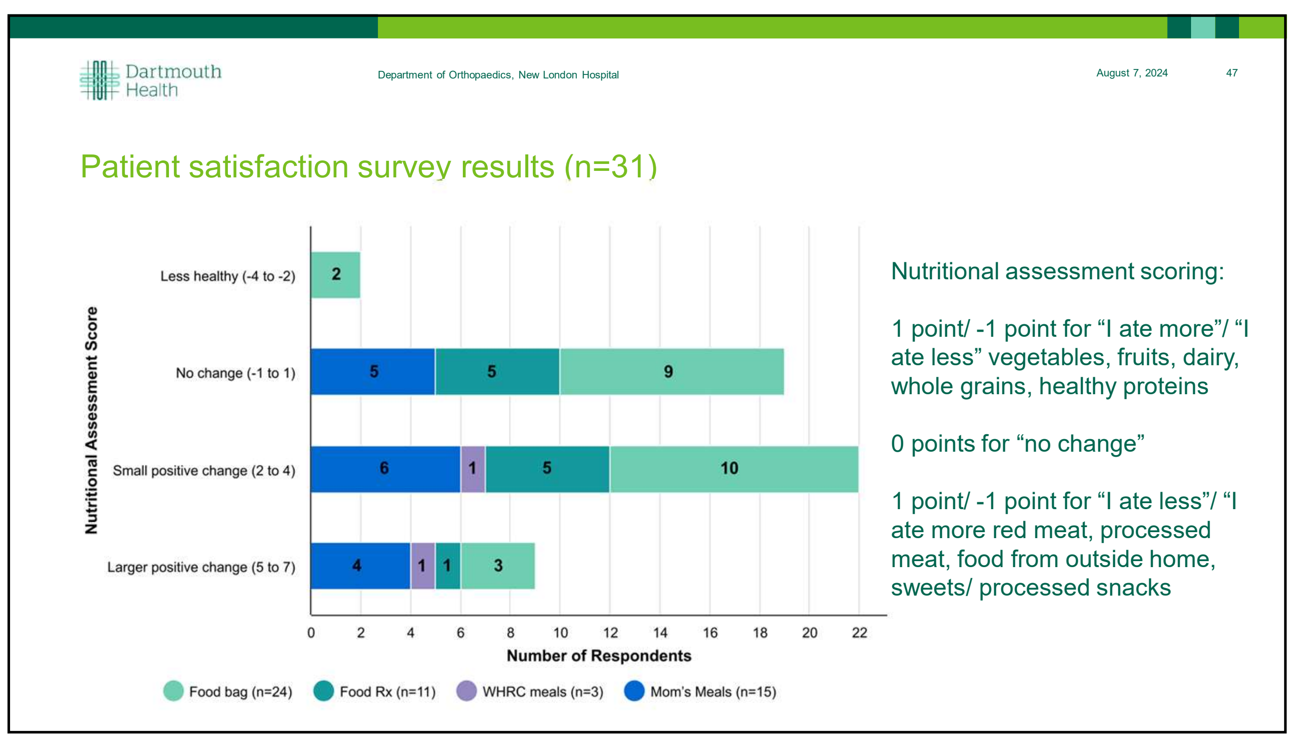
44
Other Partnerships
Mom's Meals
Nutritionally tailored meals
Home delivered refrigerated meals
14 meals per delivery
39 unique families received Mom's Meals (December 1, 2023 – May 1, 2024)
Home Delivered NTM
Sample Menu
Your well-being is important to us. Meal by meal, bite by bite, we are with you to provide the nutrition you need.
BREAKFAST
LUNCH
DINNER
FRUIT BREAKFAST PIZZA and Turkey Sausage
HAM, EGG & CHEESE SCRAMBLE and Peaches with Cherries
CORN CHOWDER and Peaches with Cherries
BBQ PULLED PORK SANDWICH and Potato Salad
CHEESE LASAGNA and Spiced Fruit Crisp
TURKEY BREAST WITH WILD RICE and Spiced Fruit Medley
MOM'S MEALS
Better Health
For You And Your Baby
Begins With The Meals You Eat

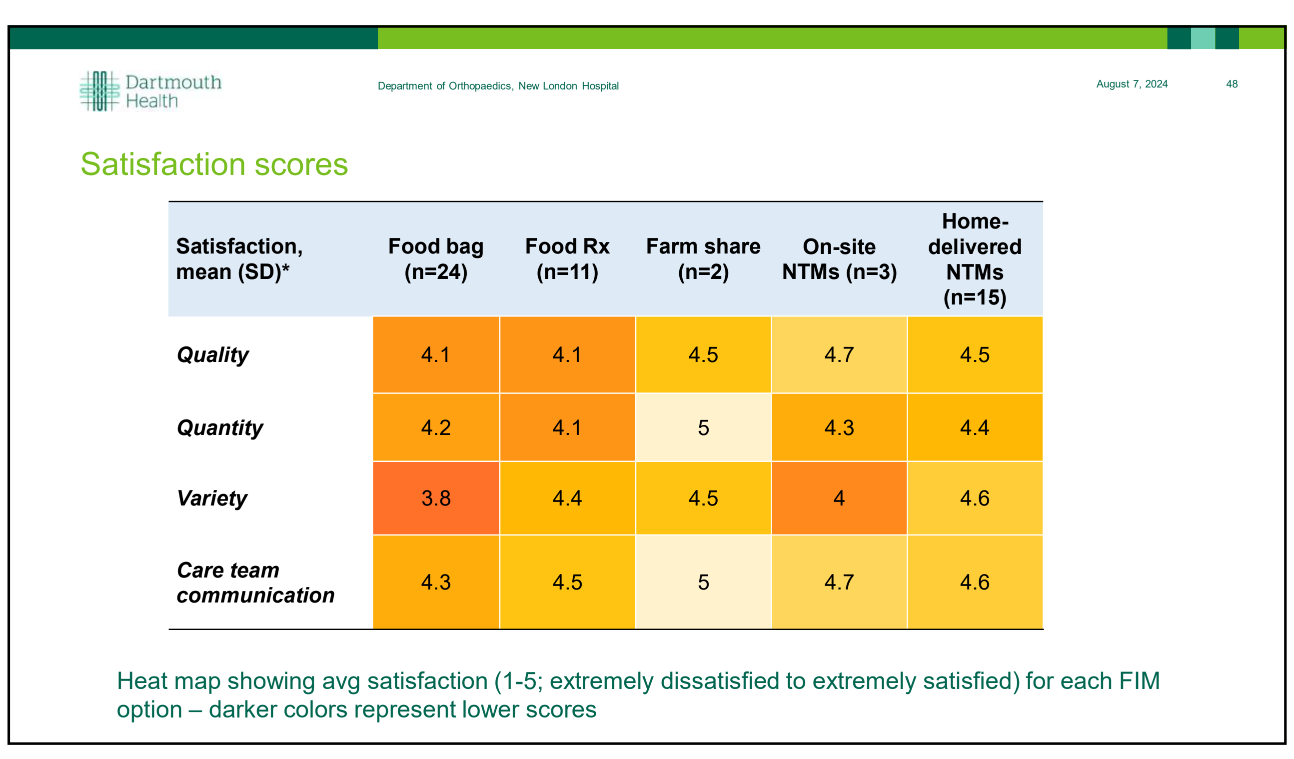
Shelf Stable Food Bags

- Community partnership with the Upper Valley Haven & NH Food Bank
- **Immediate** food support **at the clinic** for someone identified as experiencing food insecurity. Serves as a starting point to work with a patient to address longer term needs
- Food for a family of up to 4 for up to 2 days
- **Over 300** shelf stable food bags have been distributed to OB/GYN families since 2019

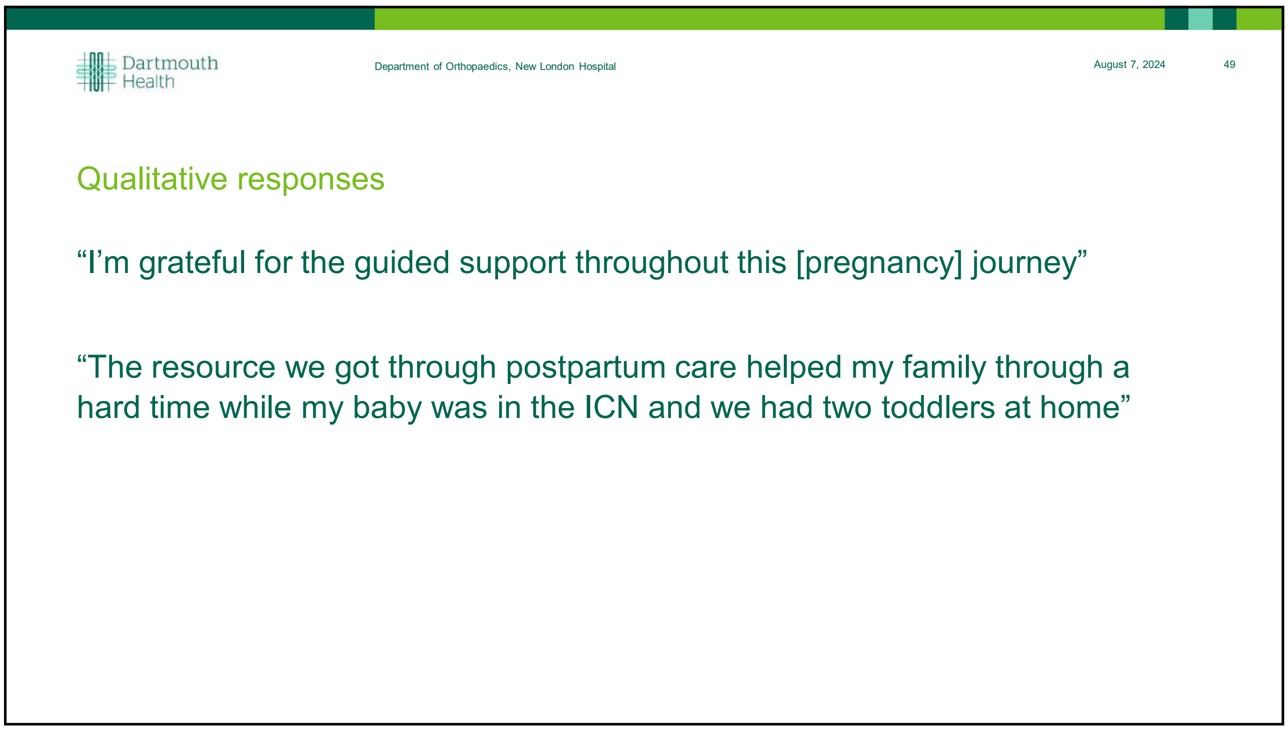
OB/GYN FoodRx

- Community partnership with the Upper Valley Haven
- Tailored for the patients dietary needs and preferences
- **Over 40** unique families have received a FoodRx (May 15, 2023 – July 30, 2024)





Satisfaction, mean (SD)*	Food bag (n=24)	Food Rx (n=11)	Farm share (n=2)	On-site NTMs (n=3)	Home-delivered NTMs (n=15)
Quality	4.1	4.1	4.5	4.7	4.5
Quantity	4.2	4.1	5	4.3	4.4
Variety	3.8	4.4	4.5	4	4.6
Care team communication	4.3	4.5	5	4.7	4.6



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50

Future work/ directions

- Evaluate SDOH screening implementation by site and patient characteristics + birth outcomes
- Increasing engagement in WIC program through targeted data sharing for NH Medicaid eligible patients and provider education efforts
- Expand FIM programs across hospital depts and DH hospital system
- Affordable housing to alleviate stress, improve MCH outcomes
- Secure funding for dedicated CHW/ SW time for all clinics
- Evaluate the effectiveness of an electronic health record referral system in improving quality of perinatal care and reducing adverse birth outcomes

Questions & Comments?

To Receive CME/CNE Credit for Today's Session

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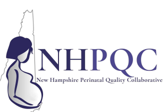

WELCOME MADDIE!
AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
NHPQC
NNEPQIN
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK
NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

NEXT MONTH
NH AIM/ERASE Monthly Webinar
Next webinar: September 12, 2024
The legal requirements and approaches for providing linguistically appropriate care
AIM
NHPQC
NNEPQIN
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK
NH DIVISION OF Public Health Services

QA refresher

- Two new Situational Surveillance questions on the facility worksheet
- For the first two weeks of March, each unit kept a record of PMHCs
- We then compared unit observations to what was reported via the facility worksheet

New Hampshire Division of Vital Records Administration
Situational Surveillance: Births

Planned Surveillance Period:	January 1, 2024 (Ongoing until further notice)
Topic:	Perinatal mental health
Inclusion Criteria:	All Births Occurring in New Hampshire

Maternal Medical Record Number: ____________

Newborn Medical Record Number: ____________

Q1: Was the mother diagnosed for any perinatal mental health conditions?	Q2: If yes on Q1, did the mother receive treatment or was the mother referred for treatment?
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Aim: Determine frequency of such conditions.	*Aim: Determine if action was taken in response.*

Suggested information sources
Medical records/charts.

Additional Notes
Q1: Perinatal health conditions include, but are not limited to, depression, anxiety, bipolar disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and psychosis. Responses of "Unknown" should be rare.

Q2: If Question One is answered "no", then answer this question with "no".

This worksheet may be reproduced as necessary. Colored paper is recommended (but not required).

THIS SITUATIONAL SURVEILLANCE WORKSHEET SHALL BE RETAINED BY THE HOSPITAL PERMANENTLY ALONG WITH THE BIRTH CERTIFICATE WORKSHEETS

Version: January 1, 2024

QA results

Hospital blind #	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16
PMHCs (observed on unit)	**39**	**No data***	**25**	**10**	**13**	**14**	**9**	**1**	**0**	**7**	**3**	**7**	**1**	**2**	**4**
Tx/referral (observed on unit)	36		25	5	8	4	5	1	0	3	2	4	0	1	2
No tx/referral (observed on unit)	3		0	5	5	10	4	0	0	4	1	3	1	1	2
PMHCs (reported via facility worksheet)	**12**		**20**	**18**	**1**	**17**	**0**	**1**	**0**	**0**	**2**	**0**	**1**	**0**	**2**
Tx/referral (reported via facility worksheet)	8		19	7	1	6	0	0	0	0	1	0	0	0	1
No tx/referral (reported via facility worksheet)	4		1	11	0	11	0	1	0	0	1	0	1	0	1

*site did not participate in QA; providers fill out birth certificate facility worksheet