



Maternal CHW pilot

For Sedgwick County

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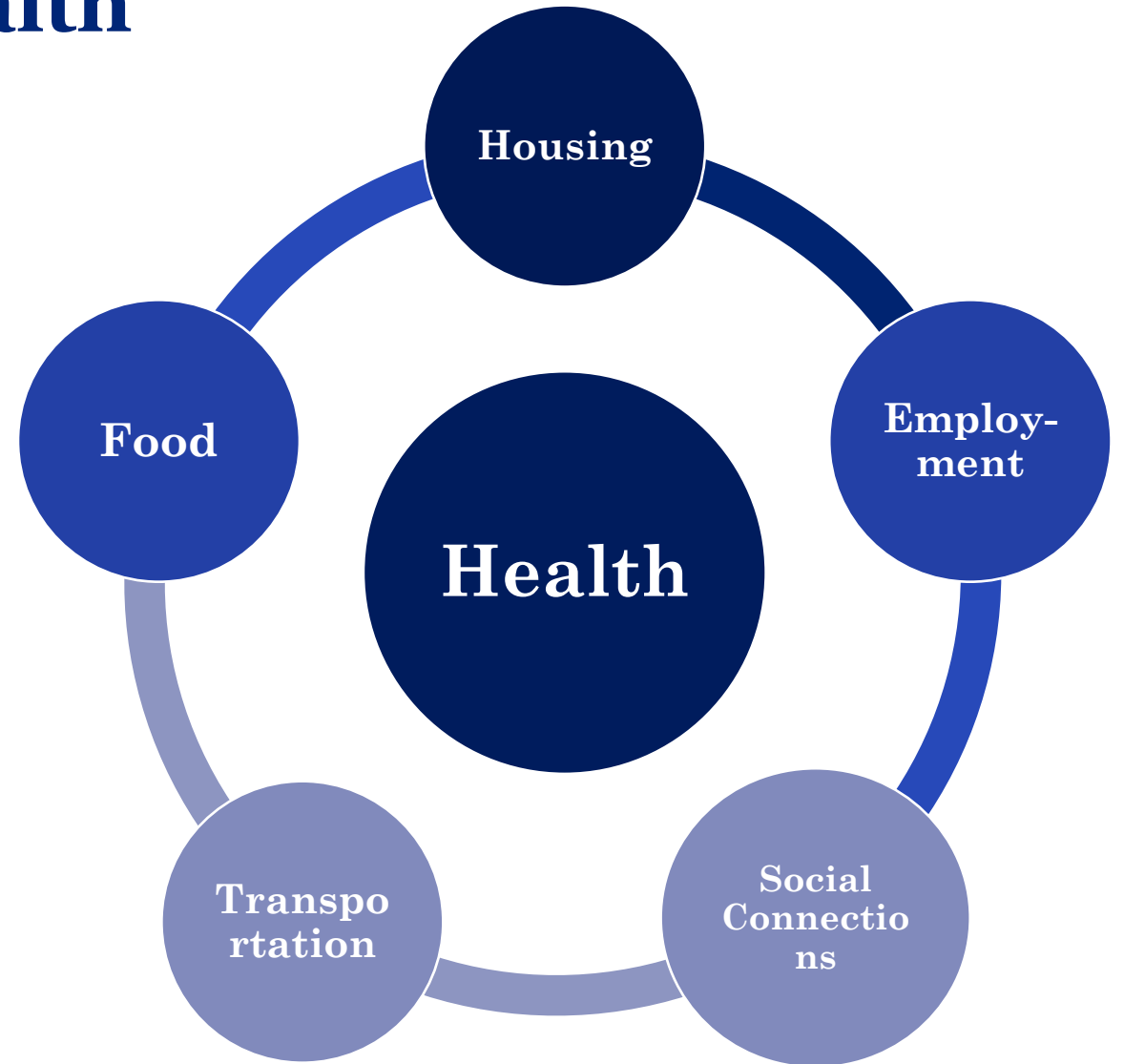
United
Healthcare

Social Determinants of Health

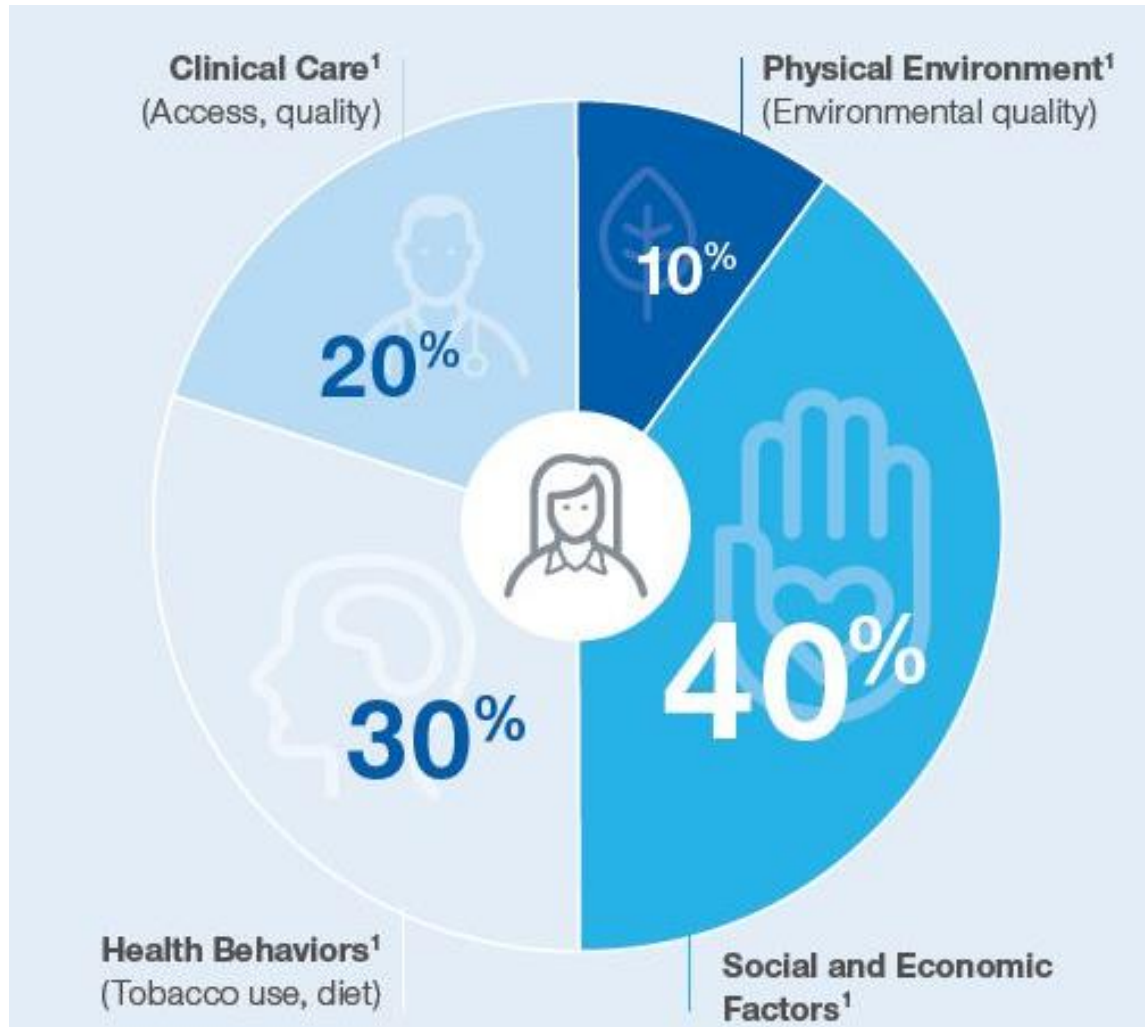
“Social Determinants of Health are the **conditions** in which people are **born, grow, work, live and age**, and the wider set of **forces** and **systems** shaping the conditions of **daily life**.”

“...these challenges can lead to poorer health outcomes for beneficiaries and higher health costs for Medicaid and CHIP programs”

- Centers for Medicare & Medicaid Services



Health and Socioeconomic factors



The Center for Health and Learning reports that 70% of our health results from socioeconomic and behavioral factors, and access to medical care accounts only for 10% of our health.



Maternal outcomes...we can improve

- In the U.S, 17 moms die giving birth for every 100,000 live births. We are behind other developed countries.
- The most notable disparity in mortality rates in the U.S. is defined by race:
 - Black women die 3 to 4 times their white counterparts giving live birth. (41 deaths per 100,000 vs. 13 deaths per 100,000)
 - American Indian and Alaskan Native women are nearly twice as likely to die giving birth than their white counterparts.
- Access to prenatal care also plays a role: women receiving no prenatal care are:
 - 5 times more likely to have a pregnancy-related death than women who receive prenatal care.
 - 25% of all US women start their care too late in their pregnancy & don't get the recommend number of prenatal visits.
 - 34% among African Americans
 - 41% among American Indian or Alaska Native women
- Father's occupation and mother's education play an important role as determinants of neonatal morbidity characteristics.
- Socioeconomic deprivation and minority ethnic background are risk factors for adverse pregnancy outcomes.



Collaboration & Work

1. The University of Kansas School of Medicine in Wichita
2. The Center for Research for Infant Birth and Survival (CRIBS)
3. UnitedHealthcare Community and State plan of Kansas

Are collaborating in a Pilot called the:

Maternal Community Health Worker Program

The Goal:

Improve pregnancy and birth outcomes for underserved communities in Sedgwick County.



Maternal Community Health Worker Program

- This pilot seeks to mix the role of a traditional Doula with that of a Community Health Worker.
- A Maternal Community Health Worker provides nonclinical support during and after pregnancy.
- This support includes assessing and addressing adverse social determinants of health.
- The Maternal Community Health Worker also advocates for the mother when navigating the healthcare system and provides continuous emotional and informational support related to a healthy pregnancy, lactation support, coping skills, infant care, and labor and delivery.



Why Sedgwick County?

Our data shows that members that reside in Sedgwick County, especially in specific ZIP Codes, have worse birth outcomes and higher rates of NICU use.

We believe this population needs community-based support to mitigate some of the adversities experienced in their communities that result in higher infant and maternal mortality rates and sicker babies





What “MCHW” support looks like?

- Once pregnant mom is referred to the program....
- MCHW will outreach within two (2) business days after a referral
- Assess enrolled Clients for educational and social needs
- Provide 1 on 1 support after enrollment (at least monthly, or more frequently if warranted based on member maternal needs)
- Connect to educational and social resources; navigate resources
- Support care coordination, including doctors’ appointments and transportation
- Services can be performed at a variety of locations such as: Provider offices, facilities, clinics, private residences, public venues (e.g. libraries, parks, commercial establishments) and virtually.

Program Goals



A sample of some of the Program Goals:

- 100% of clients are screened for adverse social determinants of health on their first trimester encounter and periodically over the course of the pregnancy.
- 80% of clients will attend their first prenatal visit within 42 days of pregnancy or Medicaid assignment.
- 80% of clients will participate in prenatal and labor classes
- 80% of Clients will participate in breast-feeding classes
- 80% of Clients will participate in the safe sleep class



Questions?

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