

Workforce Development – Objective 6.3 Social Determinants of Health

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REPORT – October 2021 through September 2022

MCH (Health Equity) Opportunity Project (MCHOP): Historically, the rate of infant mortality in the Black non-Hispanic population has been significantly higher than in other racial/ethnic groups. According to the KDHE Annual Summary of Vital Statistics, 2020, Black non-Hispanic infant mortality rose 57.1% in the year 2020. Additional resources are needed to focus strictly on reaching and supporting this population.

The first Becoming a Mom (BaM) (Health Equity) Opportunity Project (BaMOP) was awarded in July 2022 to *Baby Talk*, a long-standing Kansas Perinatal Community Collaborative (KPCC) implementing the BaM® prenatal education program. *Baby Talk* has formed a partnership with the Wichita Black Nurse Association (WBNA) to provide BaM® classes in a trusted, faith based, setting within the black and brown community. Funding for the MCHOP will provide 3-4 WBNA nurses with Labor and Delivery experience to teach *Baby Talk* classes. In addition to teaching classes, the organization will recruit participants alongside the *Baby Talk* program. First classes are scheduled for October 2022.

The WBNA was founded in 1973 to serve the Black and Brown community in Sedgwick County. The WBNA is a well-trusted organization within both the community and the priority population. The partnership between these two organizations will allow greater outreach into the Black non-Hispanic community of Sedgwick County while providing evidence-based health and safety information with proven success at improving birth outcomes.

Birth Defects Prevention Campaign: The Centers for Disease Control and Prevention states that one in 33 children are born with a birth defect each year. Kansas is no exception; in 2018, Kansas recorded 36,247 births to resident mothers with a reported 1,021 of the 47 most common, reportable birth defects. The goal is to lower the incidence rate of birth defects in children born to Kansas families by increasing awareness, education and information going to families about birth defects.

To reach MCH populations, intentional efforts to increase social media presence began in January 2022 and has continued into 2023, aligning with the National Birth Defects Prevention Month. During the month of January, new information targeted towards MCH populations using KDHE-generated materials, data, and other pre-developed materials provided by the Centers for Disease Control and Prevention, the National Birth Defects Prevention Network, and March of Dimes was utilized to support awareness campaign efforts. Work is still ongoing to develop materials that can be provided to Kansas birthing providers for distribution to those without access to social media. The Birth Defects Surveillance (BDS) program collaborated with other Screening & Surveillance programs to develop the Kansas Guide to Family Resources, an informational pamphlet spanning the prenatal period through 18 years of life for families and parents to support the health development of their children. This document included information on health care, financial, and behavioral health supports across several programs and organizations. The BDS program has also begun to have a presence in the Newborn Screening newsletter in collaboration with the Kansas newborn screening programs. In addition to collaborating on educational and informational materials, the BDS program works closely with the EHDI and CCHD programs to ensure children identified through the screening programs have been captured in the BDS program as well, and vice versa. The BDS program hopes to increase their community

engagement in the coming year by participating in the community outreach events that are facilitated within the Screening & Surveillance section.

SDOH Screening: Non-medical social needs, or social determinants of health (SDOH), have a large influence on an individual's health outcomes. Title V aimed to support MCH ATL programs in assessing clients served for social needs. Title V completed a review of available validated social needs/SDOH screeners available within the public domain for free and selected the American Academy of Family Physician's EveryONE Project's SDOH screening tool and added it as an optional screening form in DAISEY effective July 2022. This screening tool includes questions related to housing, food, transportation, utilities, childcare, employment, education, finances, and personal safety. A fillable PDF form of the screener was made available on the DAISEY Solutions webpage in English and Spanish for providers' use. Guidance for this screener was also included in the updated [Behavioral Health Screening Guidance for Kansas MCH Programs](#). The Guidance also outlined suggested protocol for required action on responses:

- For all social need risk areas other than personal safety, an automated prompt will appear, and responses will be underlined indicating the client might benefit from additional support and/or a referral for resources or services.
- For the personal safety question set, responses are scored automatically within DAISEY. A total score value greater than 10 indicated the client might benefit from additional support and/or a referral for resources or services.
- For help identifying social services available within an area, call 1-800-CHILDREN or search 1800childrenks.org.
- Providers are to indicate when a referral was facilitated using the KDHE Program Referral Form in DAISEY.

Title V monitors use of the SDOH screener and facilitated referrals in DAISEY to determine training, technical assistance, and other system improvement opportunities.

SDOH in KS-SHCN and Bridges: The KS-SHCN program and Bridges have processes for identifying SDOH needs for services and supports throughout a client's journey. The process begins with the client's initial assessment that helps to identify SDOH which then are addressed in their jointly developed action plan and monitored/supported through holistic care coordination provided by their personal care coordinator. These issues are regularly discussed with guidance provided for care coordinators routinely through formal training, coaching and touch points.

PLAN – October 2023 through September 2024

KPCC/BaM Health Equity Opportunity Project: Utilizing lessons learned through the first two cohorts of the MCH Health Equity Opportunity Project, Title V will be offering a Kansas Perinatal Community Collaboratives/ Becoming a Mom (KPCC/BaM) Health Equity Opportunity Project (HEOP). Utilizing the [Kansas Healthy Communities Action Toolkit](#), mini-grant opportunities will be available to programs interested in targeting high-risk disparity populations with service provision through unique cross-sector partnerships and the development and implementation of approaches to address social determinants of health and leading chronic disease risk factors among BaM participants, as well as decreasing risks associated with chronic disease processes associated with pregnancy. (Additional information is provided within the Women/Maternal Domain).

The first KPCC/BaM HEOP was awarded in July 2022 to *Baby Talk*, a long-standing KPCC implementing the BaM® prenatal education program. *Baby Talk* has formed a partnership with the Wichita Black Nurse Association (WBNA) to provide BaM® classes in a trusted, faith based, setting within the black and brown community. Funding for the MCHOP will provide 3-4 WBNA nurses with Labor and Delivery experience to teach *Baby Talk* classes. In addition to teaching classes, the organization will recruit participants alongside the *Baby Talk* program. First classes kicked off in October 2022 and have been growing since. Following project evaluation outcomes, it may be possible to renew funding for an additional year to support continuation and growth of this local program.

Black Maternal and Infant Mortality: In Kansas, Black maternal and infant mortality rates far exceed those of mothers and infants of other races. Black mothers in Kansas are more likely to die from hypertensive disorders or subsequent complications. In addition, Black mothers are more likely to experience pre-term labor which may result in complications with delivery or even death of an infant. In an effort to address these urgent issues, Title V has taken a multi-pronged approach to addressing these disparities.

- **Mothers and Support Persons:** In partnership with home visiting and BaM programs, the Perinatal Home Blood Pressure Monitoring Pilot Project (in conjunction with the MCH Maternal Warning Signs Initiative and supplemental Perinatal Hypertension Patient Education Guide) will be implemented in FY24. This will ensure high-risk mothers have information about warning signs related to preeclampsia, including post-partum preeclampsia. Additionally, a recommendation has been submitted to Medicaid to expand coverage for perinatal women to obtain an automatic blood pressure, rather than only the manual, to increase compliance/utilization of at-home monitoring activities. This approach will empower mothers to monitor their signs and symptoms and provide education about when to reach out to a health care provider, go directly to an emergency department, etc. Ultimately, the goal of the project is to ensure that no mothers, or infants, are lost due to complications that occur from hypertensive disorders that could have been prevented via early intervention.
- **For Providers:** As part of the Kansas Perinatal Quality Collaborative's Fourth Trimester Initiative, all participating birthing centers and hospitals across the state, accounting for over 83% of births in Kansas, will continue to receive training related to bias. More specifically, the training will focus on the experience of Black mothers in the state and provide personal anecdotes told by mothers who experienced bias during recent birthing experiences. In FY24 Title V plans to extend this training and technical assistance to our local public health partners. Learn more in the Perinatal/Infant plan.
- **Addressing Systemic Issues:** Through the Maternal Anti-Violence Innovation and Sharing (MAVIS) Project, a subcommittee has been established for the Maternal Mortality Review Committee. This subcommittee reviews cases related to violent maternal deaths (homicide, suicide and poisoning/overdose) and cases that involve potential bias. To better identify disparities and the role of SDOH in relation to maternal mortality the subcommittee continues to utilize and modify the review form to support the committee in making consistent determinations when recognizing when and how SDOH impact Kansas maternal mortality. All subsequent cases reviewed in the subcommittee will be incorporated into the annual KMMRC report, including recommendations to address bias in the healthcare system.

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