

MCHB/ DHSPS April 20, 2005 Webcast

Building Partnerships to Improve Birth Outcomes

JOHANNIE ESCARNE: Good afternoon, everyone. I'm sorry for the delay. My name is Johannie G. Escarne, MPH, I'm from Healthy Start and Maternal and Child Health Bureau. I would like to welcome you to this webcast. Building Partnerships to Improve Birth Outcomes. Before I introduce our speaker for today, I would like to make some technical comments. Will appear in the central window and should advance automatically. The changes will change with the speakers. You do not need to do anything to advance the slide. If you need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the message screen. We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the white message window to the right interface. Select questions for the speaker from the dropdown menu and hit send. Please include your state or organization in your message so that we know where you're participating from. The questions will be relayed to the speakers periodically throughout this broadcast. If we don't have the opportunity to respond to your questions during the broadcast, we will email you afterwards. Again, we encourage you to submit questions at any time during the broadcast. On the left of the interface is the video window.

Those of you who selected accessibility features when you registered will see text captioning underneath the video window. At the end of the broadcast, the interface will close automatically and you will have the opportunity to fill out an online evaluation.

Please take a couple of minutes to do so. Your responses will help to plan future broadcasts and improve our technical support. We are very pleased today to have two speakers with us who will describe the Association of Maternal and Child Health Programs, Perinatal Disparities ALL, as well as present important findings on building partnerships.

Our first speaker is Justine Desmarais. Justine is the women's health program director in Washington, D.C. Justine will describe the labs goals, process and outcomes for us. Our next speaker is Yvonne Beasley, who is the director of the Indianapolis Healthy Start project in Indianapolis, Indiana. Yvonne will describe Indiana's strategic plan and how that plan links to Healthy Start activities. The format for this webcast is we will give presentations and answer questions at the end of the presentations. You may submit your questions via email at any time. Without further ado we will start with Justine.

JUSTINE DESMARAIS: Thanks, Johannie. I would like to thank the Maternal and Child Health Bureau for giving us this opportunity to join you today and share some information about some of the work that we've been doing over the past year around perinatal disparities. For those of you not familiar with the Association of Maternal and Child Health Programs, or AMCHP, we are a national non-profit membership association representing state level maternity child health and children with special health care needs directors. So like many of you, we serve people who serve a lot of people in need. We do that in a number of ways through advocacy, around maternal and child health policy and financing at the national level, through education of policymakers and others of maternal and child

health issue. We do analysis and we provide technical assistance and information to promote maternal and child health best practices.

One of the technical methodologies that we've used since about 1996 is the action learning lab, called ALL. The lab brings diverse teams of state agencies in their community and state program partners together to take collaborative action on priority issues, for the goal of starting change. We've been studying 10 years on a range of issues, including Medicaid and SCHIP, and more recently around tobacco use and smoking cessation and prevention in women of reproductive age. Perinatal HIV prevention and disparities in birth outcomes. The goal of the learning lab is to build capacity of our state members and their partners to assure positive maternal child health outcomes and to do that through a number of ways. Through improved public and professional awareness, building statewide initiatives, and expanding or creating new partnerships around an issue, through community engagement, access to evidence-based preventive services and programs for the maternal and child health population, integration of services and programs, and through policy and larger system changes.

The learning lab process is fairly straight forward. There are variations on it, but the way that we typically do it is by holding two informational and planning meetings about six months apart. We have our participants divided into Travel and Home Teams. The Travel Team is usually the team that comes to the meeting and they will do the initial action planning. The Home Team is a larger group of stake holders that join the Travel Team to refine the action plan and actually implement those activities and evaluate down the line.

So to give you a clear understanding of what happens during these labs, the lab meetings, during the first lab the Travel Teams come together. The teams are probably between five and eight members. And they listen to public health experts. They engage in a number of different activities within their teams and across state teams. They identify obstacles, priorities, opportunities, and then by the end of the first meeting, the goal is to have them develop preliminary, really draft plans for action over the next six months.

During the second meeting, the teams come back to assess their short-term progress and their team-building process. They look at some of the challenges they've encountered over the last six months and some ways to sustain and promote their partnership over the long-term. And they also review and revise their action plans with an eye toward longer range goals and using tools such as models and evaluation plans so they can evaluate those longer-term efforts. I just want to spend a few minutes giving all of you some information about the perinatal disparities learning lab that we did in partnership with a number of other organizations over this last year when we had funding from the Kellogg Foundation and the Centers for Disease Control to do these. We in January convened maternal and child health leaders from five states, these were Florida, Georgia, Indiana, Maryland, and Massachusetts, and brought them together to help them develop strategies to reduce racial and ethnic disparities in birth outcomes.

The team composition varied from state to state, but included members from state, county level maternal and child health level, the consumers, the March of Dimes and several other agencies and programs. I'd like to mention, as well, that Mary Beth was on our

advisory committee for this project and we also had representation on our advisory group from national Healthy Start association, among others. So to give you a sense of what the five states decided to do, and this is after their first meeting. They came away with some draft action plans. And there were a few, well several approaches that they kind of lumped them into four basic categories. I'll go through some of those with you to give you a sense of what they were trying to accomplish. One of the first categories the team approached was community development and coalition building. This included things like working with Healthy Start to establish community development standards and guidelines for departments of health to address disparities. Included things like creating a community development tract at an annual statewide maternal and child health conference and that was a new conference. Also working on building teams building Healthy Start work in the state to develop statewide plans and integrate their plans surrounding disparity.

The next major area where the state teams tried to move forward was in data collection and dissemination. They did things like creating county level data books to increase local level access information, and those were also not just hard data, hard copy data, but online data. Involving focus groups of women to discuss problems with pregnancy and race --. The next approach was public and professional awareness and this included things like developing a statewide public awareness campaign on perinatal disparities, together with the March of Dimes. Holding town meetings and press conferences.

Organizing the state disparity component for the American public health association National Public Health Week. And many things like that. Next approach, care delivery and quality assurance. One of the states tried to implement early perinatal care entry, a pilot

project around that, rather, working with their Medicaid managed care. Another was working to try to better coordinate their state and regional perinatal plans.

As you might imagine, taking on this particular issue area and trying to do some of the activities and approaches that I just highlighted for you, there were a number of shared challenges, and we spoke with the teams about that at their second meeting. These included tension between the need to do something and take action right away. And the need to plan very carefully and be inclusive and work with community and other partners in deciding what should be done and could be done. Other challenges included building, and in some cases rebuilding relationships with other agencies within the community. As always, the lack of time, funds, and staffing. Lack of professional awareness to the extent of disparities and in some cases a lack of political will to address the issue head on. I'm happy to say that there were a number of successes, as well, but I will leave those to Yvonne. I'm sure she'll have some interesting information to share with you around that. This is a quote from one of our learning lab participants around challenges.

A major obstacle is history. Whether this is going to really make a difference this time. If it's really going to be something that's going to be followed through or is it just another political discussion. We also put up what we learned and these weren't learned from the state teams's perspective. Certainly there were lessons learned for the organizations involved, as well. And we assessed these in a number of areas. These included racism and discrimination, advocacy, evaluation, health care delivery, and a couple of other areas. We also assessed lessons learned around team operations and process. I'll show

you those. Here are a few that I thought might be interesting for this group. One was the teams's perception that it was critical to address the role of racism when you are talking about disparities and perinatal dispairs in tech. Also the need to involve community, to optimize what you are doing at the state level and the local level.

Creating local data capacity and really using what you know and the data that you have to start dialogues around the issue and to help drive the direction that you want to go in. To consider community perspectives when defining what's working and how you're measuring that. We also assessed the team operation and process lessons learned.

Next slide, please. Thanks. Actually, this is -- before I get to that, this is also a quote that is related to working with community and in particular addressing institutional racism in this case. Don't get locked into the idea that only community people can reach community. Sometimes community likes to hear from representatives of institutions talking about things that no one else will touch. When it comes from someone who is not normally seen as an ally, it can make a major difference. And we thought that was really important information. In terms of process in kind of coalition building, team building, these are some of the things that the team told us.

To try to establish multiple ways, be flexible with how you communicate, but do so regularly. And really be clear on your vision and your goals. To make sure that you have diverse team membership, and this is in terms of professional representation, geographic, as well as racial and ethnic representation. To recruit people to join you who really do

share your goals and your passion for the issue. And who also, if they are have some organization, to have strong organizational backing to work on that issue. To clarify the definition of community, or consumer, and to share evenly across the members. And the last item on that is, of course, to be patient, because things don't change overnight. And I'll end with this quote. Shrinking budgets and changing priorities require a lot of advocacy. It's hard putting out all the fires. This session, the legislature tried to roll back Medicaid eligibility for pregnant women and that was just one of the many issues that these teams were addressing. We have a lot of work ahead. And I think that really was the overall lesson, that this is endless work, but it's worth doing and together I think the teams, state and local partners can make a real difference.

I would encourage anyone who is listening today to contact me. My contact information is on this slide. If you have questions about the disparities ALL, the learning lab, or AMCHP, please feel free to do so. There is also a summary report of our disparities learning lab that is posted on the web. That is the address for that. You can find out more details about lessons learned and some of the other information that I just highlighted for you today. Thank you very much. I'd like to turn things over to Yvonne, who will share more with you about Indiana's experience.

YVONNE BEASLEY: Hello. Hello.

JOHANNIE ESCARNE: Go ahead.

YVONNE BEASLEY: This is Yvonne Beasley. During this presentation, I will give an overview of the Indiana team and demographics of Indiana women. Next slide, please. Infant mortality rates and priorities, county. The top priorities, first strategic planning, assets, gap needs, Healthy Start, the Healthy Start perspective. An enhanced awareness of Healthy Start. B, reinforcement of Healthy Start principles. C, increased awareness of Healthy Start issues. The state logic model that was developing during the action learning lab, our overarching goal and the summary.

Next slide, please. Indiana's teams consisted of Johnnie Lewis, a consumer of Indianapolis Healthy Babies Consortium and Indianapolis Healthy Start. Evonne Beasley, myself, Julia Brillhart, executive director of Indiana Perinatal Network. Clementine DeBose, director of Lake County maternal child health network and HealthVisions Midwest. Beth Johnson, perinatal consultant, MCH Services, Indiana State Department of Health, program coordinator, the Office of Minority Health, Indiana State Department of Health.

Next slide, please. Demographics of Indiana women. Women account for 51% of the population in Indiana. 90.16% are white, 8.59% are black, 3.5% are Hispanic. 43% of the women are childbearing age, between 15 and 44, and the median age for women for Indiana women is 35.2. There is racial variation, the number identified as Hispanic is growing.

Next slide, please. Continuation of Indiana women demographics. Indiana ranked fourth in the prevalence of smoking among women, compared to other states. 25.5% of all women smoke. 21% of pregnant women smoke. Over half of the residents aged 18 and over are overweight or obese. A higher percentage of blacks are obese compared to whites.

Next slide, please. Indiana infant mortality rate, Indiana ranked 38th among states in 2000 for infant mortality. The bars you see on the graph, the black bar is white infant mortality. Those lighter colored bars is black infant mortality. The dates for the ranges that are depicted on the bar from 1991 to 2001. The first line of numbers below the year dates are white infant mortality. The second is black infant mortality, and the third is the disparity. So as you can see, over a 10-year period, black infants have died at two times the rate of white infants.

Next slide, please. Our top priority high risk county to focus on during the action learning lab were Lake County, St. Joseph's county, Elkhart County, Allen County, and Marion County and Indianapolis. Indiana has 92 counties, mostly are rural, six to eight are urban counties. 35% of the total state population is in our five top priority counties. 83% of the black population resides in these five counties. There is a Healthy Start project in Lake County, which is in the northwest corner of the state. And it was one of the demonstration projects that began in 1991. Indianapolis Healthy Start started in 1997. Lake County, St. Joseph's county, Elkhart and Allen County are part of the midwest vision network.

Next slide, please. Our action learning lab top priorities, our basis for our strategic planning were adequate early and adequate perinatal care. We thought the medical model was not providing the overall desired effect expected. Medical model often does not acknowledge how traditional cultural practices affect choices made in regards to pregnancy, childbirth. Biological, psychological and socio-cultural influences affect every pregnant woman.

Next slide, please. Continuation of top priorities as our basis for strategic planning. Psychological, social factors of individuals interact with biological characteristics of pregnancy to create vulnerability to disease. Some populations are more vulnerable to negative external influences on health, especially those with low socio-economic status, limited control over resources, poor nutrition, and daily exposure to racism.

Next slide, please. Continuation of top priorities. We can no longer provide services as we have been doing. We must look for unknowns that create barriers to our MCH populations in seeking health care and health behaviors. We must look to our neighborhoods for resources within to support, nurture and educate families at risk of poor perinatal outcomes. Our team had a desire to move toward integrating the social determinants of health model into perinatal care delivery. Actually, we were happy to have Doctor Diane Rally as one of our speakers at our first learning lab in Atlanta and then Doctor LU in Baltimore in June.

Next slide, please. Our assets, the Indiana Perinatal Network is a state coalition and has a state advisory board. Our Baby First multimedia campaign, which is part of Indiana Perinatal Network, our Healthy Start sites which were located in Marion County and Lake County. The Lake County maternal and child health network, which is the health visions network. Our Medicaid Access to Care pilot project, which was being done by the Indiana State Department of Health and our managed care organizations. Friendly Access, our national pilot site which is located here in Indianapolis. Our prenatal care coordination and healthy families program. Our baby showers and free pregnancy testing, early start, and mini-PRAMS and the March of Dimes.

Next slide, please. Some of the gaps needs that we identified were that focus groups to uncover unknown effects of racism affect on perinatal care and outcomes.

Identify existing neighborhoods, health related, social resources, in collaboration with residents develop strategies to link providers, consumers, and neighborhoods to existing health and social resources. Identify and work with existing non-traditional neighborhood resources assets. For example, beauty salons, fire stations, to provide outreach, education, and links to needed resources.

Next slide, please. Through the action learning lab process, our team members received our MCH -- our team leaders and our MCH state leaders received enhanced awareness of Healthy Start. They discovered that, yes, they do have a community-driven program, there

is consumer involvement, there is outreach and we do have home visitation, which is effective.

Next slide, please. Some of the reinforcement of the common principles underlying the Healthy Start program were, innovation and service delivery, community commitment and involvement, personal responsibility demonstrated by expectant parents. We have our Healthy Start consumer connection, which our consumers are very much engaged in attending to learn responsibility of taking charge of their health and also being better informed of how to take care of their infants. Integration of health and social services and multi-agency participation. Healthy Start, our Healthy Start program is implemented through subcontracting with other agencies, hospitals, and other social service agencies within the city. Therefore, we had a strong multi-agency partnership. And also, we had a strong partnership with the perinatal network here in the city, already established prior to ALL.

Next slide, please. Continuation of reinforcement of the common principles underlying the Healthy Start program that were exhibited through ALL. Increased access to care. As I said before, in Indiana we have what we call Indiana Access. And in 2002, Indianapolis was chosen as one of four cities in the United States to participate in a unique community-based research project to assess the impact -- to assess the impact that improved customer service has on increasing access to and utilization of health services for low income pregnant women and children. And this was funded through the Lawton ray Child center and of the center for disease control and prevention, HERSA and the Disney

Institute. So we've been fortunate to have Indiana Access as a partner in providing us with data that they are collecting through prenatal, pediatric and provider surveys. They have completed the survey process and they are now in the data analysis process of this. So we will benefit, our ALL team, and our other partners will benefit from the analysis of this data.

We were also looking at public education, Healthy Start, that's a big part of Healthy Start, as one of their principles. And we were able to pool resources, or we had been pooling resources prior to ALL, but we were able to increase our ability to pool resources with the Indiana Perinatal Network, with WIC, with the March of Dimes, and with the Baby First media campaign, to get out health messages regarding breast feeding, safe sleep, and other pertinent health messages that are important to maternal and infant health.

Next slide, please. Increased awareness of issues addressed by Healthy Start were a subject of our action learning lab team. One of the first things is providing adequate prenatal care, and that was a top priority for our action learning lab strategic planning, promoting positive perinatal, prenatal health behaviors, meeting basic needs, for example, nutrition and housing. Psychosocial support or job training. And these issues again addressed our concern in using the social determinants model.

Next slide, please. Continuing with increased awareness of issues addressed by Healthy Start. By reducing barriers to access. Healthy Start's ability to assist with transportation of clients to town hall meetings and focus groups was an asset that facilitated getting these

groups completed. Focus groups and town hall meetings were initiated and did occur in all five counties that were involved in the action learning lab. And as I said before, the Healthy Start project, we're really very instrumental in assisting with getting clients to come to these meetings. Enabling our client entitlement. The action learning lab emphasis on consumer involvement in the state team plan and concern about consumer leadership development was congruent with what Healthy Start believed, because our goal with Healthy Start is to have our consumers empowered to have a voice in shaping the health care of their community as far as perinatal health is concerned.

Next slide, please. For our state logic model, our objective was that African-American communities become empowered to be part of, have a voice in shaping or changing the health care system. And again, our logic model was congruent with the process for eliminating perinatal health disparities, which is the focus of our Healthy Start grant.

Next slide, please. The overarching goal of our logic model was to, number one, increase early entry, utilization, retention, and satisfaction in prenatal care, utilizing client perspective to make system changes that are responsive to community concerns. Number two. To reduce disparities in perinatal outcomes. Number three, to reduce perinatal disparities in Allen, lake, Marion, and St. Joseph counties.

Next slide please. Now I would like to talk about our ALL team accomplishments, as far as team development and coalition building, working with five community teams building on Healthy Start coalition to develop the statewide disparities plan. All five community teams

were developed, and again, we built those teams on Healthy Start coalition concepts. Number B. We had Doctor Gloria Wilder-Braithwaite to come to Indianapolis and she arrived on April 30 of 2004. And was able to do her presentation at our Indianapolis Healthy Babies Consortium. And she was able to raise community awareness in the aspect of social justice being the forefront of eliminating disparities. Next slide, please. Her main purpose for coming was to be a presenter at our Indianapolis Healthy Start consumer connection conference, which we had on May 1, 2004. We did invite our other Healthy Start project from Lake County to participate in this event.

She stressed with our consumers, consumer responsibility and also enlightened them on the fact that they should expect social justice and expect a high level of care as far as perinatal health is concerned. We also had organized and had a State Perinatal Disparities Conference on October 1, 2004. And this was indeed a partnership endeavor with the Indiana State Department of Health, St. Vincent's Hospital here in Indianapolis, Indianapolis Healthy Start, Indianapolis, Indiana Perinatal Network, the Marion County health department, maternal child health program, and we were just very excited because we felt that we brought part of the action learning lab to our city and to our state. We had Doctor Hogan who was one of our presenters, Doctor Aaronson and Jones, who were our first presenters in Atlanta. We felt that we were able to give our state a good foundation for what we were trying to do.

And in the fall of 2004, Indianapolis Healthy Start and the Indiana, Indianapolis health babies consumer connection group, they recruited and trained some volunteers who live

in communities with high infant mortality rates here in Indianapolis and are a part of our Healthy Start project catchman area. They recruited these volunteers and educated them on maternal and infant health issues and disparities in perinatal health. And we currently have about 20 advocates now. They are being trained with materials from Indiana Perinatal Network, babies first community awareness campaign, again on important issues in infant and maternal child health. Well, currently we have a Healthy Start community outreach coordinator who has subcontracted with us and she's housed with the Marion County minority health coalition. She is the person responsible for continuing recruiting and assisting with training these volunteers to be advocates. But these are grassroots people who we don't have to pay, who are out there in the community advocating for perinatal health, educating women on the signs of preterm labor, educating daycare centers on back to sleep issues and SIDS issues, and Healthy Start has been able to also assist with getting the Baby First advocates training on how to be advocates.

We had our first advocacy training on February 8th, 2005. And this training was done by the society of public health educators. It was an advocacy and lobbying training. Then we were able to take four of our advocates to our Healthy Start spring conference. And when we returned from the spring conference, Indianapolis Healthy Start had a Baby First advocates workshop on the 21st of March of this year. So we have been very involved with these advocates and we feel very fortunate to have a large group of volunteers who are assisting us with getting our health messages out and educating the community that they live in, which are high risk zip code area or a Healthy Start catchman area on perinatal health disparities.

Next slide, please. Our ALL team accomplishments support data collection and dissemination. Our team leader, Beth Johnson, who is our MCH nurse consultant from the Indiana state of department worked with the regional epidemiologists throughout the state, and she developed some County Data Books and these were developed and ready to be distributed at our October 1 disparities conference. And these books, these data notebooks include mortality, GIS, demographic and systems data for each of the five counties that were involved in the action learning lab, or our strategic plan. Perinatal periods of risk were introduced to the Indianapolis Healthy Babies Consortium in July 2004 by Indianapolis Healthy Start program manager and data manager and the epidemiologist from the Marion County health department. And we utilized the TAs that we get from city match to develop our staff to be able to analyze the data using the PPOR process.

And we currently have a PPOR team as a result of that, which consists of people from the Indiana State Department of Health, WIC staff, people from the Indianapolis Healthy Babies Consortium. So we've developed some partnerships and interest around our PPOR team. Our coordinator for the Marion County health department attended the annual conference in August and she attended the PPOR integration training aspect of that conference. She is also a member of our perinatal periods of risk, our PPOR team. We completed the focus groups, five focus groups in the five counties. And the five focus groups included, one focus group included adolescents, one included white females that were pregnant, postpartum, black pregnant or postpartum women and Hispanic

postpartum women, or pregnant women. So those are the focus groups had been completed.

The data for the focus groups has not been analyzed yet, but we're waiting on that process. And completing the focus groups was a partnership effort from Healthy Start, the perinatal network, the minority health coalitions in the counties, in the five counties. Some of the partners supplied a gift certificate, or gift certificates or incentives for the clients who participated. Some of the partners were able, like Healthy Start, to recruit clients, provide transportation for clients, et cetera. And then the last part as far as data collection and dissemination is that with the Indiana Access Project doing this survey, the pediatric surveys, we have gleaned some information from the prenatal surveys that indicate we do have a problem with unintended pregnancies and that data is still being further analyzed. But Marion County, of the 530 surveys that they did, 77% of the respondents were indicating that they had an unintended pregnancy at the time of the survey.

Next slide, please. Our ALL team accomplishments continued. Our public and professional awareness. A. Our Baby First advocates had a block party in October of 2004. And they reached 200 community residents with the health fair at the block party. They had a health fair and they had screenings for mamograms. They had self-breast examination education. Persons that participated were able to get glucose screening and cholesterol screening and other health care screening. B. we had the town hall meetings on disparities and they were held in the five counties.

The Healthy Start program has a publication that it puts out annually. It's called the Communicator and it gets faxed out to the community regarding infant mortality and other disparities in the community. And then I was able to apply for a Title V grant, MCH grant, to develop from interconception and preconception protocol and the grant allowed me to hire a MCH nurse specialist to develop these protocols and they will be focused on a subset of the population, women who are at risk for HIV, obesity, and domestic abuse. And this is very timely, because as I mentioned before, we do have a problem with unintended pregnancies in this community. And we hope that once the protocols are developed, they will be piloted in our Healthy Start program, and our interconception and preconception care aspect. We hope if they're successful there, then they can be utilized locally and possibly on a statewide basis.

Next slide, please. Care delivery and quality assurance, as far as our accomplishments there. We were able to assist with the Indiana State Department of Health needs assessment to develop a five-year strategic plan. And this was very timely because the focus groups came out of their need to have this information for the five-year needs assessment. So we did, as far as our state team is concerned, we were able to benefit from participating in collecting information that was needed for the assessment through focus groups, through town hall meetings, et cetera. And then the surveys completed by Indianapolis Healthy Start and the Indianapolis Healthy Babies Consortium to determine activity regarding our local action plan as far as perinatal health is concerned.

Next slide, please. In summary, a Healthy Start is the only federally funded community based infant mortality reduction program in a position to foster the changes that we've identified in our logic model and our strategic plan. Local, regional, and state and national partnerships can enhance Healthy Start's efforts, as Healthy Start has used technical assistance from city match. We've had technical assistance from the families violence prevention fund, and it has enhanced our program. And a strong state-based ALL team can be the catalyst to affect change. I think it would be a benefit to our action learning lab team and Healthy Start if Healthy Start and AMCHP would provide ongoing aid, to providing ongoing dialogue about racism, because we've been able to collect some data through our focus groups and through our town hall meetings regarding racism. But getting it moved to another level I think would require technical, further technical assistance through AMCHP and Healthy Start. Thank you.

JOHANNIE ESCARNE: Okay. Thank you, Yvonne and Justine. And we have a couple of questions that came in via email. The first question is for Yvonne. And that question is what was the focus of the focus group?

YVONNE BEASLEY: The focus of the focus groups were, some of the women, we had found that through our mini-PRAMS that some women had responded on that that they didn't know they were pregnant. They didn't know they were pregnant and that's why they came into care late. So some of the questions that we were able to highlight through our focus groups were based on, well, one, the intendedness of, knowing what they thought the signs of pregnancy were. And then the other thing that we wanted to know, what they

understood about having a healthy pregnancy. Some of the other things that the focus groups, the questions that they focused on was cultural influences on seeking perinatal health care. And then another area for questions and focus was on racism discrimination, how they were treated, you know, when they were seen by providers. And what kind of incidents may have occurred on their job that was an indication, you know, of adverse treatment.

JOHANNIE ESCARNE: Okay. Another question for Yvonne. Related to psychosocial support, does that include any mental health services for consumers who are dealing with mental health and-or substance abuse issues?

YVONNE BEASLEY: Yes.

JOHANNIE ESCARNE: Moderator: If so, what does that component look like in your project?

YVONNE BEASLEY: Okay. In our Healthy Start project, we do have, of course, we do our depression screening. And we've tried to do the screening twice during our contact with our clients, which they can be in our program up to two years. So when we have a pregnant client, we try to do one on their second encounter with their case manager. And then we do one at the postpartum visit. And we do make referrals. You know, we do have resources to make referrals. And we do also, part of our risk assessment includes substance abuse.

JOHANNIE ESCARNE: Thank you. We have one other question and again it's for Yvonne. Is more detailed information available on the development and training of your grassroots volunteers?

YVONNE BEASLEY: Yes. We do have a description of our grassroots Baby First Advocates project and our volunteers and we could send that information out.

JOHANNIE ESCARNE: Well, thank you. Are there any other questions? No. Okay. Well, I'd like to say thank you to both of our speakers for a very informative webcast today. And please join us for our next webcast in May.