

Building on The Evidence and The Experience in the Healthy Start Interconception Care Efforts

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Interconception Care in Healthy Start

- Healthy Start grantees have been working in communities to improve maternal and infant health and to reduce disparities in birth outcomes since 1992
- Interconception care is one of the nine core components of Healthy Start
- 35 grantees have had formal interconception care components since 2001
 - 6 with special funding
 - 29 with grants of more than \$1 million
- All grantees have been required to have interconception care components since 2005




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What do we know about the activities and strategies of Healthy Start Interconception Care Components?




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2001 Healthy Start Guidance on Interconception Care Strategies, and Activities

Examples of Areas for Risk Assessment/Screening:

- Individual and social conditions (age, diet, education, housing, and economic status).
- Adverse health behaviors (tobacco, alcohol, illicit drug use).

Examples of Health Promotion Strategies:

- Promotion of healthy behaviors (e.g., proper nutrition, avoidance of smoking, alcohol, teratogens, and practice of 'safe sex').
- Counseling about the availability of social, financial and vocational assistance programs.

Examples of Intervention Strategies:

- Linkage to appropriate treatment of medical conditions, including changes in medications, if appropriate, and referral to other high-risk programs.
- Primary care for mothers and infants throughout the interconception care period.




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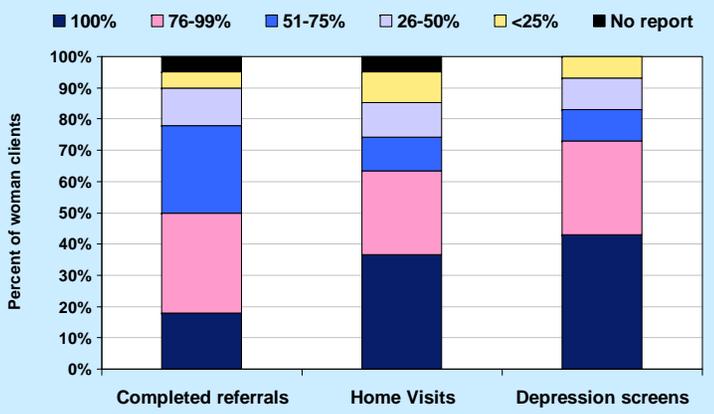
2005 Healthy Start Guidance on Interconception Care Strategies, and Activities

“... all healthy Start programs must demonstrate that the program's core and high risk interconceptional activities include the following:

- Knowledge, throughout the community, of what interconceptional care is, and what the related health outcomes are;
- An understanding of the gaps that exist in providing interconceptional care services; and
- A record of completed referrals for both inter-conceptional and specialty health care services for those women who are identified as needing these services...”



Selected Results from the National Healthy Start Grantee Survey



* Finding from Phase I of Evaluation, National Survey by Abt & Mathematica



What can we learn from review of the first 35 Interconception Care “official” grantee efforts?



Review & Synthesis of ICC Among 35 Healthy Start Grantees, 2001-2005

Reviewed and synthesized the inter-conception care goals, methods, activities, and results from 35 Healthy Start grantees

- Not an evaluation, review to find best practices
- Synthesize for lessons learned

Together, this forms the first large set of efforts aimed at using interconception care to improve the health of high-risk women, their infants, and their families.

This work was supported by the Maternal and Child Health Bureau, Health Resources and Services Administration.



Key Findings: Limited Resources

■ **With limited resources and high levels of need, it was difficult for HS grantees to make sufficient level of effort and achieve interconception goals.**

- Lack of health coverage for women
- Shortage of providers (eg, mental health)
- Limited funding for case management
- Few pre-existing tools and protocols



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Key Findings: Women Participants

- **Target was higher risk women and infants.**
- **Focus mainly on women who had been prenatal program participants.**
- **One-third did not give priority to other high-risk women for interconception care.**

- This is frequently due to limits on service capacity.
- Findings from a survey of all Healthy Start Project Directors found that three-quarters of grantees (74%) enrolled the majority of their interconception clients during the prenatal period, with the remainder enrolling additional clients after delivery.*



* Finding from Phase I of Evaluation, National Survey by Abt & Mathematica



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Key Findings: Infant Health Focus

■ **Tended to focus on infant health and development, more than women's health. May be due to:**

- continuing health coverage for the child,
- more well-defined measures for child health,
- nationwide interest in early childhood development,
- MCHB guidance, and/or
- families being more likely to accept assistance for their child's needs; moms more focused on baby.



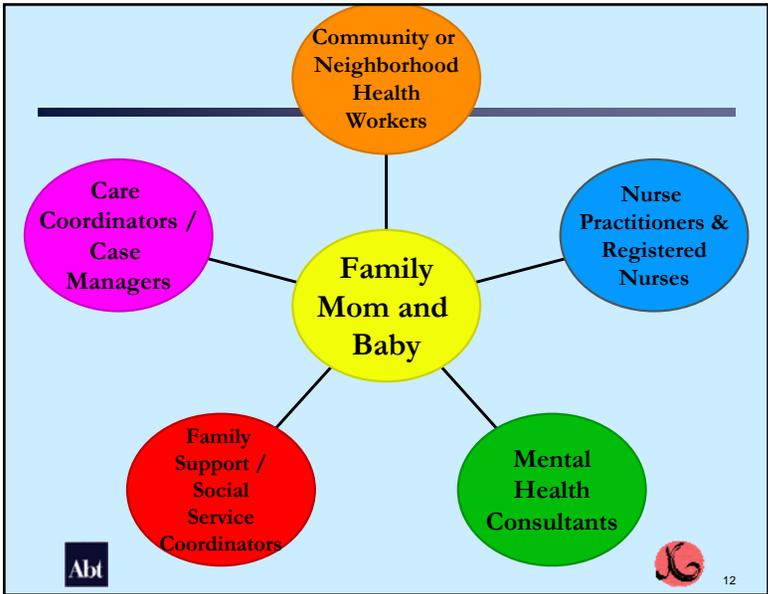
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Key Findings: Case Management

- **All used care coordination and case management as the primary approach to improving interconception health.**
 - Primarily through individual home visits.
 - Some through center-based efforts.
 - A few using group care methods.
- **Devised tiered levels of care coordination and case management, using**
 - community-based lay health workers and
 - professionals (nurses, social workers, etc.).
- **Promising practices that should be considered by other community and state perinatal care coordination / case management projects.**



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Key Findings: Direct Services

- About half (19 of 35 grantees) provided data to track use of direct care services in ≥ 2 of the 5 years.
- Success in assuring direct care associated with linkages to primary care clinics.
 - Community health centers / federally qualified health centers (FQHC), Hospital clinics, Health department primary care
- Tens of thousands of high-risk, low-income women screened for risks and adverse health conditions.
 - Consistent with ACOG & CDC recommendations.

Primary Elements of Pre- and interconception Care in Practice

Assessment & Screening

- Medical & reproductive history
- Genetic & family history
- Infectious diseases
- Environmental & occupational exposures
- Family planning and pregnancy spacing
- Nutrition and weight management
- Prescription and over-counter medications
- Substance use (alcohol, tobacco and drugs)
- Psycho-social (e.g., depression, domestic violence, housing)

Health Promotion & Counseling

- Nutrition and Healthy Weight
- Preventing STD & HIV infection
 - Family planning methods
 - Abstaining from tobacco
- Managing alcohol and drug use
 - Consuming folic acid daily
 - Controlling existing medical conditions (e.g., diabetes)
- Risks from prescription drugs
 - Genetic conditions

Brief Interventions

- Immunizations
- Smoking cessation
- Alcohol misuse
- Weight management
- Family planning

Key Findings: Tools

- Risk assessment tools, staff training methods, health education curricula, home visiting protocols, etc. were developed and used.
 - Little evidence these have been validated or standardized.
 - Unclear how the information was used for quality improvement
- Grantees are using data tools to inform interconception care.
 - Perinatal Periods of Risk (PPOR)
 - Fetal-Infant Mortality Review (FIMR)

Key Findings: Systems Issues

Overall only 32 % of grantees reported that postpartum clients had a completed referral *

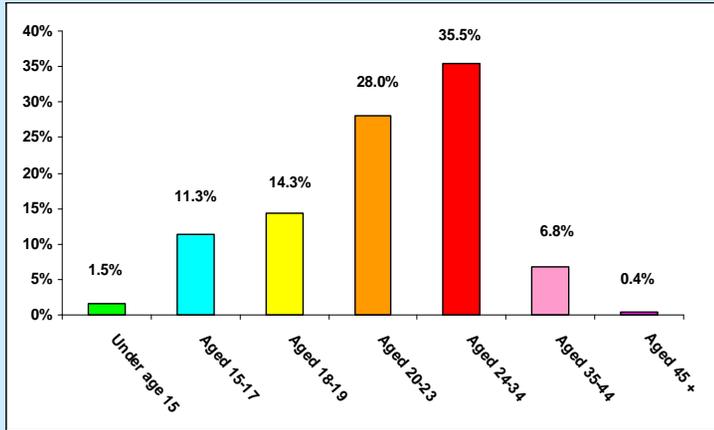
- **Many low-income women lose Medicaid 60-days postpartum and become uninsured**
 - Most cited barrier to assuring interconception care.
 - Even without Medicaid expansions, more attention could be given to maximizing these two months of coverage.
- **Challenges in finding treatment for depression.**
 - Opportunities to use and improve safety net provider services.
 - Brief, home-based interventions are available.

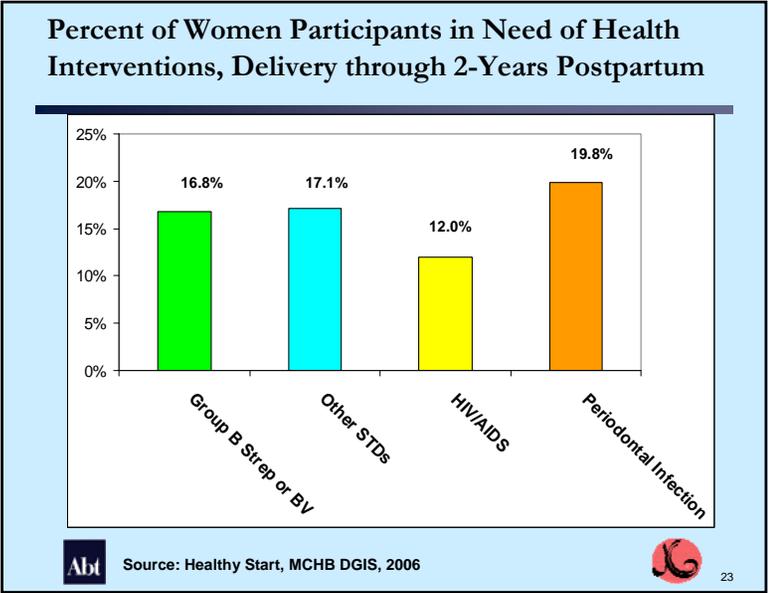
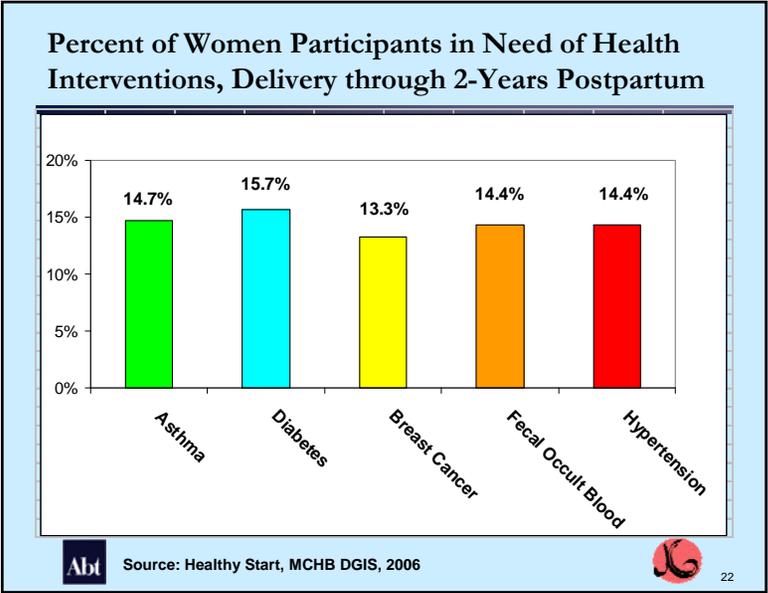
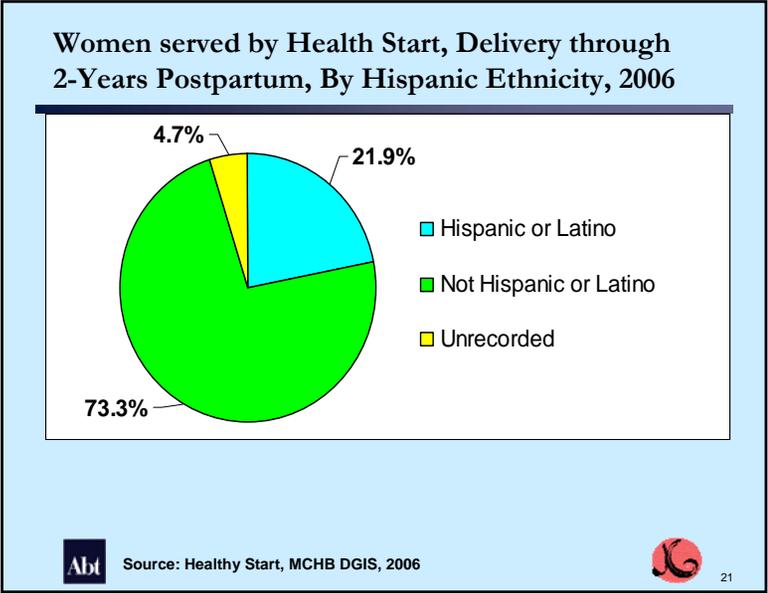
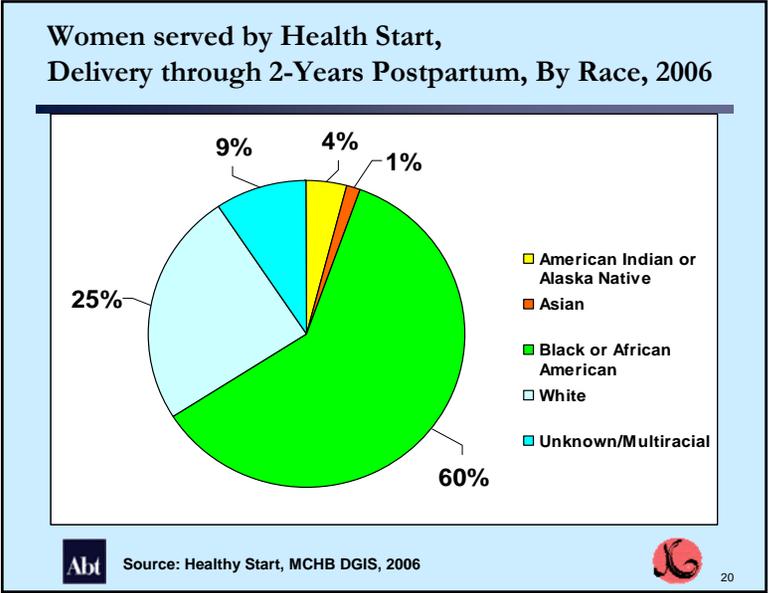
Key Findings: Measuring Impact

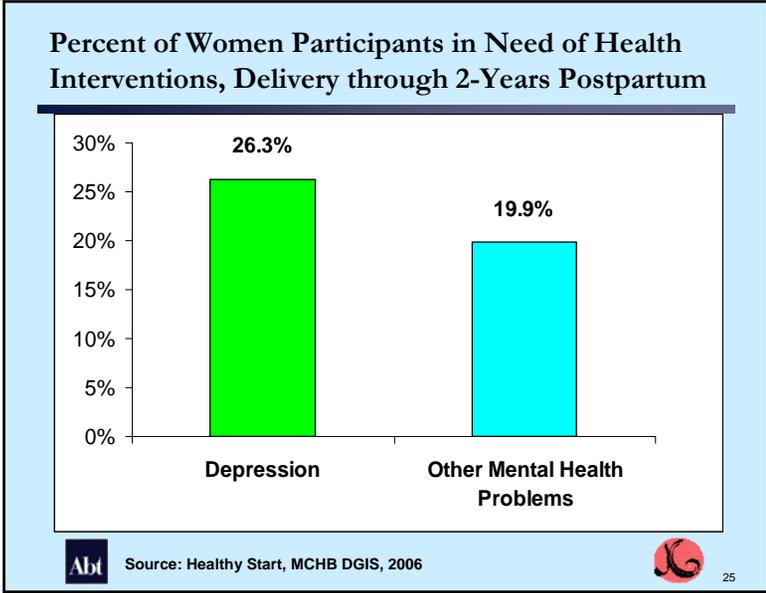
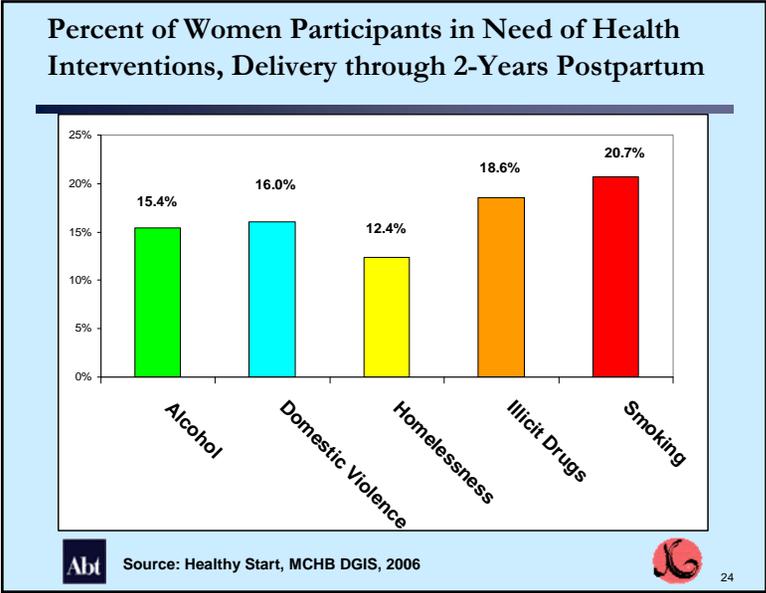
- **Many grantees met or exceeded their interconception care objective, but it is difficult to report or compare results.**
 - Different definitions for measures.
 - Poorly defined denominators.
 - Different counts for participants.
- **Misaligned measures & different definitions are a problem.**
 - **Example: Ongoing primary care**
 - one visit during 12-month postpartum period, vs.
 - having a routine source of care identified.
 - **Example: receiving family planning services**
 - receiving FP counseling from a case manager,
 - having initiated a contraceptive method, or
 - completing a postpartum family planning visit.

What do we know about the women served through Healthy Start Interconception Care Components?

Women served by Health Start, Delivery through 2-Years Postpartum, By Age, 2006







How can we use this information to guide development of a Healthy Start Interconception Care Learning Community?

- ### Building on Healthy Start Experience
- Grantees led the way in development of interconception care approaches
 - “Case management” is central approach to service delivery
 - Healthy Start clients lack access to care
 - Linkages to and among providers
 - Maximizing existing coverage
 - Content of ICC was not well defined or operationalized
 - Work with infants and toddlers better defined

Building on the Experience Base

- **Abt ICC literature review**
 - Reflects what has been learned from evaluations
 - Focuses on interconception & Healthy Start
 - Summarizes literature on care and case management
- **Seeking examples of best practices from Healthy Start communities**
 - Invite grantees to tell us about their exemplary practices
 - Request input of Healthy Start program officers



Building on the Evidence Base

- **Content of Preconception Care** (AJOG Dec. 2008)
 - Defines clinical content of preconception care
 - Recommends screening, health promotion, and brief interventions with strong, high-quality evidence
 - Offers content for delivery through primary care or by Healthy Start staff

Clinical workgroup questions regarding content

- **Two-year process reviewed**
 - >80 topics
 - >700 papers and articles
 - Dozens of expert reviewers



Review of Evidence regarding Content

Potential Component	No. topics	Examples
Health Promotion	8	Weight, life plan, family planning
Immunization	6	Hep B, MMR, HPV
Infectious disease	16	HIV, Syphilis, BV, TB
Medical conditions	14	Diabetes, RA, PKU, Asthma
Psychiatric conditions	3	Depression
Parental exposure	3	Alcohol, tobacco
Family & genetic history	5	All individuals, Ethnicity-based
Nutrition	13	Weight, Vitamins, Iodine, Calcium
Environmental exposure	5	Mercury, Lead, Workplace
Psychosocial risk	3	Poverty, abuse
Medication	3	Prescription, over-the-counter
Reproductive history	5	Prior preterm, LBW, C-section
Special populations	4	Men, women with disabilities



Description of ICC Project

- **Creation of a Learning Community**
 - All Healthy Start grantees form learning teams (99)
 - All teams will have common learning experiences, as well as unique quality improvement (QI) projects
- **Learning teams**
 - 5 people including core staff and community partners travel to meetings and bring back what they learned
 - Home teams include a variety of stakeholders
- **Grantees will choose from key areas in which they want to improve interconception activities**
- **Three years, three cycles of learning**

