

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

Parental Depression: From Intervention to Prevention

M. JANE BORST: Good morning. As Marybeth said, my name is Jane Borst, and I'm from Iowa, and I'm here representing our parental depression project. I'm pleased to be representing one of six states that currently has a grant from MCHB to address this really important issue. We're in our second year of funding, and--where do I have to point it at? We want to -- I'll get the technology right here in a second. We're one of six states, and I've listed them on this slide and there in your handout, as Marybeth said, behind tab 19. We've had one meeting of these six states, and it was really interesting to see how we were all at different levels but had some commonalities as we have the opportunity to prepare a statewide public health response to this very important issue.

In our state in Iowa, our strategies are focusing on the infrastructure building and population-based screening, in order to be able to build sustainable systems. As you might well imagine, the other states, some are much more advanced. For example, we identified that Massachusetts has resources that we will never have in Iowa. And conversely, we feel fortunate to have as many resources to draw from as we do, as we shared stories with Louisiana. And if you want stories that are very compelling, I would encourage you to have a conversation with the representatives from the Louisiana project. They are doing fabulous things with

very little resources, and just publicly want to say how impressed I am that they were even able to put together an application in the aftermath of Katrina, and how very hard those people are working.

So, a few words about Iowa's project. Our--we have three goals. To begin with, really, a strong focus on screening early identification and referral. We're working to train providers to conduct the screening, and then to be able to do the appropriate next steps for treatment intervention, and to improve support for women and their families. One of the experiences that I've had, and I'm not that close to the actual work of the project, was to say very casually to the husband of a woman who was experiencing post-partum depression, something similar to, "How's it going for you?" Well, 15 minutes later, he was still talking. So, important part to develop a family focus. So, what are our change strategies? We have four major change strategies. Certainly, our heaviest focus is on health professional education and training. No less important, but not quite as many activities directed toward recommendations and policy development. We have an active public awareness campaign, and we are promoting consumer involvement.

Now, having said that, we have one key strategy that is a thread through all of these change strategies, and that's collaboration. There's not a lot of money, not a lot of resources involved in the project, but the key to the progress that we've been able to make has really been the collaboration with the other activities that

are going on in our state. And some of our key collaborators are the ECCS project that were relying heavily on to build the infrastructure on the sustainability to keep in place the things that we're able to develop as a part of this project. We're working closely with the University of Iowa who has an NIH project, specifically working with the departments of psychiatry, psychology, obstetrics and family practice. The work that we've been able to do simply would not have been possible without that collaboration. We're learning lots from Healthy Start. We have a site at the visiting nurse services in Des Moines, and they are also learning from us. Our office of minority health has really been invaluable, and of course, working with the Iowa chapters of the Academy of Family Physicians and the Academy of Pediatrics.

So, some of the key activities in our first strategy, our first change strategy, is to partner with the University of Iowa's Depression and Clinical Research Center. A couple of key training activities has been trained the trainer. We have a cadre of professionals who are able to then share with their colleagues a structured training for screening and identification and referral. Another really important NIH-supported activity in terms of education is work with physicians and their offices, and it's called the STEP training: Support and Training to Enhance Primary Care for Post-Partum Depression. The training for the physicians is available online, and then we work to bring in their office staff, their office nurses because most of you know that have tried to work particularly with the private sector, continuing education for the physicians is really not enough, it's

absolutely key, necessary but certainly not sufficient. So, we're bringing in the office staff nurses, often the lead nurse and often the office manager to be able to then create an environment where those practice changes can be implemented.

In terms of education and training, we're also working on focus groups with our local Title V agencies to find out what they're doing, what are the gaps in screening and referral, and Dr. Robin Kopelman who is a psychiatrist is developing best practice guides for us in Title V to implement with our community based agencies with a focus on those who serve women prenatally, and then also an opportunity to integrate that in our family planning Title X program.

Thank you to the state of Illinois who helped us with design for our web-based resource. Mental health consultation services is--are available to health professionals. It's staffed by the University Of Iowa Mental Health Professionals and under the guidance of Dr. Michael O'Hara, Dr. Robert Kopelman and Dr. Stuart.

Another key strategy that we're developing is called listening visits. And if there's anybody in the room who was at the Healthy Start project or conference a couple of months ago, this is a strategy that we're very excited about. It relies on registered nurses who do home visiting, special training that's developed based on the model that comes out of the United Kingdom. It's a very different

approach, and really focuses on therapeutic listening as a key for addressing post-partum depression treatment.

As I said, our second change strategy was to improve support for women and their families. We're fairly appalled as we look at our state system of our--what are the resources that are currently in place, and women typically return to the provider where they had their babies to look at what might be out there if they're not doing as well as they might have anticipated. And we're fairly shocked to find that only two of our hospitals have support group. At the same time, there's a high level of interest, 25 percent were interested in developing support groups. And because of our regionalized primary care system and fairly easy access to referral hospitals, that 25 percent is maybe not as high as we'd like for it to be. But not really as low as it, the number might suggest.

In terms of policy development and recommendation, for us, this is really where the rubber meets the road in terms of sustainability. We developed two legislative issue briefs that I think have been instrumental in helping us garner resources. They give promise that we'll be able to continue what we've been able to develop as a part of this project. I would share one lesson learned in terms of our legislative issue briefs, and that's along the line of keeping it simple. It really needs to say what's the problem, why is it important, what are we doing now, and what needs to be done, and introduce some color in it.

We distributed those two issue briefs working primarily through our ECCS grant early childhood Iowa collaboration to get the word out to legislators about what needed to be done in our state if we were going to address this important issue. We also collaborated with a consortium called, Off To a Good Start It -- so, that the issue was addressed as part of early childhood policy and next steps and have some recommendations that will move forward to our next legislative session.

We're working, well, let me back up just one step and say, not everything that needs to be done takes money, and not everything requires a legislative change. So, part of our, our recommendations really focus on what our professional schools that deliver health curriculums are doing to teach our next generation of practitioners about what needs to be done and why it's important. Along that line, we'll also be doing as a part of this grant project a maternal and the infant mental health summit, and that will take place next spring. We're collaborating with our project that is a follow-up to the commonwealth funded project ABCD2 assuring better access to child development services. And then, also, an important issue for us, in our state, and I'm sure for all of you, minority focus groups, to better understand the barriers to screening and the treatment that our minority populations might be experiencing.

Our public awareness campaign is -- we're learning about all of the issues related to social marketing and find that we often need to use a slightly different

approach with consumers than we do with our professionals although it's nice to have those social marketing items well under your belt because the professionals respond pretty well to that too.

We've done a media campaign or we're in the process of doing the media campaign in the spirit of collaboration and sustainability. Our telephone, our single point of a telephone resource is really built on our hotline for pre-natal care. It's the same number. We've done special training for the staff that answers that phone. It's answered 24/7. So, we think that if we just build that response into the training that's already done that that's a very sustainable ongoing peace.

We're pretty proud of our consumer website. I have to share with you that we had a long debate among the bureaucrats about whether to call it Iowa Postpartum Depression or Postpartum Depression Iowa until our consumers said, "What are you doing?" It's now called Beyond the Blues.

We're doing advertisements and the flyers or the newspapers that our population grids, their new publications and the one we are most proud of is our marketing that we did at the Iowa State Fair which serves over a million people each year. Now, not all one million stopped at our booth but we think we've reached about over 100,000 and I was really interested in what Diana had to say. One of our primary marketing tools was a compact that was a mirror and it said, "You can't

tell by looking” which really helped to communicate a lot about what -- the message that we were trying to get across.

And finally, in your handout, I know you can't read the slide but I wanted to give you the contact information for each of the six projects.

Thank you.