Kansas Develops Prenatal Classes through Public Health and Primary Care Collaborations

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The Salina-Saline County Health Department in Kansas collaborated with the local March of Dimes (MOD), Salina's Child Advocacy & Parenting Services (CAPS), and the Salina Family Healthcare Center (SFHC), along with local pediatricians, obstetricians, and neonatologists to improve infant mortality rates in Kansas.

BACKGROUND

Saline County is a community of almost 50,000 people in north-central Kansas, which includes a relatively large Hispanic population (10.7 percent). In 2009, Kansas ranked 48th in the nation for infant mortality (7.3 deaths per 1,000 live births), compared to the national average of 6.6. The figures in Saline County were even worse (7.9 infant deaths per 1,000 live births). The Kansas Department of Health and Environment's (KDHE) data show that the statewide infant mortality rate decreased to 6.9 deaths per 1,000 live births between 2007 and 2011, but Saline County remains at 7.9.

OVERVIEW OF THE INTEGRATION EFFORT

In response to these rates, Kansas Gov. Sam Brownback appointed the state's Blue Ribbon Panel on Infant Mortality to research issues underlying high infant mortality rates in Kansas and make recommendations to address the problem. The panel brings together organizations in Kansas with a broad range of expertise on infant mortality risk factors and birth outcomes.

Aim of the Integration: To improve infant mortality in high risk, low-income women in Kansas.

After hearing an infant mortality presentation by the panel, the Salina-Saline Health Department was driven to make a change locally. In 2010, the health department's maternal and child health (MCH) program initiated conversations with SFHC, the community's federally qualified health center (FQHC), about collaborating to provide education and support services to patients during prenatal care visits. At the time, both agencies knew of each other, but did not work very closely to provide joint services to clients. Prior to partnering with SFHC, the local health department provided information about pregnancy-related health concerns through individual consultations, but it was not reaching a broad population. MCH staff relied on physicians to refer patients to the MCH program, but many pregnant women never made it to the health department. The Salina-Saline County Health Department approached SFHC with an idea to schedule pregnant patients

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for classes during their monthly checkups at SFHC. A room for classes was cleared at SFHC and additional space was furnished for child care. Classes began at SFHC in July 2011, and physicians registered patients for sessions and required them to attend. Fifty-six percent of the clinic's obstetrics patients attended.

Providers give obstetrics patients the brochure and schedule for the "Becoming a Mom" classes during their first OB visit and indicate that classes are a part of prenatal care at the clinic. At one clinic the nurse schedules patients for classes at the same time she is scheduling the patient's next OB appointment. At other clinics, nurses schedule classes with the "check-out" receptionist when leaving the clinic. Providers or nurses (depending on the clinic) then follow-up with the patient at their next appointment to see if they are attending the classes. Sessions are offered to all patients; however, providers specifically target first time moms and the KanCare (Medicaid) population.

SFHC staff are responsible for scheduling and reminder calls. They also provide free sonograms and dental exams as incentives for attending group sessions. MCH staff facilitate group sessions, provide home visits after delivery, and manage the program. MCH staff used MOD's curriculum, "Becoming a Mom"/"Comenzando Bien," in English and Spanish for the group classes. Both entities collect participation and outcomes data. In addition, numerous community agencies provide services and incentives, such as free child care on site using funding from United Way, free public transportation vouchers to and from group sessions, and incentive items at cost from Wal-Mart (e.g., diapers, cribs, and high chairs). Some community partners make guest appearances during sessions to inform patients about their services (e.g. Child Care Aware, Kansas Highway Patrol, Early Head Start program, and Kansas Infant Death and SIDS Program). The program has expanded from two English and two Spanish sessions per month, to ten English and two Spanish sessions per month, to accommodate more patients and offer additional class times.

A three-year MOD grant for $30,000 served as the start-up funding for this project, in combination with existing MCH funding and in-kind donations from collaborating organizations (e.g. the Mowery Clinic, Salina Women's Clinic, University of Kansas' family medicine residency program, CAPS, local Early Head Start Program, Child Care Aware of Kansas, Kansas Highway Patrol, Kansas Infant Death and SIDS Network, and Wal-Mart).[1]

RESULTS/BENEFITS

Class attendance rose from 90 women during the first year to a total of 124 women during the second year. For the program's third year, the Salina-Saline County Health Department expects to surpass 200 class participants because the classes have already reached 108 women in the first six months. At the start of the second year in July 2012, the two largest private obstetrics practices in the community joined the collaboration. The Salina-Saline County Health Department aims to have all obstetrics providers in the community participate eventually, so that no matter where a pregnant woman receives care, she will be able to attend group education and support sessions at that location.

MOD conducted an evaluation of the project to assess whether class participants were reducing their risk for poor birth outcomes. Data from the January 1, 2013—June 30, 2013 reporting period indicated that 68 percent of 50 participants reported changing a habit after the class. The top behavioral changes reported were improved eating habits, stopped or reduced smoking, and stopped or reduced recreational drug use. The percent of participants who reported planning to breastfeed rose from 70 percent before the program to 87 percent post-program. Post-delivery, 84 percent reported

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breastfeeding. Eighty-two percent of participants reported gaining "a lot" of new information from the program. Eighty percent of English-speaking participants and 83 percent of Spanish-speaking participants reported contacting another community agency as a result of the prenatal group sessions. Ninety-one percent rated their experience with Becoming a Mom/Comenzando Bien as "excellent," and 9 percent rated it as "good." Birth outcomes data is also being collected and evaluated, but it is currently too early in the project to draw any conclusions from it.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY

This project has increased the number of pregnant and postpartum women attending MCH classes and added education and support for patients, without requiring additional staff—suggesting that the collaboration resulted in a better utilization of resources. A key to this collaboration's success was the historical relationships between community agencies, which led to many agencies contributing in-kind donations and resources. Without these working relationships, a collaboration of this degree would have been very difficult to launch and get funded.

Support from the SFHC's residency program faculty physicians was crucial to starting the pilot project, as well as expanding it to the other private practices in the community. A "peer" physician served as a spokesperson for the project, which helped market the program to private practice physicians as the program expanded. By taking the lead in project management and group facilitation, MCH program staff were more efficient and effective. The joint city and county health department structure (including the board of health) supported expansion of services to include such a collaborative project between the public health and primary care components of the program from the beginning.

Other key elements to the project's success included having a program manager who ensured that all partners fulfill their part of the agreement from the beginning, and educating the community about the need for the collaboration through press releases and editorials. Finally, instituting evaluation components at the beginning of the project helped facilitate the collaboration's continuation and leverage additional funding.

Since 2009, the project has spread across the state, with Wichita, Kansas City, Topeka, Overland Park, and Junction City launching similar initiatives based on the Salina model. MOD chose the Salina-Saline County Health Department's collaborative prenatal program+ as a best-practice model for collaborations between public and private sectors for mid-sized communities in the western region of the United States in 2011. Since the success of the project in its first year, KDHE has supported spreading the project to other communities across Kansas. KDHE hosted several day long meetings/summits focused on integrating public health and private care, which included presentations from Salina-Saline County Health Department. KDHE has also been collaborating with MOD to roll out two more project sites across the state in 2014, targeting two counties with high infant mortality rates in the state. Also, KDHE's Bureau of Epidemiology and Public Health Informatics is now partnering with MOD to evaluate birth outcomes of project participants.

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