Partnering to Improve Health Outcomes Throughout the Lifespan in Delaware

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--Alisa Maria Olshefsky, Family Health and Systems Management Section Chief

Delaware's infant mortality rate has been steadily declining over the last decade. While its current rate of 8.4 deaths for every 1,000 births is still higher than the U.S. rate of 6.8 deaths, the consecutive statewide decline for three straight reporting periods suggests that the state's prenatal and preconception work is paying off in the form of better prenatal care and better birth and women's health outcomes.

At the heart of the effort is Delaware's Healthy Women, Healthy Babies (HWHB) Program, a comprehensive strategy aimed at improving health for African American women and women who are at higher risk for poor birth outcomes. By focusing on chronic disease prevention and health promotion for the maternal and child health population, the program is a nexus for the state's chronic disease and Maternal and Child Health (MCH) programs. "We can call it incorporating chronic disease into MCH, but really it's just good practice," said Alisa Maria Olshefsky, Chief of Delaware's Family Health and Systems Management Section. "We are constantly looking for opportunities to provide best practice services throughout the lifespan, by identifying resources and bringing them to bear to improve people's lives."

Building on its successes, HWHB and the Delaware Division of Public Health (DPH) are relentlessly addressing persistent public health problems, including continued reductions in the infant mortality rate and closing the gap for African American women. "We've got a long way to go," Olshefsky said, pointing to "an unacceptable disparity rate." But she is optimistic that the people and mindset are in place to continue the momentum. "Through a concerted effort starting with data and science-based interventions and state resources, we are harnessing the power of partners to drive improvement."

Healthy Women, Healthy Baby Program Grounded in Life Course Approach

In 2004, a governor-appointed Infant Mortality Task Force—co-chaired by the Division of Public Health Director—was charged with examining Delaware's increasing infant mortality rate. One year later, it issued a report with 20 recommendations for reversing the trend in infant mortality and closing the gap on racial disparities. The task force report stressed the need for improved data and surveillance of maternal risk factors and fetal and infant deaths. The task force also recommended the creation of the Delaware Healthy Mother and Infant Consortium to oversee the task force recommendations.

In 2009, the consortium established the Healthy Women, Healthy Babies program to address specific statewide infant mortality and maternal and child health goals, including reductions in infant mortality, low birth weight and premature births, and obesity among women of childbearing age. The program

provides preconception and prenatal care for women with chronic disease, high body mass index, mental illness, and other risk factors for poor birth outcomes.

Women enrolled in HWHB receive preconception services at 17 participating clinics located throughout the state. DPH reimburses providers for providing American College of Obstetricians and Gynecologists, United States Preventive Services Task Force (USPSTF), and CDC-recommended services under four major areas: preconception care, psychosocial care, prenatal care, and nutritional care. Teens and women receive tools and supports throughout the life span, from nutrition and obesity prevention to reproductive health plans in the preconception and interconception phases. “For women of reproductive age,” Olshefsky said, “every medical encounter is an opportunity for preconception care.”

In 2010, the program provided comprehensive services to more than 7,400 at-risk women. According to a DPH press release, the program provides services beyond the scope of routine prenatal care, offering tools that help women “maintain a healthy weight, eat a nutritious diet, include adequate amounts of folic acid, manage chronic disease, understand and mitigate environmental risk factors, and work toward a tobacco- and substance-free lifestyle.”

HWHB integrates a wide range of physical and mental health promotion and disease prevention services, which includes a focus on interconception care and birth spacing. To promote proper interconception care, DPH recently increased the reimbursement for providers who deliver postpartum care, so they are reimbursed at the same level as a prenatal visit. “It’s an incentive for providers.” With these visits in place, providers can screen for depression, discuss reproductive plans, and help the woman maintain a healthy lifestyle. “We’re taking a life course view about where intervention starts and ends,” Olshefsky said. “Along the way, in addition to providing the typical MCH care, we are emphasizing chronic disease by [focusing on] tobacco use, risk factors for heart disease and other chronic diseases, and immunizations, and we do all this in partnership with the health promotion section.”

Program Hallmarks: Leadership and Leveraging Existing Resources

The Healthy Mother and Infant Consortium is an interdisciplinary consortium of public and private stakeholders, representing more than 80 participating organizations, including the legislature, the Governor’s Office, the Department of Health and Social Services, as well as medical and social service providers and community members. The model is based on Delaware’s cancer consortium, which formed in 2000 to develop and implement a comprehensive cancer strategy. “We were fortunate to have had the cancer consortium experience, and we took that approach and realized it could work to bring everyone together across all sectors and get meaningful work done,” said Jill Rogers, Chief of the Health Promotion and Disease Prevention section. In addition to overseeing the implementation of the 2005 recommendations, the Healthy Mother and Infant Consortium is charged with reviewing program evaluations and reports and addressing high-priority challenges, including disparities, systems of care, standards of care, and data.

"The consortium's leadership and active oversight of the program is one of the main reasons for its success and sustainability," Olshefsky said. "The more people invested in making it work, the better." Although DPH runs the day-to-day operations of the program, the consortium oversees the initiatives and sets strategic direction. This strategy has resulted in several benefits, including broad-based support for the state's preconception health vision. "Our strategy all along was to make sure that this group of volunteers has a vested interest in the success of programs, and this has been a major contributing factor in sustaining funding in the midst of challenging economic times," Olshefsky said. With what Olshefsky sees as an "appetite for innovation," the consortium plays an essential part in setting the course for the program's future.

In addition to having broad-based support and leadership, another hallmark of the program is its persistent quest to leverage existing funds and resources. Case in point: when an analysis revealed that low-income, uninsured women with gestational diabetes were not purchasing medications to manage their disease, the diabetes and MCH programs worked together to develop a solution. The diabetes program modified their Diabetes Emergency Medical Fund data system to allow for enrollment by pregnant women, and the MCH Bureau provided $10,000 in funds to support monthly assistance for medications and services for pregnant women. "It required a small amount of money, but it's an example of leveraging existing resources instead of re-creating them," Olshefsky explained. A tobacco-cessation initiative for pregnant woman was linked with a fetal movement tracking patient and provider education campaign, known as Kick Counts, since the audience for both is similar. This is another example of pooling chronic disease and MCH funds and resources.

In another example of maximizing existing resources, an integrated data system links various DPH programs, including HWHB, newborn metabolic screening, and registries for autism and birth defects with electronic birth records. The approach not only utilizes existing data systems, it supports the life course approach by painting a picture of a woman's health throughout her reproductive life span. "It will tell us more about the mom's situation before she had the baby, when she had the baby, and what happened afterwards," Olshefsky said.

Next Steps: Data and Consortium Partners Lead the Way

Delaware health officials will continue to use data to identify high-priority needs and drive decision making. "If we don't have good data, we can't be successful," said Rogers. To that end, the state's data and epidemiological capacity received a shot in the arm with new epidemiologists on staff who will help programs identify problems and develop data-driven solutions. According to Rogers, the epidemiologists will help programs "gather and understand information and data about the health status of populations and think through what the problems are, what's going to work [with the population], and how to measure those interventions."

Working with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program offers valuable opportunities to connect with the target population, Rogers said. "It makes so much sense to connect with women and children in the WIC program when we're talking about

preconception care and the MCH population generally." As a result, Rogers said that WIC and MCH programs are looking for opportunities to share data across programs to understand more about WIC encounters (in WIC offices) as well as how families use WIC vouchers in practice.

Armed with data about maternal and child health, the Delaware Healthy Mother and Infant Consortium will continue to guide the way for the Healthy Women, Healthy Babies Program. "Our approach to partnership is to leverage the power of coalitions of wiling, invested, experienced, and passionate people to achieve improvements in the health of Delaware's families," Olshefsky said. "We create a space where everyone at the table is empowered to own projects so we [at DPH] can move forward to implement them."

For more information on Delaware's Chronic Disease and MCH Integration and related initiatives:

Delaware Division of Public Health
http://dhss.delaware.gov/dhss/dph/index.html

Healthy Women, Healthy Babies Program
http://dhss.delaware.gov/dhss/dph/chca/imhome.html

Delaware Healthy Mother and Infant Consortium
http://Dhmic.HealthyWomenDE.com

Bureau of Maternal and Child Health (in the Family Health and Systems Management Section)
http://dhss.delaware.gov/dhss/dph/chca/dphmchhome.html

Bureau of Chronic Disease Prevention (in the Health Promotion and Disease Prevention Section)
http://dhss.delaware.gov/dhss/dph/dpc/bcd.html

Infant Mortality Elimination Program
http://dhss.delaware.gov/dhss/dph/chca/imimep.html

Preconception Care Program
http://dhss.delaware.gov/dhss/dph/chca/impreconceptioncare.html

Enhanced Prenatal and Postpartum Care Program
http://dhss.delaware.gov/dhss/dph/chca/imprenatalcare.html

Reducing Infant Mortality in Delaware, Task Force Report, 2005
http://dhss.delaware.gov/dhss/dph/files/infantmortalityreport.pdf