

MISSISSIPPI **PRIMARY**
HEALTH CARE ASSOCIATION

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“Secretary’s Advisory Committee on Infant Mortality”

*The Role of Community Health Centers in Improving the Health of Women,
Infants and Families: MS Primary Health Care Association Perspective*

July 10, 2014

Presenter:

Robert M. Pugh, MPH
Executive Director

Mississippi Primary Health Care Association (MPHCA)
6400 Lakeover Road, Suite A
Jackson, MS 39213

CHC Perinatal Utilization

	Number of Patients	Percent
Less than 15 years	35	0.8%
Ages 15 – 19	821	18.7%
Ages 20 – 24	1,741	39.6%
Ages 25 – 44	1,799	40.9%
Ages 45 and Over	4	0.1%
TOTAL	4,400	100.0%

	Percent
First Trimester	60.2%
Second Trimester	31.4%
Third Trimester	8.4%

Deliveries during reporting year by Race (2,012)	Live Births < 1500 grams (very low)	Live Births 1500-2000 grams (low)	Live Births >= 2500 grams (normal)	% Low and Very Low Birth Weight
Asian	0	0	10	0.0%
Native Hawaiian	0	0	1	0.0%
Pacific Islander	0	0	2	0.0%
Black/African American	60	164	1,364	14.1%
American Indian/Alaska Native	0	0	8	0.0%
White	7	25	261	10.9%
More than one race	0	0	4	0.0%
Race Unreported/Refused to Report	14	5	78	19.6%
TOTAL	81	194	1,728	13.7%





Strong Start (SS) for Mothers and Newborns Program



Strong Start for Mothers and Newborns Participating Community Health Centers

Locations

- Delta Health Center, Mound Bayou, MS
- Family Health Care Clinic, Pearl, MS
- Family Health Center, Laurel, MS
- GA Carmichael Family Health Center
- Greater Meridian Health Clinic, Meridian MS
- Southeast MS Rural Health Initiative, Hattiesburg, MS
- Jackson Hinds Comprehensive Health Center, Jackson, MS
- Mallory Community Health Center, Lexington, MS



4 yr Program Target:
4,000 high risk Medicaid pregnant women





Strong Start for Mothers and Newborns Convener, Staffing and Partners

Convener Staff:

Robert M. Pugh, MPH, Executive Director
Sandi Munden, CPA Chief Financial Officer
Maria Morris, LMSW Program Manager

Staffing:

- 7 community Outreach workers
- 1 program administration/nutritional counselor
- 1 Nutritionist
- 1 Nutritional Counselor
- 1 Account Payable
- 3 Healthcare Coordinator (BS, RN, LPN)
- 2 Strong Start Coordinator (RN, MBA)
- 1 Director of Finance (BS)
- 1 Director of Personnel (BA)
- 1 Care coordinator (CMA)
- 1 Dentist (DDS)
- 1 Licensed Clinical Social Worker (LCSW)
- 1 Child Care Monitor

Key Partners:

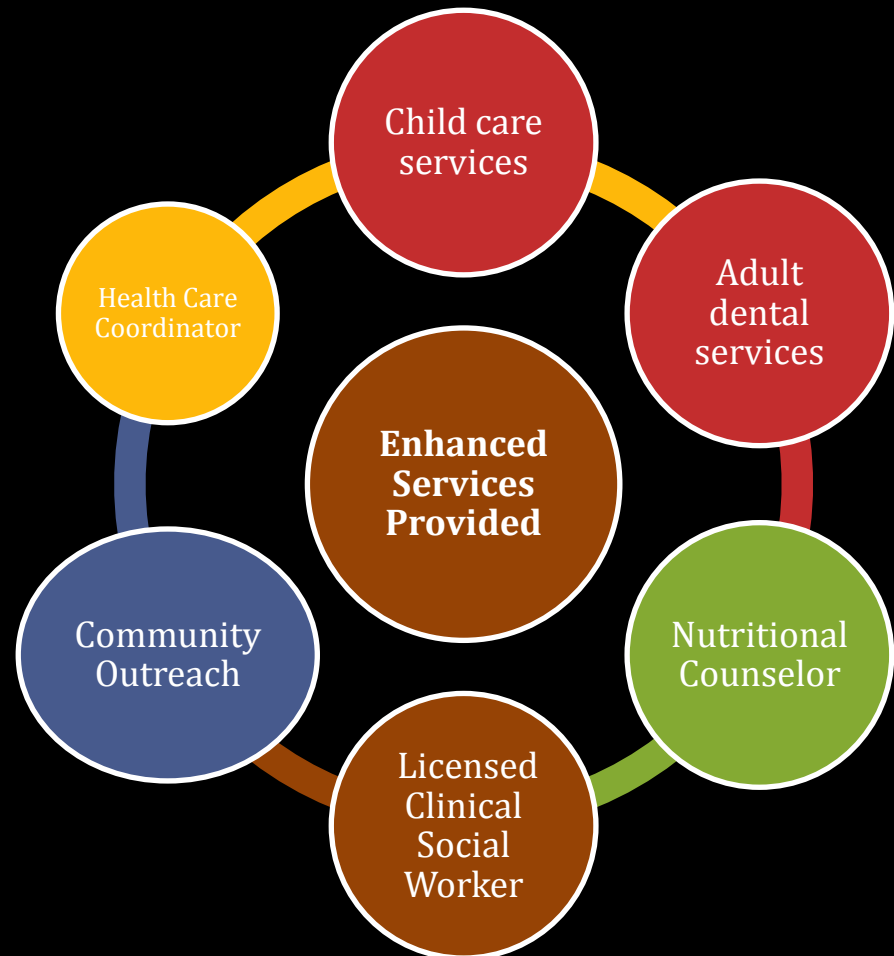
- School Based Clinics
- Division of Medicaid
- Department of Health
- Head Start
- Local Hospitals

Qualified Health Plans :
Magnolia
United Healthcare



Program Goals, Objectives, Stats and Services

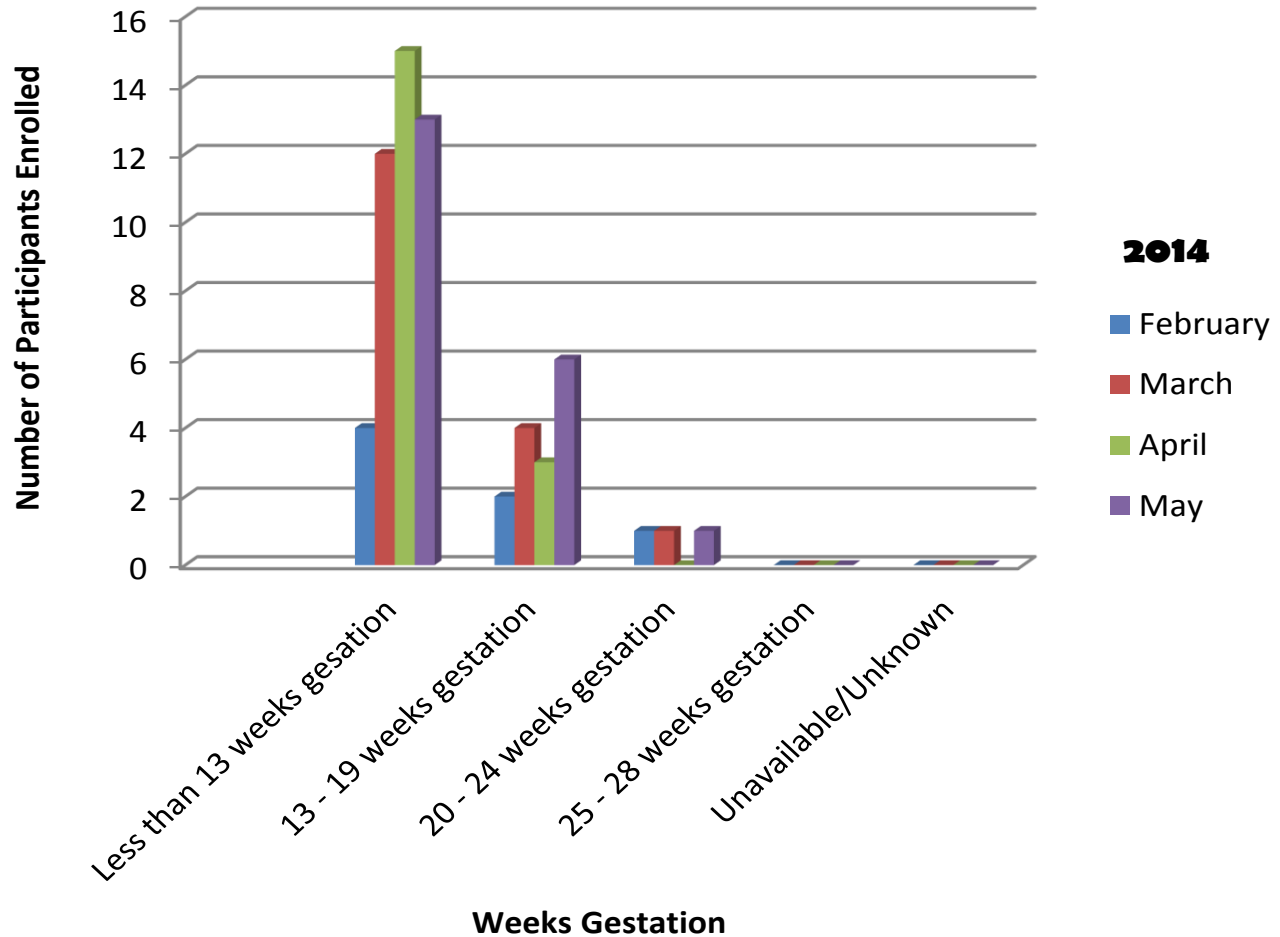
- Decrease % of low birth weight and preterm deliveries by 3% per CHC at the end of the grant term
- Enable participating CHCs to address behavioral, psychological and social factors that many of their patients face during pregnancy; in addition to other perinatal services.
- Mississippi leads the nation in the rate of teen births, pre-term births % of births, low birth rate as % of births, % women with high blood pressure, and obese and over weight females.
- Children that are born to adolescent mothers are more likely to be born prematurely, born at a low birth weight, and to die as infants.



SS Prg. Yr 2 Funding > \$612,000
CHC Avg. \$72,000

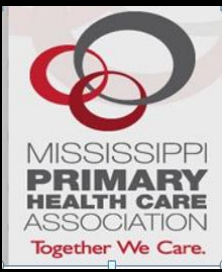


Program Utilization/Gestation



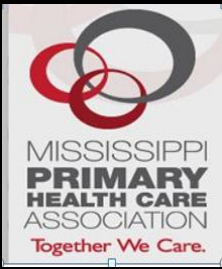
Description of Program Risk Factors (Screening Criteria)

- Had fewer than five prenatal visits;
- History of 1st prenatal visit in the 3rd trimester;
- Had previous terminations of pregnancy;
- Short inter-pregnancy interval (prior delivery within 11 months of conception for the current pregnancy) Under 17 years of age or above 35 years of age
- Unmarried
- Completed fewer than eight years of school;



A patient will be determined *high risk* by the following:

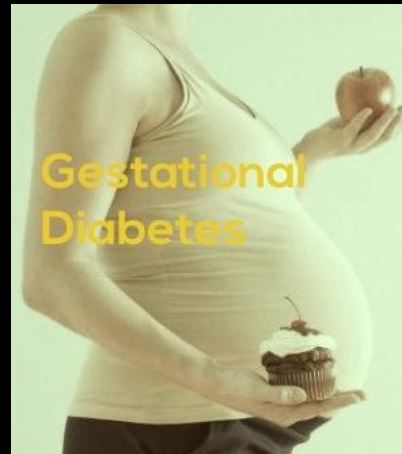
- ▣ Insufficient weight gain
- ▣ Anemia
- ▣ Multiple gestation
- ▣ Disproportion and/or abnormality of organs and pelvis soft tissue.
- ▣ Known or suspected fetal or placental abnormalities
- ▣ Polyhydraminos and/or other problems affecting amniotic cavity membranes
- ▣ Threatened abortion
- ▣ Habitual abortion, fetal death no intervening pregnancy
- ▣ EDC \leq 14 months after previous delivery
- ▣ Age \geq 40 Primigravida
- ▣ Age \geq 40 Multigravida
- ▣ Premature labor
- ▣ Hx of insufficient /no prenatal care/ late to care
- ▣ Young \leq 16 Primigravida
- ▣ Young \leq 16 Multigravida
- ▣ Premature labor



Examples of other **High Risk** factors:



- ▣ Hypertension
- ▣ Obesity
- ▣ HIV infection
- ▣ Placenta Previa
- ▣ Hyperemesis
- ▣ Infections/parasitic conditions
- ▣ Homeless
- ▣ Genetic disease such as sickle cell anemia, lupus, etc.
- ▣ Tobacco use- any use during pregnancy
- ▣ Alcohol use-any use during the pregnancy
- ▣ Other substances abuse during pregnancy
- ▣ Diabetes





Impact in the Community

▣ *How has your team felt the positive impact of the Strong Start program in your community?*

■ Staff testimonials

Jackson Hinds Comprehensive Center had a patient to come in complaining about a pain in her mouth. She also admitted that she needed to quit smoking. Dental appointments were made for her that she did keep. However, she began missing her medical appointments. The community outreach worker made a home visit, and encouraged her and to attend her next medical. Thereafter she became more complaint with keeping her appointment. The patient was also referred to the social worker to enroll in a program to quit smoking.

Impact in the Community



- How has your team felt the positive impact of the Strong Start program in your community?

1

Participant
Quotes

"I wish I knew that there were programs like this with my first pregnancy". " I like reading the paper work you give me". (the health education) FHC, Laurel, MS

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Participant
Stories

One of our success stories is about a young lady named JK. JK is a Strong Start participant. She lost her job and has no money. She has been referred to the Food Stamp Program and the Red Cross and Salvation Army for assistance. She can't work now because of her pregnancy complications, threatened Abortion with bed rest for several weeks, hip and back problems resulting in physical therapy several times a week; but she is receiving some assistance from the mentioned organizations and she continues to make her appointments. The success story is that her pregnancy resulted in a healthy 6 lb. 11 oz. Baby girl. FHC.

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Staff
Testimonials

"When I go to the homes and see a healthy baby and healthy mom it makes what we do priceless". "It feels good when the patients come to us". FHC Laurel, MS



Lessons Learned

What We did

- ▣ Provider's buy in: Inform providers about program and introduce patients to program enhanced services
- ▣ Good relations with provider and program staff
- ▣ Enrolling High Risk pregnant mothers in program
- ▣ Partnership with WIC

Result to Date

- ▣ Provider referrals to program with recognized risk factors developing after prenatal interviews
- ▣ Recommended enrollment to strong start program
- ▣ Recommendation from other Strong Start participants
- ▣ Refer prenatal to WIC and schedule appointment for prenatal visit.



Contact

Robert M. Pugh, MPH

Executive Director

Email: rmpugh@mphca.com

**Mississippi Primary
Health Care Association (MPHCA)**

P.O. Box 11745 • Jackson, MS 39283

Phone: 601.981.1817 • Fax: 601.981.1217

www.mphca.com