

Strong Start and PHRM/ISS: Providing Education to Current and Expecting Mothers to Benefit the Children of Mississippi

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Mothers to Benefit the Children of Mississippi
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Jackson-Hinds Comprehensive Health Center is the largest federally qualified health center in Mississippi that began as one bus that would travel throughout Jackson, MS and the surrounding areas delivering health care to the citizens. It began in October 1970 as a nonprofit 501c(3) organization that wanted to provide comprehensive health services for residents of poor, mostly non-white communities in Jackson and in the areas surrounding Jackson. Now, Jackson-Hinds has around 20 sites throughout Mississippi, including sites in Utica, Vicksburg, and Hazlehurst, along with two mobile sites and a couple of sites placed at schools. It has recently become a federally qualified health center (FQHC) in the state of Mississippi that operates a housing complex that is available for disabled and low-income elderly residents. Jackson-Hinds is governed by a professional 17 member board that is made of members from various organizations, along with residents, homemakers, and homeless persons of medically underserved communities. Jackson-Hinds offers a variety of services, including Internal/Adult Medicine, Pediatrics, Obstetrics and Gynecology, Dentistry, and Pharmacy. Additionally, Jackson-Hinds offers transportation to those patients unable to drive to the clinic on their own, along with laboratory services, radiology and X-ray, and a WIC for mothers with children under 5 years of age.¹

Jackson-Hinds has recently partnered with the University of MS Medical Center to help improve the patient-care experience that underserved and uninsured populations in the Jackson area receive along with changing the clinics' approach to the education of UMMC residents in internal medicine, pediatrics, and obstetrics and gynecology. This partnership between Jackson-Hinds Comprehensive Health Center and UMMC gives the residents a chance to gain experience in a community health center in the hopes that the experiences

that they have will result in them wanting to provide medical services to the poor, uninsured, and underserved populations. This partnership is a part of the University of Mississippi Medical Center's Health Linkages Initiative, which is intended to improve communication and give better access to primary and specialty care for the citizens of Mississippi with the most need. The residents of the university of Mississippi Medical Center are given the opportunity to communicate with doctors about the problems that are involved with group practice in primary care. The pregnant patients that receive care from the Jackson Medical Mall clinics are able to deliver their babies at the Winfred L. Wiser Hospital for Women and Infants at UMMC. ⁴

After spending some time brainstorming ideas and thinking about the needs of the state of Mississippi, along with learning more about the Jackson-Hinds Comprehensive Health Center and being able to rotate through the different departments and speak with various clinicians and other healthcare providers, it was clear where there was an area of serious concern.

Mississippi has the highest rate of mortality in the United States, along with a high rate of premature births – around 18% (see figure 1). Around 2000 newborn babies die each year in Mississippi and premature birth is also known as the leading cause of deaths of newborns in the first month of life. Although around three quarters of the premature babies born after 25 weeks survive, there are long term complications that are expensive. ⁶

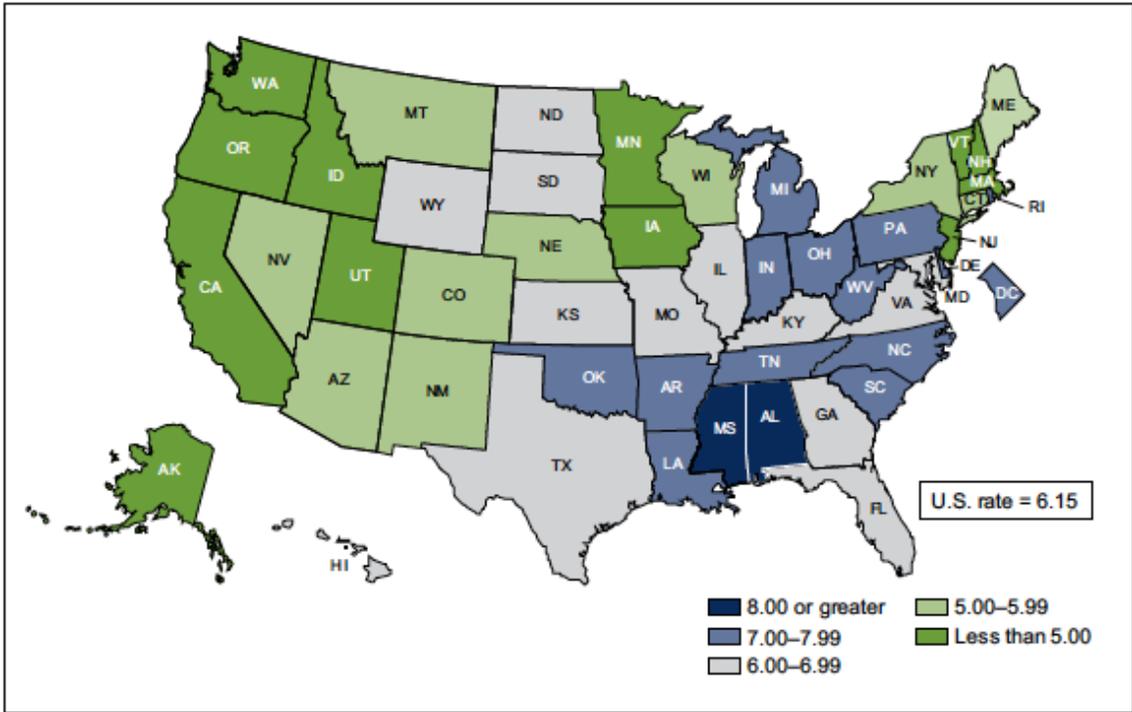


Figure 1. Infant Mortality Rates, by state: United States, 2010

There are various reasons that the infant mortality rate is higher in Mississippi than other states. One is race and ethnicity. Nationally, the non-Hispanic black population tends to have a higher rate of infant mortality when compared to its non-Hispanic white and white counterparts (see figure 2).

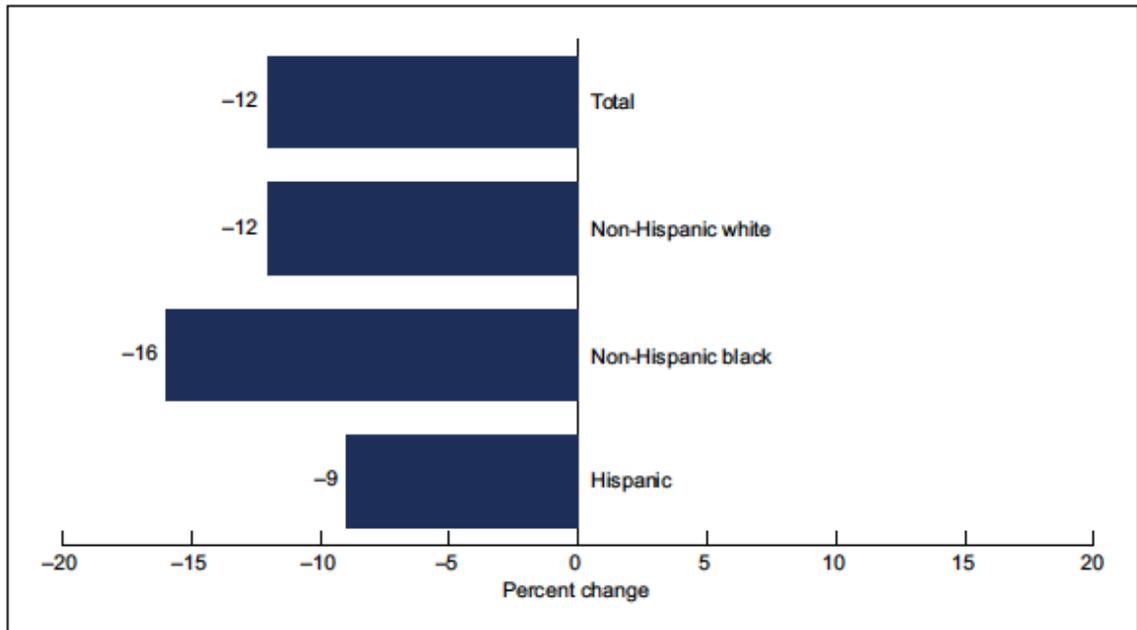


Figure 2. Percent change in infant mortality rates by race and ethnicity: United States, 2005-2011.

The level of education that a mother possesses is also another factor, since it is generally seen that college educated mothers are more likely married and they are the population with a lower rate of IMR. Possessing less education could also be a reason that those mothers that are less educated participate in specific negative health behaviors that have an effect on their infant's life. Not only do mothers with a college education and of married marital status have a lower rate of infant death, but also those mothers with higher incomes have a reduced rate of having an infant die. Usually those people with higher income have better health, possibly due to the fact that they are more likely to have better access to health care and insurance. Having higher physician availability is usually related to lower infant mortality; it has been observed that state IMR decreases when the number of hospitals and doctors per capita increased. Currently, Mississippi has the lowest amount of doctors per capita.

Additionally, states that have larger total uninsured populations have higher IMRs than those populations with more insured citizens. Uninsured pregnant women are usually less likely to receive prenatal care and seem to have a greater difficulty getting prenatal care when compared to insured women. The quality of prenatal care could also be a factor in the high IMR seen in Mississippi. Black infants are more likely to be born at hospitals that possess higher overall mortality rates and also insurance status can influence the quality of care received by an expecting mother. Women that have Medicaid are seen to be more likely to give birth at public hospitals that possess a lower quality than those hospitals used by women who have private insurance.³

There are various causes of infant mortality rate, including low birth weight/short gestation, maternal complications and SIDS (Sudden Infant Death Syndrome) (see figure 3). Even though these problems have declined over the recent years, they are still causes of infant mortality rate that could be lessened even more through the education and knowledge of expecting mothers or mothers that want to conceive.³

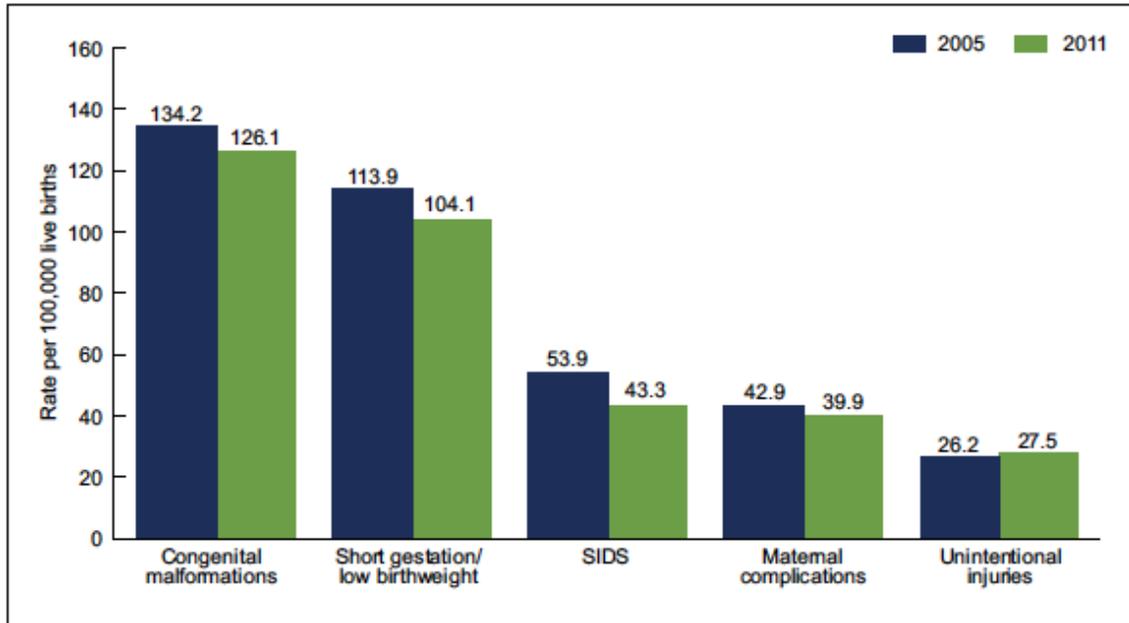


Figure 3. Infant mortality rates for the five leading causes of infant death in 2011: United States, 2005 and 2011.

Recently, a program has been implemented at Jackson-Hinds Comprehensive Health Center known as the Strong Start program. The Strong Start for Mothers and Newborns initiative was an effort started by the Department of Health and Human Services that wanted to reduce births and improve the outcomes for newborns and pregnant women. There are two strategies in place to help reach these goals. First, there is a partnership and awareness campaign aimed at lowering the rates of early elective deliveries before 39 weeks for all populations. Second, there is a funding opportunity that is focused on the effectiveness of specific enhanced prenatal care approaches to decrease the frequency of premature births among pregnant Medicaid or children's Health Insurance program (CHIP) beneficiaries at high risk for preterm births. ⁷

The qualifications of the program are that the patient has to be less than 20 weeks at gestation and she has to currently be on Mississippi Medicaid. Over a 4 year time line, the program as it is being implemented at Jackson-hinds plans on enrolling 1000 women: 350 without problems, 350 women that are high risk and are not a part of the Strong Start Program, and 340 women that are part of the strong start program. This means that 340 women will be a part of the Strong

Start Program over 4 years, or 55 babies per year. Additionally, the Strong Start Program provides up to 3 dental visits during the duration of the pregnancy, including an exam, cleaning, fillings, and extractions as needed. ⁷

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) is a program that provides services to pregnant or postpartum women and infants in high risk-pregnancies that are eligible for Medicaid. These services include nutritional and psychosocial counseling, home visits, case management, and health education. A high risk pregnancy is a pregnancy in which the mother's behavioral or health characteristics have an increased chance of affecting the outcomes of the pregnancy and the health of the baby. These characteristics include but are not limited to: hypertension, HIV infection, obesity, genetic disease, tobacco use, alcohol use, drug use, and diabetes. The age of the mother is also a factor; those mothers who are under 17 or over 35 have an increased likelihood of having an infant die. Additionally, infant mortality increases in pregnancies of multiple births. ⁵

In order to be eligible for this program, a nurse practitioner, certified nurse midwife, or physician has to identify one or more positive risk factors that are on the PHRM/ISS Perinatal Screening form. A positive risk factor is a chronic condition that can cause a pregnant woman or her fetus to be ill during or after the pregnancy. The main goal of the program is to help decrease the infant mortality rate to no more than seven deaths per 1000 live births and to decrease the birth weight rate to no more than five percent of all births. As a participant in the PHRM/ISS program, it is require to participate in planning for their medical care, keep appointments with the doctor and Case Management Team, obtain prenatal care and WIC, inform the team of potential and actual problems that arise during pregnancy, make sure the team knows how to reach the participant, and to be as involved with the program as possible. ⁵

I wanted to focus my project on the education of women that were, not only in the Strong Start Program, but also not in the Strong Start Program due to not meeting the qualifications of the program. To determine what were the most significant needs as far as educational materials for the programs related to

pregnancy at Jackson-Hinds Comprehensive Health Center were concerned, I spoke with various health care providers at Jackson-Hinds, along with the organizers of the programs, Shunda Myers and Mitzi Morris. After speaking with Ms. Myers and Ms. Mitzi, one area that I wanted to focus on was, not mainly on the mothers of these premature children, but on the premature babies. The Strong Start Program is not always able to catch every mother that will be giving birth to a premature children due to the qualifications of the program; however, I saw a need to provide educational materials for those mothers that would be involved in taking care of a premature infant. These babies that are born prematurely are placed in the PHRM/ISS Program; therefore, I decided that it would be important to focus on their health success and to educate the mothers on how to take care of a premature baby to ensure this success. The PHRM/ISS program is intended to follow the babies enrolled for 21 years, or throughout their childhood, so it was important to determine the ways to care for these premature children to ensure that they have the best life possible.

Another area I wanted to focus on for my educational materials were for those women who were wanting to conceive. I think that it is important that, if a mother wants to conceive, that she is aware of the precautions and measures she should take to ensure that she has a successful pregnancy. According to several providers at the Jackson-Hinds Comprehensive Health Center sites that I was able to work at, a significant amount of the women who actually plan to conceive are unaware of the steps that she must take in order to make sure that it is a safe, healthy pregnancy. There are various behaviors that a woman who wants to conceive can stop early, along with healthy behaviors that she can start, to ensure a successful pregnancy and to be beneficial to the health of her child.

In my educational materials, I also wanted to provide information on churches or other facilities that provided free food, resources to use or hotlines to call in order to quit smoking and drinking, and other useful information for women to use to overcome the barriers they faced when becoming pregnant. I believe that one of the barriers when it comes to women becoming pregnant or knowing what to do when they are pregnant is being unaware of the resources that are

available to them to use throughout the community. Additionally, I found it necessary to compile lists for women to reference when it comes to actually being pregnant and to organize them by trimester, since there are various activities and areas that are of interest during different trimesters.

The best method I found for distributing these educational materials was through print outs and online by using the social media outlets that Strong Start already has established, including a Facebook page and a website. I determined that there was a significant population of Jackson-Hinds patients who did not have access to the internet; therefore, it was important to make sure that I still made the educational material available online for those expecting mothers and potential mothers that did not have internet access. Additionally, I enlisted the help of Ms. Morris and Mrs. Myers for distributing the educational materials to those mothers in the Strong Start Program. For those educational materials that I felt related more to the Strong Start program, I made sure to include the logo of the program; since the Strong Start program has only been recently implemented within the Jackson-Hinds Comprehensive Health Center realm, I wanted to make sure that the program would have a resource that would be utilized throughout the duration of the program.

In order to give the women a way to keep track of what they were doing and what they were not doing during pregnancy, I made the lists into a checklist format instead of compiling it into a booklet like I originally planned to. I felt that, unlike a small pamphlet or even a summarized handout, a checklist was short and efficient for mothers to read. I researched a variety of online resources to determine which resource would be best to utilize for my checklists and information that I would be providing to the women. Additionally, I felt that finding an online resource would also give an opportunity for the women to resource and to use for more information. I decided to use a website called www.babycenter.com, which gives information about children's health, pregnancy, parenting, and other advice as it relates to women's health. I felt that it simplified information enough for almost anyone to understand and also had other resources as it pertained to the advice that different articles gave.

After spending around two weeks in the OBGYN department and visiting with pregnant patients, some of which were enrolled in the Strong Start Program, I determined what needs were most important as far as what should be included in the educational materials. First of all, since most of the patients are at Jackson-Hinds seeking care during their pregnancy and have certain kinds of insurance or no insurance, it was most likely that they would choose to continue their child's care at Jackson-Hinds. Additionally, those patients that are on Medicaid are unable to get dental appointments due to the limited coverage of their insurance. Therefore, it was important to stress how important it was to obtain whatever dental visits they possibly could either by using insurance or cash, or just to make sure that they maintain their dental health in the best way possible. Since health insurance is a general problem or lack of many of the patients at Jackson-Hinds Comprehensive Health Center, I thought that it was important to find health tips that the women who were patients at Jackson-Hinds Comprehensive Health Center could actually use and apply to their lives.

In my resources, I made sure to emphasize the importance of exercise and that even a small amount of exercise can go a long way. Another aspect of pregnancy that I think the population of Jackson-Hinds needed to be made more aware of was to relax more during pregnancy as pregnancy alone can place an undue amount of stress on an expecting mother; many mothers will continue to work during pregnancy due to the fact that finances are an important part of having a child so they need to find ways to relieve the stress they will face. However, I wanted to make expecting mothers or mothers that were wanting to conceive aware of the fact that it is important to be relaxed and with the least amount of stress as possible during pregnancy.

In conclusion, I hope that the educational materials and research I've done over the past six weeks proves to be useful, not only for the Strong Start Program, but also for the Jackson-Hinds Comprehensive Health Center as a whole. I feel that it was important to, not only stress the importance of making sure that the mother is healthy before and during the pregnancy, but that it was also important to stress the importance of the baby's health as they are the ones

that the clinic will follow throughout their childhood lives up to adulthood. Not only was it a beneficial experience for me to learn through my experiences, but I believe that my project, along with the projects of my colleagues, resulted in everyone throughout the clinics learning lessons they wouldn't have otherwise.

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