MATERNAL HEALTH INNOVATION *Podcast*

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Kimberly Harper & Arizona Department of Health Services and Ohio Department of Health's Division of Maternal, Child, and Family Health

Kim: Welcome to Maternal Health Innovation, a podcast from the Maternal Health Learning and Innovation Center at UNC Chapel Hill, where we connect around culture, measures, and best practices and maternal health. The purpose of these conversations is to authentically explore what's working well and think together about ways to strengthen care for birthing parents, families, and those seeking to serve them. At the MHLIC, we're thrilled for the opportunity to speak with experts on ways we can better serve birthing people and advance maternal health equity.

I'm Kimberly Harper, the Perinatal Outreach Coordinator with UNC Maternal and Infant Health. And today I'm talking with Heidi Christiansen and Lynn Lane, Maternal Health Innovation Program Manager at Arizona Department of Health Services, and Reena Oza- Frank and Ali Stevens with Ohio Department of Health's Division of Maternal, Child, and Family Health. We'll be talking about maternal health innovations to improve maternal health.

So why don't we start? we wanted to talk about what, what does innovation in maternal health mean to you guys? So, Heidi and Rena or whoever like to start, who'd like to go first.

Heidi: Innovation and maternal health, I think that it's pretty expansive. And just really looking at what's been working well and how we can see that differently. And making sure that we're taking that patient and family perspective into the work that we're doing to look at it in a little bit different way, is some of the things that I think of when I think about maternal and innovation.

Ali: Yeah, I agree with what Heidi said, just the word innovation encompasses so much. But specifically, when Rena and I were talking about what innovation means, like in the Ohio context, we were really thinking about how innovation really means being determined and determination. So many different factors have to come into play at the same time, such as like funding, political will, public support and so many other things in order for innovation to actually happen, and that's never easily achieved. So, innovation to us is being persistent in the face of all of those different factors that aren't always lining up exactly as you planned, and committing to achieving those maternal health outcomes, even in the face of those challenges and barriers. So that's kind of what innovation has looked like over the past couple of years in Ohio.

Reena: And I'll just piggyback on what Allie said. Sometimes when we think about innovation, the term thinking outside the box kind of comes to mind. But really when we've been dealing with maternal health innovation at Ohio, it's really about thinking inside the box. And what we mean by that is, you know, thinking about what we have to work with and how to make those work together in an intentional, thoughtful, collaborative way to achieve what we're setting out to achieve, and an analogy there might be, you know, looking in your pantry, you know, ingredients, do you have to make dinner tonight? And you kind of have to figure out what's going to taste good based on what's available. That's kind of how we think innovation in Ohio has looked it's, you know, looking in our, in our state pantry of what's available for us. And that's how we've been able to really focus our conversations and discussions about how to approach implementing and developing innovations for maternal health in Ohio.

Kim: I love that analogy of the pantry and cooking kind of making things together. I'm excited, I've had the opportunity to work with both states as your coach and kind of navigate this this field and COVID. And so I can imagine trying to cook in a kitchen where you used to have lots of pots, and now you only have one pan to use and actually make a whole like five course meal and dessert and that one pan. It's definitely been a way of navigating things recently. Lynn, I see you come off. Do you want to say, add to that?

Lynn: Thank you ladies. I look, I echo what you guys say, but I think for Arizona, you know, we have a large indigenous population here, we house 22 tribal nations in Arizona. So, for me, I feel like innovation with maternal health is like holistic care that embrace the embraces cultural humility and empowerment, but also improves accountability and patient satisfaction. Yeah, I think, from an indigenous perspective, it's not innovative. It's a way of life. It's just really helping, I guess people recognize that birthing individuals, their mental, emotional, physical, and spiritual wellbeing is also what we, you know, our conversations that also need to be included into improving maternal health outcomes. And I think that when we talk about improving maternal health outcomes, some of these ideas have to be community driven and really culturally appropriate. It should be able to leave room for like ancestral knowledge. Those teachings move with the generations moving forward.

Kim: Yeah, thank you for adding that, Lynn, especially thinking about how we bring everything together and how I think a lot of times when we consider innovation, we think about creating something different or something new, but what does it mean to actually look at what's already in place what's been in place and how we really expand upon it and build upon the knowledge that we've had, and integrate it to have a better outcome for everyone. And I think that leads really into kind of our next conversation where we think about what specific innovations or interventions would you like to share? I mean, I know that everyone's doing a million things. I'd love to hear more about that. So

Ali: I can hop in and go first. So, kind of, again, piggybacking off of what Lynn mentioned, it depends on the state, depends on the community, depends on where you're at. You need to learn from what is already in existence. Going back to the analogy of cooking with what you have in the kitchen, one thing that we really have kind of taken to heart here in Ohio and one innovation that I think really exemplifies that is our Ohio council to advanced maternal health. That's our state maternal health task

force, and with that task force we really have been trying to cook with what we already have in the kitchen and build on the strengths of the organizations and the individuals. Who are impacted by either our medical organizations, public health organizations, to make sure that we are serving the individuals in Ohio, the best that we can? That's really one, one new innovation that our program here in Ohio and at the Ohio department of health has been working hard to build upon and to use like existing organizations to improve health.

Lynn: So again, with Arizona and our indigenous communities, I feel like one of the things that we really did was, the maternal health team, we went to these tribal communities and asked them, you know, ways in which they would like, you know, for us to address maternal health. Like where could we funnel money? Where could we place money? What were their ideas? And from that was birth, basically what we ended up calling maternal and family wellness from an indigenous perspective training. So, these trainings were community driven and culturally appropriate. These were specific trainings that you know, different communities had requested. And, you know, within this, this past year we had over 120 sessions that happened simultaneously in different communities, all across Arizona. And you know, it not only talked about like maternal health, but it talked about an indigenous perspective. Like we did a full spectrum indigenous doula training. we. Did Navajo or Diné perspectives on maternal health. You know, there was just so many different, different ideas about maternal health from a cultural standpoint, so it's really like, you know, allowing the community to, again, to take these ideas and own it, to have their own empowered. And, you know, just like with the cooking analogy, you know, like we all don't have just the same one pot, one person that might have a wok. You know, just different pots and pans that we use and that it shouldn't just be like this one pot it's, what's going to be universal for everybody.

Kim: Yeah. We don't know what we're going to eat, and we all know what's best for each person and how we how we work together is important, and I think kind of taking the that thought process, like you brought your tribal tasks force together, and then even with your Ohio task force too, like, those are two big things to bring together. And I wonder what it's like when you pull everything together, thinking about possible challenges or are, well also the strengths of being able to cook with multiple pots and, you know, and have a meal that's available to everyone. I think we're on that, right. I think you're going to eat afterwards or cooking lots of stuff, right. I love to hear about like how that, how we've been able to navigate the challenges that are associated with those, with that. Allie, you want to start first?

Ali: Sure. So, I think one of the challenges and Rena, you can definitely speak to this as well is making sure that we are including in sharing power with those with lived experience and the organizations that are really in the communities working with the individuals that all of the innovations, the new initiatives that we're working on impact. And so, I think that has been one of the, the successes and also one of the challenges, coming from the state health department, being able to try and commute and work with so many different types of organizations and really genuinely, share the power with them as well and listen, and learn from them. I think that has been, challenging, but also so rewarding because we've learned so much just in this past year and a half that we've been working with all of our organizations within OCAM, Rena, do you have anything else to add?

Reena: Yeah, I agree. I think the other thing that we've learned is that everyone, you know, we've invited folks to be part of our council, to advanced maternal health based on a specific hat that they represent. And really what we're learning is that everybody does wear multiple hats. And what we're trying to do is to provide an environment where our, our members feel safe and trust the environment to expose and share from those different hats. You know, a lot of personal stories have come out of our conversations with our stakeholders, which have been really empowering and really impactful, in terms of how we have discussions to advance our work. So, I think, you know, one of the things that I think really has been meaningful for us is, is hearing people share those personal stories that are outside of maybe why they were initially invited to be part of the group.

Heidi: Yeah. And I'd like to just second everything that they've just said, we've, we've definitely had a very similar experience, and bringing all of our different groups together to help us, know where to head and, and address the things that are going on. It's been kind of that mixed bag of like really being excited about how much work is already really being done and how much some of them already partner with each other.

And then. Just seeing some of those glaring disconnects to, where there's great things on this end and, and that nobody's talking to each other. And so, they don't know that it's happening. And so, it's been nice to be able to bring some of that together, but then also some challenges too, just in how and getting to understand how some of the state systems work, different state agencies work and how they connect.

We're a part of one of those that the department of health, but even how our Medicaid program works with us and how we have to partner with them in different ways and part of our work and the whole reason we even set out to get the maternal health grant was because of work that was being done at our governor's office and they had brought partners together initially. So, we had kind of a really neat opportunity to have a group that was already meeting that ended up becoming our task force, but definitely needed to grow. And we realized, you know, they had come up with a really great plan, but there were, there were also areas that were missing, like our mental health piece.

We had very little in our mental health area for, for maternal health and so really needing to bring those partners to the table that had never been brought before. And so it's been exciting and, and also frustrating at times, you know, seeing where some of those blocks are and, and trying to figure out ways to get around them so that we can still get the work done. But yeah, it's been a really exciting process for sure. And well, Lynn I don't know if there's anything else that you'd like to add.

Lynn: No, I think you covered it, you know, very well. I think the groundwork was extremely instrumental in the work that we're currently doing, you know prior to me coming on to this grant but I know with the tribal communities, like the pandemic has been very, has been very challenging in, you know, bringing.

You know, the tribal community is to the table to talk. and I'm so grateful for those who do attend, and you know, who are invested in, you know, this change. We still continue to engage them and let them know that, you know, when their time lets up the, you

know, they're more than welcome to sit with us at the table again, you know? I think, you know, what the tribal communities is really trying to create that strong relationship and trust. And, you know, just being very transparent with them about our vision and what, you know, what we plan on doing. And you know, what, how the, how this work can impact them and improve the lives of indigenous families.

Kim: Awesome. Is there anything else anyone wants to share about specific innovation or anything like that before I move on to the next.

Reena: I can share one more innovation that we have in Ohio. So, we are implementing an urgent maternal warning sign, a quality improvement project and as we all know, you know, that focuses on teaching moms, the severe symptoms that can occur. During pregnancy and in the postpartum period that shouldn't be ignored.

We came up with the idea to implement this education and as a full-blown quality improvement project as well, with all the data collection and the learning collaborative environment, monthly calls, all that kind of stuff within WIC clinics throughout Ohio.

And the reason why we did that was because we know that although the nature of these symptoms is very clinical, we wanted to engage moms in this education, maybe in those non-traditional environments where they do receive some level of care, but maybe not traditional clinical care. And we did get some pushback initially, from our WIC sites, because of that very clinical nature of this messaging, you know, we providers felt that this was beyond the scope of their education really in terms of how to, how to educate these women on these symptoms. And they, you know, felt uncomfortable knowing the answers to maybe follow up questions that moms would ask.

But in the end, you know, it has turned out to be an amazing collaboration with WIC. They have really embraced, the importance of their access to pregnant and postpartum women and recognizing that they're in a unique situation that they see these moms at both time periods and allows them to reinforce these messages in a way that might not happen in a clinical prenatal care environment, for example, or even at delivery when moms are bombarded with so much going on in that immediate postpartum period at the postpartum unit or wherever they're delivering. So that has been one really exciting innovation and because we were able to implement it as a quality improvement project, we are going to have amazing data to really be able to show not just what the WIC clinics did in terms of delivering the education and who they delivered the education to. But we are actually linking the quality improvement data with vital statistics data and with Medicaid data in order to really understand from a robust evaluation perspective, the impact that this education potentially had. I'm really excited. I feel like that is one of our bigger, innovative projects that we've been able to implement.

Kim: That is definitely an innovative process. And, and I think it's kind of tough bringing everything we've talked about together. You know, how you think about what's the whole circle, the whole safety net with everyone, not just looking at the clinical aspects of it, but going into the community and bringing everyone together.

And then making that innovation also connect. So, we can actually show the outcomes, of how you match those things together. A lot of times we, we know that making the reaching outside of the clinical has impact, but we don't always know how to measure it. So being able to do that is awesome.

Heidi: Yeah. I just wanted to talk a little bit about urgent maternal warning signs too. And one of the great things has being part of this grant is getting to work with some of the other states and getting to learn what they're doing and realizing how so much of the work is very similar.

Cause I know we, were doing ours out of a home visiting a couple of home visiting models that we have in our state, but a very, you know, similar, kind of messaging because these home visitors are seeing moms before and after delivering and, and have a much more personal relationship with the family and how great that is to be able to heart, you know, take that relationship and help moms.

We had early on had a success with it that was so exciting. One of, in our very rural areas where we don't, you know, that There's just not a lot of maternal health providers. And so, she had gotten the education before from her home visitor, and she had the little magnet and her, her provider, she was having symptoms and she called her just regular family physician. And he would just, wasn't very concerned and kind of blew her off a little bit, but she knew something was wrong. Thankfully, she listened to her home visitor about, you know, you know, your body best.

And you know, if you think something's wrong, get it addressed. So, she went to her closest hospital, which was not a birthing hospital in Arizona, but, you know, and brought the magnet and insisted there was something wrong that she really needed to be checked out and, and they helped her and, and they, they admitted her and they were able to, you know, hopefully, you know, help her before something worse had happened.

And so it was, that was a nice story to get early on to really encourage home visiting programs to continue to do it and to see that value. So, we were excited that she was willing to share her story about that. But you know, just getting to learn from the other states. I know our program has heard of, you know, what Reena and, and her colleagues have been doing there in Ohio, and really want to look at how we might be able to work with our WIC clinics. And so, it's, you know, it's great to learn from other states and just it's, it's been a fun process. For sure.

Kim: Yeah. It's really great to hear how you can see your work actually making an impact. So, you can hear a family that's been connected and saved and having that connection.

Reena: And I'll just piggyback on what Heidi said. So, we did do a symposium across the four states that are implementing this education at the maternal health symposium, national maternal health symposium held, and we all are doing similar work, which is really interesting because none of us talk to each other, obviously when we were planning our grants.

And it is going to be a really great way to cross pollinate our existing efforts because we will be, we had already planned to go to home visiting. And based on the work in Arizona, we, you know, in other states we won't have to start from scratch on that because our state collaborators and partners have already encountered, you know, some of the things that we will need to encounter when we are ready to start talking to our, our state home visiting program.

And similarly, like Heidi said, when they're ready to start thinking about WIC, we're ready and willing to share what we've developed and how we've developed it to help move their work forward, as well. So it is, it is a really fun and useful network.

Kim: Yeah, I think that's one of the benefits that I've heard just from, being able to serve as coach for both states, being able to say, oh, I was just on a phone with Ohio. I can make this connection with Arizona or Arizona. I can make this connection with Maryland or being able to have that close connection and conversation has helped to kind of navigate especially in different times where we've been so far. I would love for Lynn to share more about the maternal warning signs in the work that you're doing with the tribal community.

Lynn: It's kind of really exciting. Since we do have you know, like I said, a large indigenous community here in Arizona, some of the work that we've done is we've hired translators to translate, you know, the information in Diné Bizaad, which is the Navajo language.

So that not only do they get to see it on paper, but they also get to hear it, you know, over the radio or, I don't know if they're going through commercials right now or what, but they have, you know, they have the radio event and K Indian as well. So, having that translated to the Navajo language we're currently trying to locate translators for the Optum dialect and Apache.

And hopefully, you know, so we're really trying to get that information to, you know, our indigenous communities, because you know, there, a lot of them do will have multi-generational living situations. So, you know if grandma's helping with baby and new mom, then, you know, when she, she knows these warning signs, you know, that's another person that we're educating. So, you know, we're really excited about that, that kind of work that we're doing.

Reena: Kimberly. I have a question for Arizona, you know, I, if that's okay. I, I'm curious about your data. So, I am an epidemiologist by training, and so I'm always wanting to use data as much as possible and thinking about data. And so, I'm wondering about your like maternal through state maternal morbidity and mortality data. States maternal mortality review committee. are you able to separate out your indigenous community data from the rest of the population?

Heidi: I'll start just a little bit and Lynn can definitely add anything she'd like to. Because numbers can be very small, right? Despite the fact that our indigenous communities have, bear the greatest burden of morbidity and mortality in our state, the numbers are still small. And so that does get kind of tricky for sure when we're sharing data out. And

I, and I'll let them talk about it, but she's done a lot of work around sharing some of that data with communities and, and, and, and talking about some of those limitations, because we, our maternal mortality review committee is internal to our same bureau, and we work very close together and we sit on the committee.

We, we do get to share a lot of information that maybe we wouldn't normally get to if we were an outside agency. And we can see the data that can't be published, you know, like, cause some of the data is too small to be able to publish it separately. Just so that people are not identified, but yeah, so it's, it's nice for us to internally be able to kind of have that knowledge, and then be able to share it. And I'll let Lynn talk about some of that, that data piece that she's been working on with our indigenous communities

Lynn: So tribal nations are sovereign nations. There, you know, there are a nation within a nation, basically. So, like IHS data or 638 facilities on tribal lands. We don't have access to those records. The records that we see that Heidi was speaking of is, you know, people who aren't being, I guess, seen in the IHS or 638 facilities. And it's, it gets much more complicated than just, you know, then, then data sovereignty, because the IHS operates in an area which covers multiple states, not just Arizona, you know? And then there's also like, like I said there's 22 tribes in Arizona, but Navajo nation kind of is a nation in its own. They're all a nation in its own. You know, it's just different the way it's handled from the 21 of the tribes, you know, versus all of them. However, we do have we do work with the Arizona epi center. So, you know, we do see some of that data in some other presentations. We just can't extract that information.

Reena: What a tremendous challenge for you all. I mean, data is so helpful and to not have the data in the way that you need or want it to inform your programmatic work is such a challenge. It's so amazing to hear what you're doing despite those channels. Thank you for letting me kind of go off script there.

Kim: no, I think, I think that's actually a great segue into our next conversation. When we think about how we're innovative and we do our work so that it's more effective and more equitable, and we know that data is one, one way to do it, but how do we do that to uplift our work that we do.

Reena: There's a couple of different ways that we're thinking about, about that in Ohio. one is, we did, so we are implementing the aim hypertension bundle statewide using our maternal health innovation funds. So, you guys may be familiar that aim only recently added what they, they have four R's, they recently added a fifth arm of respectful care. Prior to that they had, and they still have kind of a separate bundle that they have on racial disparities, but we had heard that there was interest in kind of merging that racial disparities bundle into, you know, all the other bundles. but when we started planning our hypertension bundle implementation.

That hasn't happened yet. So, we already went into this, knowing that from our data that we have, disparities between our white and our black moms in preeclampsia and hypertensive outcomes, and you know, related to morbidity and mortality as well. So we knew from the beginning that we wanted to make sure that we were a desk addressing equity in this project.

And so, from the beginning we recruited clinical champion to lead up a data or sorry equity committee, as part of our hypertension project. And through that, we are still working through collecting information in order to inform eventual interventions, which it's a big, it's a big task.

It's a big project. It's a big thing to implement. So, the things that the, the types of information that we're collecting now include a provider survey among providers who are participating in our, in our hypertension bundle, asking about, experience with implicit bias trainings or other types of trainings, asking about knowledge about disparities.

And asking about comfort level in talking with patients about disparities in maternal health outcomes. And then, and we've gotten really good response rate from that and really interesting preliminary information so far. So that's one way we're collecting information on trying to identify where interventions might fit in.

We are struggling a little bit with patient survey. So, we did ask our sites to put out a patient survey about their experiences. And this is again, specific to women who have hypertensive disorders in pregnancy and are part of the data collection in the aim hypertension project. So, we're trying to, again, really be intentional about focusing who we're surveying from the patient population. That has not resulted in, as many responses as we would like yet. We think that certainly COVID is having a tremendous impact on administering that survey, just logistically and timewise with patients. So, we're hoping to get a better response rate with that.

And then we're going to kind of combine the two and take a look to see where we might be able to find areas of intervention that might be useful and beneficial. so that's one very specific example of how we're, we're trying to, to make our work more equitable and address that issue of equity.

Heidi: Yeah. And just to kind of piggyback off a little bit of what you were talking about. We also in April started out, our aim collaborative here in Arizona, and we started with the hypertension bundle also and had that same conversation about wanting to add that equity piece in somehow. And we're still very much in the beginning stages of that.

We we've been able in our monthly coaching call to provide a March of diamonds was able to provide their maternal health specific implicit bias training. And through that, we actually learned a lot from some of the conversations that were being had about just really that the hospitals we're working with really seem to have a lot of, you know, understanding and, and, and are very much on board with addressing those equity issues.

And then some that are still having some challenges with that. And definitely, kind of not seeing where there are inequities. And so, we're trying to figure out how to move forward with that and help them and give them the support that they need so that patients are getting that care. So definitely would really love to touch base with you on, on that piece that you're working on because we're still struggling with that piece and how to continue to move that forward.

Lynn: I know with our tribal communities, you know, one of the things that we're really trying to do at the state level is be transparent with them and really ensure that we have you know, there's going to be trust and this is a true partnership.

This isn't us saying, you have to do this, we want this from you. You know, it's really like. Like, what are ways in which you think that could improve your community? You know, those are people who are there, boots on the ground programs or, you know, community members. And I feel like that's, you know, that's where some of the answers lie, you know, they're going to give us some of those answers and tell us, like, this is in our community.

This is what it looks like, you know? which could be completely different community to community. But it's also like, you know, when we talk about, you know, trying to improve maternal health outcomes and being innovative about it, it's looking at, you know, not just the patient, like not just looking at the person and saying, I don't know, you need to change your diet or you need to eat more, you know, or whatever.

It's, you know, looking at the environment and maybe, you know, their support system. you know, I think it's looking at everything that impacts this woman's health while she's pregnant and all aspects of it, you know, home life, you know, environmental. How long does it take for her to get to the hospital, transportation?

Like there's so many different, you know, facets that could impact, you know, her, her maternal health. So, it's really not just, you know, focusing in on, you know, just provider or just patient, it’s looking at everything. So, it's like, okay, where can we improve? Where do I D where do we identify these gaps and improve these outcomes?

Kim: This has been a great conversation today. Thank you for sharing your innovations and all those things. And I think as we start to wrap up our time together, I would love for you guys to share what are lessons that you'd have for other innovators, other states that are, deciding to join the maternal health innovation projects. What would you give them for tips?

Heidi: I think one of the things that I found that has been really helpful and important is being really willing to listen and just be open and take in everything before jumping, but also making sure that that lived experience as part of it, because we've learned so much more in how programs affect people and how, you know, how that can work for us. And so, I think, yeah, those two things is really those strong partnerships and listening and, and having that lived experience present.

Reena: And I think from our perspective, and Kimberly understands what I'm about to say, for sure, having worked with us for a while now, be prepared for innovation to be hard. It's not easy. It's not obvious. It takes time. It takes patience with not just yourselves, but those around you and the partners that you.

You know, build your relationships with and involve in the work that you want to get done. The process is certainly not linear. It is a bowl of spaghetti that you just kind of have to keep finding your end, to kind of get to where you need to go. And things won't

happen the way you intend, but that's when you need to be flexible and open, like you said, Heidi, to change direction.

Uh, identify that direction and change direction as needed. I think we've learned so much, having this grant these past couple of years. And so, it's so hard to believe it's only been two years. It seems like we've had this grant for a lot longer, but we're really excited about the next few years and hope that we even get to continue all of this great work beyond that time period as well.

Ali: Yeah. I mean, I echo what Heidi and Rena just said. I also think that this call is just also a testament to how you always need to be prepared to make connections and to network. no matter where you go, there could be someone that you're talking to that you didn't even realize that could be your next partner who's going to help you start a whole new initiative, change something majorly in your state. So, like, I mean, this call, for example, we've been engaged in multiple different speaking opportunities. And most importantly, too, we've been connected with so many new individuals who have joined our task force OCAM and they've turned out to be leaders that have really driven the process, ever since they've joined. So, yeah, I think it's just like a chain reaction and you have to just always be prepared.

Lynn: Yeah, I think one of the things that I you know, lessons I would share is that, you know, I feel like with this innovation work we're trying to do, I feel like there's no right or wrong way, you know, like anyway is a good way, and just being open that this, you know, these changes are going to be, they're going to look very different in different communities.

They're going to look different in state to state. It's just, you know, like going back to the cooking analogy, you know, we have different cooking equipment, we have different ingredients in our pantries and our refrigerators. We're not all eating spaghetti tonight, you know, all across our nation, you know. So just being adaptive and fluid and flexible when, you know, when our communities ask us to.

Kim: I thank you for your time today, and for sharing innovation. And I thank you to those that are listening. Everyone, for more podcasts, videos, blogs on maternal health content, visit maternal health learning and innovation center website at maternalhealthlearning.org. I'm Kimberly Harper. And we'll talk with you soon on maternal health innovations.

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