

COAC Agenda/Meeting Minutes
Rec. #1: CREATING A SHARED AGENDA
November 8th, 2022

Attendance:

Deb Center, Cheryl King, Lynn Hoskins, Phyllis Graham-Dickerson (Chair), Mauritha Hughes, Stacy Miller, Amber Johnson, Jennifer Dailey-Vail (Co-Secretary)

Statement of Purpose This committee is responsible for reviewing and gathering information data and resources to support these sub aims:

- 1.3 Across nursing organizations: Leverage expertise in care coordination and care management
- 1.5 External to nursing organizations: Use communication strategies to amplify health-equity related issues.

Speaker & Committee Function	Agenda	Action Items
The purpose of today's meeting: <ul style="list-style-type: none"> ● Presentation from Amber Johnson, Colorado Perinatal Care Quality Collaborative, CPCQC 		
What is the goal of this group?	Initial PreWork: https://docs.google.com/presentation/d/11oWwOx5QfZjid50vLCbfRrWb4-SVxPsVg1Jbdlcftml/edit?usp=sharing	Aurea to set up either dropbox or google drive (see what other groups are doing)
Focus and Process	Click to See Focus and Process Plan	
Literature Review	Click to See Literature Review	
Organizations	Click to See Organization List	
Review of Meeting Minutes	Phyllis shared October minutes and approved by the group	Complete
CPCQC Initiative Presentation by Amber Johnson	<p>The Colorado Perinatal Care Quality Collaborative of Colorado (CPCQC) works to improve maternal and infant health by assuring individuals receive safe, equitable, high-quality care during pregnancy and until 1 year postpartum.</p> <ul style="list-style-type: none"> ● Reviewed background of CPCQC – In 2017 received funding from CDC that allowed for massive expansion reaching 100% of regional accountable entities and 76% of health statistic regions – excellent reach. ● Focus is every pregnant post-partum person, infant, and family have access to safe, equitable, high quality care – focus on maternal and infant M&M – in CO 2 leading causes are suicide and unintentional drug overdose. These requires a shift in our attention and training of OB and pediatric providers of care. We need to be aware of the leading causes and know how to screen and treat. ● The good news is 80% of M&M in CO are preventable – this is a real opportunity to positively impact families throughout the state. ● 3 action arms/branches in the CPCQC: Quality Improvement, Maternal Mental Health Task Force, and Policy Advocacy. Here is a brief overview of some of the initiatives? 	

- o QI – SOAR Supporting vaginal delivery for low-risk mothers to reduce unnecessary first-time c-sections – goal NTSV c-section rate 24%
- o QI - CO AIM SUD – Colorado AIM Substance Use Disorder and Mental health care conditions – goal universal screening and referral – allocate resources for those that screen positive for anxiety, depression, or SUD. Avoid/breakdown clinical silos
- o CHoSEN - Colorado Hospital Substance Exposed Newborn Collaborative – goal Substance Exposed newborns managed without medication and decrease hospital length of stay
- o DEFINE Data Driven Engagement of Families to Improve the NICU Experience
- o Maternal Mental Health Collaborative – 30 organizations to change practices on how we manage comprehensive post-partum care. Overcoming silos to improve patient outcomes. Projects include:
 - Parents Thrive & IMPACT
- o Policy Advocacy – FIRST – Family Integration to ReStore Trust to infuse community organizations with lived experience experts. Also works with Birth Equity Bill Package to include better data collection on race and ethnicity using best practices approaches to obtain this data. Another program in CO Safe Transfer Coalition for home births that need transfer to hospital.

- There are many programs and the main goal matches the blue print from the white house

Bringing it back to our goal:

“Untreated, behavioral health conditions not only impact an individual’s health and quality of life, but they can affect the well-being of the baby the family. They are a leading underlying cause of pregnancy-associated deaths, including suicides, and drug overdoses or poisoning.

Such deaths could be prevented by improved access to care and appropriate screenings in the prenatal and postpartum periods.”

WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS, June 2022

- Opportunities for this group: there are Monthly webinars we could attend with a focus on SUD and depression. There are also Quarterly Clinical webinars working to decrease c-section rates, Other opportunities include recruiting lived experience experts to inform all committee work, publish, program oversight for individuals with expertise to guide the process. There is a New Maternal Health task force seeking members and experts, [to apply for membership:](#)

Looking for individuals with expertise in:

	<ul style="list-style-type: none"> ● Data ● QI Implementation ● Behavioral health <p>Group Discussion: Black birthing individuals die after c-section at alarming rates – is there data by hospital that is being collected? Yes we have c-section outcomes by race and ethnicities and age. disparities are evident by race Data on SUD and mental health is less clear – this is self-reported data and some are more reluctant to disclose Death certificate in the state of CO unsure if maternal race and ethnicity is included. This data is captured in the EHR but of variable quality, working to improve the accuracy of the data using best practices.</p> <p>Many of these efforts are competed by nurses! The new AACN essentials are infusing health equity, CDOH and population based outcomes competency work into nursing curriculum across the nation, both undergraduate and graduate education will be impacted.</p>	
Committee updates/ Information Sharing	<p>Today news story on Black Maternal Health The video and the tictok in the news story are powerful. (Black Pregnant Woman Shares Video Of White Nurse's Comments (today.com)</p> <p>Lactation Training will be expanded for Doulas and Families on Medicaid – will cover stipends for community meetings – Birdy is the recipient, Momma Bird grant funded by ASTHO</p> <p>Lynn’s Aunt, Jacqueline Hoskins, wrote an article on Breastfeeding: Structural Racism and Barriers to Breastfeeding on Chicagolands Southside</p> <p>Leadership Diversity Conference - Over 150 participants including students, very diverse group of attendees and many conversations focused on action/behavior changes/ how to work differently. Palpable recognition of systemic barriers to equality. Bev Wasserman had a great presentation – Key message: This will take more than training – training is important but need to think beyond training, focus on doing and building sustainability.</p> <p>HealtheMoms data set through CDPHE – adds additional data elements and surveys up to 3 years postpartum. Currently trying to figure out what is most important to the users of this data set. They are seeking information/input through this survey – it will take about 15 minutes to complete. Must do by COB on Nov 9th</p>	
Next Steps/ December meeting Focus	<p>Now that we have this information – we need to have a conversation on next steps – where/how will we make an difference? How will we integrate with what is already going on across the state? What is this group going to do? How can we align with these selected recommendations:</p>	

	<ul style="list-style-type: none">● 1.3 Across nursing organizations: Leverage expertise in care coordination and care management● 1.5 External to nursing organizations: Use communication strategies to amplify health-equity related issues.	
Focus for Next Meeting	Next meeting December 13, 2022 Join Zoom Meeting ID: 83906082280 Passcode: 528997	

FOCUS AND PROCESS

1.3 Across nursing organizations: Leverage expertise in care coordination and care management

- Gather Data: Focus location (Colorado/Region/City), What is being done for SDoH in the region
- Educate: Educate committee on topic and current available resources, including what organizations are currently doing
- Identify care coordination strategies to mitigate maternal child health disparities

1.5 External to nursing organizations: Use communication strategies to amplify health-equity related issues.

- Gather Data: Identify organizations and what is being done currently
- Educate: Educate committee on organizations and existing programs/communication
- Identify best strategies to communicate information out and improve health equity issues

LITERATURE REVIEW

Cheryl King shared [Fourth Trimester' Focus Is Pushed to Prevent Maternal Deaths](#)

Erika – Ethics of Perinatal Care for Black Women (Karen Scott) in JPNN. Measures – “Mother’s Autonomy in Decision Making Scale” and “Mother on Respect Index” <https://pubmed.ncbi.nlm.nih.gov/31021935/>
Documentary – “After Shock” on Hulu in July

JDV – Shared this RFA to reduce M&M, Lynn submitted to this grant

<https://cdphe.colorado.gov/community-solutions-to-prevent-maternal-mortality-rfa-35375>

6 in 10 deaths from suicide or SUD

While Colorado’s rate and the number of deaths are lower than the national average, the state’s rate has nearly doubled since 2013. Between 2014 and 2016, there were 94 deaths, seventy-two of which (76.6%) were determined to be preventable by the [state Maternal Mortality Review Committee](#). Mental health and substance use contributed to nearly six out of every ten deaths, with Native American populations experiencing the most disproportionate impact in Colorado.

The MMPP identified three major pathways through which maternal mortality can begin to be addressed:

- Increasing social connectedness and the ability of pregnant and postpartum Coloradans to feel connected, supported and a sense of belonging.
- Increasing economic security or mobility among pregnant and postpartum Coloradans.
- Increasing the community’s collective capacity (people, resources, or infrastructure) to care for and support pregnant and postpartum individuals, formally and informally.

Mauritha – Several Websites:

State level data on Maternal and Child M&M <https://leg.colorado.gov/bills/hb19-1122>

Work to bring attention to racism

<https://birthequity.org/>

Reversing U.S. M&M Crisis

<https://www.aspeninstitute.org/publications/reversing-the-u-s-maternal-mortality-crisis/>

<https://coloradomaternalmentalhealth.org/who-we-are/work-in-action/>

Policy Changes

https://mcusercontent.com/44ea43b4394f068d4b6049b90/files/3b818c9b-9544-4451-012f-fe3069ba5ed9/Colorado_PMHA_POC_Flyer.pdf

Deb – Found 5 articles to help us understand the effect of racism on Maternal and Child Health, will share when we have a shared electronic space.

Amy - had 2 articles she uses with students to understand birth outcomes directly effected by racism (prematurity, breast feedings, loss)

The second is PTB affected by stress and placental implantation.

Phyllis – <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>
Non Hispanic Black women death rate 2.9 times greater than for Non-Hispanic White women, might be getting worse, not better

Cheryl - has articles on COVID, SDOH and COVID and

Another article on adverse outcomes in adolescence – finding adolescence and rural residency linked to poorer outcomes.

California also has a very active maternal quality care collaborative; look at the QI Initiatives and Research tabs.
<https://www.cmqcc.org/>

Black Maternal Health Momnibus Act of 2021

<https://www.congress.gov/bill/117th-congress/house-bill/959>

Health First Colorado Maternity Report

<https://hcpf.colorado.gov/sites/hcpf/files/Maternity%20Report%20-%20Sept2021.pdf>

HCPF Health Equity Plan

<https://hcpf.colorado.gov/sites/hcpf/files/2022%20HCPF%20Health%20Equity%20Plan.pdf>

HCPF 2020-21 Annual Report

<https://hcpf.colorado.gov/sites/hcpf/files/HCPFAnnualReport2020-21.pdf>

ORGANIZATIONS

Colorado Nurses Association – Welcome Carol O’Meara

CCNE Community Advisory Council as the representative from Colorado Nurses Association. CNA would like to increase our efforts in the area of health equity, but at this point we do not have any specific work in this area. Would like to help with legislation and/or policy support.

Structural and Social Determinants of Health and Maternal Morbidity and Mortality – Brie Thumm

(brie.thumm@cuanschutz.edu)

<https://youtu.be/q73-BnM6QD8>

Slides from Jennifer in email dated: 8/16

CDPHE – Welcome in October to Stacy Miller

Dietician with Baby Friendly Hospital Initiative

<https://cdphe.colorado.gov/baby-friendly-hospital-initiative>

Colorado Perinatal Care Quality Collaborative (CPCQC)

Cheryl working with Amber a midwife and QI coach

<https://cpcqc.org/>

Organizations -

<https://www.awhonn.org/>

AWHONN in CO is working on reviewing M&M rates, especially related to racism and COVID

<http://nann.org/>

<https://www.coloradopublichealth.org/public-health-nursing>

Faith Community Nursing (Parish Nursing): <https://fcnrockies.org/>

<https://www.illuminatecolorado.org/>

<https://cdphe.colorado.gov/mchcolorado>

<https://www.napnap.org/>

Resources

Alliance for Innovation on Maternal Health

<https://saferbirth.org/>

ACOG

<https://www.acog.org/advocacy/policy-priorities/maternal-mortality-prevention>

<https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative>

MMRC

<https://www.guttmacher.org/print/state-policy/explore/maternal-mortality-review-committees>