



# Reducing Health Disparities by Addressing Integrated Behavioral Health in a Maternal Child Health Care Setting

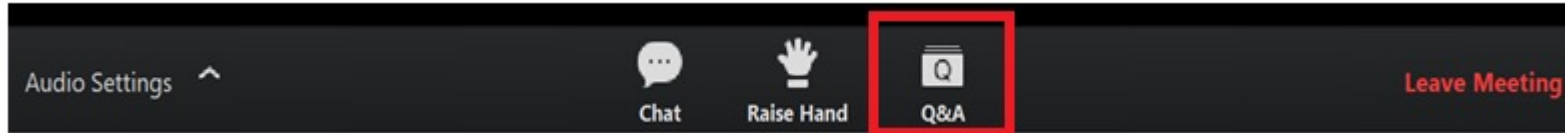
**Thursday, July 29, 2021, 2:00–3:00 ET**

**Vision: Healthy Communities, Healthy People**



# Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the information session, please message us through the chat feature or email [healthcenter\\_BHTA@jbsinternational.com](mailto:healthcenter_BHTA@jbsinternational.com).



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- We will be offering **1 CE credit** for attending today's information session.
- You **must** complete the Health Center Satisfaction Assessment after this session.
- **CE credits will be distributed to participants who complete the Satisfaction Assessment within 2 weeks of this information session.**
- We will provide details to complete the Satisfaction Assessment at the end of the webinar.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.

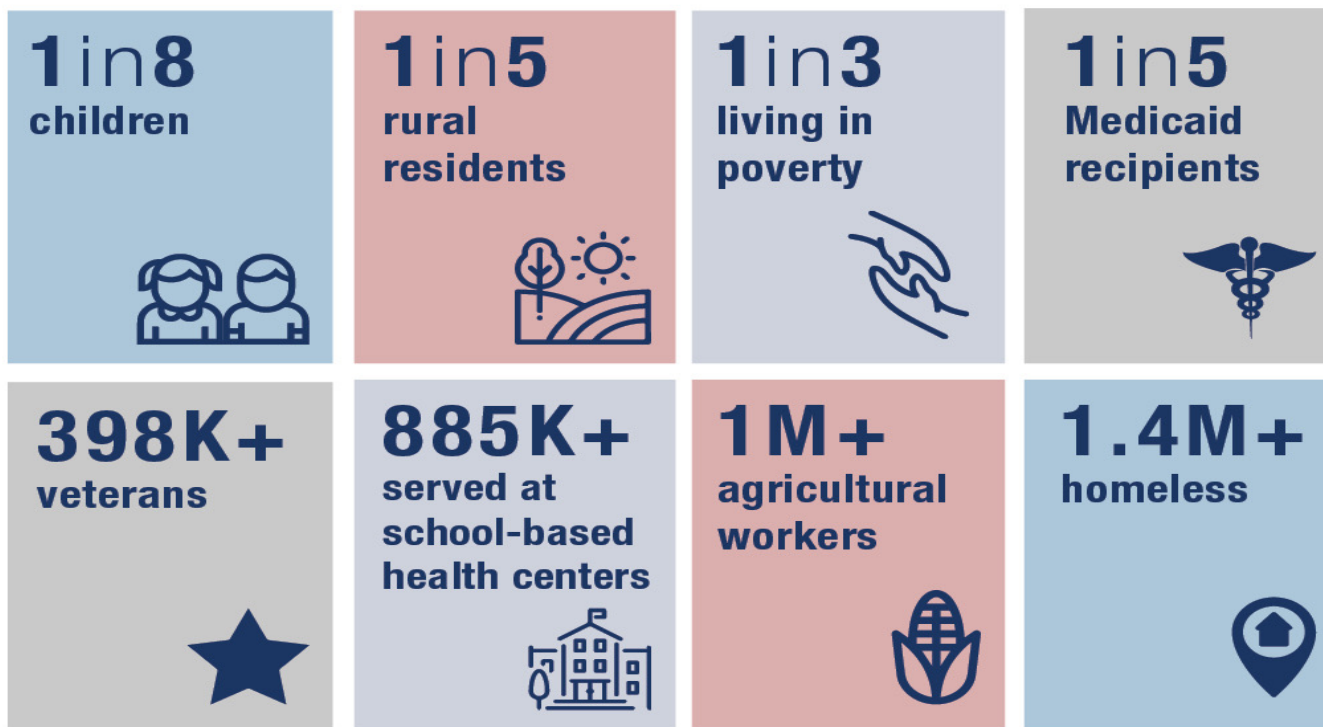


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# HRSA SLIDE: Health Center Program Patients

## HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that's **1 in 11** in the U.S.—rely on a HRSA-funded health center for care, including:



Source: Uniform Data System, 2019



# Presenter

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**“Reducing Health Disparities by  
Addressing Integrated Behavioral  
Health in a Maternal Child Health  
Care Setting”**

**Sharon Morello, B.S.N., RN**  
Consultant

# Some Context About This Topic

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- Compared to the many studies that address maternal morbidity and mortality in relationship to clinical conditions, **far fewer studies have addressed pregnancy-associated deaths** from homicide, suicide, and drug overdose.
- It is critical to understand differing prevalence, risk factors, and prevention strategies and to build future research, clinical, and policy initiatives.
  - For example, intimate partner violence (IPV) during pregnancy has been shown to contribute to maternal mortality from pregnancy-associated types of deaths, including homicide, suicide and drug overdose.

# Agenda

1. Looking at the Data: Pregnancy-associated deaths and risk factors
2. Strategy: Universal screening to understand scope and target interventions
3. Strategy: Using stigma-reducing activities to develop a trauma-informed environment



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# Objectives

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1. Understand the leading causes and risk factors of pregnancy-associated deaths
2. Be familiar with the role of Intimate Partner Violence (IPV) as a determinant of health in outcomes for pregnant and post partum women (PPW)
3. Understand the role of universal screening in several key domains as a strategy to reduce health disparities for PPW
4. Be familiar with strategies to address stigma and bias in a clinical work setting
5. Know the key strategies and guiding principles of providing trauma-informed care

# Looking at the Data:

## Pregnancy-Associated Deaths & Risk Factors



# Homicide, Suicide, and Drug Overdose: Leading Causes of Pregnancy-Associated Deaths

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**Maternal Mortality:** The death of a woman during pregnancy, at delivery, or soon after delivery

**Pregnancy-Related Death:** The death of a woman while pregnant or within 1 year of the end of the pregnancy (regardless of the outcome, duration, or site of the pregnancy) **from any cause related to or aggravated by the pregnancy or its management**, but not from accidental or incidental causes

**Pregnancy-Associated Death:** A maternal death that is attributable to a condition that is **unaffected by the pregnancy** and occurs within 1 year of the pregnancy



# Three Leading Causes of Pregnancy-Associated Deaths

- Homicide
- Suicide
- Drug-related overdose



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# Polling Question #1

Which racial/ethnic groups of women are most likely to be affected by pregnancy-associated death from homicide?

- a. White, non-Hispanic
- b. African American/Black
- c. Hispanic/Latinx women
- d. Asian American/Pacific Islander
- e. American Indian or Alaska Native



# Pregnancy-Associated Homicide



- Homicide has consistently been the leading cause of pregnancy-associated deaths in U.S. (Wallace et al., 2016)
  - African American women had approximately seven times the risk of homicide than White women.
  - Women who are age 19 and younger were at higher risk than those 30 or older.
  - 55% of homicides are caused by guns.
- The pregnancy-associated homicide rate was 2.2 to 6.2 per 100,000 live births, compared with 2.5 to 2.6 per 100,000 for non-pregnant and non-postpartum women. (Cliffe et al., 2019)

# Pregnancy-Associated Suicide

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- Suicides may account for up to 20% of postpartum deaths, while suicidal ideation during pregnancy has been present but not routinely identified. (Mangla et al., 2019)
- Underlying depression is a significant comorbid factor during the perinatal period that increases suicidal tendencies. (Mangla et al., 2019)
- Three of the most common risk factors for pregnancy-associated suicide:
  - Depression
  - IPV
  - SUD (Gelaye et al., 2017)



# Polling Question #2

Which of the following are risk factors for overdose among perinatal women?

- a. Having an unrecognized SUD or not receiving medication for an opioid use disorder (OUD)
- b. Opioid detoxification during pregnancy
- c. Psychiatric concerns/psychiatric diagnoses
- d. IPV
- e. A and C
- f. B and D
- g. All of the above



# Drug Overdose During Pregnancy & Pregnancy-Associated Deaths



- Drug overdose may be **intentional or unintentional use** of one or more licit or illicit substances leading to serious harm or death.
- Drug overdose during pregnancy is a major risk factor for pregnancy-associated death.
- Estimates of pregnancy-associated deaths due to overdose vary among states.
  - Across 22 states, pregnancy-associated mortality involving opioids more than doubled from 2007 to 2016.
- Drug overdose pregnancy-associated deaths are more common among White women, while non-Hispanic Black women are at significantly higher risk of pregnancy-associated deaths due to homicide.
- Overdose deaths for pregnant and postpartum women have not been calculated comparably in every state and territory.
  - New CDC surveillance strategies may lead to improved measurement.

# Risk Factors of Pregnancy-Associated Death by Overdose

- Most pregnancy-associated deaths from drug overdose involved opioids and include more than one drug. (Martin et al., 2019)
  - The risk of fatal overdose increases substantially when opioids are combined with benzodiazepines or alcohol.
- Multiple risk factors make the perinatal period vulnerable for overdose. The following contribute to pregnancy drug-induced overdose deaths:
  - Having an unrecognized SUD
  - Not receiving medication for an OUD (Short et al., 2018)



Source: Think Stock

# Risk Factors: Pregnancy-Associated Death by Overdose (cont.)

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- Nearly half of pregnant women with OUD who are receiving treatment in publicly funded centers in the United States are not receiving MAT medication for OUD.
- Clinically supervised withdrawal for OUD is not indicated during pregnancy.
- Lack of access to OUD treatment during pregnancy may be a barrier to safe and effective care for both the mother and fetus.
- Significant variations in pharmacotherapy utilization exist by geographic, demographic, substance use, and treatment characteristics.
- Increase in all overdoses across the country including PPW in 2020 during COVID-19.



The Committee on Obstetrical Practice, American Society of Addiction Medicine, 2017; SAMHSA; National Center for Health Statistics, 2021.



# Dramatic Increase in Drug Overdose Deaths During Pandemic



Drug overdose deaths rose nearly **29.4 %** in 2020 to a record **93,331** (preliminary statistics by the Centers for Disease Control and Prevention). Several records were set:

- The most drug overdose deaths in a year
- The most deaths from opioid overdoses
- The most overdose deaths from stimulants (e.g., methamphetamine)
- The most deaths from the deadly synthetic opioids (e.g., fentanyl)



Ahmad, Rosen, Sutton, 2021; <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



# The Role of IPV: Data & Recommendations

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**IPV is common in all 3 leading causes of pregnancy-associated deaths.** (Noursi et al., 2020)

**Homicide:** 1/3–2/3 of pregnancy-associated homicides involve IPV. (Cliffe et al., 2019; Review to Action, 2018)

**RECOMMENDATION:** Routine assessment and brief counseling for IPV during reproductive health visits and as a component of prenatal and postpartum care contribute to preventing pregnancy-associated deaths from homicide.



**Resource:** CDC's [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#)



# The Role of IPV: Data & Recommendations



**Suicide:** IPV is one of several psychosocial and environmental risk factors associated with maternal suicide. (Stone et al., 2017)

**RECOMMENDATION:** Increases in perinatal mental health and IPV screenings by trained providers and referrals to community-based organizations are among the listed recommendations.

Source: Think Stock



**Resource:** CDC's [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#)

# The Role of IPV: Data & Recommendations (cont.)

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**Overdose Risk:** Significant numbers of pregnant women in SUD treatment report abuse during their pregnancy (41% emotional, 20% physical, 7% sexual).

Although the causal relationship between IPV and drug overdose among women in general has not been fully established, one study of abused women found an increased risk of overdose among those who had

- **witnessed overdose,**
- **had lifetime drug-use-related hospitalization,**
- **and had a relative or friend who experienced overdose.**



Velez et al., 2006; Mehta et al., 2016; Campbell et al., 2021

# The Role of IPV: Data & Recommendations (cont.)

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## RECOMMENDATION:

Given the multiple clinical and psychosocial challenges of preventing pregnancy-related overdose, the care of women at risk **requires a multipronged approach.**

Interventions should be:

- **Individualized and comprehensive;**
- **Emphasize nonjudgmental treatment;** and
- Include **universal screenings for SUDs, psychiatric comorbidity, and IPV** during the perinatal period.



Velez et al., 2006; Mehta et al., 2016; Campbell et al., 2021

# Strategies for Treating Pregnant and Postpartum Women at High Risk for Pregnancy-Associated Death

- ✓ **Early universal screening** for mental health, SUD, and IPV is essential
- ✓ Trauma-informed environment
- ✓ Family centered
- ✓ Gender specific
- ✓ Culturally grounded



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SAMHSA, 2009; Wright et al., 2016



# Polling Question #3

Which of these key concepts does your clinic use in the care of PPW? (Select all that apply)

- a. Universal screening for mental health
- b. Universal screening for SUD
- c. Universal screening for IPV
- d. Trauma-informed care approach
- e. Family-centered care approach
- f. Gender-specific care approach
- g. Culturally informed care approach



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# Universal Screening

Screening for Mental Health and Suicide, SUD, IPV, and Social Determinants of Health (SDOH)

# Mental Health Screen: Patient Health Questionnaire (PHQ)

## PATIENT HEALTH QUESTIONNAIRE- 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	<u>3</u>
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	<u>3</u>
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	<u>3</u>
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	<u>3</u>
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	<u>3</u>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than <u>usual</u>	0	1	2	3
9. Thoughts that you would be better off dead or of <u>hurting</u> yourself in some way	0	1	2	3

The **PHQ-9** is a 9-question instrument given to patients in a [primary care](#) setting to screen for the presence and severity of [depression](#). It is the 9-question depression scale from the [Patient Health Questionnaire \(PHQ\)](#).

- The results of the PHQ-9 may be used to make a depression diagnosis according to [DSM-V](#) criteria and takes less than 3 minutes to complete.
- The total of all 9 responses from the PHQ-9 aims to predict the presence and severity of depression.
- Primary care providers frequently use the PHQ-9 to screen for depression in patients.



# Suicide Screening



MENTAL HEALTH INFORMATION

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Research Conducted at NIMH (Intramural Research Program)

Home > Research > Research Conducted at NIMH (Intramural Research Program)

## Ask Suicide-Screening Questions (ASQ) Toolkit



The Ask Suicide-Screening Questions (ASQ) tool is a set of four brief suicide screening questions that takes 20 seconds to administer.

### Popular Resources

[ASQ Tool](#)

[Info Sheet](#)

[Toolkit Summary](#)

### Clinical Pathways

ED – [Youth](#) / Adult

Inpatient – [Youth](#) / Adult

Outpatient – [Youth](#) / Adult

COVID-19 Telehealth – [Youth](#) / Adult

### Youth

[Emergency Department \(ED/ER\)](#)

[Inpatient Medical/Surgical Unit](#)

[Outpatient Primary Care/Specialty Clinics](#)

### Adults

[Emergency Department \(ED/ER\)](#)

[Inpatient Medical/Surgical Unit](#)

[Outpatient Primary Care/Specialty Clinics](#)

Adults ASQ Toolkit

<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/>

# SUD Screening: Universal Screening During Pregnancy

The American College of Obstetricians and Gynecologists and the American Society of Addiction recommendations:

- Early universal screening, brief intervention, and referral to treatment (SBIRT) improves maternal and infant outcomes.
- Screening for substance use should be part of comprehensive care and should be done ASAP and in partnership with the pregnant woman.
- **Important to note:** Screening based on factors such as poor adherence to prenatal care or prior adverse pregnancy outcomes can lead to missed cases and may add to stereotyping and stigma.
- **Screening needs to be universal!**
  - Screen on admission/intake and at intermittent intervals, depending on screening results.



# SUD Screening Tools

## Examples of screening tools:

### 4 Ps (Pregnancy, Past, Partner, Parents)

- **NIDA (Nat'l Institute on Drug Abuse) Quick Screen:** Questions on alcohol, prescriptions for non-medical, tobacco and illegal drugs
- **CRAFT**– Substance abuse screen for adolescents and young adults  
([www.mainedartmouth.org](http://www.mainedartmouth.org))





# IPV Screening

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- HITS (Hurt, Insult, Threaten, Scream)
- OVAT (Ongoing Violence Assessment Tool)
- STaT (Slapped, Things, and Threaten)
- HARK (Humiliation, Afraid, Rape, Kick)
- CTQ–SF (Modified Childhood Trauma Questionnaire–Short Form)
- WAST (Woman Abuse Screen Tool)
  
- Other **screening tools for pregnant women** include **4 Ps** and the **Abuse Assessment Screen**. CDC has compiled a comprehensive list of screening instruments that have been tested on various patient populations.
  
- Studies have shown that **patient self-administered or computerized screenings are as effective as clinician interviewing** in terms of disclosure, comfort, and time spent screening.



AHRQ, 2015; Basile et al., 2007; Bermele et al., 2018; Soeken et al., 1998

# SDOH Screening: Health-Related Social Needs

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## Health-Related Social Needs (HRSN)

- Created by the Centers for Medicare & Medicaid Services (CMS) for Accountable Health Communities (AHC) using the AHC model.
- **Core measures:** housing instability, food insecurity, transportation, utility help needs, interpersonal safety, financial strain, employment, family & community support, education, physical activity, substance use, mental health, disabilities.
- Screen on admission/intake and updated annually or more frequently as indicated.



CMS, n.d.

# SDOH Screening: PRAPARE

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## Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

- Helps health centers and other providers collect the data needed to better understand and act on their patients' SDOH.
- Aligns with national initiatives prioritizing SDOH (e.g., Healthy People 2020), measures proposed under the next stage of Meaningful Use, clinical coding under ICD-10, and health centers' Uniform Data System (UDS)
- **Core Measures:** race/ethnicity, migrant/seasonal farm work, veteran status, language, housing status, housing stability, address/neighborhood, education, employment, insurance, income, material security, transportation, social integration & support, stress. (*Optional:* IPV)



# Strategies to Respond to SDOH Challenges

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- **Mobilize community partnerships:** Engage and collaborate with community members and nontraditional partners (e.g., housing authorities, law enforcement, schools, community organizations).
- **Educate patients** about eligibility/access to entitlement programs (e.g., Medicaid, housing benefits, TANF, SNAP).
- **Employ patient navigators/peer support specialists** to link patients to SDOH supports.
- **Create binder and/or web page with community resources** for patients and staff.
- **Develop materials in plain language** to link patients to key services (e.g., transportation, food programs, entitlement programs).
- **Consider use of telehealth** to improve access to education, disease monitoring, specialty care, prenatal and postpartum care.
- **Extend team-based care to the postpartum year and beyond**, integrating doulas and community health workers on the team.



CDC, 2020; Dixon-Shambley & Gabbe, 2021; McCloskey et al., 2021





# **Integrated Behavioral Health Treatment Strategies for Pregnant and Parenting Women:**

**Strategies to Reduce Stigma & Provide Trauma-  
informed Care**



# Strategies to Address Stigma and Bias

- Language matters
- Build relationships and trust
- Demystify the process of treatment and recovery (including relapse)
- Humanize recovery
- Celebrate and promote success
- Identify partners for joint messaging and training
- Enlist media advocates and opinion leaders
- Address stigma from within
- Educate, educate, educate





# Provider-Level Strategy: Raise Awareness

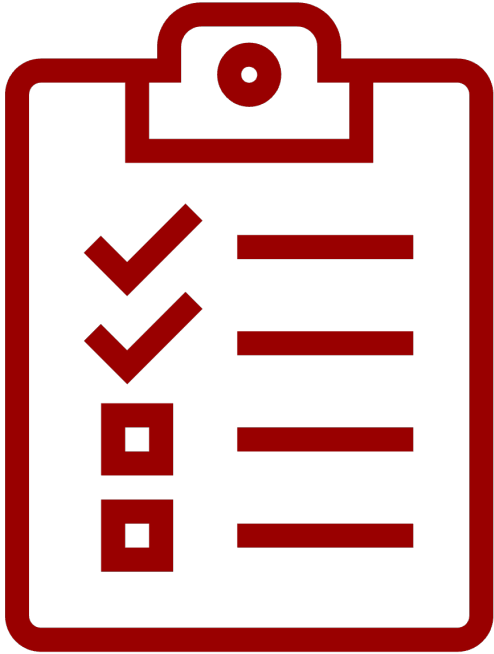
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- Studies show that **providers may be influenced by underlying inherent bias** related to the patient's race or ethnicity, use of drugs during pregnancy, staying with an abusive partner, or difficult behaviors due to mental health problems.
- The Society for Maternal-Fetal Medicine's recommendations to reduce racial and ethnic disparities in maternal morbidity and mortality include **assessing providers' knowledge and attitudes, implicit biases, and awareness of disparities in health outcomes.**
- **RECOMMENDATION:** Develop effective modalities to raise providers' awareness of their own biases.



McCloskey et al., 2021; Jain et al., 2018; Saluja & Bryant, 2021

# Clinical-Level Strategy: Assess Current Treatment Approach



## Questions to consider:

- Are staff ready to change or implement new practices?
- Is your agency trauma-informed?
- Where does stigma against certain populations or certain diagnoses exist?

# Strategy to Provide Trauma-Informed Care (TIC)

## Train clinicians & staff to:

1. **Show sensitivity** when they realize and normalize survivors' experience of past trauma
2. **Recognize** survivors' behaviors as a coping mechanism
3. **Respond** by creating a safer environment
4. **Seek** to avoid traumatization



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SAMHSA, 2014; Hall et al., 2021

# TIC: Six Guiding Principles

1. Safety
2. Trustworthiness
3. Collaboration
4. Peer support
5. Empowerment
6. Cultural sensitivity

- A main goal of TIC is to use relationship-based care to foster reciprocal social connection among patients, their families, and staff.
- This social connection creates a critical buffer to mitigate stress, promote resilience, and ultimately improve health outcomes.

# Questions and Answers

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Think Stock

# Helpful Information and Resources

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## UCSF National Clinician Consultation Center's Substance Use Warmline

- This resource provides clinician-to-clinician expert consultation addressing integrated behavioral health treatment & chronic pain management.
- M-F, 9 am to 8 pm ET by phone at 855.300.3595, or by submitting patient cases online.





# Helpful Information and Resources

## HRSA Maternal Child Health Bureau

Offers programs and resources to improve the health and well-being of America's mothers, children, and families and help them reach their full potential. <https://mchb.hrsa.gov/>



[Home](#) > Maternal & Child Health Topics

## Maternal & Child Health Topics



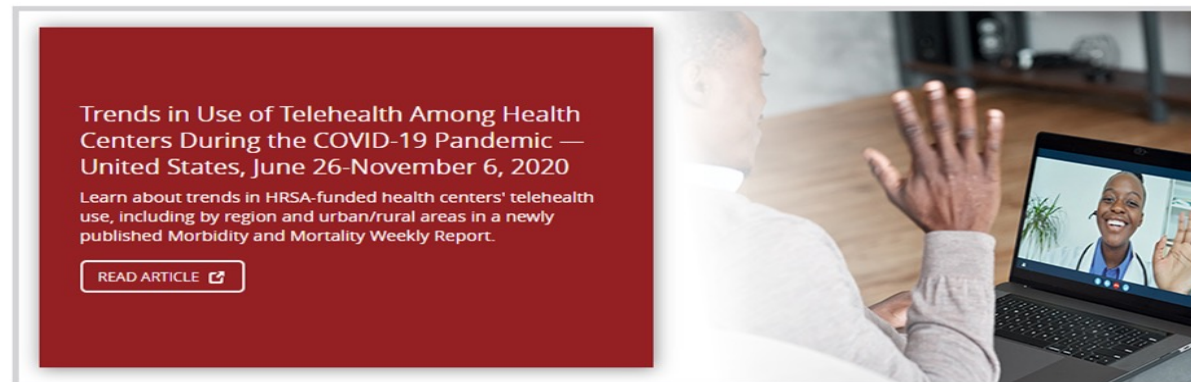
## BPHC Health Center Library

Features peer-reviewed articles that focus on health center quality improvement, access to health care, and cost efficiency.

### Health Center Library

Search peer-reviewed articles related to the Health Center Program, including those presented by HRSA authors and partner agencies, in three areas: Health Care Access, Quality, and Cost.

Contact: Email [hclibrary@hrsa.gov](mailto:hclibrary@hrsa.gov) to connect with the HRSA BPHC Health Center Library Team.



# BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
  - One-on-One Coaching
  - E-learning Webinars
  - Strategies for Community Outreach
  - Virtual Site Visits to Improve Outcomes
  - Join a Community of Practice (CoP)



# TA Opportunities for Health Centers

- One-on-One Coaching
- Intensive TA
- Social Media Strategies - to reduce stigma and promote services



# Continuing Education Revisited

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- The link to the Satisfaction Assessment will automatically open in your browser at the conclusion of this webinar.
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**Thank you!**



# Thank You!



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Sharon Morello



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## Resources:

<https://safehealthcareforeverywoman.org/aim/>

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