



Learning Community Meeting

February 21, 2023

Innovations in Health Equity-Focused Maternity Care Delivery:
A Deep Dive into Providence Swedish Health Services

Agenda

Welcome

Innovations in Health Equity-Focused Maternity Care

- Dr. Nwando Anyaoku, Chief Health Equity Officer, Swedish Health Services
- Whitney Haggerson, Vice President of Health Equity and Medicaid, Providence Health

Updates

Adjourn

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Health Equity



Dr. Nwando Anyaoku, Chief Health Equity Officer, Swedish
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Providence commits \$50 million to address health disparities

This data-driven, system wide investment affirms Providence's commitment to improving health equity, including immediate pandemic response for disproportionately impacted populations



PROVIDENCE HEALTH EQUITY

Action must follow promising words

January 2023 (Data through end of December 2022)



650,069
INDIVIDUALS &
FAMILIES
SERVED



COVID OUTREACH TO UNDERSERVED COMMUNITIES

- 955 testing + vaccine events
- 54,989 tests
- 98,791 COVID vaccines
- 12,951 flu vaccines
- 167,208 COVID kits, items or gift cards
- 114,915 people connected to care



26+

NEW PROGRAMS INITIATED

Including:

- 12 Community Health Worker programs, 3 mobile clinics, culturally sensitive All-Inclusive Care for the Elderly, hospice and palliative care and better birthing initiatives



1,701
PARTNER
ORGANIZATIONS



INVESTMENT BY QUARTER

- \$25.57m allocated to date (Q4 20-Q2 25)
- \$10.6m actual spend to date
- 72 proposals, 31 in support of COVID efforts



STRATEGIC PRIORITIES

- Inaugural Health Equity Learning Collaborative with 30+ teams
- Launched provider education / CME
- Patient Rights and Responsibilities policy using person-first language, translated into multiple languages
- Created proprietary health equity index
- Joined Catholic Health Association's Diversity and Health Disparities Board Committee, asked to consult with DoD and VA

Health Inequities at Providence



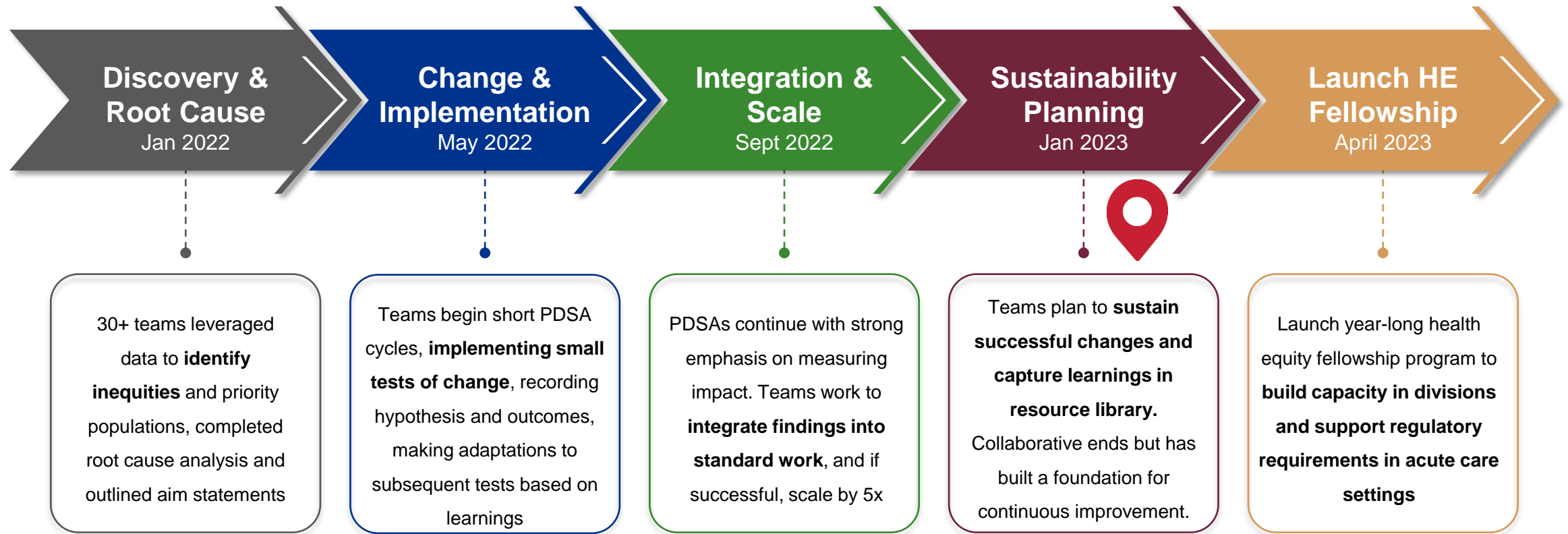
CONFIDENTIAL: This dashboard includes sensitive data and is intended for internal use within Providence St. Joseph Health ONLY. DO NOT SHARE.

Up to a **19% gap in performance** in select populations when compared to highest performing cohort with the greatest disparities found in across Race and Ethnicity sub-cohorts

[link](#)

Supporting Regions in Driving Measurable Improvements

Health Equity Learning Collaborative



Team Support & Resources

- Simulation sessions
- Guided team-building activities
- Leadership and team engagement
- Industry faculty and expert facilitators
- Accountability and reporting check-ins
- Individual coaching and support

Health Equity Learning Collaborative

Teams & Sample Aim Statements



Cancer Screening

5 teams

Increase colon cancer screening for eligible Native Hawaiian Asian Pacific Islander patients in South Puget Sound from 54% to 69% by end of Quarter 4, 2022



Hypertension

12 teams

To increase hypertension control among Black/African American patients from 61% to 68% within the first year of the program



Diabetes

5 teams

To increase Diabetic A1C Control among Native American patients from 54% to 62% by YE2022



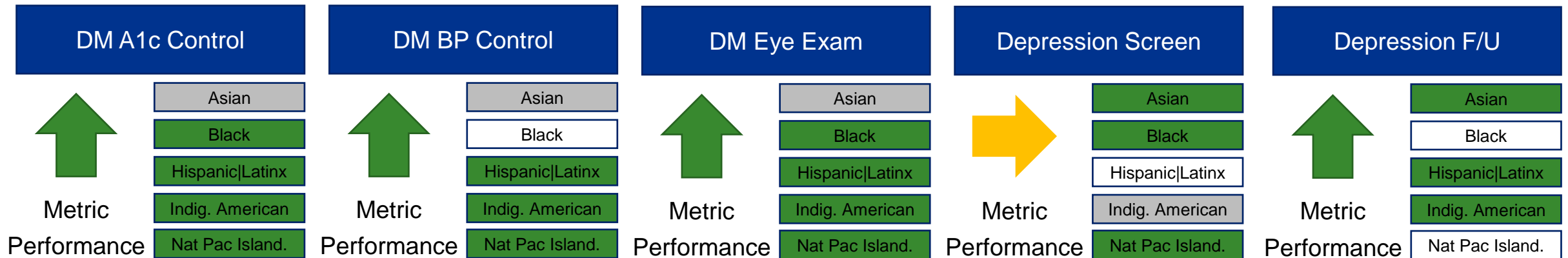
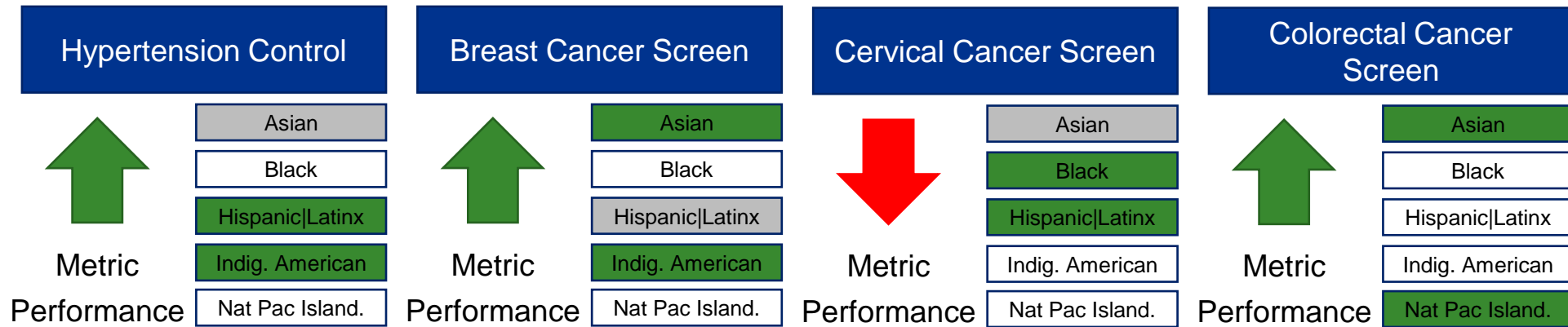
Mental Health

11 teams

Improve Depression Follow-up on Positive Screen in Hispanic/LatinX patients (age 12+) assigned to St. Mary primary care providers from 59% to 62% by October 2022

Ambulatory CEI Metric Performance + Inequity Reduction

Providence Health Equity Learning Collaborative, November 2021-2022



Metrics aligned with nationally set metrics (NQF, ADA, HEDIS), definitions available [here](#). Data source: [CPH](#), 1/12/23, Excludes: NCAL, TXNM and SCAL OC|HD

Reduced inequity
 Highest performing sub-population

Health Equity Key Priorities in 2023

01

Drive measurable reduction in health inequities

02

Meet CMS, TJC and other federal, state, local and/or payer requirements as it pertains to health equity

03

Increase Caregiver knowledge, skills, and operational capacity to promote health equity

04

Ensure sustainability of health equity efforts beyond \$50M funding cycle



Swedish

Just Birth Network

Dr. Nwando Anyaoku

01 Introduction

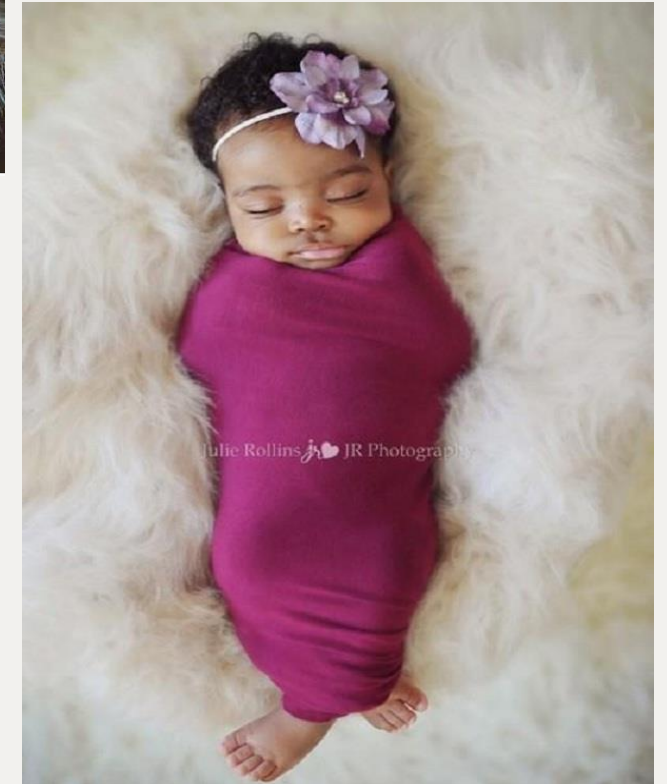
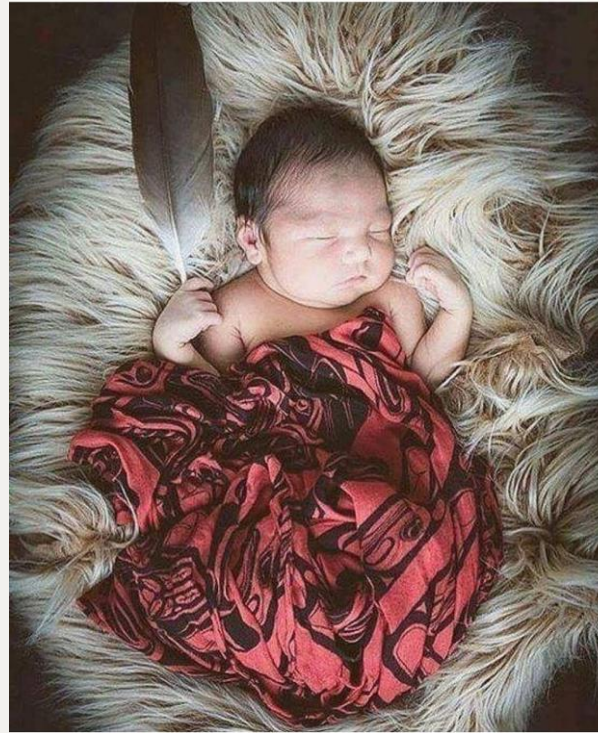
Our priority is to improve, empower, honor, and value the experience of Black, African American, African, Native American, Alaska Native, Native Hawaiian and Pacific Islander birthing women and people from across the sex and gender identity spectrum., as well as their families/communities by providing culturally competent care that is safe, compassionate, high-quality, and created for you by people who look like you.

The JUST Birth Network was created to address the disparities in the Black and Native birthing community including disproportionately higher prenatal complications, stillbirths, postpartum complications, and increased mortality rates for both the mother and child.



02 Introduction

The network includes dedicated birth and postpartum doulas, childbirth educators and inpatient cultural navigators, who provide patients and their families with expert care and guidance throughout their pregnancy and birthing experience.



JUST Birth Fundamentals

Doula Support

Cultural Navigators

Childbirth Educators

Community Engagements

Staff representation

Funding

Grants

Self-funding (doula program)

Medicaid Reimbursement (doula program)



Cultural Navigation

Survey Responses

100% of patients say a cultural navigator was able to recognize their needs, advocate when appropriate, provide resources and/or help communicate when there may have been misunderstanding with their team

All patients rated their experience 5/5 with their cultural Navigator

91% of patients are more likely to recommend Swedish Hospital after their experience with their Cultural Navigator

From November 2022 – January 2023 Cultural Navigators reached 148 patients with only 2 experiences of gatekeeping from Nurses caregivers: For the past 6 months we were able to connect 218 community recourses with patients



What are people saying about us?

Patient feedback – Doula support



"My doula was a huge part of my recovery, before our baby came home from the NICU as well as after. She has provided the kind of care that every person of color needs from a doula. Not just the typical 'I'm gonna come and help you out around the house then leave'."

"The way she explained things to me. Her manner and ability to talk to me in a way that did not make my anxiety 'come up,' but helped me control my depression as well. She actually prayed with me, which is unheard of in today's world."

"The best parts were my doula always checking on me to make sure I was feeling okay, and she was with me every step of the way in the hospital."

"Doula was 'Quiet Calming'."

"Doula's support and laughter were important; she worked with my schedule and the needs of my family."

Doula Feedback about the program

- "As a doula, it's really great to be a part of an initiative that is for us and by us. I have a space where I can debrief, where I can reach out and I never have to overexplain myself. It's something I have that I didn't know that I needed."
- "There is space for me to just be fully who I am and that is something you can't pay for to create on purpose without being a part of the community."
- "There's a lot Swedish can do to be better, but when it comes to our space as black doulas, it is exactly what is needed."
- "Thank you all for what you do! Truly I am grateful to be a part of this program! Every time I have a birth it's a reminder of the strength we gain as a community when we work together!"

Important Links

- [\(35\) Be seen. Be heard. Be cared for. - YouTube](#)
- <https://www.swedish.org/services/pregnancy-and-childbirth/just-birth-network>



Preparing for

CMS & The Joint Commission's Health Equity Requirements



Workstream #1: SDOH Screening and Follow Ups



Workstream #2: Identifying and Addressing Inequities

Starting with a focus on: restraint utilization in the ED, goals of care conversations, NTSV-C section and sepsis mortality



Questions

Contact us:

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In October, the Hub convened a meeting of maternity subject matter experts and CMS/CMMI leadership in 2022 to discuss payment and delivery strategies that would support a maternity model that addresses the ongoing racial and ethnic inequities in morbidity and mortality.

Today, the Hub is pleased to release the resulting issue brief titled [*Lessons Learned from a Multi-Stakeholder Roundtable on Medicaid Maternity Strategies*](#), that discusses key challenges in today's environment and includes potential solutions.

View the resource:

<https://maternalhealthhub.org/resource/lessons-learned-from-a-multi-stakeholder-roundtable-on-medicaid-maternity-strategies/>

Updates

Save the Date!

The National Partnership for Women and Families is hosting a launch event on March 22 for *Raising the Bar for Excellence and Equity in Maternal Health*, a practical guide for health care provider institutions on advancing health equity and excellence in maternal health.

The launch event will be held in DC, with the option to watch virtually. More details to come shortly!

Reminder: Feedback Requested

March 31, 2023 will mark the end of Phase Two of the Maternal Health Hub, yet there is still so much more to accomplish in this space. We are currently discussing continuing this work with the Commonwealth Fund. As we plan for the MHH's future work, we ask for your input on what would be most useful to you moving forward.

Please share your feedback through this survey by 2/24/23:
<https://www.surveymonkey.com/r/7NDZ6LX>

Thanks to all who have already filled out the survey!

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