

Appendix III: Summary of Board Presentations

The Mohawk Valley Perinatal Network presented an overview of this report at two meetings: The Mohawk Valley Perinatal Network Annual Meeting on November 20, 2008 and the Herkimer County Healthnet Full Board Meeting on January 13, 2009. At each, an introduction by Diana Haldenwang, Executive Director, Mohawk Valley Perinatal Network and a presentation by the Potsdam Institute for Applied Research (PIAR) was followed by a question and answer period.

Audience concerns, comments and suggestions are summarized below for each meeting. Both groups discussed the current economic crisis and its impact on healthcare clients and providers; the challenge of engaging educators and medical professionals in discussions of, and/or research into, broad healthcare issues; and the problem of lowbirth weight.

Another question raised in both groups was whether births outside the county were included in the data. The facility of birth (PFI) does report on county of residence: for this report period, 35 PFIs reported Herkimer and/or Oneida County births. While the majority of births took place at Faxton-St. Lukes, the PFIs include facilities from Albany, Syracuse, Buffalo, Massena, the Catskills, the Hudson Valley and the Adirondacks.

Mohawk Valley Perinatal Network Annual Meeting November 20, 2008

Outreach

The Economic Crisis

Getting the word out about services is an ongoing part of MVPN activities. The present economic crisis brings a new client base that will require a new approach to outreach. The rise in unemployment among people who have previously been living in more secure circumstances will mean that a number of individuals and families will be moving to lower income levels. One of many related concerns is that as a result insurance coverage may be given up in favor of food and housing. Whatever the combination of factors, for many of these people their stressful circumstances will include a shift from relative self reliance for nutrition and health care to a need for support from publicly funded services. This new group of potential clients may be particularly unaware of services and how to access them. Healthcare providers will have to consider ways to reach this group; one suggestion was to consider food banks as resource for outreach.

Women of Color

Women of color are significantly less likely to receive early prenatal care than white women in both Herkimer and Oneida counties (*see* page 30, Table 33). The need to better understand the barriers to providing services for this group was discussed, as was the role of cultural attitudes in decisions to seek services. Suggestions included asking providers and consumers what practices worked to encourage women of color to seek and continue services. It was pointed out that education is key for the refugee population and that they are very willing to learn.

Adolescents

In both counties, 15-19 year olds lag behind other age groups in early prenatal care. A difference between city and suburban/rural teens in what constitutes effective outreach was addressed. A suggestion was made that focus groups were appropriate/effective at city high schools while in suburban/rural districts information about the availability of community services was more appropriate and effective.

There was a question about the lack of data in the report for mothers under 15 years of age (*see* page 25, Table 25). Providers reported that they do have clients under 15 years old. The percent of births to those under 15 years old has ranged between 0% and .3% for both counties between 1999 and 2007 (*see* page 24, Table 24).

These figures indicate that in 2003, for example, there were 5 births to mothers under 15 years old in the two counties.

Transportation

The degree of availability of public transportation and ways to alleviate the transportation problem were discussed. Herkimer has only one bus that runs through the rural areas; it runs North/South. While city buses in the counties may be “good,” relatively clean and available, they are not family friendly. In rural areas, accessing public transportation is impossible; Medicare transportation is difficult. One suggestion discussed was to look to other agencies to study their methods for helping clients access transportation. WIC goes to their clients but this approach, while worth considering for other agencies, was not universally recommended. The Office of Aging was mentioned as offering a possible model.

However, this brought up the point that certain methods would require a change in the public mindset about young people’s needs and abilities. Herkimer County for example, provides suggested-donation transportation for any purpose – medical appointments, shopping, visiting – to Herkimer County senior citizens who are age 60 or older. While this kind of elderly transportation is acceptable, there is as yet not support for providing similar transportation support to the young for any purpose: in practice, even a young, nine months pregnant woman trying to get to her doctor’s appointment does not elicit the kind of public sympathy and support afforded a 61 year old trying to get to a haircut appointment.

Suggestions for the MVPN to consider

- Add a statement regarding the uninsured to the Mission Statement.
- Look for ways to join additional collaborations.
- For the next report, conduct more focus group/interviews – personal qualitative data.
For example: Why do women seek early care?

Also Discussed

The two-tiered insurance system

The later prenatal care among 20-24 year olds

Developmental Disability – the report data did not address this factor.

The possible correlation between smoking and low birth weight

Herkimer County HealthNet Full Board Meeting January 13, 2009

PCAP

There was a concern that demand may outstrip money and a discussion about agency experience with PCAP payments.

Services to Adolescents

There are two school-based health clinics – are they prepared to offer pregnancy related services to students? Community influence in determining the nature of services was discussed.

Data for those under 15 was discussed. (*see* Adolescents, page 2 of this Appendix and the information on PFIs in the introduction)

Provider Participation

For providers that do not participate in the Healthnet – there may be a disconnect that should be investigated and addressed.

Education

The circumstance of the patient who reported a better experience in PCAP services than in private insurance was discussed (*see* page 5). It is not known whether she saw the same provider for her second pregnancy. It was noted that private practice is not geared towards education. This led to the observation that if you come with questions, they will be answered – perhaps a role in preparing women to make the most of their healthcare services is to teach women to ask questions during their appointments.

The group discussed the statement by a focus group member that the reading level of educational healthcare materials was too difficult for her (*see* page 5). Approaches to health literacy were discussed and one participant reported that at one time educational VHS tapes were given to clients. This practice ending when funding ended.

Also Discussed

The possible correlation between the rise in low birthweight and the ageing population.