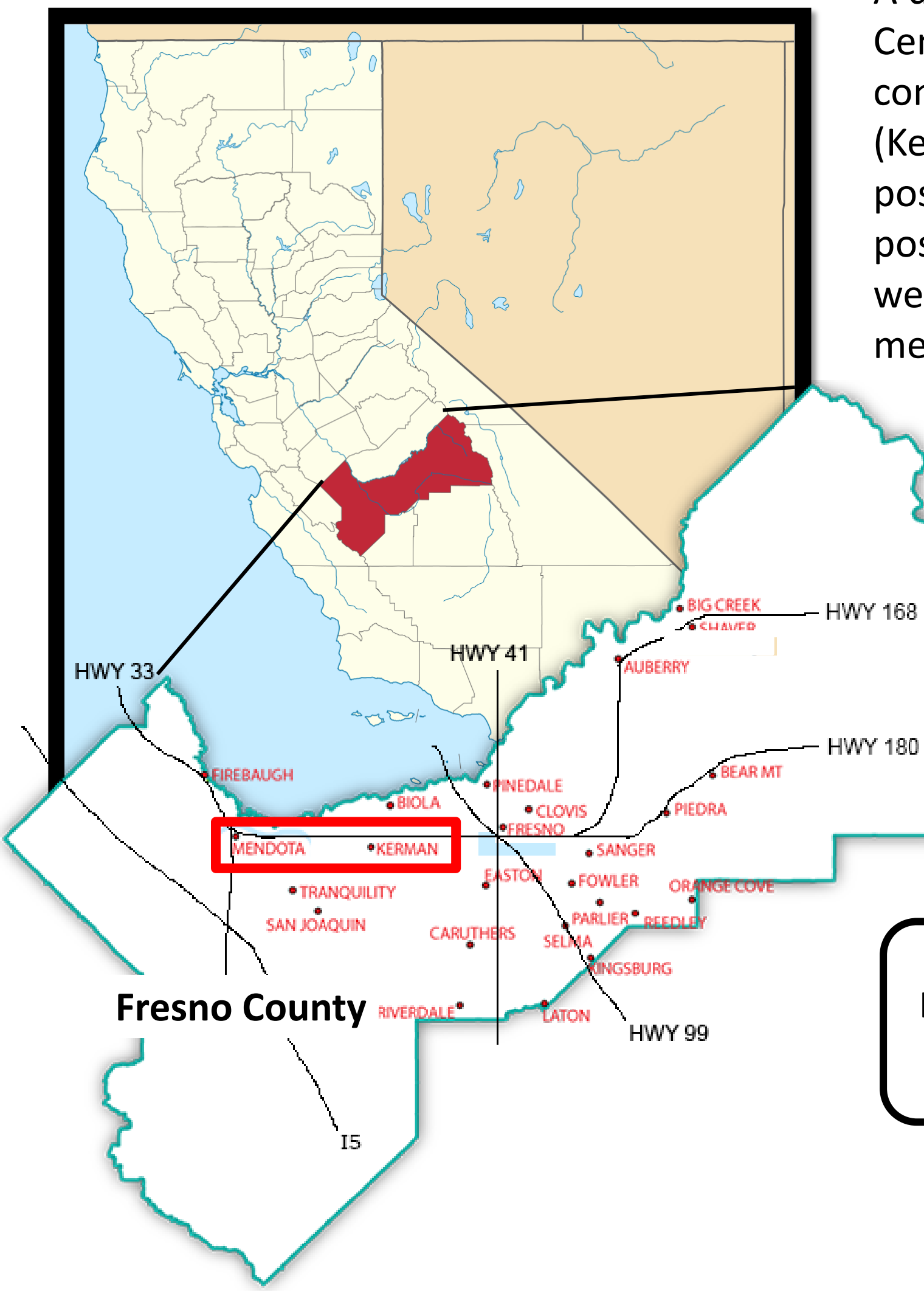


Postpartum Care Disparities Project

Improving Care for Hispanic Women in Fresno County

A disparity in postpartum care was identified between two clinics, within a large Federally Qualified Health Center (FQHC) in Fresno County, California. A high performing clinic within a similar geographic area, and comprised of similar member demographics had a successful postpartum visit completion rate of 73% (Kerman Clinic), compared to the targeted low performing clinic (Mendota Clinic) with a successful postpartum visit completion rate of 50% (p = 0.0009)*. To close the disparity gap between the clinics, the postpartum care team used a health disparity model (outlined below) to identify clinic process issues, as well as cultural and social barriers. The team then designed and implemented interventions focused on members, providers and community surrounding the underperforming clinic.

* Performance based on NCQA Reporting Year 2018 HEDIS Specifications



In the city of Mendota the population predominately identifies as Hispanic/Latino (98%).

In Mendota 87.2% of the population speaks a language other than English at home; 67% speak Spanish.

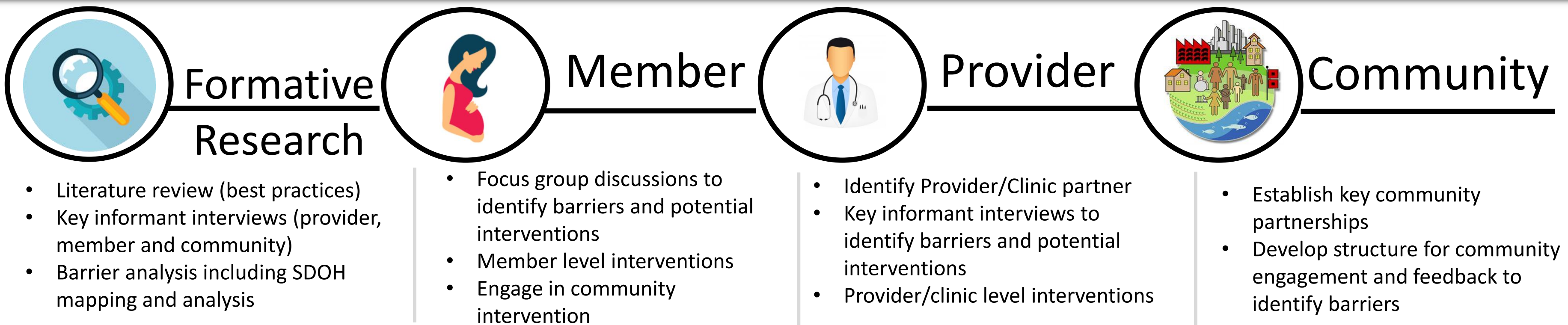
About 80% of women with a cultural heritage from Mexico and other Latin American countries observe a postpartum period called *la cuarentena*, or "quarantine".

In Mendota the primary ethnic groups are Mexican (51%) and Salvadorian (39.7%).

In the city of Kerman the population predominately identifies as Hispanic/Latino (76.1%).



Health Disparities Model



Focus Group Discussions: Most Frequently Mentioned Barriers Identified by Members

- Lack of knowledge of the importance, and timing of the postpartum visit
- Stigma of postpartum depression

Spanish and English
3 groups; n = 8

Key Informant Interviews: Most Frequently Mentioned Barriers Identified by Providers, Clinic Staff and Community Based Organizations

Population sampled:
8 CBOs;
9 clinic staff;
2 nurses;
1 doctor
n = 20

Focus Group Discussion and Key Informant Interview Data collected in November 2017.

Member Interventions Implemented Based On Focus Group Discussion and Key Informant Interview Results:

- Transportation information shared with members and clinic
- Availability of interpreter services communicated and offered to members
- Health education classes focused on member priorities

Provider Interventions Implemented Based On Focus Group Discussion and Key Informant Interview Results:

- Intervention #1:** OB Alert added to Electronic Medical Record to remind clinical staff to schedule postpartum exam between 21-56 days
- Intervention #2:** Added Cultural Practices Question to ACOG OB History Form (+ Cultural Engagement and Motivational Interviewing Training)

Community Engagement and Feedback Structure

Community Advisory Group (CAG): community partners and members that help identify and address cultural, linguistic and educational barriers inclusive of social determinants of health to support members' access to care.

The CAG identified 4 community priorities:

- Healthcare Access
- Patient Experience
- Quality of Care
- Environmental Resources*

*Parks, infrastructure (improve roads), water quality, and increase/improve adult education.

