# Addressing Cultural Considerations of Post-Partum Depression Screenings to Support Continuous Quality Improvement of MIECHV Program Haley Wood, Public Health NH-ME LEND, Institute on Disability, University of New Hampshire

#### Background

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program implements an evidence-based home visiting model, Healthy Families America (HFA), to prenatal families and those with children under the age of three. They support pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Research shows that home visiting beginning prenatally and continuing through the first few years of a child's life has a positive impact on children and families.

# **MIECHV** Continuous Quality Improvement

- Responds to population health, increases equity, and drives measurable improvements in efficiency, effectiveness, performance, accountability and outcomes
- Examines program components and processes, is data driven and is an ongoing process
- Quarterly reports are run to measure depression screenings and referrals as well as other program outcomes to monitor and assess program achievement, progress and model fidelity. The CQI Specialist reviews the reports and provides feedback upon completion of review
- Completion of maternal depression screening/referrals was identified by NH agency supervisors as one of the top five performance measures to target for improvement



How might a health equity lens be used to improve the maternal depression screening process?



## Number of Eligible Participants vs Completed **Depression Screens by Race**



# State vs National Data – Depression Screens and Referrals



## **Project Activities**

- Attended meetings (CQI webinars, HFA supervisor's meetings, oneon-ones with data specialist, program manager, home visitors)
- Review of agency/state documents (FY 2022 CQI plan, NHDHHS data portal, EPDS general guidelines from VA HFA, SMARTIE goals worksheet, reflective strategies)
- Background research (validated EPDS in other languages, HealthEquityGuide.org, interviews with supervisors, peer reviewed research articles, review of information obtained from Wisconsin and Massachusetts CQI specialist)

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# Findings

- 1. There is a lack of data on race/ethnicity due to high number of "unknowns" listed in ETO (data base).
- 2. Hispanic mothers disproportionately experience PPD (NHDHHS data portal, 2018).
- 3. Lack of follow up with referral to services after high EPDS score.
- 4. PPD = universal experience, however, cultural variations give different meanings and importance assigned to PPD by women and the larger society (sometimes there is not a word for "depression").
- 5. There is a lack of comfort/confidence completing depression screens and asking about race/ethnicity. This leads to a lack of data and is a major barrier to CQI.

## Project

- Development of depression screen flow chart with cultural considerations
- Quality improvement of project (initial draft, feedback from CQI specialist, program manager, LEND mentor, iterations, conversation with home visitors, more iterations)

#### References

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