

2014 Gage Awards

Reference #	7475637
Status	Complete
Name of hospital or health system	Maricopa Integrated Health System
Name of project	Refugee Women's Health Clinic
CEO name	Steve Purves
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
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Within which of the two categories does your application best align?	Population Health

<p>1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)</p>	<p>Since opening in 2008, the Refugee Women's Health Clinic (RWHC) has enhanced access to culturally-competent women's health services for nearly 3,500 refugee women (500 received prenatal care and delivered at Maricopa Medical Center). The clinic primarily serves refugees from three regions: Sub-Saharan Africa, Southeast Asia, and the Middle East. Major ethnic groups include Burmese, Somali, Iraqi, Burundian, and Congolese.</p> <p>As the only public safety net health system in Arizona for more than 130 years, Maricopa Integrated Health System (MIHS) has been serving predominantly low-income, cultural minority residents of Maricopa County. As the largest teaching hospital in the Valley, MIHS was concerned when US elective labor induction rates and elective cesarean delivery rates increased dramatically in the years from 1990 to 2006 (Martin, 2006). In the US, labor induction rates more than doubled, from 9.5% in 1990 to 22.5% in 2006, and the cesarean rate grew to a high of 32% (Martin, 2006 and Clark 2010). Concerned with the increasing number of preterm births in Arizona (18% increase between 1994 -2004 with 12,450 pre-term births in 2004 the US increase was 13.6%), MIHS devoted resources to bolster maternal child health and preconception care. Because of the large percentage of Hispanic and other immigrant/refugee populations, MIHS also began to focus more on health disparities. In 2008, recognizing the growing number of refugees in Maricopa County (Arizona was ranked fifth in the nation in refugee resettlement), MIHS opened a Refugee Women's Health Clinic (RWHC) to serve the reproductive needs of this growing population. Because of these focus areas, special efforts with impressive outcomes have been achieved at MIHS in the: 1) elimination of early elective delivery (EED); and 2) low cesarean delivery (CD) rates.</p>
<p>1A. Attachment, if applicable (Applicable examples include a peer reviewed journal article, other content published in the literature, or a presentation at a national meeting)</p>	<p>RWHCPresentationMaricopaIntegratedHealthSystem.pptx (2835k)</p>

<p>2. Describe the methods use in this project. Include where, why, and how the project was accomplished.</p>	<p>With a focus on health disparities, close ties to the community are maintained through the Refugee Women's Health Community Advisory Coalition, a multidisciplinary organization. In partnership with this multidisciplinary community coalition, culturally sensitive services are provided, including use of "Cultural Health Navigators" (CHNs) who represent their ethnic community and guide patients through the health system. Key program elements contributing to the success of MIHS' work with the refugee community include: 1) Two locations, including one near the refugee community; 2) Marketing and outreach: most referrals result from the clinic's collaboration with a network of volunteer refugee resettlement agencies, primary care providers in the local community, and ethnic organizations; 3) Culturally competent staff: The CHNs, as well as the program manager and medical assistant, are multilingual former refugees belonging to their own respective ethnic communities; in aggregate, they speak 13 languages fluently; 4) CHNs: Many refugees are illiterate both in English and their native language, making it hard for them to participate in their treatment (e.g., filling out forms on their health history, reading home care and medication labels). To overcome such challenges, each patient is assigned a cultural health navigator who speaks her language and hence can address her specific linguistic needs; and 5) Comprehensive, culturally sensitive services.</p>
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<p>3. Describe the results of the project. What data was used to support improvement results?</p>	<p>Between 2011 and October, 2013, 6,912 babies were delivered at Maricopa Medical Center and therefore impacted by the zero early elective delivery rate and the low cesarean delivery rates. Out of 225 deliveries in MIHS' Refugee Women's Health Clinic (RWHC) between October 2008 and October 2011, only 24 births (10.6%) occurred via cesarean delivery (CD). To compare this rate as a quality indicator, the Healthy People 2010 goals adopted the nulliparous, term, singleton, vertex (NTSV) CD rate as a quality measure. The national nulliparous, term, singleton, vertex (NTSV) cesarean delivery rate in 2007 had been 26.5% . With the Healthy People 2010 NTSV CD rate goals as a quality measure, MIHS' efforts to reduce CD rates stood out. Compared with the overall national target goal of 23.9% (US Department of Health and Human Services 2000), the rate across 40 Arizona hospitals was 22% with a range 10.3% - 34.2%. The MIHS rate was 13% and of special significance in 2010, the NTSV CD rate of the RWHC was only 3.1%. Other states serving similar refugee populations report CD rates of 33% among nulliparous refugee women (Johnson, et.al. 2005). Enhanced access to culturally competent services: Since October 2008, the RWHC treated nearly 3,500 refugee women from 38 different countries, including 500 who received prenatal care and delivered babies through the clinic or the medical center's OB/GYN department. More than 25 women underwent corrective surgery for obstetric or gynecologic complications related to female genital cutting. In the absence of this program, it is unlikely that these women would have had access to this type of culturally competent care. High patient satisfaction: In surveys and interviews, women who visit the RWHC report high levels of satisfaction with their treatment. For example, a Burmese refugee who received prenatal care and delivered a child at the clinic stated, "With the assistance of a cultural health navigator and interpreter from my own country, I was able to communicate with my providers and felt that my medical services went smoothly. The clinic made me feel at home." Another comment from refugee women included, "I like to go the clinic because they understand my problems and they speak my language". Improved ability to plan for childbirth: Surveys (conducted before and after a prenatal education class) of six pregnant women found that the session significantly enhanced their ability to plan the birth of their child. For example, before taking the class, most women did not know how to recognize the signs of labor or call for transportation after labor begins. Afterward, most said they would adjust their plans for delivery, and all indicated they were comfortable using a cell phone to arrange for transportation to the hospital.</p>
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<p>4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?</p>	<p>MIHS has been part of a broad national movement to control EED. As such, MIHS has shared successes with other health systems. The Refugee Women's Health Clinic (RWHC) has been replicated within Maricopa County. The RWHC expanded to an additional clinic, Maryvale Family Health Center, to reach more refugee women for whom transportation is a logistical barrier to accessing reproductive health care services. The RWHC has also expanded and strengthened various programs to make them more robust in ensuring that women who receive care at MIHS' RWHC are brought to MIHS to deliver their babies where trust has been established and the health care team is familiar with the care and speaks their language, facilitating patient satisfaction and quality health care towards the goal of improving refugee women's reproductive outcomes. The RWHC was selected to jointly launch the US Office of Refugee Resettlement's (ORR) first Somali Women's Reproductive Health video. The video was filmed in July 2013. March of Dimes awarded MIHS OB/GYN department a grant to provide an audio-visual Reproductive Life Plan, a culturally adapted teaching modality.</p>
<p>5. Describe how patients, families, and if appropriate, community was included in the work.</p>	<p>Close ties to the community are maintained through the Refugee Women's Health Community Advisory Coalition, a multidisciplinary organization that includes roughly 70 representatives from State and local public health and social services agencies, refugee resettlement agencies, ethnic organizations, and the business community. In partnership with this multidisciplinary community coalition, culturally sensitive services are provided, including use of "Cultural Health Navigators" (CHNs) who represent their ethnic community and guide patients through the health system.</p>
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