



Unlocking Potential: Community-Led Strategies for Prenatal Care Equity

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Our Community

- Serve Rochester, and the surrounding communities of Stewartville, Dover, Eyota, Byron, and portions of Pine Island and Chatfield
- Demographics
 - American Indian and Alaskan Native 0.5%
 - Asian 6.7%
 - Black or African American 7.9%
 - Native Hawaiian and Other Pacific Islander .1%
 - Two or More Races 2.8%
 - White 82.1%
 - Hispanic 5.6%

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The Cradle 2 Career Initiative

- 1 of 75 communities across the country
 - StriveTogether
- 1 of 9 communities across Minnesota
 - Education Partnerships Coalition
- Only initiative of this kind in our area!
- Has 5 goals
 - That every child...
 - Enters K ready to succeed.
 - Succeeds academically in and out of school.
 - Completes some form of post-secondary training or education.
 - Enters and advances in a meaningful career.
 - Contributes positively to the economy and community.



Not pictured: Morgan



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Cradle 2 Career is a community-wide initiative that works to improve educational outcomes for every child in Rochester by transforming the way partners work together.


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Learning Objectives

By the end of this presentation you will...

- Consider ways to work with community partners to address public health issues.
- Identify ways to keep those with lived experience involved in the work.
- Describe the why and how of implementing a community co-design project.




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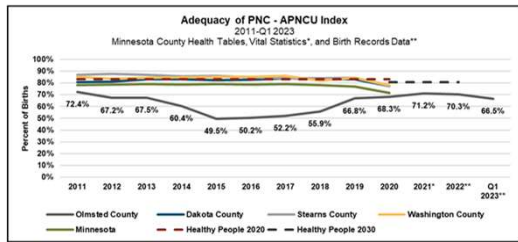
Adequate Prenatal Care

- Comprises 1) initiation and 2) number of visits
 - Start care within the first four months of pregnancy
 - Attend at least 80% of recommended visits for gestational age
- Positively impacts birth outcomes
- Part of Healthy People 2020 and 2030 goals
 - Olmsted County Public Health Services noticed gap in 2022

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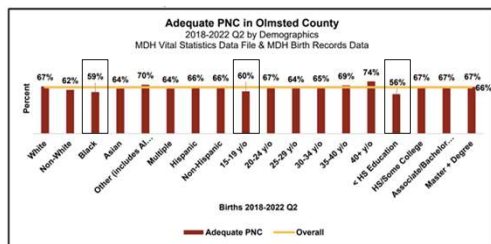
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Prenatal Care in Olmsted County and MN



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Prenatal Care Among Demographic Groups



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Partnership and Collaboration

C2C and Public Health

- Alignment of focus areas.
- Established partnership with previous C2C networks.
- Diversity of experience and thought.

Why Co-design?

- Co-design work already happening in our organizations.
- Recognition of need for more nuanced data.
- Important to understand the lived experience of community.



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What is Co-Design?

COMMUNITY CO-DESIGN COMMUNITY ENGAGEMENT

Co-Design Toolkit

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Co-Design Process

Iteration #1 Iteration #2 Iteration #3 On-going

DESIGN TEAMS
Design teams are a collection of co-designers that bring diverse points of view, experiences, expertise, and engagement efforts. Co-designers work on their shared and separate responsibilities with community members to offer deep insights and perspectives that will help inform the project outcomes.

STUDIOS
Studios are the opportunities for co-designers to come together and collectively research information, co-developing and test promising solutions and to work with decision makers and community leaders to translate community voice into action. The studios are workshops for sharing what participants have learned through the previous sprints and co-develop an approach for the next sprint.

SPRINTS
Sprints are where participants explore the questions, tasks and community input that arise during the studio. Sprints are the opportunity for co-designers to explore questions and test ideas within their trusted networks and generate insights and ideas to share at the next studio.

INDIVIDUAL SUPPORT
Design facilitators connect participants with co-designers in each iteration to offer guidance and develop customized approaches and tools that are culturally appropriate and effective at foster understanding community history, needs and values.

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STAKEHOLDER ANALYSIS

The most important part of the co-design process is identifying key stakeholders, both those who are most impacted and have the least decision-making power and those that are least impacted and have the most power or influence on the project outcomes. A Stakeholder analysis can be an effective way to bring a project team together and identify perspectives that have historically been left out of the process.

HIGHLY IMPACTED LOW ACCESS	HIGHLY IMPACTED HIGH ACCESS
LESS IMPACTED LOW ACCESS	LESS IMPACTED HIGH ACCESS

Source: groupmap.com

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Process and Timeline

- Project Team
- Codesigner job description
 - stipend
- Planning meetings
 - Planning agendas/debriefs
 - Childcare
 - Transportation
 - Food
- Actual timeline
- Funding
 - Braided funds



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Co-Designer Experience

- Community
- Conversations
- Connections
- Capturing Consensus




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Overview of Report



- What having access to prenatal care looks like in our community
- Moves past looking at **ONLY** quantitative data and highlights the voices of those most impacted
- Outlines the process used to develop overarching themes
- Details the project's findings - particularly barriers (**7 themes**) and proposed recommendations (**14**)
- Celebrates those who contributed to the success of this project


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Barriers

1. Transportation
2. Relationships
3. Education/Accessing Information
4. Emotional Support
5. Navigating Resources
6. Trauma-Informed Care
7. Culturally Informed/Responsive Care



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Recommendations

1. Free transportation	8. Simplify Language
2. Virtual Visits	9. Support groups
3. Repair relationships	10. Prenatal Care Navigator
4. Accessibility to professional support	11. Define trauma-informed care
5. Centralized resource hub	12. Change approaches to care
6. Resource info where pregnant persons are	13. Similar resources to different populations and cultures
7. Educate peers re: prenatal care and navigating preg.	14. Train ALL stakeholders on cultural humility and sensitivity

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Top Solutions & Recommendations



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Transportation
 "Transportation to and from prenatal care appointments was difficult because some of us didn't have licenses yet."

Relationships
 "There was no one I could turn to at school. No teachers or counselors, I didn't even have a social worker but I wish I did."

- Familial (parents, siblings, extended family)
- Provider-to-patient (doctor, nurse, midwife)
- Partner (girlfriend/boyfriend, spouse, baby's biological father)
- Support networks (doula, social worker, friend, teacher, faith leader, etc.)

Trauma-Informed Care
 "Providers need to pay attention to how the patient responds when completing exams that require physical touch, like pelvic exams or doing an ultrasound. This could be a sign of sexual trauma and may cause the patient to not show up for their next prenatal care appointment."

Emotional Support
 "Depression prevented me from seeking prenatal care. I was in an unsafe relationship and was controlled and isolated during pregnancy."

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Transportation

1. Offer free transportation to and from prenatal care appointments
 - a. Volunteer helpline that pregnant persons can call if they need transportation
2. Meet virtually with clients/patients for prenatal care appointments as an alternative option

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Relationships


1. Repair relationships to rebuild trust
 - a. Encourage open and honest communication between parents/caregivers and pregnant teens
 - b. Education about healthy relationships
 - i. Relationship 101 classes
 - c. Build sustainable connection and establish trust between patient/provider
 - i. Ensure the patient/client is seeing the same provider (if possible) throughout the duration of pregnancy and birthing
 - ii. Create a collaborative environment for open discussion
 - iii. Not making judgments or assumptions about patients/clients and their pregnancies

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Trauma-Informed Care

1. Collectively define trauma-informed care to avoid confusion
 - a. Utilize a collective definition when caring for patients/clients
 - i. Explain and discuss trauma-informed care with patients/clients
2. Change approaches to how care is provided
 - a. Offer virtual or phone visits as alternative options until client/patient is more comfortable to come into doctor's office
 - b. Execute home visits to provide prenatal care
 - c. Use appropriate gender-affirming language when providing care for patients/clients
 - i. LGBTQIA+ education for all stakeholders working with pregnant persons



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Emotional Support

1. Create more support groups for pregnant persons and caregivers
 - a. Peer and generation (all ages) groups
 - b. Promote and share existing emotional support resources within the community
 - i. Mindfulness in Pregnancy Program
 - Crash course for those who cannot commit to a significant amount of time
 - ii. Mindfulness in parenting
 - Discuss what parents need before being able to support/raise children
 - Expand free parenting classes to be more accessible to people of all ages
 - iii. Rochester Moms Group (Facebook/Meta) pregnancies




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Share your thoughts!

1. What surprised you? How does this information make you feel?
2. What stood out to you the most? What resonated with you?
3. How could you use this process (or a piece of this process) in your community?




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Next Steps

- Continuing to **convene** stakeholders monthly with work happening in between convenings
 - Deciding on which ideas to implement
 - Next meeting:** December 3rd, 2024
- Inviting** all stakeholders, especially the most impacted, to take part in addressing set of 14 recommendations
- Sharing** our work
 - Olmsted County Public Health Services Advisory Board - October 3rd, 2024 ✓
 - C2C Education Summit - October 9th, 2024 ✓
 - Mayo Clinic Pediatric Grand Rounds - October 25th, 2024 ✓
 - Minnesota Partners in Public Health Conference - November 14th, 2024
 - Community Health Assessment Planning Partnership Presentation - December 12th, 2024



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Do you know of any opportunities where we can share this work? If so, please contact:

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Questions?



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