

Background

Maternal and Infant Health in the United States

- Measures of maternal mortality, infant mortality, and other perinatal complications are critical to consider in assessing maternal and infant health.¹
 - Rates of infant mortality and preterm birth have recently decreased.²
 - 23.8 maternal deaths per 100,000 live births in 2020.³
 - Significant racial and ethnic disparities in maternal and infant health remain.⁴

Maternal and Infant Health in Connecticut

- Overall rates of preterm birth, low birthweight, and infant and maternal mortality are lower than or similar to national rates.²
- Major reproductive health disparities persist at the state level, especially affecting Connecticut's Hispanic residents, comprising 16.9% of the state's population and 44.3% of Hartford's population.^{5,6}
- Among the state's Hispanic community:
 - Perinatal deaths are among the top five causes of death.⁷
 - Rates of preterm birth and low birthweight are higher than those of non-Hispanic white women.²
 - Hispanic infants were 1.5 times more likely to die than non-Hispanic white infants in Connecticut.²
 - Higher rates of financial strain, food insecurity, low educational attainment, and lack of access to transportation, all of which are social determinants of health (SDH) associated with poor health outcomes.^{7,8}

Comadrona Program at the Hispanic Health Council

- Community-based and evidence-driven programs are essential to reducing the poor birth outcomes experienced by vulnerable populations in Connecticut.
- Comadrona aims to provide women and children of Hartford and surrounding towns with culturally and linguistically-competent case management, health education, social support and advocacy.⁹
- An important tool used by the Comadrona Program Community Health Workers (CHWs) is a psychosocial assessment tool used during program intake visits.
- The psychosocial assessment has not been systematically updated since 2003, calling for a closer look at the program's current tool and screening processes as complements to clinical care.



Objective and Methods

- This study aims to develop and pilot test an evidence-based psychosocial assessment tool to enhance the capacity of a CHW women and children's health program to address SDH.
- A qualitative, semi-structured interview approach was used to assess the perspectives and experiences of past and present program staff, the program supervisor, and the organization's Chief Program Officer (CPO) regarding the use of a psychosocial assessment tool for care plan development and service provision.
- Major themes and unique perspectives of interview transcripts were identified in an iterative manner.
- Approval to conduct this research was obtained from the Hispanic Health Council, Inc. Institutional Review Board prior to project initiation.

Next Steps

- The updated psychosocial assessment tool has been used in Comadrona Program intake visits for the last 6 months.
- Steps have been taken to document staff's satisfaction using the updated psychosocial assessment tool to determine if additional modifications need to be made
- Make final modifications.
- Develop final report that includes rationale for changes made to the assessment tool and recommendations for agency-wide documentation of SDH assessment data from program participants.

Major Themes

Depth of information collected

"It does get a huge wealth of information."

"Es muy repetitiva, se repite mucho la información." → "It is very repetitive, the information repeats a lot."

"But I think it should be bundled up in different sections."

"I would restructure this."

"This intake has so many details."

Length of assessment

"Yes, another thing that for me is very important is lead. The lead levels in Hartford are high. For me, this is very important because we have participants from other countries and usually this problem comes with immigrants."

"I always ask open questions to understand their reality more and what they are expecting of us and the program. I could give them my advice on what they need, but usually I ask them what they need and what their goals are and then I work on that."

"I personally think that it's too long. We all need that information, but we don't need 20 to 30 pages with questions on both sides."

Organization/design of assessment

- Need for electronic-based tool

Specific changes/additions

- Rework demographic questions (i.e., race, gender)
 - Vaping/nicotine replacement
 - Intimate partner violence
 - Lead exposure
 - Assess disability in children
- More information about undocumented participants
 - Chronic conditions

"Everybody's got a story, and it's always a different story. You have to focus on individuals."

"Necesitamos tener en esa forma información o preguntas que nos ayuden a conocer si hay algún niño con necesidades especiales, algún niño con discapacidad y cómo podemos ayudar." → "On this form we need information or questions that help us identify if there is a child with special needs, a child with a disability, and how we can help."

"En este momento, Comadrona está haciendo todo por escrito en papel. No tiene un sistema electrónico." → "Right now, Comadrona is doing everything in writing on paper. It does not have an electronic system."

Connection with participant

1. Reproductive Health: Maternal and Infant Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/index.html>. 2. Maternal, Infant, and Child Health. Connecticut State Department of Public Health. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/HCT2025/SHA-Chapters/3_MICH-chapter_CT_SHA_Report_Final060520-3.pdf. 3. Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: <https://dx.doi.org/10.15620/cdc.113967>. 4. Maternal, Infant, and Child Health. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>. 5. 2019 American Community Survey 5-year Estimates for Connecticut, Table DP05: ACS DEMOGRAPHIC AND HOUSING ESTIMATES. U.S. Census Bureau. <https://data.census.gov/cedsci/table?q=ACSDP5Y2019.DP05%20Hartford%20city%20Connecticut&g=1600000US0937000&tid=ACSDP5Y2019.DP05&hidePreview=true>. 6. QuickFacts Connecticut. U.S. Census Bureau. <https://www.census.gov/quickfacts/fact/table/CT/PST045219>. 7. Describing Connecticut. Connecticut State Department of Public Health. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/HCT2025/SHA-Chapters/2_Describing-CT_CT_SHA_Report_Final060520-2.pdf. 8. Artiga S, Hinton E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. <http://files.kff.org/attachment/issue-brief-beyond-health-care>. Updated May 2018. 9. Women & Children's Health Programs & Services. Hispanic Health Council. <https://www.hispanichealthcouncil.org/index.php/hhc-units/women-children-s-health-unit>.