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Megan: Hello, everyone, and welcome to this "Ask the Expert Webinar: Improving Behavioral Health Equity for Pregnant Women, Mothers, and Their Babies." I'm Megan Hiltner. I'm with Healthy Start EPIC Center. We have approximately 90 minutes set aside or this webinar. Usually for our "Ask the Expert Webinars," we reserve 60 minutes. However, with this important topic and all of the interactions that our presenters have woven into their presentation, we're allotting an additional 30 minutes. So I wanted to let you know that ahead of time.

I also wanted to let you know ahead of time that the webinar is being recorded. The recording along with the transcript and the slides will be posted to the EPIC Center's website following this webinar. That's healthystartepic.org. We'll also post the resources that our presenters have shared in preparation for this webinar on that web page as well. We want your participation during the webinar, so at any point, if you have questions, or comments that you'd like to share, please chat them into the chat box at the lower left corner of your screen. We're only gonna be taking questions through the chat box today. So please keep that in mind.

And also we want your feedback. So following this webinar, if you'll take a moment to complete the survey that will pop up on your screen following the event, we'd greatly appreciate it. We really do appreciate hearing from you. And I did wanna share one other thing, through our Healthy Start EPIC Center, we have an initiative called the AStEPP Initiative, that acronym stands for Alcohol and Substance-Exposed Pregnancy Prevention Initiative. And through that AStEPP initiative, we've rolled out a series of resources that I just wanted to highlight to you and put a plug in for right at the start of the webinar. We have a community training that's focused on digital storytelling that we have one spot available. And you can go to our EPIC Center website and you can read more about that training offering. And if you'd like to host that training, we have one spot left. So I would encourage you to do that, that's at the EPIC Center's website.

We also have a series of staff meeting packages, and those packages are developed for you all to support you in convening a staff meeting on a specific topic. It includes talking points, and slides, and resources. The staff meeting package that we have are on preconception and inner conception. And then we also have a series of videos that we would encourage you to use and show to your stakeholders. Those videos include topics on the importance of trust. And then there's another video on the social determinants of substance use. Those are just a couple of resources I wanted to highlight to you. And all of the past webinars that we've done, we have captured those slides, and those transcripts and those are available to you as well.

So with that intro, I hope you all have had a chance to respond to the poll that's up on your screen. Our presenters though, you do register and you put in your information, they really do want to tailor their message to who's on the call today. And so it does look like that, the majority of the folks on today's webinar are sort of in the other Healthy Start staff category, and some other in the other category. But we have kind of a variety of folks here on the webinar. So we thank you for responding to that poll that will support our presenters as they prepare their talking points, or prepare their remarks.

So here's how we structured our webinar for today. First, you're gonna hear some welcoming remarks from Dawn Levinson. She's the Behavioral Health Advisor to the Division of Healthy Start and Perinatal Services. And then you're gonna hear from the folks at Change Matrix. Then we're gonna open it up for some questions and answers and discussion.

And so before I turn it over to Dawn, for her welcoming opening remarks, we did wanna ask you these are pre-query. Again, this is going to help inform our presenter's remarks today. So if you'll take a moment and respond to this poll. So what is your understanding of behavioral health equity? Do you feel like... if you respond to one of the radio buttons here. Either I don't really know much about it. I've heard of it but only know a little. I know something about it and or have participated in training or other learning about it, I know what it is and I'm very comfortable with the topic, or I'm not sure. Just take a second here and respond to the poll.

I see folks are weighing in. Okay, and it looks like the majority of folks are falling in the middle here with almost 35% of folks saying that they know something about it and or have participated in training, or other learning about it. And other folks are kind of hovering. So thank you again for responding to that pre-query. So with that, I'd love to introduce Dawn Levinson with the Division of Healthy Start and Perinatal Services for her opening remarks. Dawn, over to you.

Dawn: Thank you, Megan. Thank you. Good afternoon, everybody. This is Dawn Levinson, I'm the Behavioral Health Lead in HRSA's Maternal and Child Health Bureau in the Division of Healthy Start and Perinatal Services. I am very pleased to welcome you today to an excellent webinar. It's designed to be a little more interactive than a traditional webinar, kind of like a virtual workshop where you can chat in your ideas and dialogue with our experts throughout rather than just listening to the presentation. And good thing, because this topic really calls for some introspection. It's an opportunity to think about yourself, your culture, your background, and that of the populations you serve.

So here are the objectives for today's webinar, to identify behavioral health issues, challenges, and differences in pregnant women and families in diverse communities, to discuss the impact of behavioral health issues on prenatal care and birth outcomes, to identify and build on healthy starts role in improving the behavioral health of pregnant women and families, including screening and referral. And finally, to take action in your work with families and the communities in which they live, that is culturally and linguistically responsive to addressing their behavioral health issues and challenges.

So without further ado, I'd like to turn it over to today's presenters from the Change Matrix, Doctors Suganya Sockalingam and Rachele Espiritu who will be introducing themselves to you. Thank you.

Suganya: Thank you, Dawn, and good afternoon to everyone. Since I'm on Las Vegas time, I'm assuming everyone is a little ahead of me unless there's someone in Alaska or in Hawaii, but good day. My name is Suganya Sockalingam and I'm a partner with Rachele and another colleague Elizabeth Waetzig at Change Matrix. Change Matrix is a woman-owned, minority-owned small, disadvantaged business that works to motivate, manage, and measure change to support systems that improves lives.

We use community-driven approaches to meet the needs of the organization of systems and communities. We believe that everyone has a voice and value in a community, and that drives our processes. My focus includes health equity and disparity, conflict resonance services, cross-cultural communication, conflict management, and leadership solutions. I've worked with and consulted with public health and mental health organizations across the country, and I have worked at the national, state and local level.

Currently, I consult with agencies that are developing their leadership capacity to address workforce diversity and inclusion issues that are trying to institutionalize the provision of culturally resonant and trauma-informed care, and to address health equity and disparities. And it's truly a pleasure to be here today with all of you. And I'm now going to turn it over to Rachele Espiritu to share a little bit about herself.

Rachele: Thanks Suganya. Hi everyone. My name is Rachele, and my background is in clinical psychology. And I do a lot work like Suganya in the areas of health equity and disparity, and cultural and linguistic competence, and culturally responsive and equitable evaluation. As a founder at Change Matrix, I love partnering with communities and groups with a special emphasis on

underserved populations. And really to help build capacity and be a partner and how everyone else is improving the lives of children, youth, and families.

So it's exciting work. I personally was born in the Philippines and came to the States when I was a toddler. It's been kind of my personal vision to do work with underserved populations ever since I've been in grad school. And so certainly excited to be with everyone today. I also have two kids who are 14 and 16 years old now. And so I think as we were preparing for this, I was just kind of remembering when my oldest son was super young and we were the beneficiaries of early intervention services for him. And so just appreciate all the work that you all are doing and excited to be on this webinar with you.

So with that, we're gonna go ahead and get started. So I'm going to swing forward the slide to our agenda for today. So on today's call, as Dawn mentioned, we're gonna be exploring quite a few topics. And we really do encourage you to be interactive with us and to share your thoughts and ideas through the chat box with your questions. So today, we always like to start off with the question of why, like, why should we even be talking about behavioral health? How does this impact or intersect with your work? So we'll start off with that, and then we'll move into what is behavioral health equity? What does that mean? And so for some of you on the call, looks like this is going to be new information for you, and that's great. And for others who know a bit, we hope that we maybe provide a different way of thinking about it, or create another kind of aha moment for you. And then finally, we'll look at some strategies that support the integration of behavioral health equity into Healthy Start. And we wanna explore ways that you can address and support behavioral health equity in your work.

So given the goals of Healthy Start, Healthy Start really has a great opportunity to be thinking about and addressing behavioral health equity, and helping women to get access to preventative efforts, and especially treatment that is culturally and linguistically appropriate. And in particular, to help address maternal depression from the beginning, during pregnancy, and especially after. And also to address substance use and abuse, which we know affects women themselves and their babies.

And so these are gonna be our learning objectives for today's webinar. We hope that after our discussion, you'll have that better understanding of the why. Why behavioral health and why behavioral health equity are so important to understand and to address. We will also share and encourage you to share what you're seeing in your work out in the field. We know that many women that you're working with are experiencing depression and extreme stress. They're

using alcohol and drugs. And we know that the babies are feeling the effects of those problems and challenges. And so what can we do.

We know that you also want help. So we're gonna take some time to highlight the available services and programs that you could be able to access. So that you focus on prenatal care and newborn care and expand that to the whole person as well. And finally, we've also learned that there's no one size fits all to any kind of approach when working with communities regardless of their backgrounds. We know that everyone has different needs, whether you're from a tribal community, or living in a rural area, or identify as LGBTQ, or speak another language other than English. So we want to be sensitive to those different needs. And hopefully will be incorporated that, and if you have any questions specifically feel free to send those to us at any point during this webinar.

So we're gonna start off with some of that sharing. First, we wanted to ask you what is something that excites or energizes you that is related to your work with women and families in Healthy Start. And so we're gonna ask you to write us a short response in the chat section if you could. And this could be something that is maybe specific to something that you accomplished with a client, or maybe something about your own personal development that you've experienced through your Healthy Start work. We'll just wait a second for folks to respond. And I think when you send the...

Suganya: And just so that...

Rachele: Go ahead, Suganya.

Suganya: No, I was just going to say there's no right or wrong answer to this. It's just what you are experiencing as you do this work with women and families. So don't be shy.

Rachele: Yeah, thank you. And if you feel more comfortable sending it just to the presenters, or if you feel comfortable sending it to the whole group, whatever works for you, is great. So we're starting to get some responses. So thank you very much folks for sharing. So some of the things we're seeing are that one person shared that the empowerment and the support of self-efficacy is something that excites you. Working with women and treatment and community areas, seeing the baby grow. I don't know how none of us could be excited about that. Somebody shared when a client lets me know something she practiced with their child that actually worked, that is awesome. There's nothing better than seeing the impact of your work. Getting a smile on children's faces, clients achieving their goals.

Suganya: I'm so excited someone said being the change agent that families need. And if you know by the title of our very company, change is what we're all about, and being a change agent is so exciting.

Rachele: Yeah. So some comments around policy advocacy and bringing, bringing that change through a collective impact process. Great. Thank you. Thank you so much for sharing. It's always great to hear from folks about what brings you joy, what excites you in this work. And we know that sometimes that can be very hard, and so it's always nice to celebrate that aspect of our work. So thank you. I'm gonna ahead and pass it over to you Suganya now to lead us through the question of the why.

Suganya: Yeah. You know, and Rachele mentioned earlier that we always like to start with the why. I think the reason behind that being is if we have a clear sense of the why, then it arouses our passion and our commitment to the work. And then it helps us to get to the how do we need to do this, and what do we specifically need to do? And so the question before us right now is why behavioral health? And in order to do that we sort of have to understand what it means to us in terms of a full [inaudible 00:16:42].

And that is one of the things we know is that people who are struggling with behavioral health issues often find it difficult to just deal with the daily needs of life, and the daily health needs for themselves and their family. In fact, as early as 1954, a Dr. Chisholm from the World Health Organization said that, "Without mental health, that is no true physical health." And then that sort of carried forward in 1999, when then Surgeon General Dr. Stacha [SP], extended the sense and importance of BH. In the early days they called it mental health, but now we think of it as behavioral health as well. When he said, "Mental health is indispensable to personal well being and to leading a balanced and productive life."

So what we do know is that this has been around for a while, a need to understand behavioral health. And in fact, it was as early as 500 BC when the Greek philosopher wrote "Sound mind, sound body," and that I think we've all heard. So this interconnection between the physical aspects of our health, and the mental and emotional and behavioral health is important, which is why we wanna think about behavioral health as we think about Healthy Start.

So in the slide where we talk about what is behavioral health. One of the things I wanted to share is this notion that we do use these terms interchangeably. When we say behavioral health, we also mean mental health. And we've extended it further to now looking at both mental health and substance use

issues. And so the way we describe it now is the connection between the behavioral health aspects of ourselves, and our mental well being, and the health of our mind and spirit. It includes not only ways of promoting our well being, but of preventing illness, of treating illness, and also recovery or reclaiming. So it's something for us to think about this connection between substance use and mental health.

In the next slide, what we wanna do is talk a little bit more about what does that mean for us during this particular period, during the perinatal period when you in Healthy Start are trying to address the needs of the pregnant woman, and then during the postnatal period as well. What we do know is from the baby's perspective, the perinatal health it is a time of great vulnerability for the baby's brain, and the possibility of long-lasting profound deficit if something challenges the health of the baby.

We also know from the mother's perspective, that this is the period of potential morbidity and mortality that can occur due to hemorrhaging to infections, high blood pressure, and other complications. So the perinatal period is a very vulnerable period, both for mother and child. And when you have something that exacerbates this situation, this vulnerable situation, it just makes it much, much more challenging health wise. And that exacerbating factor, in this case, is mental challenges that the mother might be facing, and the substance use challenges that the mother might be experiencing, which then sort of goes down and impacts the child as well.

So let's first talk about substance use issues. In this instance, what we're talking about is alcohol, tobacco, marijuana and other illicit drugs. And now opioids, which is due to highly addictive prescription pain relievers that people are now... you know, the higher use of it. Use some substances can increase the risk of miscarriage, and can cause migraines, seizures, high blood pressure in the mother, and this can then affect her fetus. In addition, the risk of stillbirth is high, two to three times higher.

Unfortunately, the number of women who are now using opioid, and where there is now disorder with delivery, and with the labor has almost increased fourfold. And also we see the patterns sort of increasing in rural areas. So these are some of the things that the pregnant woman is experiencing. The effect on the babies, they're born with what we call neonatal abstinence syndrome. It is a sort of a drug withdrawal syndrome that these babies experience shortly after birth. It can be detected at birth or even days later after the mother comes home from the hospital.

In addition to those symptoms, there's seizures, vomiting, and diarrhea. And in a longer term case, case, it can even lead to sudden infant death syndrome, low birth rates defects, etc. Something for us to remember, because of the opioid crisis I think sometimes there's a tendency to sort of look into that and not pay attention to the past. And what we know is alcohol during pregnancy is a leading cause for developmental disabilities and birth defects in the U.S. Additionally, smoking can increase the number of deaths, as we've noted in the last 10, 15 years. So these are some of the impacts of substance use.

What are the mental health challenges? Women are more likely to develop depression and anxiety during those first years after pregnancy. Up to one in seven women experience postpartum depression. And postpartum depression sometimes is the catch-all phrase for perinatal mental health disorders, which can include depression, anxiety, panic disorder, postpartum, post-traumatic stress syndrome, and even postpartum psychosis. So why? What is the possible reasons? One of the things we know that the perinatal period can sort of exacerbate the preexisting mental health conditions. So that's one reason why we see it during this period. Another is the impact of hormonal changes in the woman that can exacerbate existing conditions, or can create some of these conditions.

What we do know is that, unfortunately, 40% of the women who are experiencing these kinds of challenges don't seek care. And another thing to remember when we think about this perinatal period is the fathers who are with women who are suffering through postpartum depression are also impacted by these mood disorders. So that's something for us to consider, as we think holistically, and as we think of the family. What do we know about the effects on children? The perinatal mood and anxiety disorders which greatly compromises parenting has also a direct effect on children. They are more withdrawn, they have more attachment issues, withdrawal issues, extended sadness. And as they grow older, in defiance, in aggression, in impulse behavior. So there are a lot of things that happen to the child as a consequence of this.

It is definitely higher. These issues are definitely... the prevalence is higher with kids who are living in high-risk environments. It's really important for us to keep that in mind which we will be talking about a little later. So what we do know then is women with substance use disorders also might have a history of trauma and other co-occurring mental health disorders. So these things can be sort of intertwined, which isn't always easy to tell what leads to what. But we know that women who are traumatized might be, you know, taking alcohol, or taking other substance use to sort of deal with the trauma. And likewise, either they might be also having mental health challenges due to the trauma that may

be causing the sort of co-occurring situation. So let me turn this to Rachele who's gonna continue to talk about this a little bit more.

Rachele: Thanks Suganya. So this slide is really to highlight that there are some differences that we often see in maternal and infant health across racial and ethnic communities. Such as Latina, African American, tribal communities to a wide range of issues. So on this slide, you'll see that the proportion of preterm live birth delivered to Black or African American, non-Hispanic mothers was 16.5% in 2012, which is one and a half times the rate experienced by white or Asian-American, Pacific Islander mothers.

And what we do know is that racial and ethnic minority women, particularly African-American, and Hispanic Latino women continue to experience worse health outcomes as compared to non-Hispanic Latino women. And these issues that the communities experience more broadly beyond health happen in everyday life, work, school, and community. And so these are groups of racial and ethnic minorities are experiencing more deaths and more disease in general.

Now, as we think about women in the prenatal period, they don't always think about that period as a period of illness, right. It's often seen as a natural part of pregnancy, and so many women will tend to go to their natural helpers, their parents, or to priests, or friends, rather than seek help, but maybe for more formal settings. But as you can see on the slide, this can be different across different groups. So you'll see that perinatal depression is higher among African American women, Black and Asian Pacific Islanders are more at risk, for prenatal depression as compared to non-Hispanic White women. And there are also other groups that are impacted by then, the barriers to care which can be both structural and cultural. But it starts to make you think about, well if perinatal depression is higher amongst African-American women, and we know this, then what can we do? What are some resources that are culturally competent for this group of women? And so we'll talk about that a little bit more.

Now during that postpartum period, we know for those of you who have kids or helping to raise kids. This period is a period of great stress for families, especially for new families. Having a new baby, the economic changes, the shifts of the mom's body, the lack of sleep, all of these things create stress for folks. And what we do know also is that during this period, there are some differences in how groups experience this. So we see... and this is at its highest among American Indian or Alaska Native women. It was highest amongst women who are 19 years or younger actually, in this group. Women of color experience postpartum depression at double the rate of the general population. And disproportionately women of color are not screened for postpartum

depression. And up to 60% of women of color do not receive any services. So those are some really striking statistics to be considering as you work with your populations of focus. We also...

Suganya: So we're gonna take a few seconds… Go ahead.

Rachele: Oh, go ahead, Suganya.

Suganya: No, I was just gonna say we have another poll here. And if people could take a few minutes to respond, we can then look at what are some of the things that you are seeing out in your communities.
Rachele: And I don't know if this apply to all.

Dawn: Because some of the... there's abbreviation there for a few of them. And I just... because of the limitations with the text that we could include in the poll, I thought I could read them real quick. That way folks know what some of the acronyms are. So it's alcohol, opioids, methamphetamine, marijuana, or other drugs, depression, anxiety, postpartum psychosis, reoccurrence of previous mental illness, psychosis bipolar, schizophrenia and babies born to mothers with substance use disorder or other.

Rachele: And is this... they can check all that apply kind of poll is it is only one?

Dawn: It is you can check all that apply.

Rachele: Perfect.

Suganya: Oh, that's great because we know that things can happen, you know, as co-occurring issues, so it sounds like we're seeing something like that here just in the pattern of responses.

Megan: And just to note is if you're seeing other behavioral health challenges or problems arising with your population of focus, feel free to put that into the chat box as well. Great. So it looks like the results are posted up here with nearly everyone who responded indicating that many of you are seeing depression in their clientele. And over three-fourths with marijuana or other drug use, and similarly, anxiety is a tough one as well there. Also, see that someone typed in homelessness as a challenge in your population. And over half was an alcohol challenge.

Rachele: Okay, well thank you very much for sharing that information with us, and Suganya, we're gonna move on to... we're actually doing really well for

time. So if anyone has any questions at this point like let us know, because I know Suganya has shared a ton of information with you about kind of behavioral health, and then I shared more about behavioral health equity, and obviously we only have 90 minutes to cover all this. So it is tight, but if you do have questions along the way, feel free to let us know. And I also just wanted to give a shout out to our colleague Naomi Ortega Tein who helped us gather so much of this information. So we do have a lot of resources for you as well, moving forward. So I'll pass it back over to use you, Suganya.

Suganya: I was gonna say the same thing. I thought we do have a little bit of time for people to ask us questions at this point before we move into behavioral health equity. And one of the things that we will do is make sure that... since I'm assuming we will save everything that comes up on the chat feature. And if there are any questions that we cannot respond to right away because we may or may not have the information or the answer to it. We'd be happy to sort of review it, get the information, and make sure that all of you have access to that information. So if we can just wait 30 seconds for people to ask the questions if need be.

Okay, so while people are thinking about a question or thinking about how they wanna ask the question, we'll sort of set this up for a conversation around behavioral health equity. So for the next few minutes, we're gonna talk about what is behavioral health equity. I think we all now have a sort of a sense that behavioral health is both mental and substance use issues. And behavioral health in itself is neither negative or positive, it is what it is, it is the health of our body. We can have poor health, or we can have good health.

But what we do know is the status of behavioral health differs from community to community. Some more healthy than others, for a lot of different reasons. So in order for us to be able to make a difference in our communities, and to ensure that everybody has positive behavioral health, we really truly have to understand what is happening. So what is equity? Why are we so concerned about behavioral health equity? One of the reasons...

Rachele: Hey, Suganya, so we have a question that came really quick just to kind of acknowledge that there was a chat question. Interested in why there's such a discrepancy in screening rates across race, and how we solve for that?

Suganya: I think part of the issue about screening has always been the processes that we use for screening, where is the screening done, and how do people get to the screening. One of the things that Rachele had mentioned earlier is when pregnancy is considered a normal bodily function that there isn't a need for people to go to a clinic, or a health center the access services during the

perinatal period. You're going to have less people from specific communities, therefore, going into a clinic.

In fact, going into a clinic is only opening yourself up for potential problems, because people go to a clinic because they're sick, and so you're exposing yourself to that illness. So often time, the screening amongst different groups of people is very different. The other thing, too, I mean... and this is a huge sort of ethical question, which I know has been explored in a lot of communities. Is you know, why screen if you cannot provide any services based on the information you receive from the screening?

And that is a sort of a challenging and ethical question. So I think in order for us to understand why the discrepancy rates are there, we first probably have to get a better understanding of the community, and the situation in which that is being experienced. I think it's Nina, isn't it? Nina, you asked a really good question. I don't think we necessarily can explore it to the depth that we have. But it is something we can actually start thinking about is how do we make screening not... sort of the process behind screening more convenient to the cultural needs of families and communities.

Rachele: And I think what I'd add to that to build on to what Suganya said is that you know, it is a limited access to health care services and a desire to access them. Sometimes it's a lack of access to a provider to look like them. And it's that unavailability of culturally, linguistically appropriate services. And then it's like knowing the right questions to ask, you know, certain groups describe depression and anxiety and others the symptoms of it in very different ways. And so it's partly about our education around like how do we better tune with how our women present, and what symptoms they might talk about. And then being able to kind of recognize that as potentially anxiety, or depression, or drug use, right, because it's gonna present in a different way. I think that there are also... I'll post a link into the chat box about from where the citation was taken, because they do offer also some additional things to be considering about how to create better access for women around screening and treatment. So thank you for the question. And I'll just [inaudible 00:38:34]. I gotta find it back to screen.

Suganya: Great. Thank you.

Rachele: I'm gonna forward.

Suganya: All right. Thank you so much. Chances are many of you have seen this slide, it's often used... I mean this photograph is often used a lot where we are trying to talk about equity. And you know, as you look at it, it's probably

something stand up for you. Many of you have probably seen the one that says equality and equity. And it's the notion that there are two different things. Because we always talked about... we often hear the concept that, oh, you know, we provide services to everybody, you know, equally. We don't discriminate between people, everyone gets the same treatment from us, which is well and good. It's a great start.

Now, the situation, unfortunately, is that not everybody is in the same place. And if you can look at the very first photograph, you can see that you have three young people here, and all three are different in one aspect that is critical in order for them to overlook the fence, and that is their height. So when there is a difference between where they're starting from and what is available to them, it really... providing equal services don't necessarily help them as one would think, which then drives us to this notion of equity. And in that, you determine what is needed for each individual that will allow them, in this instance, to see across the fence. But you can sort of translate that to receiving services or, you know, getting the services that they need. And that is equity is giving them what they need, the tools they need, and the resources they need, and the support they need. And will allow them all to be able to look out over the field and to see the game so to speak.

What has been very exciting lately is this new…this notion of completely changing the environment in which we provide services. And so you will notice in this third photograph…third picture, you see this concept all three kids…all three children having very different needs. But what has happened is that the barrier has been removed. And when the barriers have been removed, then all three are able to experience the game in the way that it is intended, the way, a game is intended. And so if you can sort of translate that into our services if we could look at our systems and our organization, and the way we provide our service, we could remove the challenges and barriers that people experience so that they're able to access services in similar ways. And so one of the things that...

And that is sort of lends itself to our next concept of behavioral health equity, which is in the next slide. And that is... you can see that it is behavioral health equity is the right to access quality health care for all populations regardless of their race, ethnicity, gender, social, economic status, sexual orientation, geographic location, and social conditions, through prevention and treatment of mental health and substance use conditions and disorders. And this comes from SAMHSA which really is, which is the Substance Abuse and Mental Health Services Administration. And it really captures the essence of what we're talking about. It is the ability to access quality healthcare as they need it, no

matter what your circumstances are. I think it's your turn, Rachele. Rachele, I think we've lost you.

Rachele: Yeah, I'm on mute. Sorry, that always happens. So in order to understand behavioral health equity, it's really important to know what some of those factors are, that could lead to inequities. And so one of the models that we like using is this CDC model that looks at a four-level socio-ecological model, that considers this complex interplay between individuals, relationships, communities, and societal factors.

So we've talked a bit about those individual levels. So it's those biological and kind of historical factors that can contribute to an individual. Things like age, and education, income, substance use history. And some of the strategies that promote strategies at this level, promote addressing attitudes, beliefs, and behaviors that prevent inequity. So things that might be like health education for parents around newborn milestones, or life skills training that can help support both babies development, as well as parents and guardians, who are raising kids.

The next level we're looking at, close relationships that can increase the risk of experience inequities. So when you think about your closest social circle of peers, or partners or friends, these are folks who are influencing behaviors and contribute to an experience of parents and their newborn. So strategies at this level could include things like parenting or family-focused prevention programs. Even mentoring programs or peer programs, you know, linking mothers and mothers together designed to help them focus on problem solving skills, and promoting those healthy relationships. Because we know that people like to go to people who are like them, often to get their information. And so how do we kind of create those opportunities for peer sharing.

The next level is around community. And this explores settings, things like daycare settings, or rec centers, or the neighborhoods in which social relationships occur. And we seek to identify characteristics of those settings that are supporting equity, right. So you might think about social and physical environment that can help to, for instance, we do social isolation, or improve economic and housing opportunities in neighborhoods, that look at food deserts.

So there's a lot of... this often might feel like it goes beyond what you can reach. And yet there are probably strategies, there are many strategies that grantees have used to think about how do you start to influence community through your population of focus. And then that last level is around the societal level. And so this is really looking at broad societal factors that create disparities and are ways to engage society in better ways around the work.

So another way to think about creating social and physical environment is to also think about how we address social determinants of health as a way to promote good health. And this is just another way for us to recognize all those different factors that impact our health. Because oftentimes, we think about it as an individual challenge. And yet, when we look more upstream to factors that contribute to our health, these are things like the environments in which people are born, where they live, where they learn, where they work, they play, how they worship. And so all these different things impact how healthy we can be. I'm sure many of you have heard about the zip code study where zip code was actually a stronger predictor of people's health than their individual risk factors. So it's just always important to have that broad context when we're thinking about behavioral health disparities. So I'm gonna go ahead and pass it over Suganya to offer another way to look at social determinants of health as well.

Suganya: I really like this particular sort of a diagram because it takes one determinant, which is the health determinants, and then really looks at it in greater detail to determine what impacts health. And when you look at it there is genes and biology, there's the physical environment, and then there is the clinical care. But we all know is critical in determining health. But they only make up about 30% of how health is impacted. The other 70% is something that we in Healthy Start can be involved with and can have some impact on. And those are health behaviors because we can model, and we can show, and we can support changes in behavior that might be needed for our mothers and for the families.

And the other part is the social and economic factors which through our organizations, through the work that we do with other community partners that we can impact it as well. And that is 70% of the health can be determined by those kinds of factors that we actually do have some influence over, which is a very positive thing for us to think about. Because what we wanna do is we wanna be able to make a difference.

In the next slide, it really looks at a way in which a community can take social determinants and inform the social determinants from their perspective. And I love this particular one because it is from tribal communities. And as you can see they've drawn the path, they show the path for creating support systems for the family in the instance of substance abuse. And as you can see in this diagram, community plays a large part of the aspect of the family.

And one of the things that Rachele shared with us in the sociological model is the individual, the relationship, the community, and the society, and you can see that framed in this slide as well, that really looks at it from multiple

perspectives. So this is a great sort of a visual for me to think about, as I'm thinking about social determinants of health.

In the next slide, one of the things I wanted to explore with you then is the next piece of this, because we said it's the individual, and we kind of have to start with where the individual is at. And who is individual, but sort of a part of their culture, and that culture is framed by their belief, their custom, their ways of thinking. It is one of the ways in which it makes us understand them because of the ways they do the things that they do.

What I'd like to do at this point is actually invite all of you to... in the chat feature, write down what you think of when you think of culture. You know, when you go and support your families, when you do this work you do, and when that concept of culture comes up, what comes up for you? I think that would be a really critical piece for you to be thinking about. So if you could add into the chat box that would be great.

I wanted to also make sure that we understand that it shapes our behavior. So knowing how culture shapes our behavior is very, very critical to us. It is shared by members of the group and it's shared over time. And therefore there are multiple layers to this concept of culture. And I'm really excited because people are talking about... from Ivy it says its traditions with family and community. Kimisha says, its the client's perspective on who they are, and how they would like to be served. Really, a very critical point because that helps them understand and it informs the way they wanna access service.

It is the influence of family and community context, absolutely. Individuals are not, you know, sort of separate from what's happening to their family and what happens in their community. Jody says belief systems, family customs, and family habit identify group norm. Oh, these are excellent, I am so glad that we will be able to record them, and will be able to share them with you. So, as you can see, culture plays such an important role in who we are.

And what is so important is in the next slide, you can see how little we truly understand about this. Because most of us think we know someone's culture because of what they look like, maybe what music they play, what foods they eat, the language that they use, and how they talk. And what we do know is those aspects of culture, those aspects of culture that is visible to us, that you and I can see and experience when we meet people for the first time, is what we call culture that is in our consciousness or in our awareness, and that's only one-tenth of culture.

What is beneath the culture, the water here in this iceberg is nine-tenths of culture. And those are the aspects of culture that often challenges as in the healthcare arena because without knowledge of that nine-tenth is sometimes very hard for us to provide culturally competent and culturally appropriate, or culturally resonant services. And I know that Rachele is going to explore that a little bit more. And so one of the things that I'm gonna do is at this point, turn it over to her.

Rachele: Thank you, and I'm off mute this time. So one of the things that we wanted to talk a little bit about is how a culture can influence our health-seeking behaviors and attitudes. And we started to get into that a little bit with the previous question about why screening had those disparities, and part of it was because of cultural beliefs. So one of the first things is that the way that we even view illness and health is impacted by culture, both for ourselves as providers, for you as providers, as well as for the patients. And so it impacts how we understand and express it, because somebody in the chat box, noted that, you know, that some folks indicate anxiety by... I can't remember what it was like, maybe it was a hard time breathing or something like that. And that might not be exactly what somebody would think, or my nerves are bad, that's what it was.

There's a great article called "Why Cambodians Never Get Depressed." And that article talks about like how Cambodians present with depression as there is no word for depression in the Cambodian community language. Their term for depression actually literally translates to the water in my heart has fallen. Haitians, sometimes when they talk about depression or anxiety, they talk about thinking too much. So many people have different terminology for the way that they talk about even behavioral health. And so that's really important for us to be considering. What's neat about that article is a psychiatrist actually talks about suggesting an antidepressant that will increase the water in the heart, so it will feel like the rice fields after a storm. And I think that's a perfect example of being culturally competent in our care, like knowing how to receive the information, and then how to give it back in a way that our client's, our participants our program participants will understand and relate to.

So the other way that culture influences our health-seeking behaviors is actually around which diseases and conditions might be stigmatized and why. And so you know, in many cultures and even mainstream, you know, depression is a common sigma, like talking about seeing a psychiatrist for depression, people might call you crazy, right. And so there are things, you know, our language is important to consider, how people... what it will mean for someone to disclose that they might have a behavioral health concern is important. And what that means in particular cultural groups differs. So, for instance, for some groups, if

a brain is damaged, they'll feel it's permanent and there's no chance for recovery. But if a heart is distressed, then emotional distress can be fixed. And so there might be more willingness for folks to talk about that.

Another impact of culture is around the interaction with health care providers. For example, in some groups, we know that not making direct eye contact is a sign of respect in many cultures. In another culture that care provider may not understand that or recognize that they might wonder if the patient is depressed because of that. So it's just important to kind of think about all the kind of nuanced behaviors and ways of being that can impact the interaction.

Also, the degree to understanding and compliance with different treatment options recommended by your provider who doesn't maybe share their cultural beliefs is important to consider. So some patients might believe that a physician who doesn't give medicine or an injection might not be taking their symptoms seriously, but it could be that they're still trying to do assessments, and need to explain that in different ways.

So, all that just say, all of these cultural influences are important for us to consider as we think about behavioral health and pregnancy. So we know that different perspectives can lead to different actions. So we wanted to take this opportunity here to ask you again through the chat box, what are some of those cultural considerations that you might be seeing or experiencing as you work with your population of focus? And it could be around any one of those considerations that I mentioned earlier? Or maybe even something else might be more related to rural issues or challenges.

But we just love to hear what kind of cultural considerations that you might be noticing, or maybe you might not have noticed, but this has raised for you. There's also a comment around considerations around maybe what it means for different groups to use birth control, or even around immunizations, what belief systems people might have around that for their babies. There are also different practices that different cultural groups have around treatments for health and healing. Mistrust of healthcare professionals, yes, and implicit bias that we bring into the room. Suganya and I do trainings and workshops on that as well, we know that that is real and important for us to be considering. Sleep practices love that, we know there are countries where parents co-sleep for years. And in our country, that's not as much of a practice, and yet we've seen some shifts in the way that's addressed. So those are conversations that need to be had. All right, great, thanks for sharing some of those vaccination and birth control seem to be big. So we will probably look into... go ahead, Suganya, you're on mute.

Suganya: I was coughing, so I was trying to reduce that sound. I was just saying, given the measles breakouts that we recently had, I think that this is going to become again a big issue for us to be talking about and addressing.

Rachele: Yeah [crosstalk 01:00:14].

Suganya: And I think.

Rachele: I was just thinking I think that I would go back to the question of why. Like I think when we as providers are working with program participants, we can notice that we come from different values continuum maybe around... let's just take vaccinations as example. And so folks are going to be on different sides of that spectrum. And so like understanding the why behind the concerns or the reasons for or not is super important to consider, so you understand perspective and can figure out ways to address that. And educate around like why certain things are necessary, and what are some of the laws or policies around that, that could impact some of those decisions.

All right thanks for sharing. So we are going back... is this back to you or is this me? Oh okay, sorry, I'm a little lost in my notes. So we put up this iceberg earlier and Suganya indicated that one tenth above the waterline are things that we're consciously aware of that we can see and know and feel. But a lot of culture is around the things that are under the iceberg that are maybe not as visible or ready to understand as quickly when you're working with a client. And so this we really wanted to share as a way to kind of just recognize that depth of when we're working with moms and other family members and community members, that we have to show that we can understand or have curiosity about the different customs or ways of approaching things. And so as you think about providing culturally and linguistically competent care, you want to know a little bit more about the cultural groups that you're likely to find in your community and learn about them.

It also means that regardless of the culture, or the cultures that a woman might identify with, there's some general things we consider and include in the work that we do to help us to relate to anyone when we're working with them, that shows that we care. So being respectful of the individual lifestyle and beliefs, inquiring about how they think about things like mental health or depression, or even how they ask for help, and who do they go to. And all of this helps to build a relationship of trust so that we can be open to learning more about them. And they can be open to learning more about services or ways of being or doing things that might be new to them as well. I'm gonna pass it back to you Suganya.

Suganya: Yeah, so how do we integrate this knowledge and this understanding of behavioral health into Healthy Start? Healthy Start is in a very unique position in that you engage more often than not with families who are at high risk for both mental health issues, and for substance use issues. Which I think are tied to a lot of other determinants that you talked about social economic status, the environment in which they live. Rachele mentioned zip code information that informs the health of a community. And so given that you... I think we within Healthy Start have an incredible opportunity to make a difference, and so how do we go about doing that?

Next slide what I'd like to do is talk about different ways in which this can occur. And this can occur at many levels. But I'm just gonna broadly put out a few things and then we can talk a little bit about them in more depth. You can definitely provide training and support related to increasing the understanding of how substance use issues can impact and why. I think as Rachele mentioned earlier, getting to the why is so helpful in us understanding. And I think when we can get to the why we sometimes leave behind the judgment of, you know, we should get left behind. Because we truly are getting to understand our families, and our communities and truly getting to understand what their needs are.

So the training can come in many ways. It can be understanding trauma, it can be understanding domestic violence that exists. It can be understanding how anxiety and depression arise in people and what we can do about it. It can also be in the ways we change the way we do our work, it can be a more reflective practice. Many of you who are in supervisory roles have heard of this news around reflective supervision. But reflective practice can be achieved at all levels of a program and we need to be thinking about that.

Thinking about... and sometimes one of the things that we really also need to think about is we may not have all of the information, Healthy Start may not have all of the information, but there might be clearly people out there who would be able to have that information. So ensuring that part of your work includes case consultation, talking about and getting to know what the challenges for families that might be important, being able to respond to make appropriate referrals.

Oftentimes, you know, the health center that you're closely aligned with may come to you with the referral of a family needing certain services. Or it might be you going out to a home visiting and recognizing that the family is in great need of services, and trying to influence and to support that referral to a health care provider. The other thing that we can do within Healthy Start is identifying who the partners are out there in our communities and be able to connect with

them and partner with them. And for us to really rethink the way we provide services, and to think of the way in which we can enhance and support and encouragement of the families.

And this providing support and encouragement is to the families, and to our home visitors. Because the one thing we are learning increasingly is that oftentimes if home visitors themselves come to this work having had some of those past experiences, they can get re-traumatized. And therefore taking care of your staff, and the well being of your staff is equally important. So these are different ways in which we're integrating behavioral health into Health Start not only at the service level but at the internal level within the organization.

In the next slide, I kind of I'm giving... there's sort of a schematic of how the integration can begin. The integration can begin with assessment, and I will throw screening into this process as well. Because when you take this particular model and use it at an individual level or a community level, or a systems level, the same schematic applies it just applies with whom. And assessment can be assessment of the services of the organization and say, you know, this is what we provide. How can we integrate behavioral health into it? At a community level, it could be who else is out there providing that sort of services that we could partner with.

At the individual family level or the individual client level, it could be how do I assess their needs? And what kinds of needs do they have? And it also looks at are tools that I'm using for the assessment appropriate. I think Rachele talked about the fact that, you know, screening tools may not always be on the basis of people's thoughts and concepts around behavioral health may be different, so the tool may not appropriately be able to do that.

Likewise, around planning, you know, as we're planning services are we taking these kinds of things into consideration? As we plan for the future in Healthy Start, are we thinking about the integration of behavioral health? If we want to integrate behavioral health, do we have the capacity within our organization to provide that? You know, what do we need to do to enhance that capacity? Do we need to find people out in the community who can support us with whom we could partner? And then in the implementation, you know how do we implement this? What do we need to do to ensure that behavioral health is integrated into all the different ways in which we provide our services?

And ultimately, do not forget that at all, it's so critical to evaluation. If you don't measure where you're going, you're not going to know where you're going. And I'm sure Rachele as our evaluator would say much more succinctly and better. But to me, it is we kind of need to know where they're going, and evaluation

helps us to get there. And what it really means also, that from the sense of our practices, our skills, our attitudes, our behaviors, all require a shift in order for us to be able to do this integration in an effective way. Next slide, please.

Rachele: Okay, thanks Suganya. So we're at that point now in our webinar that we said we'd get to is around what are some of those things that Healthy Start can do to help families achieve behavioral health equity? And you know, there are lots that we can do and hopefully, we're sharing some of those. We invite you to share some of the things that have worked well for you in whatever role you serve in Healthy Start. It's great to hear those successes because as Suganya said, you have to do this work at every single level. When we think about addressing health equity, we know that it can't fit in one space.

And so as you think about what you can do, you know, there are some kind of change management principles that we talk about often in Change Matrix. And so one is really first kind of ensuring that leadership really understands the need for integrating behavioral health into the work and helping to kind of create that sense of urgency to make that happen. We shared some data with you at the beginning around what we know from the literature around health disparities that exist in this population. You might find even more in your own communities to really help leadership and folks that you've worked with understand like, why this is supportive is so important.

The other thing is we know that you can't just do this work alone. And so really engaging a leadership group, building some a committee, or advisory group around this, that has the incentives to help identify what some of those needed changes might be, and to help create those pathways for change. And really being intentional about it. I think that we know that you know, a good idea might come up, and yet, if you don't have a plan around that, it becomes hard to implement.

So you want to make sure that you're creating plans of action that are really rooted in your current reality. And then as Suganya said, like, evaluate, evaluate, evaluate. You need to identify some short term win for you in this work, and milestones that you can celebrate that show how you're starting to integrate behavioral health into the work that you're doing. And the other thing is to recognize that you're not doing this alone. So I'm kind of reminded that developing formal MOUs with other behavioral health providers in your community, whether or not you give referrals to them is important.

Like it's an important strategy because we know that you can't do everything, right. And so having partnerships with providers that focus on behavioral health is important. Gary Brown from STEM [SP] would always say, "We need to

give mental health away," you know, we need to make sure everyone owns it. So at Healthy Start, start to own it as well, know that you're not owning it by yourself,. that there are others that are doing this work.

So in this next slide, we offer some ideas around what supervisors and administrators can do towards behavioral health equity and integration. So first, again, going back to data, it's always good to understand, you know, where your agency is in terms of the need. So we always like to start off with this kind of self-reflection, and kind of understanding what exists and what doesn't exist. So that's super important and can help drive your direction.

The other thing is really around thinking about your own workforce, if this is something that you can influence, like thinking about, like how your staff and your partners are reflecting your community demographics. Because we know that people like to go to people who look like them, understand them. And so as much as you can reflect that in your workforce, that's an important strategy. In addition to that kind of training and building the professional development of your own staff around things like a cultural competence training, understanding what behavioral health disparities exist within your own community, getting training around trauma that might be happening, and how that happens in different cultures.

Suganya even mentioned you know, just doing reflective supervision like case studies, bringing those to the group, maybe even having scripts and role-playing or, you know, curiosity that you can ask about different folks that you're serving is important. And just even asking the question because you may not have the answer somebody else might. But just taking those opportunities to put that lens of equity in the work is important. And then really thinking about how you adapt your service delivery to meet the needs of your population. There are many culturally-adapted services and programs that exist, that have been developed by community that could be something that you turn to, because often we talk about not wanting to reinvent the wheel. That there are strategies that have been adapted to work with different cultural groups as well.

And so what can you do at the staff level? At the staff level, the way that we talk about cultural competence work is usually that when you talk about this journey, it always starts with yourself first. And so doing some of that personal cultural identity work to understand your own culture, what you can do to acquire cultural knowledge about groups that are in your community. Acknowledging what some of the differences might be and doing those behaviors within the cultural competence is super important.

Look for trainings too, there's so many opportunities around training around disparities now that there are, you know, webinars that you can join, or you can talk to your administrators around how do you bring this into your own organization. But figuring out ways to do that within your own community is great. You know, we've heard from some organizations that have started book clubs around this to help just create a safe space to explore and to think about how even a book and the experiences in that book might impact your ways of being and doing around the services that you provide. And there are lots of good books to start that. Often think about the existing tools that you have within your work, how can you use those to be opportunities for learning as well.

And remember that you don't need to be in this journey alone, as we talked about earlier, we encourage you to engage with other community partners. There are many community-based organizations that are focused on behavioral health in diverse communities. The NNED is a great resource for you, the National Network to Eliminate Disparities in Behavioral Health. It has a listing of different organizations in the nation that are doing this kind of work. I just put their website into the chat box for you. So do check that out as well. And I'll turn it back over to Suganya to talk a little bit more about community engagement.

Suganya: I think one of the things that we are probably impressing upon everyone is that we cannot do this work alone. It's always good to be in partnership with a variety of people. Definitely, the partnerships that we have with families and with our mothers and fathers, and caretakers, because that's also the folks who now take care of our children are much more diverse than ever before. It is also a partnership with community and community organizations. And I mean, one of the things we know that home visiting is done through Healthy Start, but it's also done through some of the projects that we've listed here like the [inaudible 01:18:45] program which is also Maternal and Child Health Bureau project with project launch.

And so one of the things that we wanna do is be able to ensure that we're connected to all the different programs that are out there, so that we can actually create this sort of network of services that support the parent of the child and the families of children that we are trying to serve. One of the things that I know that if it is with other organizations, we create memorandums of understanding, but a lot of it is being able to be just available and to visit and to participate in ways in which the communities get together. I mean, depending are the communities there, family... church functions are there, you know, get-togethers within houses of prayer, within schools. So identifying those places

and being out there and sharing information with folks around what it is that we do, and the services that we provide are very, very critical.

In the next slide, I just wanted to share with you a few things that are also available to you. That is a lot... again, as Rachele said, there is a lot of information out there, and we have access to many of them. She's mentioned the NNED, there are also SAMHSA has a website that has a lot of tips on providing care. One of the things that we agreed to do as part of this conversation with you is offer... we gave you some pre-webinar resources. We are also going to give you resources as follow up to this webinar.

So if you wanna take a couple of minutes now to add in the chat feature, the kinds of resources you might find useful, we will make sure that we pull those resources together and make them available for you. I'm assuming Megan that we'll be able to sort of copy the notes from the chat feature and be able to access that information. And therefore we will make a listing of some of the resources that you're requesting and ensure that we can provide them.

Megan: For sure, we can definitely do that for sure.

Suganya: Okay, great. Great. So I think our time is up. We wanted to take a few minutes. The next slide is questions and what's next? And so we invite you to ask your questions at this point. And I just wanted to say that, you know, Rachele and I, when we started pulling this together, we have another colleague of our Naomi Ortega Tein who did a lot of the research and the hunting down information for us. And I wanted to do a special thank you to her at this point.

And also to say that we are very interested in this arena and hope to be able to share much more information and resources with you, that will be helpful for you. So we will definitely do that. We will also respond to questions that we might not have responded to. And if there are any other questions at this point, we will take them as well. So maybe I'll give you a couple of seconds to write down your questions. Yes.

Megan: Great. So I wanted to ask a question. Rachele, you mentioned that if folks were interested in starting up a conversation with colleagues through a book club, or a book conversation, there are some great books out there that you could share. That be something you could pull together and I would love to circulate that back to the Healthy Start community too if that [crosstalk 01:22:43].

Rachele: Yeah, we'll be happy to... absolutely. I mean, one to start off with that I always love giving people especially in the health arena is as the book called,

"The Spirit Catches You and You Fall Down." It's an older book, but it's amazing. And it just highlights for the reader just such a... for many, it's such a different way of understanding health, and how you think about it, family dynamics in it, and the systems interchange with the health system is amazing. So that is a great book to start off with. I don't know any come straight off to mind for you Suganya that you wanna offer now, but we'd be happy to give you a list.

Suganya: Yeah. I think there's another book that might be fascinating it's called "A Silver Scalpel," and it's about a Native American healthcare provider and the experiences that she had. But we'll definitely be able to pull together a few resources for you that you use for a book club.

Rachele: And movies are also another great way to have conversations too. So there are some movies that have some great dialogue as well, if there is the time to do that, time is always the issue. But if somebody watches that separately, and then you come together to talk about it you know, that can work too.

Megan: That would be wonderful. So I'll pull together what you share with me. And group, I always follow up to these webinars with an email kind of summarizing to both those of you who are registered and those are here today, and those of you that registered but maybe weren't able to attend, I'll circulate that back to the group.

Suganya: Great. I see several people like the notion of getting that list. So just again if there are any specific questions you have which we can address through a resource, we will be able to... we'll pull that together and make sure we get it to Megan who can then share with all of you. Megan, you...

Megan: Thank you.

Suganya: Were gonna say something and I interrupted.

Megan: No worries, you sparked a lot of questions for me too, and I think you all have such a wealth of expertise. So you shared when... sort of their side of what can Healthy Start do, and I think it was focused on the slide that was talking about that are in project director role. You shared they you could do a self-assessment tool, and then share that back. Do you have examples of those types of self-assessment tool?

Suganya: Actually, one of the best places to go for that sort of information is the National Center on Cultural Competence. And the National Center on Cultural Competence has a series of checklist and it really is a checklist,

looking at your own values and beliefs as it relates to culture, and how that informs health care, and health care taking. And I think that that's a great start as a sort of a self-reflection too. We also on our website have a tool that says your own cultural self-identity.

As Rachele mentioned, you know, in order to be able to do this work, each and every one of us kind of has the niche to know where we have coming from and how that informs the work we do. And that cultural identity too is on our website. And I think Rachele if you could type our website and people, could go in and look for that as well. So those are some tools to begin with. And I realize we are very close to time. And so I wanted to just summarize this and actually, Dawn had a chance to look at our information and she sort of kind of summarized our thinking in such a perfect way that I'd like to share with some of the thoughts that she brought up for us.

And that is behavioral health disorders among perinatal women is a really serious public health issue. We recognize that it is a very… And it can complicate so many things, the birth, the health of the infant of the child and the matron, the mother herself. And the issues that we try to address the behavioral health issues that impacts her ability to care for her own needs, her infant's need, and can in the longer term impact cognitive and emotional development.

So it's so critical that we intervene early, and we intervene in such a way that is integrated and that actually works to support the woman, and her family, and your children, is what I meant to say. So what we need to do is to be able to support parents ability to provide responses, caring relationships, and to really prevent or reverse damage in health effects. And so the work you are doing at Healthy Start is an amazing place in which to make such a difference. And one of the things... so first and foremost, kudos to the work to do because there are times when you probably feel that is no one really, truly appreciates the hard work that you do.

I actually provide TA, technical assistance to the MIECHV program, which is The Maternal, Infant, and Early Childhood Home Visiting Program, and I do a lot of work with the MIECHV territories. And I know what hard work it is. So I would like to say thank you so much for the work you do. And to say that Rachele and I are really appreciative the opportunity we've been given today, and we will continue to support you in any way we can.

Megan: Thank you so much Suganya. And thank you so much to you, Rachele for your presentation today. So group, I just wanna summarize, you see that there is one webinar coming up in March and that's a conversation with the division, that's happening from 1:00 to 2: 30 Eastern time. We'll post all of the

materials, the recording from this website, all of the resources that Suganya and Rachele had shared, we'll post those to the EPIC Center website. And check out that AStEPP page on the EPIC Center's website. It does include a lot of those resources that I highlighted at the beginning. This concludes our webinar. Thank you all so much for joining us, and we hope you have a nice rest of your day. Thanks again.

Rachele: Thank you.

Suganya: Thank you.