

Fast Facts

FEBRUARY HEALTH EQUITY SPECIAL EDITION 2022

News for Providers from HealthPartners
 Provider Relations & Network Management

Health Equity

Benefits of doulas to address health equity

In addition to the very public discussions on racial justice in the last two years, a spotlight has also recently highlighted disparities in health outcomes and inequities in the US health care system. The overall maternal and infant mortality rates in the US are higher than most other developed countries; but even within the United States, Black women die at three to four times the rate of white women from pregnancy- or childbirth-related causes. According to the MN Department of Health, African American and American Indian babies die in the first year of life at twice the rate of white babies. While infant mortality rates for all groups have declined, this disparity has existed for over 20 years.

Doulas are a covered benefit for pregnant women on Medicaid!

To help a patient find a doula, have her contact Member Services. Referrals in the Metro and Central Minnesota areas can also be made directly to [Everyday Miracles](#). MDH has a [List of Registered Doulas](#) on their website.

One strategy to mitigate this risk to both women and their babies is to encourage women to use a doula. Birth doulas are non-medical professionals who provide informational, emotional and physical support during pregnancy and childbirth. Studies show that women

who use doulas have improved outcomes for themselves and their babies including shorter labors, fewer c-sections, fewer low birthweight babies and higher breastfeeding initiation. All women can benefit from the support that doulas provide, but given the disparities in birth outcomes for women of color, doulas can be especially beneficial for BIPOC women.

Doulas have been a covered benefit for pregnant people on Medicaid for many years, but their services are not highly utilized. In a recent one-year period, fewer than 1 percent of HealthPartners members on PMAP or MNCare met with a doula even once during their pregnancies.

INSIDE THIS ISSUE

	<u>Page</u>
Health Equity	
Benefits of doulas to address health equity	1
The Breast Cancer Gaps Project	3
Disparities in childhood immunizations	4
Little Moments Count	4
Reach Out and Read	5
Support for depression after baby	5
Think small parent powered texts	5
DHS launches common app	6
MDH – New framework to address asthma	6
Patient management application	7
Equity, inclusion and anti-racism policy	7
Interpreters and language services	7
Seeking clinician information - Help support diversity	8
Resources on cultural competency	8

Handouts:

- Support for depression after bringing your baby home
- Virtual & other support for new and expecting parents

DOULA WEBINAR

If you would like to learn more about doulas in Minnesota, join this upcoming webinar:

Doulas 101: A valuable part of the care team

How doulas support a healthy pregnancy.

Wednesday March 23rd from 12 – 1:00 PM.

Doulas can be a valuable part of a woman’s health care team, and in Minnesota can be reimbursed by Medicaid, but they are underutilized for those at highest risk who could benefit the most. This webinar will introduce attendees to the value doulas can bring, what doulas do...and do not do, and share strategies for integrating doulas into the prenatal care team to support women. Hear examples of how doulas have positively impacted birth experiences.



PRESENTERS

[Akhmiri Sekhr-Ra](#) has been a Childbirth Attendant for over thirty years and is the Chief Family Development Officer/Health Systems Navigator with the Cultural Wellness Center where she supports individuals who are interacting with the health care system. In 2013 she received her certification as a Community Outreach Perinatal Educator, and in September 2014 received another certification to be a Perinatal Education Trainer for the Commonsense Childbirth School of Midwifery School in Winter Garden, FL. Giving back to the community, she is a board member for "Everyday Miracles," a doula service in the Twin Cities of Minneapolis/St. Paul. She is a board member for the Minnesota Breastfeeding Coalition, and a co-chair for Integrated Care for High-Risk Pregnancies (ICHRP). “This work is very close to my heart. My work as a Perinatal Educator grounds me by putting me so close to creation and the creative forces. I carry myself in a spiritual way, and talk to birthing families from my heart about the birthing experience.”

[Kaytee Crawford](#) supports families in pregnancy, birth and postpartum as a lactation and childbirth educator, birth and postpartum doula, and babywearing educator. She uses her training, combined with a wealth of experience parenting four boys, to create personalized care as well as fun, insightful social media content. Kaytee is passionate about sharing her experiences in pregnancy and as a Black woman and a person living in a larger body in order to create safer, trauma-free experiences for others. Kaytee lives in St. Paul, Minnesota with her husband and four sons. She owns and operates Doula Kaytee, her birthwork business, as well as Ahava Creative Co, where she creates art and graphic design.

OBJECTIVES

- Understand what is included in doula certification
- Understand the role of a doula in supporting birthing persons
- Increased ability to include doulas in the perinatal care team
- Increased ability to address health equity with doulas

This webinar is free, but space is limited. Click here to [REGISTER](#).

MATERNAL AND INFANT HEALTH DISPARITIES ECHO

Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify capacity to provide best practice care. There is a new ECHO series being hosted by Wayside Recovery Center with support from DHS, focused on maternal and infant health disparities. To find out more, see the ECHO sessions that have already been presented, and sign up to receive email invitations. Visit: waysiderecovery.org/education-training/project-echo/

The Breast Cancer Gaps Project

Over the last year, a group of Minnesota breast cancer providers and advocates set out to increase understanding of barriers to African American women in Minnesota getting breast cancer screening and to take action to address it.

The project outlined some of the current reality that is unacceptable related to breast cancer screening that led the group to action: African American women are less likely to develop breast cancer, but more likely to die from it – a lot more likely. The variation in the five-year survival rate for Black women is 20 percent lower than for white women based on 2019 MN Cancer Registry reports. Black women with late-stage breast cancer have a 58 percent survival rate compared to 81 percent for white women. Black women have the highest breast cancer mortality rates of all racial and ethnic groups.

UNDERSTANDING THE LANDSCAPE

The first stage of this project was to engage African American women to understand barriers to screening from their perspective. They also surveyed clinics to find out why they think African American women might avoid breast cancer screening and compared the gaps in the understanding. The group shared what they learned in a recent webinar. While there was definitely some common beliefs, it was clear that there were large gaps in truly understanding the perspective of African American women on this issue.

Why do women shy away from screening?

Clinics believed insurance issues and other logistical issues were major barriers, as well as spiritual and cultural beliefs. None of these were identified by the women surveyed.

Clinics acknowledged that many women do not have a sense of urgency, which may be driven by confusion over when screenings should occur. Fear over abnormal screenings and uncertainty over costs were also common barriers identified by both women and clinics.

However, for African American women, there are deeper issues which were not recognized by the clinic surveys. For example, women identified previous negative experiences as a significant barrier to seeking future care. The trauma caused by a poor provider experience can result in deep mistrust of the care system.

And while fear of pain in the procedure or fear over an abnormal result can be real, women's fears went deeper. *Would the cancer kill them? Would their partner leave them if there were health issues? Would they be able to take care of their family? Would they lose their job and not be able to provide?*

Fear was a recurring theme for the women including fear of the cancer itself, fear of feeling sick, and fear that the cancer treatment would be worse than the cancer itself. Family history of breast cancer also increased women's fears.

Asked where women get their breast health information, doctor or nurse was the most common response (88.5%), followed by community organizations (52.1%), friends and family (46.9%), then social media (29.2%). And when asked who they talk to about breast health, friends (60%), siblings (37%), and spouse (37%) were the most common answers.

WHAT'S NEXT FOR THIS PROJECT?

Using components of Community Co-Design, the group intends to bring together patients and providers to generate ideas and prototypes to reimagine clear and enduring changes within the health care system to improve African American women's access to and use of breast cancer screening, diagnosis and treatment. If you would like to learn more about the project or participate in the next phase, contact the project leaders:

Kris Newcomer, KLN Consulting, krisnewcomer@gmail.com

Pat Koppa, Public Health Consultants, LLC., patriciakoppa@gmail.com

Disparities in childhood immunizations

The COVID-19 pandemic has generated more conversation about vaccinations among the general public than we've ever seen before, but the core childhood vaccines that we've always focused on in health care have taken a hit over the past two years. According to some reports, over the past two years routine childhood vaccines have dropped from 14 percent to more than 20 percent, depending on the vaccine. Children who are not up to date on their immunizations are at risk to experience preventable illnesses that we typically don't worry about as much. And when large groups of children are not vaccinated, we worry about outbreaks such as the measles outbreaks we've seen in MN.

We want all children to get back on track and get caught up on missing immunizations, but we are especially focused on children of color. Even before the pandemic, there were deep disparities in childhood immunization rates between white children and black and Indigenous children especially. According to data from the MN Department of health, Black children who turned 2 in 2019 had a 22 percent (48.4%) lower vaccination rate compared to whites (70.73%) and Indigenous children were 17 percent lower (53.17%). We encourage clinics to focus on getting all children up to date on their vaccinations, but encourage a special focus on children of color to address the disparity gap.

Both the [CDC](#) and [MN Department of Health](#) have information and resources on getting your patients caught up on these important immunizations. HealthPartners is here to help with your vaccination efforts. We send reminders to members in need of well-child visits and childhood immunizations, have incentives for Medicaid members and promote the importance of immunizations through our communications and social media. If your clinic would like to partner further, please reach out via your contract manager.

Little Moments Count

RESOURCES FOR FAMILIES, PROFESSIONALS, EMPLOYERS



Whether or not a young child experiences daily moments of interaction – like playing, talking, reading and singing – can affect learning, brain development and health for the rest of their life.

That's why HealthPartners, in partnership with 200 other organizations, developed a community campaign called [Little Moments Count](#) (LMC). LMC is a statewide movement that includes countless resources to help parents, caregivers and the community understand the importance of talking, playing, reading and singing early and often with children.

Clinics can play an important role in getting this message out to parents and caregivers through well-child and other clinic visits and through your social media. The [Little Moments Count Website](#) has a plethora of resources including:

- Resources for all parents and caregivers, fathers in particular, grandparents and extended family.
- Resources for professionals and clinics to share with families, such as a bookmark – an easy way to share the website, activity worksheets, posters and websites.
- Posters to put up around your location to send the message even if people aren't looking for the information.
- An Employer Toolkit. What better way to support your community than to be a family-friendly workplace!
- COVID-19 resources – because being a parent during COVID has been hard!
- Racial justice resources including the [Early Risers Podcast](#) from LMC and MPR and hosted by Dianne Haulcy of Think Small. This podcast shares frank facts, engaging stories and real how-tos for anyone who cares about raising children with a clear-eyed understanding of cultural differences, race and implicit bias.

Learn more by visiting the [LMC website](#). You can sign up to receive the latest LMC news [by joining the mailing list](#).

Is your clinic part of Reach Out and Read?

Reach out and Read is a program that not only gives books to young children and information and supports to parents it also provides clinicians an opportunity to talk with caregivers about child development and the importance of reading to babies at a young age. Almost 300 clinics across Minnesota currently participate in the program.



Research shows that among participating families:

- Parents and caregivers read more often to their children.
- Children have increased expressive and receptive vocabulary scores.
- Parents and caregivers have higher levels of trust in their children's healthcare provider.
- Children have higher rates of attendance at their well-child visits.

Visit the [Reach out and Read website](#) for more information.

Support for depression after bringing your baby home

Postpartum depression is real. Whether your clinic is seeing women for postpartum appointments or infants for their well-care visits, screening for postpartum depression is vital! Limited access to mental health services can be an issue in some areas, so if postpartum depression is identified, having information and resources to provide in the moment is critical.

HealthPartners would like to share these handouts which have advice for women, their partners and others around them, as well as resources that can be accessed immediately for support. The attachments listed below can be accessed via the Provider Portal, so you can easily print them out and distribute to new parents.

- [Support for depression after bringing your baby home](#)
- [Virtual and other support for new and expecting parents offer](#)

Think Small ParentPowered Texts

Children learn and develop quickly before age five. In fact, 90 percent of brain development happens during these crucial early years, and Think Small wants to help families take advantage of this important time.



Parents will receive fun facts and easy tips each week with ideas on how you can promote your child's learning. Research shows when parents participate in this program their children are more prepared for kindergarten.

There is no cost for Think Small ParentPowered Texts. Texts are available in English, Spanish or Somali. Your clinic can promote ParentPowered texts with this [FLYER](#).

DHS launches common application

The Minnesota Department of Human Services (DHS) has launched MNbenefits, allowing users to simultaneously apply for benefits from the following nine programs in less than 12 minutes:

- Supplemental Nutrition Assistance Program
- Emergency Assistance
- Housing Support
- Child Care Assistance Program
- Diversionary Work Program
- General Assistance
- Minnesota Family Investment Program
- Minnesota Supplemental Aid
- Refugee Cash Assistance

The mobile-friendly application works across all browsers, computers, laptops and phones. It is available in Spanish with more languages to come. It's easy to upload documents. An account login is not necessary, eliminating a common barrier to access.

MDH releases a new framework to address asthma in Minnesota

The Minnesota Department of Health (MDH) has released a 10-year strategic framework to improve the health care and quality of life for over 422,703 Minnesotans who have asthma.

The 10-year framework focuses on closing **health equity** gaps related to asthma and reducing the burden of uncontrolled asthma, such as hospitalizations, emergency departments visits, missed days of work or school and preventable healthcare costs.

The framework presents seven goals; including

- **advocating** and building support for people with asthma;
- building **statewide partnerships** with health systems, local public health, schools, businesses, and others;
- collecting and analyzing trend **data** related to asthma;
- **eliminating** asthma health **disparities**;
- **reducing environmental factors** that trigger asthma episodes;
- **increasing** the number of people who have the **information**, skills, and tools to manage their asthma successfully;
- and developing and piloting new ways and **policies** to improve **asthma management**.

Ten action steps propose ways stakeholders from varied backgrounds can contribute to reaching these goals. Action steps are intentionally general to allow stakeholders to adapt to their interests, skills and situations.

The framework complements and shares many goals and strategies endorsed by the [Centers for Disease Control and Prevention's National Asthma Control Program](#), including the [EXHALE strategies](#) to help people breathe easier. The framework was developed with input from the MDH Asthma Advisory Committee members, asthma partners, and stakeholders.

Read the Framework: [Asthma in Minnesota: A Strategic Framework 2021-2030](#)

HealthPartners Patient Management Application: A tool to help close gaps – including race disparities

HealthPartners and providers partner together with the shared goal of improving quality of care, making care more affordable, and improving the experience for our patients and members. Contractual arrangements and provider incentives have been developed and are designed to support those efforts. The Patient Management Application (PMA) is designed to translate opportunities into tangible actions that the provider can take to facilitate improvement related to total cost of care, quality measurement and diagnosis accuracy (risk adjustment).

The PMA provides patient information that can assist the provider in proactively managing patients, fostering coordinated care, facilitating pre-visit planning and redesigning care models. Patient information includes predicted cost metrics, utilization detail (e.g. number of ER visits, inpatient admissions), total medical and pharmacy spend, patient demographic information including race, ethnicity, and language, gaps in coding chronic conditions and quality gaps including preventive screenings.

The PMA is shared on a monthly basis with the intent of providing information for earlier review. Recognizing that information and data are currently shared in different formats with providers, HealthPartners is interested in exploring how we can share data efficiently back and forth to better support operational workflows, enhance algorithms and improve quality results. Data sharing can include direct data feeds from HealthPartners into the provider's EMR to be surfaced directly to the clinician, care coordinator or administrator. Additionally, data from the provider's EMR could be shared directly with HealthPartners to improve accuracy in quality measurement, patient demographic profiles and patient health assessment and disease management opportunities.

HealthPartners urges clinics to use the information available in the PMA tool to prioritize outreach to patients who are behind in preventive care, such as breast or colon cancer screening, to help address disparities in these measures.

For questions or interest in discussing the PMA in detail, please reach out to your Provider Relations Manager or Health Informatics contacts.

Equity, inclusion & anti-racism

HealthPartners is committed to improving the health and well-being of the diverse communities we serve. Visit the Administrative policies on the Provider Portal to review our Equity, Inclusion & Anti-Racism policy and procedure for providers.



Interpreters and language services

Medical providers who receive federal funds are required to provide interpreter services under Title VI of the Civil Rights Act of 1964. The federal law covers providers who treat Medicaid or Medicare patients.

For additional resources and information about HealthPartners Language Assistance Plan, a list of contracted interpreter agencies and how to access telephone interpreter services, please visit [HealthPartners Interpreter and Language Services](#).

Seeking clinician information

HELP SUPPORT DIVERSITY IN OUR COMMUNITY

We have a great opportunity to continue our partnership with you to serve our increasingly diverse members and community.

We're asking clinicians to share information with us, on a voluntary basis, about their race, ethnicity and specific cultural competencies to provide personalized care that members request. We will use this information to:

- Assist members requesting specific types of provider attributes from HealthPartners Nurse Navigators and Member Services staff.
- Display your race, ethnicity, and cultural competencies in our online provider directory, with your permission.
- Ensure our provider network is representative of the diversity within our communities.

Providing this information is optional, but we hope clinicians in your practices will complete the [Clinician Information for Diversity and Health Equity form](#) to support our ethnically, racially and culturally diverse communities.

For every form completed, HealthPartners will donate \$1 in charitable donations to one of the following organizations to continue the advancement of provider diversity and health equity in our communities.

- [Diverse Medicine Inc.](#)
- [National Black Nurses Association](#)
- [National Hispanic Health Foundation](#)

Please share [THIS LINK](#) (healthpartners.com/healthplanequity) to the form with your clinicians so they can complete and submit it, and support the work of these organizations in increasing diversity in medical fields and supporting health equity in our communities.

Thank you again for your partnership.

Resources on cultural humility

- [Cultural Competence and Refugee Health - Minnesota Dept. of Health \(state.mn.us\)](#)
- [Resources on Cultural Competency | SAMHSA](#)
- [Culture, Language, and Health Literacy | U.S. Health Resources & Services Administration \(hrsa.gov\)](#)
- [Minority Health.hhs.gov](#)
- [Education - Think Cultural Health \(hhs.gov\)](#)

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

Fast Facts Editor: Mary Jones

Support for Depression After Bringing Your Baby Home

Help for new parents

What is postpartum depression?

Postpartum depression is different from the “baby blues.” Studies show that at least 80 percent of new mothers experience the baby blues following the birth of their baby. Feeling sad, weepy or irritable is common the first few days to 2 weeks after delivery.

If these feelings last longer than 2 weeks and interfere with a woman’s ability to care for herself and her baby, she may have postpartum depression. Postpartum depression can begin anytime in the first 12 months after delivery. About 15 percent of mothers experience postpartum depression.

Symptoms may include any of the following:

- Negative feelings, such as sadness, guilt or worthlessness
- Crying often
- Irritability or anger
- Anxiety and worry
- Trouble sleeping
- Withdrawal from family and friends
- Loss of interest in activities usually enjoyed
- Poor concentration and difficulty making decisions

What can I do to be supportive?

Keep in mind your partner’s behavior and feelings are due to the illness of postpartum depression or anxiety. Your partner is suffering and needs medical treatment. Try not to judge her. Postpartum depression is not something she can just fix, stop feeling, or that will go away on its own.

Do not assume that your partner is fine because she says she is fine. Feeling ashamed of not being happy can keep her from getting help. Pay attention to what she does, as much as what she says.

Remember, postpartum depression and anxiety are treatable. Know too, you are not alone. In addition to getting professional help and giving your support, ask friends and family to step in whenever possible. You need to take care of yourself as well during this time of stress with a new baby.

Here are some other ways to be supportive:

- Check in with your partner several times a day. Offer help whenever she needs it. Talk to her and tell her what you are thinking and what is going on for you.
- Let her know it is safe for her to share her thoughts with you, whatever they are. Ask how she is feeling. If you sense something is wrong, talk about it with her. Be there for her. Sit with her. Stay close, even when there is nothing to say.
- Encourage her to rest and eat. Even if she is not able to sleep or does not feel hungry, getting rest and good nutrition are important for healing.
- Spend as much time caring for the baby as you can. Be patient with your partner. Your support is important to her recovery.
- Encourage your partner to talk to her doctor. Many women feel most comfortable first talking to their ObGyn or midwife.

What can I say to be supportive?

Acknowledge the situation and provide encouraging words. Here are some ideas for what you might want to say:

- “I am sorry you are suffering. This must feel awful.”
- “What you are feeling is temporary. This is not your fault. You will get yourself back.”
- “We will get through this together. I am here for you.”

- “I love you very much. The baby loves you very much.”
- “You are a great mom.”

Try to give specific examples whenever possible. For example, you might say:

- “I love how you just smiled at the baby.”
- “You look like you had a great time with your friends.”
- “You look like you feel better since going for a walk and getting outdoors.”

Dads and partners also may suffer from depression

Big life changes often cause depression and anxiety. Having a new baby is a big change. Even for the partner who does not give birth, the changes in relationships and routines can affect daily mood.

One in 10 men struggle with depression after their child is born. Developing depression is more likely to occur when a man’s wife or partner has postpartum depression. About 40 to 50 percent of men who have a wife or partner with postpartum depression experience depression themselves. Depression in men after birth of a baby is called **paternal postnatal depression** or PPND.

PPND can look like typical depression (see symptoms on other side). Depression symptoms also can be different in men. They may:

- Report higher levels of anger and irritability.
- Choose to cope with increased drug and alcohol use.
- Focus more on their work.
- Engage in risky behaviors, such as reckless driving .

Female partners and adoptive parents also can experience depression and anxiety after bringing a baby home. Taking care of yourself and supporting one another after a baby is born is important for both parents.

How can I take care of myself?

Getting help is a sign of strength. To help make your well-being and family a priority, take the following steps:

- Talk with your partner and be open about how you are feeling.
- Talk to your doctor or your child’s pediatrician.
- Consider meeting with a counselor.
- Get regular exercise and eat healthy foods.
- Create a sleep schedule that allows both you and your partner to get as much rest as possible.
- Seek out social support and fun with friends and family. Or reach out to a trusted elder in your place of worship or community.
- Find a group for new dads, moms or parents in your area.

Resources

The following organizations and websites provide additional information about postpartum depression, treatment and support for women and their families.

- **Park Nicollet Reproductive Mental Health Program**
952-993-3307
- **National Suicide Prevention Lifeline**
1-800-273-8255
1-800-799-4889 (TYY)
- **Postpartum Dads**
postpartumdads.org
- **Postpartum Support International**
800-944-4773
postpartum.net
- **Pregnancy & Postpartum Support Minnesota**
612-787-7776
pregnancypostpartumsupportmn.com



Virtual and Other Support for New and Expecting Parents

Feelings of depression, anxiety, stress and overwhelm are common during times of transition. Many parents are feeling the impact of COVID-19 in their families. Our Reproductive Mental Health Clinicians & Care Coordination team are here to assist you in creating a plan to support your individual needs. Whether it's therapy, psychiatry or community resources and referrals, we're here to help.

Virtual community groups & classes (Pre- and postnatal options)

- **Blooma New Mom Group**
Mothers and their babies are welcome. FREE. Go to blooma.com to view the schedule and sign up.
- **AMMA Parenting**
Classes and workshops for mothers, partners and babies. Costs vary. Go to ammarentingcenter.com/classes to view the schedule and sign up.
- **Virtual Mom and Baby Café**
Park Nicollet support group for lactating mothers with a lactation consultant in attendance. FREE. To be added to an upcoming virtual meeting contact the Breastfeeding Center at **952-993-5124**.
- **Roots Community Birth Center**
Pregnancy support groups for birthing women of color. FREE. Go to rootsbirthcenter.com/new-events to view the schedule.
- **Postpartum Support International (PSI)**
PSI promotes awareness, prevention and treatment of pregnancy and postpartum mental health worldwide. To find a list of virtual support group options, visit the SupportGroupsCentral PSI page: <https://rb.gy/uqwnsc> (url shortened)

Breastfeeding resources

- **HealthPartners lactation consultants**
Call **952-967-7955** to schedule an in-person or video appointment with a HealthPartners lactation consultant.
- **Park Nicollet lactation consultants**
Call **952-993-5124** to schedule an in-person or video appointment with a Park Nicollet lactation consultant.

- **Virtual Mom and Baby Café**
Park Nicollet support group for lactating mothers with a lactation consultant in attendance. To be added to an upcoming virtual meeting contact the Breastfeeding Center at **952-993-5124**.
- **USDA breastfeeding support**
wicbreastfeeding.fns.usda.gov
Information on breastfeeding and WIC (Women, Infants & Children) government support partners.
- **La Leche League of Minnesota & the Dakotas**
llofmndas.org
Information and support groups for breastfeeding mothers.

Childcare & early education resources

- **Parent Aware**
childcareawaremn.org/families/parent-aware/
Provide free tools and resources to help Minnesota families find quality child care and early education programs.
- **Help Me Grow**
helpmegrowmn.org
- **Early Childhood Family Education (ECFE)**
Contact your city's community education center. Each city offers its own ECFE classes.

Food shelf resources

- **PRISM**
For residents of Golden Valley, New Hope, Robbinsdale, Crystal, or eastern Plymouth. Visit: <https://www.prismmpls.org/food>

- **CEAP**
For residents of Brooklyn Center & Brooklyn Park.
Visit: <https://www.ceap.org/services/food-support/>
- **SACA**
For residents of Columbia Heights, Hilltop, Fridley and Spring Lake Park. Visit: <http://www.sacafoodshelf.org/>
- **STEP**
For residents of St. Louis Park. Visit: <https://stepslp.org/get-assistance/food-shelf/>
- **Neighbors, Inc.**
neighborsmn.org/services/food-shelf
Drive-up food shelf located in South St. Paul
- **Merrick Community Services**
merrickcs.org/community-services/food
Two locations in St. Paul.
Call **651-287-2088** to schedule an appointment for your food shelf visit.
- **Keystone Community Services**
keystoneservices.org/food-shelves
Two locations in St. Paul. Call **651-645-0349** for more information.
- **360 Communities**
360communities.org/resources/food-shelves
Locations in Burnsville, Rosemount, Lakeville, Apple Valley and Farmington that serve the greater south metro. No residence restrictions.

Don't see your area listed? **Visit Hungersolutions.org** to find food shelves near you:
<http://www.hungersolutions.org/find-help/#map>

Get the help you need

To ask questions or talk to an expert on postpartum depression or anxiety concerns contact:

- **Postpartum Support International**
1-800-944-4773
postpartum.net
OR
- **Postpartum Support Minnesota**
ppsupportmn.org

If you are in crisis, call the **National Suicide Prevention Hotline** at **1-800-273-8255**.

Our Behavioral Health departments have clinicians specifically trained to treat mood concerns related to pregnancy and postpartum.

To make an appointment for therapy or psychiatry at Park Nicollet, call:
952-993-3307

To make an appointment with psychiatry and/or therapy at HealthPartners, call:
952-967-7992

Mental Health insurance coverage inquiries?

Contact your health insurance provider and provide the HealthPartners' "Cost of Care" phone number: **651-265-1034**

1 in 3 women experience domestic abuse in their lifetime.

Abuse in a relationship affects physical health and emotional wellbeing.

No one deserves to be abused.

Minnesota Day One Crisis Hotline Support
1-866-223-1111
dayoneservices.org

