

# Fast Facts

JULY HEALTH EQUITY SPECIAL EDITION 2022

News for Providers from HealthPartners  
 Provider Relations & Network Management

## Health Equity

### Practitioner Cultural Responsiveness Survey

WE WOULD LOVE TO HEAR FROM YOU!

Patients may experience different barriers to care. Take our [Practitioner Cultural Responsiveness survey](#) to help us understand how you support patients who come from different cultural backgrounds. You can also tell us what resources would be most helpful for providing culturally informed care and addressing barriers to health equity among patients.

This survey will close on Tuesday, August 2nd.

### Medicaid: Continuing enrollment after the PHE

GETTING MEMBERS READY FOR RENEWALS

Since the start of the Covid-19 pandemic when a Public Health Emergency (PHE) was declared by the federal government, Minnesotans with health care coverage through the state of Minnesota (Medical Assistance and MNCare) have not been required to file for renewal of eligibility, allowing Medicaid recipients to maintain continuous enrollment on their Medicaid plans. While it's uncertain exactly when the PHE will end, it could be as soon as August for renewals effective in October 2022. HealthPartners is working closely with the Minnesota Department of Human Services and other health plans via the Minnesota Council of Health Plans to ensure we are coordinated in our response to ensure eligible members maintain continuous Medicaid eligibility.

According to the State of Minnesota Unwinding Talking Points from 5/9/22, compared to the general population, public health care program enrollees are disproportionately Black, African American and American Indian and people of color – a population that is *already* facing indefensible disparities in health outcomes. These populations, including those with limited English proficiency, experience more challenges in completing required renewal paperwork to maintain coverage and will require additional attention and resources.

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### Handouts:

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

Once Medicaid recipients begin to lose coverage, providers may also be impacted due to interruption in payment or increases in uncompensated care. To prepare for this change, you can do the following:

- Have broad awareness of the scope and potential impacts of this coming situation.
- Whenever your teams learn of an address change for any Medicaid patient, please actively direct them to change their address with their county financial worker.

Thank you for your partnership as we learn more from CMS about the PHE status later this summer.

## 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 in-person and virtual contracted interpreter agencies and how to access telephone interpreter services, please visit [HealthPartners Interpreter and Language Services](#).

## HealthPartners Healthy Pregnancy supports

Pregnancy is a time of excitement for parents-to-be. HealthPartners members can get support and assurance as they prepare for their new arrival with the HealthPartners Healthy Pregnancy program. The program includes a comprehensive suite of services that improve health and make pregnancy easier by offering integrated access to benefit, network and clinical-support resources.

Members can start by taking the online pregnancy assessment at [healthpartners.com/pregnancysupport](https://healthpartners.com/pregnancysupport). Encourage your patients to visit this link to explore the resources that are available to them.

After taking the assessment, members can access the My Pregnancy digital experience through their HealthPartners account or by email. Based on answers to questions about their pregnancy, members will begin to receive information timed to their due date, find resources relevant to them based on where they live, their race or ethnic group as well as insurance benefits.

**For instructions on how to download the app go to:**

[myhealthypregnancy](#)

Topics include:

- Staying healthy
- What to expect in each trimester
- Health plan coverage
- Caring for a newborn and much more

### OTHER RESOURCES DURING PREGNANCY

- 24/7 phone support from a nurse at the BabyLine at **612-333-2229** or **800-845-9297**.
- Text4baby sends pregnancy tips and appointment reminders by text. Text BABY to **511411** (BEBE for Spanish).
- The myHealthyPregnancy app helps pregnant people track their pregnancy. Our myHealthyPregnancy app powered by YoMingo puts important parent education resources and fun extras for every stage of pregnancy, newborn care and more at your fingertips.

Additionally, members may receive personalized one-to-one telephonic nurse support.

## Benefits of doulas to address health equity

In addition to the very public discussions on racial injustice in the last two years, disparities in health outcomes and inequities in the US health care system have received a lot of attention. The overall maternal and infant mortality rates in the US are higher than most other developed countries. Within the United States, Black and African American 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, Black, 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. This includes:

- Shorter labors
- Fewer c-sections
- Fewer low birthweight babies
- 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. Encourage your pregnant patients to consider if a doula is right for them.

## Doulas 101: A valuable part of the care team

### HOW DOULAS SUPPORT A HEALTHY PREGNANCY

If you would like to learn more about doulas in Minnesota, a recent webinar co-sponsored by HealthPartners gave an overview of the role doulas can play in supporting women during pregnancy.

You can view the webinar [HERE](#) along with other webinars on Implicit Bias in Health Care, Disparities in Childhood Health, and Tools to Achieve Health Equity.



## Maternal and infant health disparities

### EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES (ECHO)

Project ECHO is a movement to demonopolize knowledge and amplify capacity to provide best practice care. A new ECHO series being hosted by Wayside Recovery Center with support from DHS focuses 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/](https://waysiderecovery.org/education-training/project-echo/)

## 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. If postpartum depression is identified, it's critical to have information and resources to provide in the moment.

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. Feel free to 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](#)

## Webinar: Implicit Bias & the Pursuit of Health Equity

WEDNESDAY, AUGUST 10, 2022 12:00-1:30 PM

Implicit bias occurs on an unconscious level. Research suggests that implicit bias affects behaviors more than explicit bias. Research also points to the positive correlation of implicit bias and health disparities. Rooted in psychological theory, research and practice, this webinar will focus on developing a deeper understanding of what implicit bias is, how it is formed and its impact on health disparities. In addition to increasing awareness of the relationship between implicit bias and health disparities, the webinar also includes evidence-based approaches to decreasing implicit bias.

***Presenter: Dr. Talee Vang** is a licensed health psychologist and is currently the Director of Health Equity Education & Welcome Services at Hennepin Healthcare. Talee joined Hennepin Healthcare seven years ago as a predoctoral intern and stayed on as a primary care behavioral health psychologist. During her time at Hennepin Healthcare, Talee has developed curriculums around health equity and diversity, equity and inclusion – along with an education framework to roll it out. She has developed trainings on topics ranging from implicit bias to the impact of social rejection, disarming microaggressions, and navigating conversations on race. In addition to Talee's extensive experience in training and education, Talee has clinical experience and deep knowledge on culturally informed case conceptualization and culturally responsive therapeutic approaches.*

Registration information can be found at the [Stratis Health website](#).

## Sexual minorities less likely to seek cervical cancer screening

(Association of Federal Health Organizations AFHO QCR Newsletter, May 31, 2022)

A study [published in Cancer](#) assessed cervical cancer screening disparities among people ages 21 to 65 years with a cervix who identified as a sexual minority (defined as lesbian/gay, bisexual, or something else/unsure) and reported Pap testing history. According to the study:

- Sexual minority individuals were less likely to ever undergo a Pap test compared to heterosexual individuals
- Hispanic and non-Hispanic White sexual minorities were less likely to ever undergo a Pap test than non-Hispanic White heterosexual individuals

Some of the underlying reasons for the observed disparities included:

- Inadequate patient-provider communication
- Mistrust in medical providers
- Fear of discrimination in the clinic
- Belief that Pap testing was not beneficial

Awareness of this issue may help to prioritize outreach to your patients who identify as LGBTQ+ as providers work to improve their cervical cancer screening rates.

## Colorectal Cancer Roundtable Resource

**2022 MESSAGING GUIDEBOOK FOR BLACK & AFRICAN AMERICAN PEOPLE:  
MESSAGES TO MOTIVATE FOR COLORECTAL CANCER SCREENING**

We have known for several years that the incidence and mortality rates for Black and African American people from colon cancer are higher than for Whites. Black and African American people experience disproportionately high incidence and mortality rates from colorectal cancer (CRC), with CRC death rates almost 40 percent higher than those of White people.

The [Colorectal Cancer Roundtable](#) has many resources to help improve screening rates for all patients, including a new Messaging Guidebook for Black and African American People. This resource is intended to provide clinicians with information and tools to effectively communicate about the importance of colorectal cancer screening and to help motivate people to get screened.

# 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 were developed and designed to support those efforts. The Patient Management Application (PMA) helps to translate opportunities into tangible actions that providers can take to make improvements related to total cost of care, quality measurement and diagnosis accuracy (risk adjustment).

The PMA provides patient information that assists providers 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
- 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.

Clinics are urged 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. The individual language information can be used to predict language assistance resources a patient may require during their visit.

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

## 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'll 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 represents 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](https://healthpartners.com/healthplanequity) ([healthpartners.com/healthplanequity](https://healthpartners.com/healthplanequity)) to the form with your clinicians so they can complete and submit it. Thank you for supporting the work of these organizations in increasing diversity in medical fields and improving health equity in our communities.

We appreciate your partnership.

## HealthPartners membership language data

HealthPartners members, like [the Minnesota population](#), has a wide diversity of languages spoken. It’s important to understand the language needs of our membership to best be able to provide equitable access and quality of care.

See below for our current membership language data breakdown by product.

### COMMERCIAL MEMBER LANGUAGE DATA

	2016	2017	2018	2019	2020	2021	2022
English	98.5%	98.5%	98.5%	98.6%	98.6%	98.6%	98.6%
Spanish	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%
Hmong	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Vietnamese	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%
Somali	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Cambodian	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%
Russian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Loatian	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mandarin Chinese	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amharic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Oromo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cantonese	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Karen	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Arabic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Nepali	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Language	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%

*Note: Percentages are calculated excluding unknown members from denominator*

## MEDICAID MEMBER LANGUAGE DATA

	2016	2017	2018	2019	2020	2021	2022
English	90.0%	89.5%	89.2%	89.3%	89.6%	89.9%	89.0%
Spanish	2.6%	2.7%	2.8%	2.8%	2.8%	2.8%	2.7%
Somali	1.2%	1.7%	1.8%	1.8%	1.7%	1.6%	1.9%
Vietnamese	1.4%	1.4%	1.4%	1.3%	1.2%	1.2%	1.1%
Hmong	1.1%	0.8%	0.7%	0.8%	0.8%	0.8%	0.8%
Oromo	0.6%	0.6%	0.8%	0.8%	0.8%	0.8%	0.8%
Amharic	0.5%	0.5%	0.5%	0.5%	0.6%	0.6%	0.6%
Nepali	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%
Mandarin Chinese	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Arabic	0.2%	0.2%	0.2%	0.3%	0.2%	0.2%	0.3%
Karen	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.6%
Russian	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Cambodian	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.0%
Cantonese	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
Loatian	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Other Language	0.8%	0.9%	0.9%	0.9%	0.9%	0.9%	1.1%

*Note: Percentages are calculated excluding unknown members from denominator*

## MEDICARE MEMBER LANGUAGE DATA

	2016	2017	2018	2019	2020	2021	2022
English	99.5%	99.4%	99.4%	99.4%	99.4%	99.3%	99.2%
Vietnamese	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%
Spanish	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Hmong	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Cantonese	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Mandarin Chinese	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Russian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Loatian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cambodian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Arabic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amharic			0.0%		0.0%	0.0%	0.0%
Somali					0.0%	0.0%	0.0%
Nepali	0.0%	0.0%					
Karen							0.0%
Oromo					0.0%		
Other Language	0.2%	0.3%	0.3%	0.3%	0.2%	0.3%	0.3%

*Note: Percentages are calculated excluding unknown members from denominator*

## MSHO MEMBER LANGUAGE DATA

	2016	2017	2018	2019	2020	2021	2022
English	66.4%	66.5%	66.5%	67.0%	66.9%	68.6%	69.0%
Vietnamese	9.6%	9.7%	9.6%	9.4%	9.2%	8.7%	8.5%
Hmong	4.4%	4.2%	4.1%	3.7%	3.7%	3.6%	3.5%
Cambodian	3.6%	3.4%	3.4%	3.1%	3.0%	2.7%	2.5%
Spanish	2.5%	2.5%	2.4%	2.5%	2.9%	2.8%	2.8%
Somali	1.3%	1.3%	1.3%	1.4%	1.7%	1.7%	1.7%
Loatian	1.4%	1.3%	1.4%	1.4%	1.2%	1.2%	1.1%
Cantonese	1.3%	1.1%	1.2%	1.2%	1.1%	1.3%	1.3%
Mandarin Chinese	0.9%	1.0%	1.3%	1.3%	1.1%	1.1%	1.2%
Oromo	0.8%	0.7%	0.8%	0.8%	1.0%	1.0%	1.0%
Russian	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%
Amharic	0.6%	0.7%	0.7%	0.7%	0.8%	0.7%	0.8%
Arabic	0.7%	0.6%	0.6%	0.6%	0.7%	0.6%	0.6%
Karen	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%
Nepali			0.0%	0.1%	0.1%	0.1%	0.1%
Other Language	5.7%	6.2%	5.8%	5.7%	5.6%	5.0%	5.0%

*Note: Percentages are calculated excluding unknown members from denominator*

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](https://healthpartners.com/fastfacts).

**Fast Facts Editor:** Mary Jones

# Support for Depression and Anxiety After Having a Baby

## 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 birth parents 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 birth parent's ability to care for themselves and their baby, they may have postpartum depression.

Postpartum depression can begin anytime in the first 12 months after delivery. Postpartum anxiety can also develop during this time and sometimes a person can have symptoms of both. About 1 out of 5 birth parents experience postpartum depression and/or anxiety.

### 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?

If you are the father or partner, keep in mind the behavior and feelings of a new mother (birth parent) are due to the illness of postpartum depression or anxiety. Try not to judge. This is not something they can just fix, stop feeling or that goes away on its own.

Do not assume everything is fine because they say they're fine. Feeling ashamed of not being happy can keep a birth parent from seeking help. Pay attention to what your partner does and 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.

### How to be supportive:

- Check in with your partner several times a day. Offer help whenever needed. Tell your partner what you are thinking and what is going on for you.
- Ask your partner how they are feeling and that it is safe to share any thoughts with you. If you sense something is wrong, talk about it. You can show support just by being there. Stay close, even when there is nothing to say.
- Encourage your partner to rest and eat even if they are not able to sleep or feeling hungry. Rest and good nutrition are important for healing.
- Spend as much time caring for the baby as you can. Be patient. Your positive support is important to your partner's recovery.
- Encourage your partner to talk to their doctor. Many birth parents 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 could 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'm here for you.”
- “I love you very much. The baby loves you very much.”
- “You are a great parent.”

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 can also suffer from depression and anxiety

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 or birth partners struggle with depression after their child is born. This is called **paternal postnatal depression** or **PPND**. Depression and anxiety are more likely to occur when the birth parent has postpartum depression.

PPND can look like typical depression but symptoms can also be different. Men are more likely to:

- Report higher levels of anger and irritability.
- Cope by increasing drug or alcohol use.
- Focus more on their work.
- Engage in risky behaviors, such as reckless driving.

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

### How can I take care of myself?

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

- 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, including treatment and support for new parents and their families.

- **Behavioral Health**

We have clinicians specifically trained to treat mood concerns related to postpartum.

- » **Park Nicollet Reproductive Mental Health Program**

952-993-3307

- » **HealthPartners Behavioral Health**

952-967-7992

- **Postpartum Dads**

postpartumdads.org

- **Postpartum Support International**

800-944-4773

postpartum.net

- **Pregnancy & Postpartum Support Minnesota**

612-787-7776

pregnancypostpartumsupportmn.com

For immediate help:

- **Hennepin County COPE Mental Health Crisis**

612-596-1223

- **Ramsey County Mental Health Crisis**

651-266-7900

- Text **MN** to **741741** to find local county and community resources

- **National Maternal Mental Health Hotline**

Call or text **1-833-943-5746** for 24/7 free, confidential support. Resources in English and Spanish for all pregnancy and postpartum mental health concerns.

- **National Suicide Prevention Lifeline**

**1-800-273-8255**

For TTY users: Use your preferred relay service or dial 711 then 1-800-273-8255



# Virtual and Other Support for New and Expecting Parents

Feelings of depression, anxiety, stress and being overwhelmed are common during times of transition. Our care teams 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 and classes (Pre- and postnatal options)

- **AMMA Parenting**  
Online options for prenatal classes and New Mama groups (bring your baby) along with other parent resources and workshops.  
[ammarenting.com/classes](http://ammarenting.com/classes)
- **Blooma**  
Online options for prenatal classes, workshops and free new mom groups available live stream.  
[blooma.com](http://blooma.com)
- **Everyday Miracles**  
Committed to reducing health disparities, Everyday Miracles offers diverse, supportive, culturally-aware education including many virtual class options.  
[everyday-miracles.org](http://everyday-miracles.org)  
**612-353-6293**
- **Postpartum Support International (PSI)**  
Promotes awareness, prevention and treatment of mental health issues related to childbearing worldwide. Many specialty online support groups.  
[postpartum.net/get-help/psi-online-support](http://postpartum.net/get-help/psi-online-support)

## Breastfeeding resources

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

- **Lactation Café**  
Virtual option to visit with a lactation consultant and others who are breastfeeding; get help with questions as you connect and learn from others.  
» Park Nicollet: **952-993-5124**  
» HealthPartners: **651-641-6208**
- **USDA breastfeeding support**  
Information on breastfeeding from WIC (Women, Infants and Children); many topics and resources available.  
[wicbreastfeeding.fns.usda.gov](http://wicbreastfeeding.fns.usda.gov)
- **La Leche League of Minnesota and the Dakotas**  
Free support groups for breastfeeding mothers along with information and other resources.  
[llofmndas.org](http://llofmndas.org)

## Childcare & early education resources

- **Parent Aware**  
Free tools and resources to help families find quality child care and early education programs.  
[childcareawaremn.org/families/parent-aware](http://childcareawaremn.org/families/parent-aware)
- **Help Me Grow**  
Information about infant and child development  
[helpmegrowmn.org](http://helpmegrowmn.org)
- **Early Childhood Family Education (ECFE)**  
Local education programs to help parents support their child's development. Contact your city's community education center or school district.

## Food shelf resources

- **PRISM**  
Located in Golden Valley; no geographic boundaries to use food shelf services.  
[prismmpls.org/food](http://prismmpls.org/food)

- **CEAP (Community Emergency Assistance Programs)**  
Located in Brooklyn Center; no geographic boundaries to use services.  
sceap.org
- **SACA (Southern Anoka Community Assistance)**  
For residents of Columbia Heights, Fridley, Spring Lake Park, Hilltop and NE Minneapolis.  
sacafoodshelf.org
- **STEP (St. Louis Park Emergency Program)**  
For residents of St. Louis Park.  
stepslp.org
- **Neighbors, Inc.**  
Located in South St. Paul; serves the northern Dakota County communities of West St. Paul, South St. Paul, Inver Grove Heights, Mendota Heights, Mendota, Lilydale and Sunfish Lake.  
neighborsmn.org/services/food-shelf
- **Merrick Community Services**  
Two locations in St. Paul serving residents on the East Side of St. Paul and Maplewood. Call **651-287-2088** to schedule your visit.  
merrickcs.org/community-services/food
- **Keystone Community Services**  
Ramsey County food shelves; locations in St. Paul.  
keystoneservices.org/food-shelves
- **360 Communities**  
Serves the greater south metro and surrounding communities with locations in Burnsville, Rosemount, Lakeville, Apple Valley and Farmington.  
360communities.org/resources/food-shelves

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

## Get the help you need

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

To make an appointment for therapy or psychiatry at:

- **Park Nicollet Reproductive Mental Health**  
**952-993-3307**
- **HealthPartners Behavioral Health**  
**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**

Other resources to ask questions or talk to an expert on postpartum depression or anxiety:

- **Postpartum Support International**  
**1-800-944-4773**  
postpartum.net
- **Postpartum Support Minnesota**  
ppsupportmn.org
- **National Maternal Mental Health Hotline**  
Call or text **1-833-943-5746** for 24/7 free, confidential support. Resources in English and Spanish for all pregnancy and postpartum mental health concerns.

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

## 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

