

We Care About Brooklyn: A Social Care Intervention Designed to Optimize Engagement in Maternal Healthcare

Background

Central Brooklyn, which has a high concentration of immigrants and Blacks, is considered the epicenter of NYC's maternal health crisis because of its high severe maternal morbidity (SMM) rates.

Objective

We present formative data on a novel community health worker (CHW)-led intervention called We Care About Brooklyn (WeCAB), which addresses fundamental system-level drivers of maternal death and morbidity in NYC: fragmented care and unmet social needs.

Methods

Funded by the National Institute of Nursing Research, and in partnership with the Arthur Ashe Institute for Urban Health, we conducted community-engaged mixed methods research to design an intervention prototype and evaluate preliminary efficacy. Methods include a document review of commonly used health-related social need (HRSN) screening tools (N=8 tools), qualitative interviews with community partners (N=18) and a pilot RCT trial (N=62). Pregnant women were recruited in a clinic serving Central Brooklyn. Data collection on immigrant experiences, perceived stress (Cohen's Scale), perinatal mental health (Edinburgh Postnatal Depression Scale), and postpartum care is ongoing.

Results

Core intervention components include urgent warning signs education (CDC "Hear Her" campaign), CHW schedules for client check-ins based on gestational age and social risk, and a digital 'closed-loop' care navigation platform called Unite Us[©] that employs a 40-item WeCAB screener to address HRSNs of pregnant persons. Among WeCAB participants, 100% screened positive for at least one need (N=36). Most identified needs include newborn essentials (diapers, car seat), financial insecurity, doula support and parental education (59-97%). Preliminary post-intervention data (N=10) reveal that, relative to control participants, perceived stress was lower in WeCAB participants (12.2 vs. 18.2). Pilot RCT recruitment is ongoing.

Conclusion

WeCAB serves a highly vulnerable population. By mitigating fragmentation through CHW precision support and a centralized digital referral process to community resources, we hypothesize that WeCAB participants will experience reduced stress and greater empowerment, motivating healthcare engagement.