

Using a Life Course Framework in Community MCH Planning



The Northeast Florida Healthy Start Coalition

Carol Brady

Thomas Bryant III

2009 CityMatCH Annual Conference

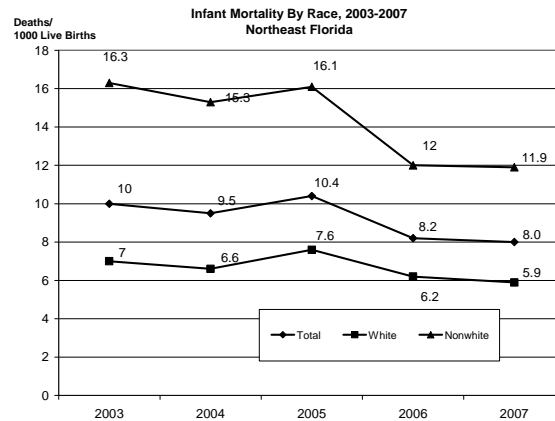
Background

- Community coalition established under state Healthy Start legislation.
- Responsible for planning, funding and overseeing state, federal MCH funding in five-county region.
- Non-profit community-based organization.



[Background]

- About 18,000 births annually in region (65% white and 35% black and other nonwhite).



[Background]

- Jacksonville-Duval County accounts for 70%+ of births and 80% of infant deaths.
- More than 40% of births are AA and other nonwhites.
- Impacted by urban health, social, economic issues

[Background]

- Development of 5-year service delivery plan required by state Healthy Start program (Florida Department of Health)
- Serves as Local Health Systems Action Plan (LHSAP) for federal Healthy Start initiative (Magnolia Project)

[Overview of Planning Process]

- Ad Hoc Planning Committee: diverse group of providers, researchers, community members, partner agency representatives
- Adopted planning framework, reviewed past plans, health status, service data, identified findings, developed strategies, goals

[Plan Purpose]

- To provide an assessment of community maternal and child health and health care needs, resources.
- To guide the allocation of Healthy Start service delivery dollars.
- To identify and develop strategies to address gaps in services.

[Focus]

- How do we reduce our high rate of infant mortality?
- How do we improve outcomes for all women, infants & families regardless of race?
- How do we engage the community in this effort?

[Challenge]

- Plan traditionally focused on needs and gaps in health services.
- Limited impact during pregnancy and no impact on ROOT CAUSES.
- Need for broader framework.

[Why the Life-Course Model?]

- Immobility of the infant mortality rate and other indicators
- Multiples factors influencing infant mortality
- Recognition of “non-health” factors impacting health
 - Unnatural Causes
 - JCCI studies
 - Black Infant Health Initiative

[The Life Course Model]

- National MCH Life Course Meeting (June 2008)
 - How do we translate the model into practice?
 - How do we promote and institutionalize policies that advance this perspective?

[Framework]

The Life-Course Model by Dr. Michael Lu and others

❖ The health and socioeconomic status of one generation directly affects the health status — and reproductive health capital — of the next one

[Life-Course Planning Framework]

Life-Course Model

- ❖ Interplay of biological, behavioral, psychological and social protective and risk factors contributes to health outcomes across the span of a person's life
- ❖ Examine cumulative effect of health status, life events at different stages rather than risks, behaviors and services once a woman becomes pregnant

[Life-Course Planning Framework]

- Programmatic and policy implications:
 - Content of case management and related services moves beyond health, e.g. addresses education and poverty
 - Services organized and delivered in ways that build resiliency and social capital, and reduce dependency
 - Requires inter-disciplinary, inter-agency collaboration and cooperation to address the complex needs of at-risk families

[Healthy Start & The Life Course]

- The **life-course model** broadens the focus of maternal and child health to include both health *and* social equity
- Key factors affecting health outcomes:
 - > socioeconomic status
 - > health care
 - > stress
 - > birth weight
 - > race and racism
 - > health status
 - > nutrition and weight

[Healthy Start & The Life Course]

- Traditional approach:
 - focus on risks, behaviors & services that impact a woman once she becomes pregnant or a child immediately after birth
- Life-course model:
 - focus on cumulative effects of health status, environment at different life stages

[Healthy Start & The Life Course]

- The Healthy Start program: individual case management and risk reduction services, not directly responsible for addressing social determinants
- Plan strategies developed on two levels:
 - What actions can be implemented through Healthy Start?
 - What partnerships are needed between Healthy Start and other organizations working to address social equity?

[Healthy Start & The Life Course]

- Builds on community engagement efforts:
 - Friendly Access
 - Black Infant Health Practice Initiative
 - Black Infant Health Community Council
 - Magnolia, Azalea Projects
 - St. Johns Infant Mortality Task Force

[Planning Process]

- Four stages of life-course examined by committee:
 - Infancy
 - Childhood & Adolescence
 - Preconception
 - Pregnancy & childbirth

[Planning Process]

- Within each stage:
 - Health Status & Services
 - Social Determinants
 - Goals & Strategies

[Planning Process]

- Utilize existing data/resources in the community:
 - Studies
 - Town hall meetings
 - Focus groups
 - Needs/assets assessments
 - Newspaper investigations/stories, etc.
 - Healthy Start program staff

[Planning Process]

- Data review: What do the data tell us?
- Strategy development:
 - What can the Healthy Start program do to improve a woman's/families' chances over a lifetime of having a healthy birth?
 - What partnerships are needed between Healthy Start and other organizations to address social equity?

[Planning Process]

- Select priorities, goals.
- 15 goals and related strategies adopted (goals, summary).
- Implementation activities included in annual action plans for next five years.
- Present plan to Coalition for final adoption.

[What the plan tells us]

- *Today's* babies are *tomorrow's* mothers and fathers.
- Significant *improvements* in infant mortality, low birth-weight and other MCH indicators are *unlikely* to occur unless the *health, social status* of NEF residents is addressed across the *life-course*.

[What the plan tells us]

- We can improve the *effectiveness* of Healthy Start in impacting *individual risks and behaviors* in and around pregnancy.
- There are opportunities to focus and expand the *content of case management* to address *social determinants*.
- *Collaboration and partnerships* are critical to reducing social and environmental risks, building resiliency and achieving health equity.

[Impact of Life-Course Framework]

- Role of the Healthy Start Coalition
 - Partnerships
- Role of coalition members
 - Contacts
 - Involvement in other activities/initiatives
- Local community & agencies
 - You have a stake in infant mortality
 - You are a resource

[From Plan to Practice]

- Life course framework has PROGRAMMATIC implications.
 - Content of case management is expanded (poverty, economic security, education)
 - Services are organized and delivered in ways that build resiliency and social capital and reduce dependency (group activities, self-care)
 - Requires inter-disciplinary, inter-agency collaboration to address complex needs

[From Plan to Practice]

- Contra Costa County: 12 Point Plan
- Development and implementation of Building Economic Security Today (BEST) model

[The Magnolia Project Pilot]

- Focus on specific individual risk factors: family planning, sexuality transmitted diseases, substance abuse, smoking, and other risk associated with poor birth outcomes.
- Immediate (in crisis) and long-term risks.
- Often case managers become the primary support system for women.

[Magnolia Pilot]

- Developed & implemented over six months
- Two levels of services offered to women enrolled in case management
 - Level 1 - Individual case management involved women that entered the program and were in crisis which required one on one assistance.
 - Level 2 – Group level intervention planned, organized and delivered by the case managers and one community partner.

[Magnolia Pilot]

- Selected three areas of focus in the Life Course Model.
 - ❖ Education
 - ❖ Finance
 - ❖ Reproductive Health
 - ❖ Healthy Relationships
- Move from dependence to interdependence while addressing root causes.

[From Plan to Practice]

- Annual case managers training
 - Bridges Out of Poverty workshop
- “1000 in 1000” linkages

[Conclusion]

- Life course perspective can be used successfully as a framework for local MCH plan.
- Approach can effect changes in how services are organized and delivered.

[Lessons Learned]

- Planning process is longer than it appears
- Requires focus: life course can be overwhelming!
- Need access to data beyond traditional MCH indicators (CHARTS in FL)

[Lessons Learned]

- Cannot do this without case management staff input
- Have staff/“numbers person” lead review of the data
- Need to include consumers at the table
- Public presentation to the coalition forces action

[Questions?]

Thank you!

