

# Using a Life Course Framework in Community MCH Planning



The Northeast Florida Healthy Start Coalition

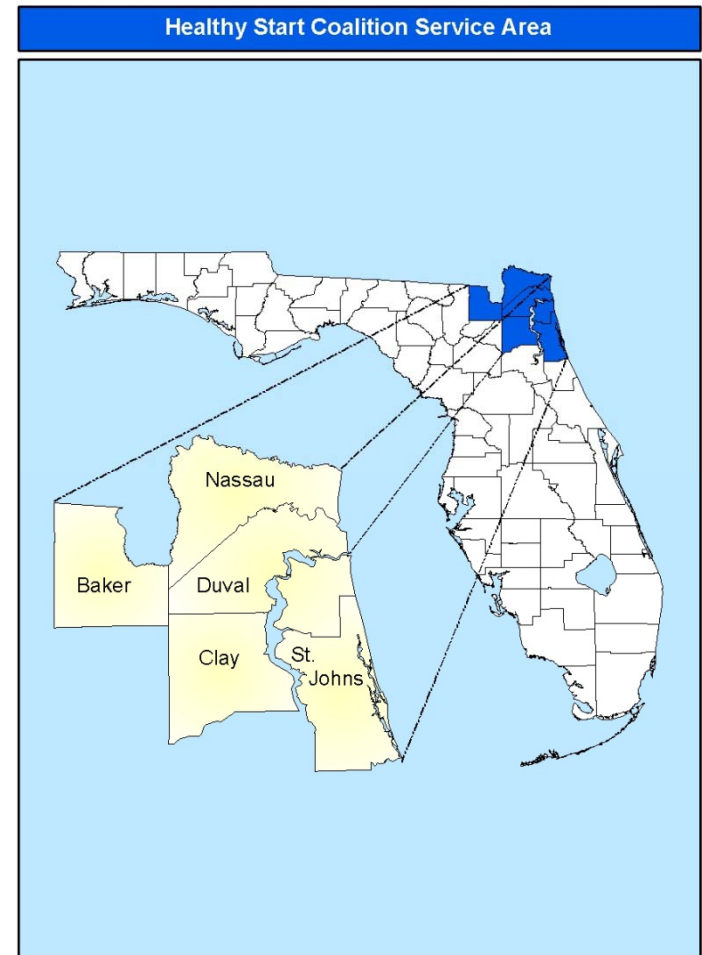
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2009 CityMatCH Annual Conference

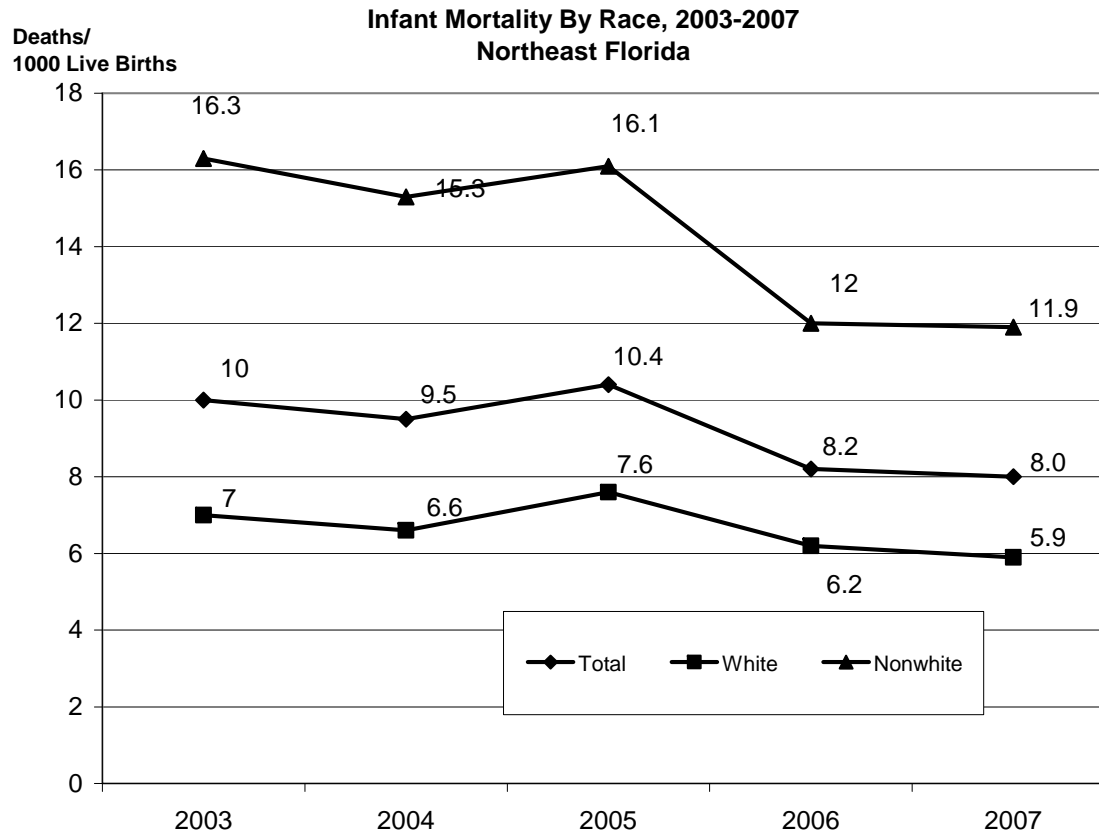
# Background

- 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 ]

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- 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 ]

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- 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 ]

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- 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 ]

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- 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 ]

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- 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 ]

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- 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 ]

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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
  - > race and racism
  - > health care
  - > health status
  - > stress
  - > nutrition and weight
  - > birth 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 ]

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- 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 ]

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

# [ Planning Process ]

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

# [ Planning Process ]

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- 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 ]

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- 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 ]

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- 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 ]

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- *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 ]

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- 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 ]

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- 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 ]

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- 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 ]

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- 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 ]

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- 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 ]

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

# [ Conclusion ]

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- 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 ]

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- 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!

