



MCHB/DHSPS
April 2005 Webcast

April 20th, 2005



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Moderator



Introduction to Action Learning Labs

HRSA/MCHB Webcast – April 20, 2005

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AMCHP Mission

The Association of Maternal and Child Health Programs (AMCHP) represents state public health leaders and others working to improve the health and well being of women, children, youth and families, including those with special health care needs.



AMCHP Strategies

- Advocate for strong national MCH policy and investment;
- Educate policymakers and others on MCH issues;
- Research and analyze MCH policies;
- Provide technical assistance and information to promote MCH best practices.



Action Learning Labs

Action Learning Labs (ALLs) bring diverse agencies and programs together to take collaborative action on priority MCH issues to effect systems change.

Conducted since 1996 on range of topics: e.g., Medicaid/ SCHIP reforms, smoking cessation, perinatal HIV, and disparities in birth outcomes.



ALL Goal

Build capacity of state members and partners to assure positive MCH outcomes through improved:

- Public/professional awareness
- Statewide initiatives/partnerships
- Community engagement
- Access to evidence-based, preventive services/programs
- Integration of services/programs
- Policy/systems changes



ALL Process

Typically 2 informational and planning meetings held 6 months apart.

Participants divide into "travel" and "home" teams:

- "Travel team" attends meetings and conducts initial action planning;
- "Home team" is larger group of stakeholders who refine and implement the action plan.



ALL Process

During Lab #1, travel teams:

- Hear from public health experts;
- Engage in team and cross-team discussions and interactive sessions;
- Identify team assets and priorities;
- Assess obstacles and opportunities;
- Develop preliminary plans w/short-term activities (i.e., 6 mos-1yr) to bring about longer-term systems changes.



ALL Process

During Lab #2, travel teams:

- Assess short-term progress and process;
- Identify challenges and ways to sustain and promote partnerships and activities;
- Review and revise action plans;
- Formulate longer-range goals (i.e., 1-3 yrs);
- Create logic models and evaluation plans for longer-term efforts.



Perinatal Disparities ALL

Overview

Convened MCH leaders from FL, GA, IN, MD & MA to develop strategies to reduce racial and ethnic disparities in birth outcomes.

Teams included members from state, county and city DOH & MCH, Healthy Start, private providers, consumers, March of Dimes, and others agencies and programs.



Perinatal Disparities ALL

Team Approaches

Community development and coalition building:

- Work with Healthy Start to establish standards and guidelines for DOH on community development and disparities.
- Create community development track at annual statewide MCH conference.
- Work with community teams (building on Healthy Start coalitions) to develop statewide disparities plan.



Perinatal Disparities ALL

Team Approaches

Data collection and dissemination:

- Create county-level data books to increase community access to information (also online).
- Conduct focus groups w/women to assess perceptions of pregnancy, racism and effects on access and quality of care.
- Train community partners in use of data and analytic tools for understanding perinatal disparities at local level.



Perinatal Disparities ALL

Team Approaches

Public/professional awareness:

- Develop statewide public awareness campaign on perinatal disparities w/March of Dimes.
- Hold town meetings and press conference on disparities.
- Organize state's perinatal disparities component of APHA Nat'l Public Health Week.
- Poster presentation at perinatal prevention conference for consumers and providers.



Perinatal Disparities ALL

Team Approaches

Care delivery and quality assurance:

- Implement early PNC entry pilot project w/Medicaid managed care and DOH with a focus on care coordination and outreach.
- Begin work to interface and better coordinate state and regional perinatal plans.



Perinatal Disparities ALL

Shared Challenges

- Tension b/t need to take action and need to plan carefully and inclusively;
- Building/rebuilding relationships with other agencies and w/communities;
- Insufficient time, funds and staffing;
- Lack of professional awareness of extent of perinatal disparities;
- Lack of political will to address the issue.



Perinatal Disparities ALL

A major obstacle is history - whether this is really going to make a difference this time, whether this really is going to be something that's going to be followed through, or is this just another political discussion?

- ALL participant



Perinatal Disparities ALL

Lessons Learned

- Address role of institutional racism in disparities;
- Involve community to sustain your efforts and optimize outcomes;
- Create local data capacity and use data to start dialogue and define direction;
- Consider community perspective when defining desired outcomes and measuring success;
- Partner/pool resources to enhance reach.



Perinatal Disparities ALL

Don't get locked into [the idea] that only community people can reach community... sometimes community likes to hear from representatives of institutions, talking about things that no one else will touch... When it comes from some[one] that is not normally seen as an ally, it makes a major difference.

- ALL participant



Perinatal Disparities ALL

More Lessons Learned

- Establish multiple ways to communicate regularly about vision and goals (e.g., calls, e-mails);
- Assure diverse team membership (e.g., professional, geographic, racial/ethnic);
- Recruit partners w/common goals, passion for issues, strong organizational support;
- Clarify definition of "community/consumer";
- Share work evenly across team members;
- Be patient – results won't take place overnight!



Perinatal Disparities ALL

Shrinking budgets and changing priorities require a lot of advocacy - it is hard putting out all the fires! This session, the legislature tried to roll back Medicaid eligibility for pregnant women. We have a lot of work ahead!

- ALL participant




For more info: jdesmarais@amchp.org; 202-775-0436 (ext 115)
 ALL summary: <http://www.amchp.org/policy/disparities-all-report.pdf>

**AMCHP ALL:
 Healthy Start Perspective**

Yvonne Beasley, MN, RN, CNNA
 Project Director, Indpls Healthy Start
 Marion County Health Dept.

1. Overview of Indiana Team and demographics of Indiana women
2. Infant mortality rates and priority counties
3. Top priorities for strategic planning
4. Assets, gaps/needs
5. Healthy Start (HS) Perspective
 - a) Enhanced Awareness of Healthy Start
 - b) Reinforcement of HS Principles
 - c) Increased Awareness of HS Issues
6. State Logic Model
7. Overarching Goals
8. Summary

Indiana's Team

- Johnnie Lewis, Consumer, Indpls Healthy Babies Consortium – consumer
- Yvonne Beasley, MN, RN, CNNA, Director of MCH, Marion County Health Department
 - Julia Brillhart, Executive Director, Indiana Perinatal Network
 - Clementine DeBose, Director Lake County MCH Network, HealthVisions Midwest
- Beth Johnson, RN, MSN, Perinatal Consultant, MCH Services, Indiana State Dept. of Health
- Tasha Smith-Bonds, Program Coordinator, The Office of Minority Health (OMH), ISDH

Indiana's Women

- Women account for 51% of population
- 90.16% white; 8.59% black
- Primarily childbearing age - median age 35.2 (42.74% between 15 & 44)
- Little racial variation; number of people identified as Hispanic growing

– *Women Count in Indiana: County Data Book 2001*



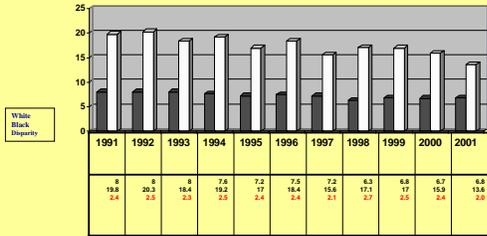
Indiana's Women

- State ranks 4th in prevalence of smoking among women compared to other states
- Over half of residents age 18 & over are overweight or obese; a higher percentage of blacks are obese compared to whites

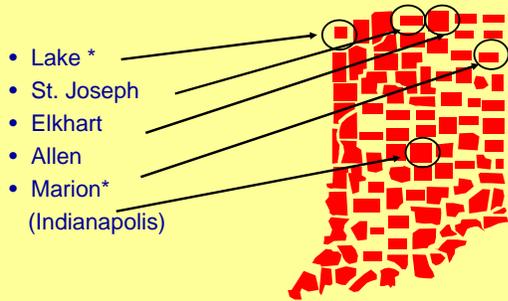
– *Women Count in Indiana: County Data Book 2001*



Indiana Infant Mortality Rate Ranked 38th among States (2000)



Top Priorities: High Risk Counties



Top Priorities: Basis for Strategic Planning

- Early & adequate prenatal care
- Medical model has not provided the overall desired effect expected
- Medical model often does not acknowledge how traditional/cultural practices affect choices made in regard to pregnancy/childbirth
- Biological, psychological and socio-cultural influences affect every pregnant woman

**Top Priorities:
Basis for Strategic Planning**

- Psychological/social factors of individual interact with biological characteristics of pregnancy to create vulnerability to disease
- Some populations are more vulnerable to negative external influences on health, especially those with low SES, limited control over resources, poor nutrition and daily exposure to racism

**Top Priorities:
Basis for Strategic Planning**

- We can no longer provide services as we have been doing
- We must look for unknowns that create barriers to our MCH populations in seeking health care and health behaviors
- We must look to our neighborhoods for resources within to support, nurture and educate families at risk of poor perinatal outcomes

Assets

- *Indiana Perinatal Network* – state coalition, state advisory board
- *Baby First* multi-media campaign
- *Healthy Start* - Marion and Lake counties
- *Lake County maternal Child Health Network*
- *Medicaid Access to Care* pilot
- *Friendly Access* national pilot site
- Prenatal Care Coordination & Healthy Families
- Baby Showers, free pregnancy testing, Early Start, mini-PRAMS
- March of Dimes

Gaps/Needs

- Focus groups to uncover unknown effects of racism & culture on access to prenatal care & effect on perinatal outcomes
- Identify existing neighborhood health related/social resources
- In collaboration with residents, develop strategies to link providers, consumers, and neighborhoods to existing health and social resources
- Identify & work with existing "non-traditional" neighborhood resources/assets (e.g. beauty salons, fire stations) to provide outreach, education and links to needed resources

Enhanced Awareness of Healthy Start

- Community Driven
- Consumer Involvement
- Outreach
- Home Visitors

Reinforcement of the common principles underlying the Healthy Start Program

- Innovation in service delivery
- Community commitment and involvement
- Personal Responsibility demonstrated by expectant parents
- Integration of health and social services
- Multi-agency participation

Reinforcement of the common principles underlying the Healthy Start Program

- Increased access to care
- Public education

Increased awareness of issues addressed by Healthy Start

- Providing adequate prenatal care
- Promoting positive prenatal health behaviors
- Meeting basic needs (e.g. nutrition, housing)
- Psychosocial support or job training

Increased awareness of issues addressed by Healthy Start

- Reducing barriers to access
- Enabling client empowerment

State Logic Model

- Objective: African American communities become empowered to be part of/have a voice in shaping/changing the health care system.

Overarching Goals

1. Increase early entry, utilization, retention and satisfaction in prenatal care, utilizing client perspective to make system changes that are responsive to community concerns.
2. To reduce disparities in perinatal outcomes.
3. Reduce perinatal disparities in Allen, Lake, Marion and St. Joseph counties.

ALL Team Accomplishments

- **Community Development and coalition building:**
- a. Working with 5 community teams (building on Healthy Start coalitions) to develop the statewide disparities plan.
- b. Dr. Gloria Wilder-Braithwaite (presenter) Indianapolis Healthy Babies Consortium April 30, 2004.

ALL Team Accomplishments

- **Community Development and Coalition Building**
- IHS Consumer Connection Conference May 1, 2004.
- State Perinatal Disparities Conference October 1, 2004.
- Advocacy training for IHS Baby First Advocates February 8, 2005.
- IHS Baby First Advocates Workshop March 21, 2005

ALL Team Accomplishments

- **Data Collection and dissemination**
- a. County data books (October 2004)
- b. PPOR introduced to IHBC July 2004 by (IHS and MCHD Epidemiologist).
- c. FIMR/PPOR Integration training August 2004.
- d. Focus Groups 5 completed in 5 counties.
- e. Prenatal, Pediatric, and Provider surveys (Indiana Access).

ALL Team Accomplishments

- **Public/Professional Awareness**
- a. Baby First Advocates Block Party October 2004.
- b. Town Hall Meetings on disparities held in 5 counties.
- c. IHS *Communicator*.
- d. Title V grant to develop interconception and preconception protocols.

ALL Team Accomplishments

- **Care delivery and quality assurance**
- a. Assisting with the Indiana State Department of Health Needs Assessment to develop a 5-year Strategic Plan.
- b. Survey's completed by IHS & IHBC to determine activity regarding the Local Action Plan.
