

Turning the Ship: Making the Shift to a Life-Course Framework

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Oregon Life Course Network Meeting

WI Maternal and Child Health (MCH) Program



Uses life-course perspective as its framework for guiding efforts around:

- healthy birth outcomes
- women's health
- early childhood systems
- children and youth with special health care needs (CYSHCN)
- Integrated chronic disease programs

Objective

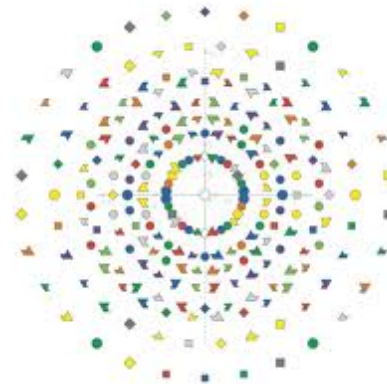
To inform partners, policy makers, and funders of the need for a new approach in addressing racial and ethnic disparities in health

Implementation of the Life-Course Perspective in Public Health Practice

Training and supporting local partners

- Train-the-trainer model

Engaging “special” populations and advocates



Health of Wisconsin

Summary Grades

<i>Life stage</i>	<i>Health grade</i>	<i>Health disparity grade</i>
Infants (less than 1 year of age)	C	C
Children and young adults (ages 1-24)	B	D
Working-age adults (ages 25-64)	B	C
Older adults (ages 65+)	C	D
All ages	B-	C-

REPORT CARD 2010

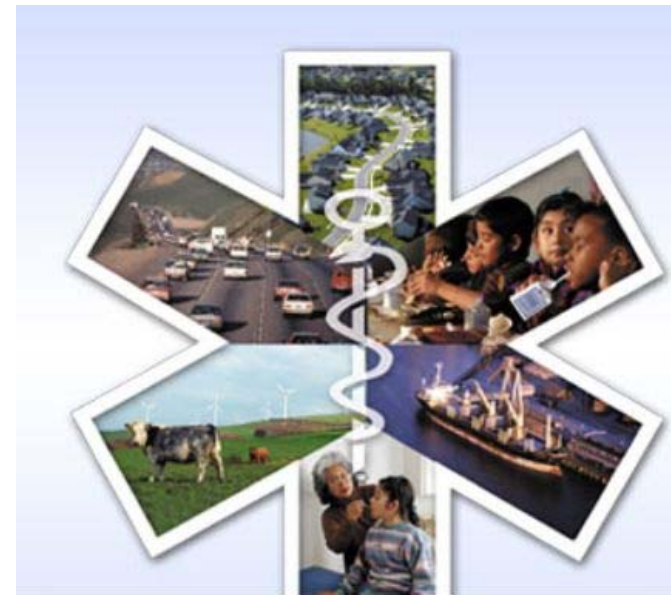
WI Health Report

Good health outcomes are not ubiquitous across the state

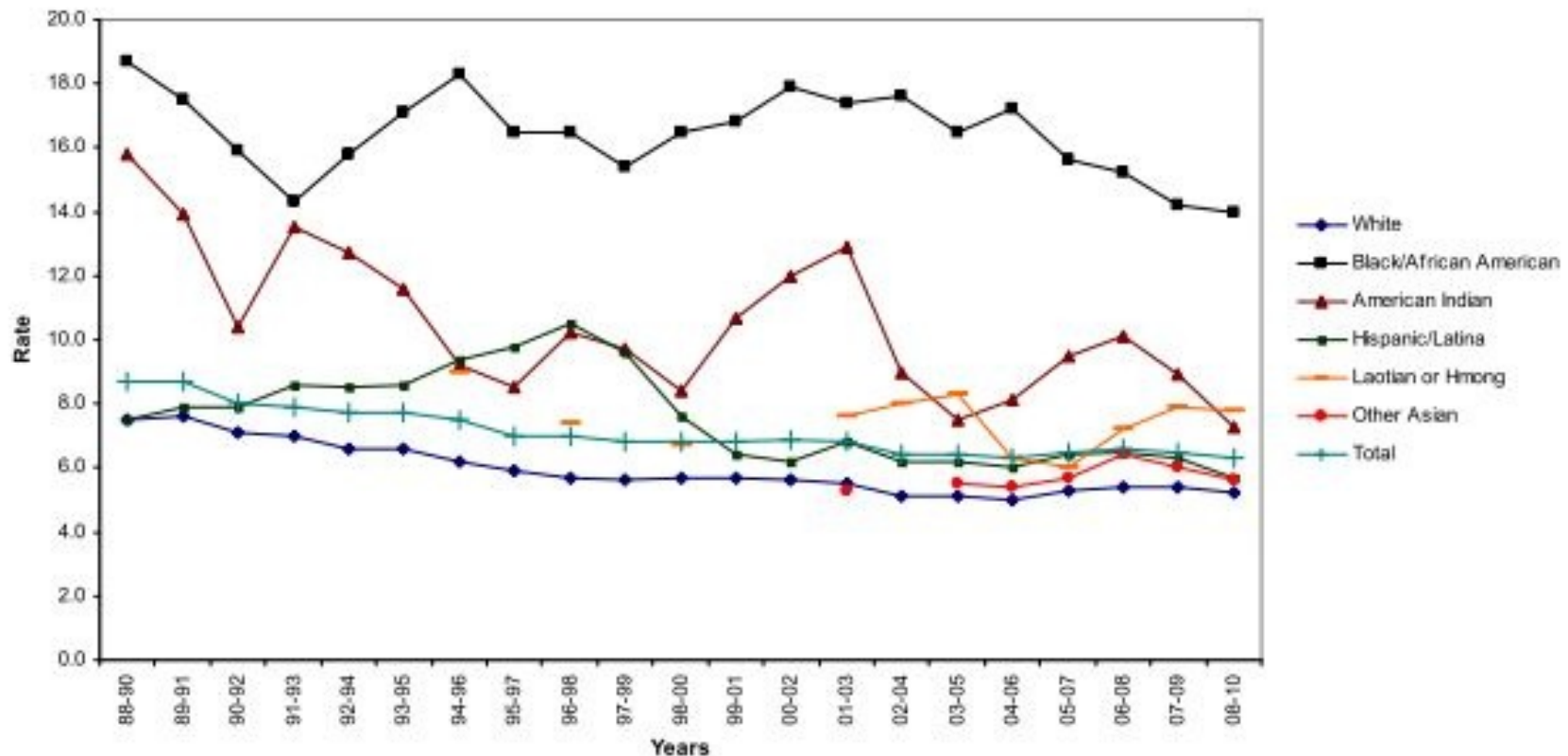
- Lower levels of education
- Minority populations
- Persons living in both rural and urban communities

Health challenges include:

- High rates of poor birth outcomes
- Sexually transmitted infections
- Obesity
- Financial Barriers
- High Rates of Binge Drinking
- Oral Health Issues



Infant Mortality Rates by Race/Ethnicity, Three-Year Rolling Averages, Wisconsin, 1987-2010



Source: Resident birth certificates, matched birth-death file, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: An infant death is one that occurs before one year of age. The infant death rate is the number of resident infant deaths divided by total resident live births times 1,000. For detailed information on 2010 infant, neonatal and fetal deaths, see Table 4-8, pages 102-103. Total includes all infant deaths, including those in groups with annual numbers too small to be shown separately in all years.

Racial/Ethnic Disparities in Birth Outcomes

WI began exploring the life-course as a framework in 2004

- White IMR was 4.5 and the Black IMR is 19.2
- Approximately 96 (of 125) African American infant deaths would have been avoided

WI Rank in birth outcomes has declined

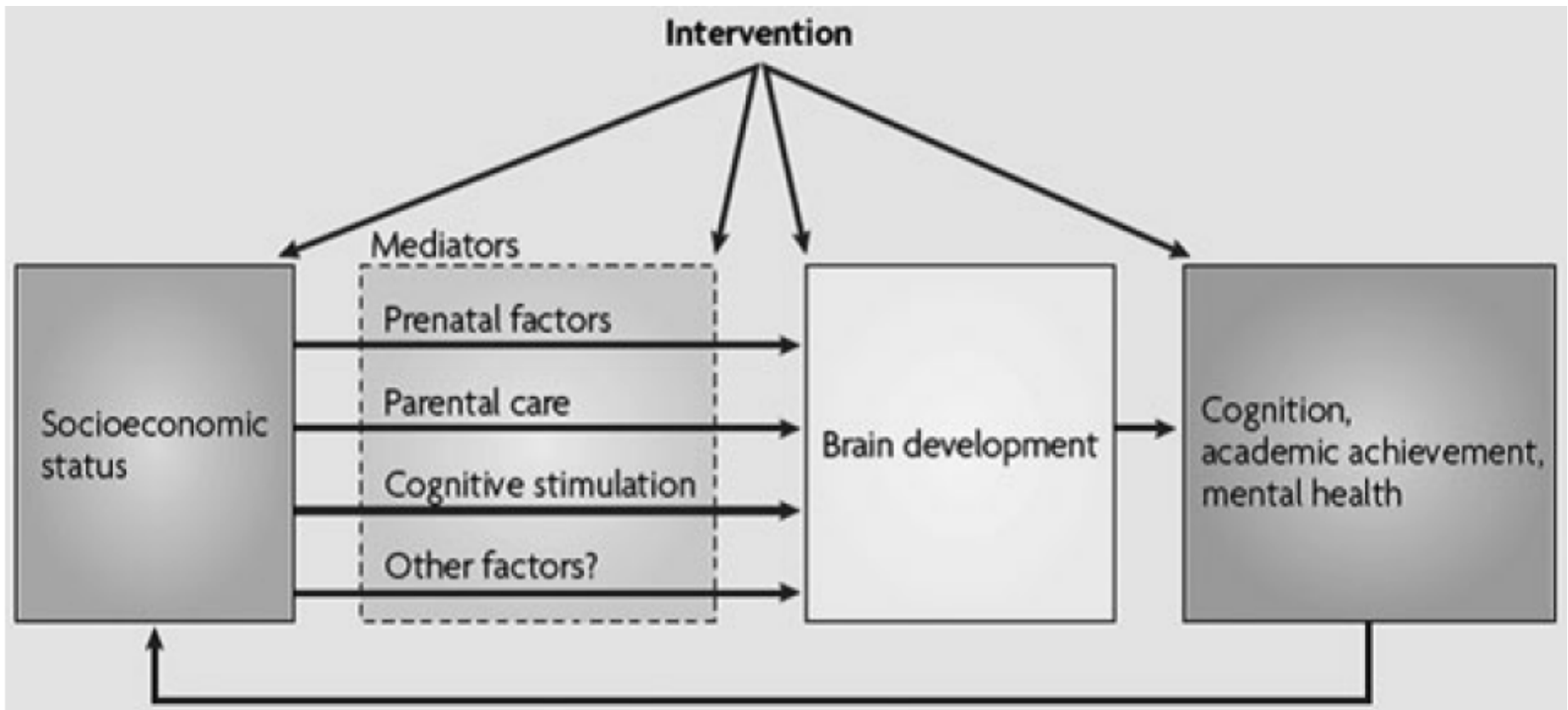
- 1979-1981 WI had the third best African American IMR
- Over two decades later, it has the third worst rate.



Life-Course Framework

- In the mid-1990s program staff and MCH advocates became increasingly concerned with African American infant mortality rates
- Dr. Michael Lu introduced the life-course perspective to WI in 2003
“...we will never eliminate disparities in birth outcomes if we only focus on the 9 months of pregnancy” ... (From Rohan et al. 2013, p. 3).
- Integrates a focus on critical periods and early life events
 - Emphasis on wear and tear overtime: *Allostatic Load*
 - *Context*
 - *Process*
 - *Mechanism*
 - *Timing*

Poverty Poisons the Brain



Birth Outcomes Initiative (2006)

Healthy Birth Outcomes Initiative

Established a Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes

Developed a “Framework for Action” to address 3 goals

- [1] Build and strengthen community capacity
- [2] Expand access to, and availability of high quality services
- [3] Improve accountability



ABCs for Healthy Babies (2008)

Focus groups Southeastern and Southern Wisconsin with most infant deaths occurring in the cities of Racine, Beloit, Kenosha, Milwaukee, and Madison

Collect qualitative data on the following topics:

- Perceptions of factors that facilitate healthy birth outcomes and those that are barriers
- Perceptions of racial disparities
- Life issues and concerns
- Father involvement
- Access to providers and quality of health care
- Safe sleep
- Smoking cessation
- Preterm and low birth weight
- Fetal movement

Surveys to collect baseline data about knowledge, attitudes, beliefs, and behaviors that support healthy birth outcomes and to assess media habits



ABC Focus Group Outcomes

18 focus groups, 138 participants (130 unduplicated)

- Low-income African American women of reproductive age, their families, friends, and community stakeholders were conducted
- Mothers, fathers, and grandmothers

Participants discussed life-course before and after the birth of their children and grand-children

- Many women feel isolated
- Men are engaged in pregnancy but less afterbirth
- Stress is a major barrier to improved birth outcomes

Table II. Frequency Distributions for Selected Items From Burden and Racism Domains

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Burden Items					
I have not been able to provide for my children in the way that my parents were able to provide for me (<i>n</i> = 79) ^a	3 (4%)	9 (11%)	3 (4%)	23 (29%)	41 (52%)
Everyone expects me to be strong for them (<i>n</i> = 166)	66 (40%)	45 (27%)	18 (11%)	32 (19%)	5 (3%)
I am taking care of everyone else, but no one is taking care of me (<i>n</i> = 167)	32 (19%)	46 (28%)	16 (9%)	52 (31%)	21 (13%)
Racism					
I have to deal with racism directed at my children (<i>n</i> = 68) ^a	9 (13%)	20 (29%)	12 (18%)	18 (27%)	9 (13%)
I have to go outside of the African American communities to provide the educational and other resources I desire for my children (<i>n</i> = 92) ^a	11 (12%)	26 (28%)	8 (9%)	30 (33%)	17 (18%)
I have to deal with racism directed at African American children I interact with (<i>n</i> = 162)	27 (17%)	65 (40%)	33 (20%)	23 (14%)	14 (9%)
African American children I encounter have greater exposure to drugs and violence than my white colleagues' children have (<i>n</i> = 151)	42 (28%)	54 (36%)	17 (11%)	25 (17%)	13 (8%)
The African American youth in my community are more likely than other youth to have negative experience with law enforcement (<i>n</i> = 167)	67 (40%)	67 (40%)	13 (8%)	16 (10%)	4 (2%)
People assume I am incapable of performing the job because I am African American (<i>n</i> = 167)	6 (4%)	36 (22%)	25 (15%)	64 (38%)	36 (21%)
Racism is a problem in my life (<i>n</i> = 166)	15 (9%)	46 (28%)	31 (18%)	41 (25%)	33 (20%)

^aIncludes only collaborators who had children.

Journey of a Lifetime Campaign

Social marketing project for the integration of the life-course perspective to improve African American birth outcomes in Milwaukee and Racine

- Goal of increasing public and provider awareness of the life-course perspective

Community advisory groups and technical advisory group of experts

- Involved in the design and implementation

43% of community survey respondents reported having seen campaign ads with the slogan about stress

- Primary methods: Billboard; word of mouth; and radio
- Other dissemination methods: posters; newspapers; television coverage; and e-mail

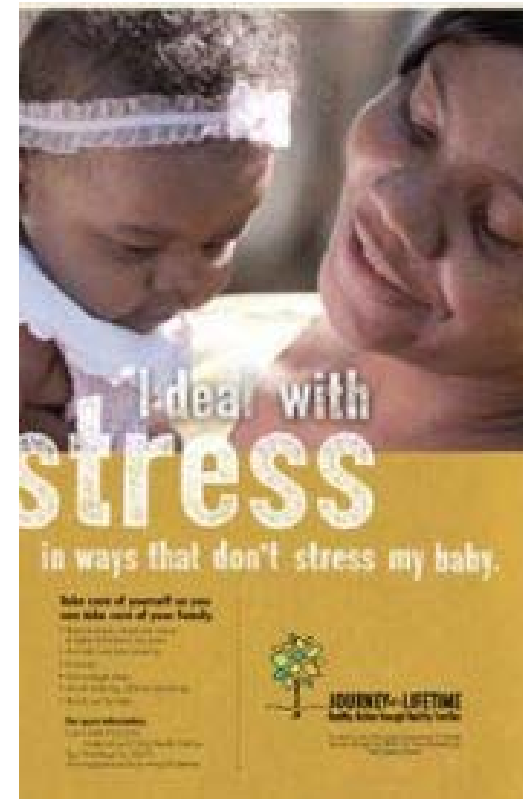
Journey of a Lifetime Campaign: Resource Dissemination

Provided linkages to:

- Preconception/Interconception Resources
- Prenatal Resources
- Family Support
- Social services
- And the Text4Baby™
- Other communication efforts

Created mother and father support circles

- Provide social support to pregnant and parenting women
- Increase father/partner involvement
- Assist couples transitioning into their new role as parents



Life-Course Initiative for Healthy Families (2009)

Initiative in Beloit, Kenosha, Milwaukee, and Racine

Each community formed a LIHF collaborative and developed a community action plan

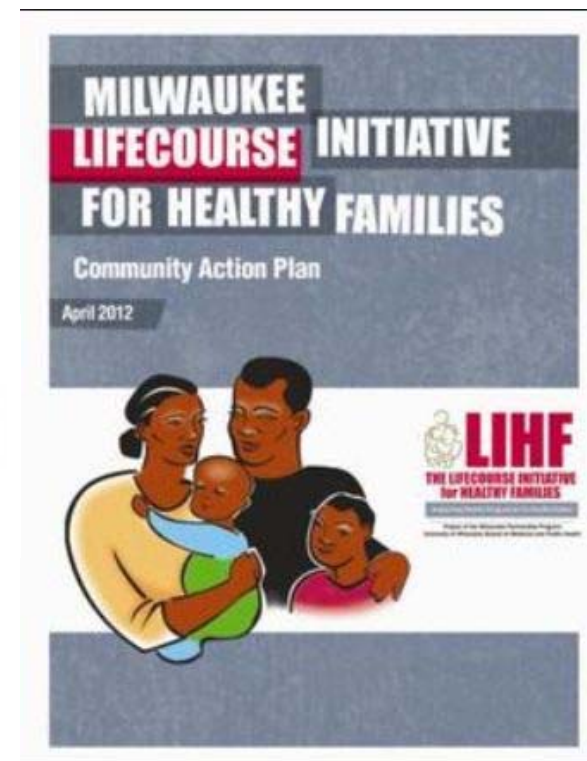
Action plans addressed 3 focus areas

- [1] Improving healthcare for African American women
- [2] Strengthening African American families and communities
- [3] Addressing social and economic inequalities

LIHF Implementation Phase (2012)

MCH staff provided with technical assistance

WI Pregnancy Risk Assessment Monitoring System (PRAMS) survey data source for evaluation of LIHF efforts



Collaborations with Medicaid and Managed Care Organizations

Established statewide high-risk birth registry and a maternity medical home pilot for birth outcomes in the SE portion of the state

Identify women on Medicaid who have had a prior poor birth outcome

- Offer opportunities for interconception services to reduce the risks to subsequent pregnancies

MCH program staff provided input:

- Pay-for-performance benchmarks
- Recommend evidence based practices
- Provided mental health and social service resources to support interconception services within a medical home

Life-course Framework in WI

Key Concepts

Timeline

- *Improving the continuum of services between obstetric care and women's health care*

Timing

- *Focusing on the interconception period as a critical period with lifelong implications for health*

Environment

- *Support coordination of services between managed care organizations and community resources to address risk factors*

Equity

- *Focusing efforts in the are of the state with the greatest disparity in birth outcomes*

The Early Childhood Systems Initiative

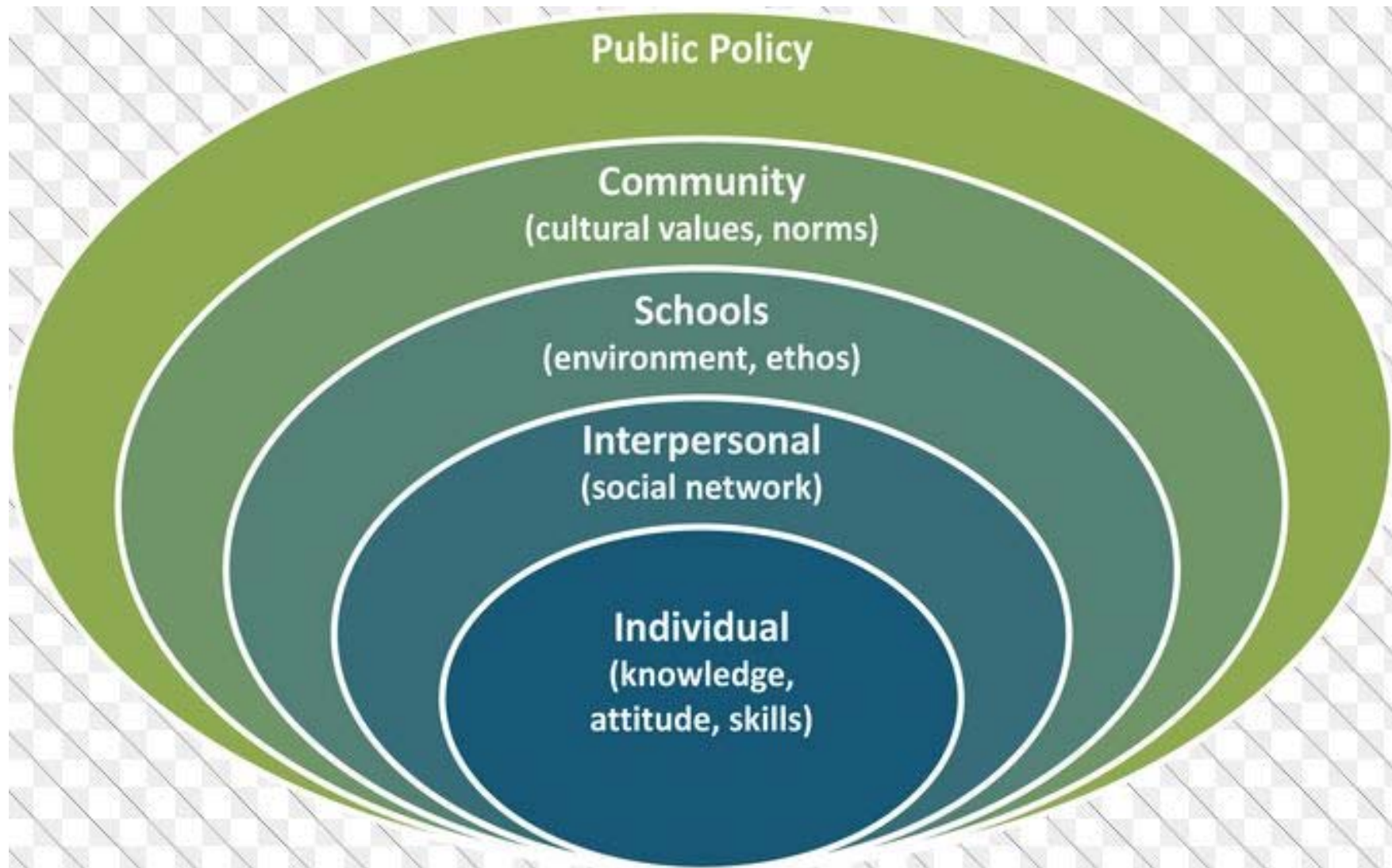
WI 2011-2015 Title V Needs Assessment

- To integrate the needs of all MCH populations into an approach framed by the life-course theory and the social-ecological model

Adverse Childhood Events (ACEs) research indicates that early brain development in early childhood is one of the critical and sensitive periods with life-long implications for health and well-being

- Foundation for learning, behavior, and health





From University of Victoria Center for Addictions and Research in BC, Tools and Resources, 2013

Early Childhood Systems Approaches (2011)

WI Title V MCH Block Grant Funding to local health departments

- Supporting early childhood systems approaches using the life- course framework

Nearly 100 LHDs now funded to progress through steps of assessment, planning, implementation/evaluation, and sustainability/quality improvement related to one or two initiatives

[1] WI Healthiest Families Initiative

[2] Keeping Kids Alive Initiative

Website address here?

Life-Course Training Toolkits for LHDs

Master-training approach with toolkit

Toolkit includes:

CityMatCH Life Course Game

<http://www.citymatch.org:8080/lifecoursetoolbox/gameboard.php>

A website with links to key articles, presentations by national and state speakers

Train-the-Trainer presentation with notes

Sample agenda for community presentation and how to structure the training with these tools

MCH Program staff and partner statewide agency staff also provided individual technical assistance

WI Healthiest Woman Initiative

Creating a framework to guide agencies and providers

- To focus on collaborative strategies to reduce disparities and optimize the health of women of reproductive age

Series of 3 forums

- First forum, stakeholders identified 2 focus areas:
 - [1] Socio-economic determinants of health
 - [2] Sexual Health and Pregnancy Planning

Strategies infused with life-course perspectives:

- [1] Improving knowledge of the social determinants
- [2] Increasing awareness and education to reduce racism
- [3] Training providers in cultural and community humility



Program Integration

DPH & the *Healthy People at Every Stage of Life Framework*

Framework reiterates key prevention and health promotion messages that are relevant through all life stages

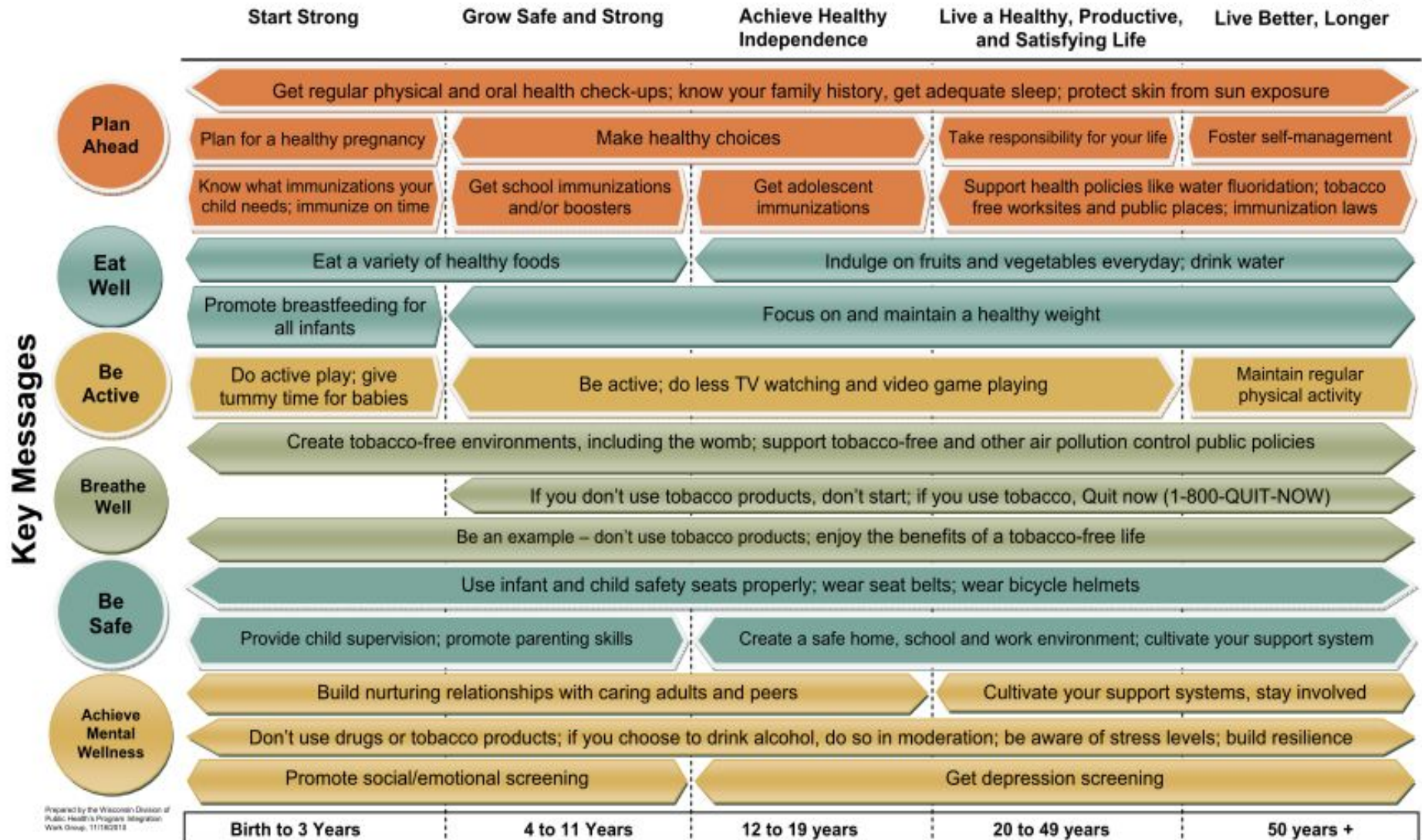
- Clearly connects MCH and Chronic Disease

MCH Program shared life-course framework with partners in chronic disease

- Highlight the relationship between poor preconception; prenatal, infant and child health and chronic disease later in life.



Wisconsin HEALTHY PEOPLE AT EVERY STAGE OF LIFE FRAMEWORK: Core Messages



Prepared by the Wisconsin Division of Public Health's Program Integration Work Group, 11/16/2012

P-08237 (12/16)

Assessment and Lessons Learned

I. Awareness and Buy-In

LHDs

CYSHCN Partners

ABCs for Healthy Families, Care providers and Community Members

II. Broad Scope and Potential for Far-Reaching Impact

Develop and foster new relationships

Measuring life-course concepts (PRAMS and ABCs)

III. Local/Individual Programmatic Efforts: Early Childhood Systems activities

IV. Larger Systems Change: Under construction

Operating within a Life-Course Framework

Requires 3 inter-related strategies:

[1] Increase the knowledge base

[2] Translate life-course theory into a social strategy of programs and policies

[3] Build political will and buy-in for a life-course approach among a broad base of stakeholders

Questions?

