

ClubMom

Outcomes from a non-traditional model of health education for interconceptional African American women at risk for adverse birth outcomes



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Improving Pregnancy Outcomes Program (IPOP)

- One of over 100 federally-funded Healthy Start projects situated across the U.S.
- Service Area
 - Located in Oakland, Alameda County, CA
 - Targets low-income African American women and men in 9 zip codes with most adverse birth outcomes

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IPOP Goals

- Reduce infant mortality
- Improve birth outcomes including low birth weight and preterm births
- Empower participants to adopt healthy lifestyles and to address underlying psychosocial factors impacting perinatal health

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IPOP Intervention Strategies

- Case management
- Group health education
- Fatherhood/male involvement services
- Outreach, information & referral
- Health awareness campaign
- Peer health leadership
- Provider training
- Local health systems change

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Common Issues Faced by Residents

- Poverty/ income instability
- Stress & depression
- Tobacco, alcohol & substance use
- Lack of employment & job training
- Under-resourced schools
- Food insecurity and 'food deserts'
- Housing instability
- Fragile family structure
- Exposure to violence

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Participant Assets

- Resiliency—“handle setbacks, persevere and adapt even when things go awry”
- ‘Make-something-out-of-nothing’ attitude
- Forgiving spirit
- Teachable, open-minded, hungry for information
- Value their children’s education
- Hopeful—want more for the next generation
- ‘Bite the bullet’—tolerate human service systems on behalf of their children/families

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IPOP Challenges

- Needed more robust interconceptional (IC) programming to mitigate trend of women fading away after birth of their infants (most likely due to program’s overemphasis on pregnancy)
- Targeting IC period (in addition to prenatal) is the direction of MCH for improving birth outcomes

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IPOP Challenges

- How can we be sure that we are meeting their real health information needs?
- How should we market and publicize services? engage and retain participants?
- How can we partner with the existing natural helping system?

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Needs Assessment Findings

- Priority health concerns
 - Self: “Having enough energy to get through the day”
 - Children: “Will they do as I say, or do as I do” due to concern over their own health behaviors

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Needs Assessment Findings

- Other concerns
 - Unstable housing & income
 - Live in a “food desert” (ex. 45 blocks between grocery stores in East Oakland); low-control over food choices
 - Fear for safety (at the interpersonal level with partner & at the community level)
 - unsafe home + unsafe neighborhood = where can mom and baby rest, thrive and feel safe?

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Needs Assessment Findings

- Desired health information
 - Do not limit health education to only the physiological aspects of incubating a fetus
 - Prepare women for motherhood psychosocially & economically in addition to medically

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Needs Assessment Findings

- Want a group experience
- Want to attend fun events that are educational—a respite for moms
 - i.e., Should not feel like school
- Want free food and childcare at all events
- Want events to be held often and in their neighborhoods

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Needs Assessment Findings

- Do not want events to be held in churches
- Want ongoing relationships with staff—“a health education home”
- Want incentives in the form of gift cards, housewares, and items for mothers & babies

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Needs Assessment Findings

- Consumers want programming implemented in a way that is non-stigmatizing
 - No “stress reduction” workshop
 - No “depression” support group
 - No “birth control” class
 - No “at-risk for poor outcome” label

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Needs Assessment Findings

- Want to share their individual pregnancy and parenting experiences with younger, less experienced women
- Printed materials must be
 - Brief, yet interesting
 - Colorful and attractive
 - Provide resource and referral information so one can take action

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Building a Health Education Home

- March of Dimes, CA Chapter Community Grant funding in 2009-2010 allowed IPOP to expand from 1 to 3 venues
- Capitalize on existing relationships → Case manager as ClubMom facilitator, peer volunteers
- Neutral neighborhood location near public transit hubs
- Food and bus tickets were provided along with highly desired participant incentives (grocery gift cards, raffle prizes, etc).

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Building a Health Education Home

- MPH-level perinatal health educator develops monthly session plans in consultation with ClubMom facilitators through team meetings
- Three monthly rotating themes
 - Mental health
 - Healthy eating/active living
 - Relationships
- All ClubMom venues have same monthly topic; makes coordination and publicizing ClubMom more efficient

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ClubMom Agenda

- Moments of informal, familial socializing woven throughout session
- Facilitator shares key perinatal health messages & guides discussion
- Guest speaker and/or interactive group activity
- Licensed MFT triages difficult/painful moments & provides closure on topic
- Related resource highlight

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Family Health Holiday Celebration



ClubMom Objective

- Positively change the **CONTEXT** in which young African American mothers make decisions around their health and related behaviors so that it includes:
 - Social **SUPPORT**
 - Health **INFORMATION**
 - Knowledge of **RESOURCES**
 - Health-seeking **MOTIVATION**

Evaluation
foci

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ClubMom Evaluation

- Evaluation focused on measuring the change in this context
 - Shift from traditional health education which targets individual behavior change
- Pre-test at enrollment, followed by post-test at ten-months
- 143 women participated in ClubMom sessions over 10 months

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Evaluation Results

- Twice as many women felt they had more health information about stress and depression (35% → 61%)
- Almost three times as many women felt they had more information about eating healthier and exercising (26% → 65%)
- Number of women who reported an increase in social support for relationship issues increased (70% to 91%)

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Evaluation Results

- Participants indicated that they were more likely to seek help for:
 - stress & depression (65% → 78%)
 - healthier heating/exercise (58% → 65%)
 - relationship issues (57% → 91%)
- Twice as many women could name a provider where they could get help and services about healthier eating & exercise (39% → 78%)

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ClubMom Challenges

- 'Victim of our success' → Need a larger family-friendly facility, more resources & staffing
- Stretching staff strengths to their limit
- Facilitator dynamics → Why me? Being chosen to do the work; worthiness
- Difficult to implement within a county government bureaucracy

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Lessons Learned

- Takes one year just to establish a stable cohort of participants for a ClubMom venue
 - Programmatically
 - Get visibility in the word of mouth network
- Interventions must be mediated through trusting and ongoing relationships with staff → “a health education home”

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Lessons Learned

- Must blend health promotion with life skills development, for example:
 - Repairing your credit is a health issue for ClubMom participants because it is related to stress and depression
 - Knowing how to go back to school while receiving public assistance is a health issue because it is related to future opportunities and stability for mom and baby
 - Understanding ones relationships are health issues because it allows women to be aware of their intentions for having sex, which impacts intended and unintended pregnancy

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Future Directions

- Current plans to expand ClubMom and launch ChefMom
- ClubMom texting campaign & social media
 - Culturally-specific positive affirmations, health promotion messages, event invitations/reminders & resource announcements
- Add a fourth venue → ClubMom Mental Health Support Group facilitated by licensed therapist

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“If you build it
[together], they will
come.”

—Teddy Roosevelt

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The End



Questions?



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