

**National Medical Foundation  
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United neighborhood Health Services  
Service Project:

Development of Educational  
Outreach Materials  
(Pregnancy Support Program)

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## **Introduction**

### **Background**

As a Nursing student pursuing an eventual MSN, I am passionately interested in women's reproductive health issues within the field of public health, and consider myself a fierce advocate of accessible, affordable, *demystified* healthcare as a basic human right- rather than a privilege. Upon being accepted to the GE/NMF PCLP summer 2012 scholar program, I began brainstorming my future project contribution to Nashville's United Neighborhood Health Services (UNHS) community. My criteria were quite simple: I wanted to be certain to implement a project that would have a useful, realistic impact and would leave a sustainable (user-friendly) legacy.

### **The Problem**

I was inspired to focus on developing educational outreach materials for a Pregnancy Support Program in Nashville's United Neighborhood Health Services network after many consultations with my advisor and site mentor, as well as after many inspiring meetings clinic staff during community events and at mobile health clinics. While I am aware that of the 23 richest "developed" countries, the United States has one of the highest rates of infant mortality<sup>1</sup>, it was not until I learned of Tennessee's infant mortality rate (13 deaths per 1,000 live births) as being ranked 3rd highest in the nation.<sup>2</sup> These two statistics together moved me toward a pregnancy related service project. My interest was solidified after learning of the following sobering statistics through the Health Resources and Service Administration's Data Warehouse Community Fact Sheet (2010):<sup>3</sup>

### **Nashville Statistics**

- Shelby County's population of 927,644 is comprised of 52 % individuals identifying as African American or Black
- Over 131,000 of the county's residents are completely uninsured
- Over 164,000 residents in the county are living below the US (federal) poverty level

## Tennessee Statistics

- Tennessee's infant mortality rate is currently 31% higher than the national average
- The Tennessee health department reports that a baby dies approximately every 43 hours (U.S. Census, Population Statistics, Time Period: 2010)

## Framework

### Clinic Background

During the summer of 2012, as a GE/NMF PCLP scholar, I was assigned to work at United Neighborhood Health Services (UNHS), a clinic network founded in 1976. According to the clinic website, this is a private non-profit network and is considered a "Healthcare Home" to the surrounding communities. This means that the network aims to provide preventative care, continuity of care, diverts the use of emergency rooms as primary care facilities, and works as a true partner within the community to provide coordination of care and resources. The UNHS network currently has 18 clinics: 8 community clinics, 1 public housing clinic, 5 school clinics, 1 homeless clinic, 2 mobile clinics, and 1 multi-county clinic. All of the network's clinics are located in marginalized, under-served, high-need areas of Nashville and collectively serve approximately 31,000 patients per year.<sup>4</sup> The UNHS model of care is impressive, and aligned closely with my personal philosophy of medical care. UNHS seeks to eliminate barriers to health by striving to bridge care disparities by embracing the following credo: patients are seen *regardless* of ability to pay. That said, UNHS is (in my opinion) a true "family doctor" to the community at large.

### The Need: Pregnancy Support Program

According to UNHS staff, despite the high infant mortality rates and the seeming need, the network of clinics currently did *not* have a structured Pregnancy Support Program, but did serve and refer an estimated 400+ pregnant women per year. This number was cited by several staff, but was guesstimated to be *much* higher in reality. During numerous chats and interviews, clinic management and staff expressed a strong, motivated desire to implement an official Pregnancy

Support Program, and I eventually learned that funding in fact existed in the form of a partnership with AmeriCorps. This was fantastic news.

### **History: Pregnancy Support Program**

After some digging, I learned that a Pregnancy Support Program had existed at UNHS in various loosely interpreted incarnations over the years, but unfortunately no program had ever gained momentum nor received official funding, thus if it did exist, it was usually run informally and small-scale. According to staff, no records existed of the previous program/s, and forms or educational materials were nowhere to be found. After many meeting with my mentor, my site advisor, and several key staff and collaborators- I reviewed my taped audio files and written interview notes to get a sense of *exactly what* a UNHS program should look like. As this information began to take shape, I began to have a more clear idea about the program's structure and thus was able to better begin to formulate educational outreach materials.

### **Funding: Pregnancy Support Program**

In the initial stages, I learned that annual staffing of UNHS's Pregnancy Support Program was currently non-existent, but that some funding would be provided by AmeriCorps in fall 2012. An AmeriCorps worker would serve for 12 months as a stable program associate who would further develop and implement the program as it grew, enabling UNHS to thus better serve low income pregnant women within the UNHS clinic network. This was exciting news. The goal would be to achieve stable funding for this program in the long-run, but for the immediate moment, this was a terrific start. Management and staff hoped to eventually establish an effective tracking mechanism of the program's success in order to facilitate and attract future financial support and aid.

## **Community Project Implementation**

### **Understanding the Scope**

Before tackling educational outreach materials, I needed to further understand the structure and function of the future Pregnancy Support Program. This proved to be a challenge, again, as very little existed in the form of written materials. My information came from many personal interviews with staff. I learned that moving forward, the hopes were that the new, UNHS Pregnancy Support Program would support women more systematically, and through their entire pregnancy process via direct medical care, specialty referrals, education, counseling, and resources. The ultimate goal will be to reduce infant mortality rates, ensure healthy babies and healthy families, and support and empower communities.

The Pregnancy Support Program would strive to:

- Provide prenatal care starting from pregnancy test
- Provide support during pregnancy
- Provide education materials, workshops, classes, resource sharing
- Offer Counseling/Mentoring/Group collaboration
- Risk/Needs Assessment
- Appropriate Referrals
- Tracking/Follow-Up
- Case-Management
- Full post-partum support up to baby's 2 years.

### **Understanding the 3 Year Vision**

After understanding the goals of this new program, and seeing how the need for educational outreach materials fit in, I sought to understand the bigger picture vision. The Pregnancy Support Program's 3 year plan seemed to include the following according to management:

- Year 1: The Pregnancy Support Program will operate at Casey clinic (or Waverly Clinic location)
- Year 1 staffing: AmeriCorps volunteer, 12 month tenure
- Year 2: Program expands and receives 2 AmeriCorps volunteers

- Year 3: Program will secure outside funding based on tracking of community benefit and formally expand to all clinic locations

### **Community Project Challenge**

Now that I was ready to tackle my community project and develop materials, my challenge seemed immense. This Pregnancy Support Program was vast and multifaceted, and it was often confusing and unclear where the program would operate, in what capacity, and how it would be managed. It was at times difficult to track down the “right” people to talk to about the project, and my greatest fear was “reinventing the wheel”. But when it was all said and done, despite these challenges, I began to narrow my scope and focus on developing appropriate outreach educational materials.

My goal was that upon development of the educational materials as a foundation for the Pregnancy Support Program, they would be handed off to the AmeriCorps employee who would implement the Program in fall 2012. The printed educational support materials I set out to develop would need to be:

- Culturally appropriate
- Community relevant
- User-friendly (easily adapted)
- Accurate and applicable

### **Community Project Method**

I deliberately focused on an educational outreach curriculum in the form of information, flyers, handouts and materials potentially adaptable as pamphlets and posters: easily edited, accessible, interesting, smart, and easy to implement.

I collaborated regularly with clinic staff, with the program manager, and several times with the new AmeriCorps worker who had been hired. I sought the advice of nearby Planned Parenthood Clinics, 2 women’s health centers, and friends in the women’s reproductive health world. I

researched online and at the Nashville public library. I spoke with clinic workers, midwives, doulas, and registered nurses. I collaborated with my advisor and mentors, and through this and much research-- 6 categories of educational outreach materials were eventually developed to support the UNHS Nashville Pregnancy Support Program.

### **Community Project: Educational Materials**

1. Prenatal Care
2. Exercise, Eating, Do's and Don'ts
3. Trimesters 1-3
4. Problems and Symptoms
5. Labor & Breastfeeding
6. Post-natal: Birth of Baby to 6months

Each category listed above includes pertinent basic educational materials, handouts, interesting visuals, and culturally appropriate information. In the end, 78 *Word* documents exist within these categories, with the intention of being easily adapted and edited by UNHS, to fit the needs of the clinics and clients. These documents have since been handed off to the staff and I am thrilled to know that they are currently being used by the Pregnancy Support Program for outreach, counseling, education, workshops and collaboration with pregnant mothers.

### **Material Detail**

*The Prenatal Care Material:* This section of materials includes handouts about: What is Prenatal Care, Why is It Important, Prenatal Appointments Schedule, Prenatal Tests Explained, and Prenatal Vitamins Explained.

*The Do's and Don'ts Material:* This portion includes: Foods and Toxins To Avoid During Pregnancy, Exercise During Pregnancy, Healthy Eating During Pregnancy, Smoking, Alcohol, Drugs and Pregnancy, and General Pregnancy Do's and Don'ts.

*Trimesters 1-3 Material:* This detailed section is broken up into all 3 trimesters, and includes the following: What to Expect During Each Trimester, The Mother's Body and How It Changes, Explanations of Baby's Growth (at each stage), and Images of Development During Each Stage.

*Problems & Symptoms Material:* This area covers the following: Emotional Changes and What To Expect, When To Call 911, Existing Health Conditions and Effects On Pregnancy (such as Diabetes, Obesity, Hypertension, Asthma, Depression), and Common Discomforts During Pregnancy (back pain, hemorrhoids, morning sickness and sleep problems).

*Labor and Breastfeeding Material:* Includes Birth Plans, Signs of Labor, Stages of Labor / What To Expect, Inducing Labor, C-Sections Explained, Miscarriage, Breastfeeding: Recent Research, and Breastfeeding: Why Breastfeed.

*Postnatal Material:* This last section includes the following information: New Baby Checklist, and detailed materials about Baby's Development Up To 6 Months (Educational materials for each month of baby's development).

### **Community Project Reflections**

One clearly doesn't really need a formal study to understand that Pregnancy Support Programs and pregnancy outreach are helpful, if not critical in reducing mortality rates, and that such program are instrumental in ensuring healthier pregnancies, healthier babies- and therefore healthier communities.<sup>5</sup>

By providing accessible, affordable, comprehensive pregnancy support, UNHS will be improving the lives of 400+ women, their babies, their families, and ultimately the community at large.

Many disparities influence women's outcomes during pregnancy, and hopefully some of these will be mitigated by the UNHS Pregnancy Support Program:<sup>6</sup>

- Poverty
- Lack of access to resources
- Education
- Adolescent pregnancies
- Preventable infections
- Preterm deliveries
- Low birth weight babies
- Use of alcohol, tobacco, drugs

### **Final Thoughts**

The process of creating and implementing a Pregnancy Support Program from paper-to-people with a non-existent budget is an enormous challenge. My role was multi-faceted: I had to first figure out what this community needed, and then determine the not-yet-existing-program's scope, structure, and then begin thinking about how to tackle creating actual educational outreach.

My first recommendation moving forward is that a strong emphasis be placed on developing the program at *one clinic* as a "pilot", with a focus on creating an effective tracking mechanism of clients and processes so that eventually, this program will be self-sustaining and easily handed off. These processes (and supporting structures) will hopefully be such that they can bend and change with the needs of each clinic to reflect the needs of the community.

My second recommendation is that constant assessment and re-assessment of the needs of the clients and community will be key. A large component of any sustainable Pregnancy Support Project is case management of a patient load, and assessment: tracking referrals and documenting the needs of patients to ensure continuity of care and a successful mission. These statistics will serve a dual purpose and hopefully help secure solid funding in the future, once data is available which reflects both the benefit to mother and child, showing the value in creating healthier babies, educated families, and reduced infant mortality rates.

My third recommendation is that this program obviously continues to develop the scope of outreach to their pregnant patients, but to do so at a gentle pace- rather than attempting to tackle ALL tasks at once. It is best to do a few tasks successfully and thoroughly rather than many with poor coordination or follow-through.

UNHS Pregnancy Support Program will undoubtedly provide necessary tools for pregnant women to achieve healthier pregnancies through education, outreach, and accessible care. Specifically, the program will help pregnant women establish early, regular prenatal care, facilitate strong, positive support networks, *educate* expectant mothers, as well as connect them with necessary resources and referrals as needed.

The educational materials I developed for this program address many basic topics and aim to provide substance for the first stage of this vital community Pregnancy Support Program and I sincerely hope my outreach materials will be a springboard for continuous future development and changes, as this program grows moving into the future.

### **Acknowledgements**

I am grateful for this incredibly valuable, rich experience. I am thankful for the amazing, compassionate, dedicated staff of UNHS clinic network, and to the National Medical Foundation and the General Electric Foundation for the opportunity to serve in such a dynamic community. I feel excited to have been able to glean such inspiration and wisdom from a highly effective clinic network, staffed by motivated, focused individuals all working toward a common cause: the health of their communities. Thank you.

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