A Commonsense Approach

EASY ACCESS CLINICS

Community-based Maternity Medical Homes run by ‘any willing and licensed provider’ in order to ELIMINATE disparities in MCH

- Reality check on disparities
- Reality check on costs
- Ally-ship, for real
- Workforce/pipeline development
- Sustainability/capacity
- Ultimate goal - transformation

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Mission

The mission of The JJ Way® is to inspire change in maternal child health care systems worldwide; to re-empower the birthing mother, father, family and community by supporting the providers, practitioners and agencies that are charged with their care. The JJ Way® system acknowledges that every woman wants a healthy baby and as such, endeavors to provide the optimal setting, culture and environment for her best possible pregnancy outcome.
Vision

All Women have the ACCESS, CONNECTIONS, KNOWLEDGE and EMPOWERMENT necessary to achieve their healthiest possible pregnancy, birth and parenting experience.
What Doesn’t Work?

• Health Care Systems
  Best providers, care, services are available, but not necessarily accessible, not working together,

• Safety-net Services
  Not available when and where they are desperately needed, not up to speed with accessibility issues due to ever-changing nature of the system

• Judgment and Blaming
  System is difficult if not impossible to navigate on your own, ‘punishing’ women for their inability to gain access is having a detrimental effect on perinatal health outcomes and disparities

• Medical model of care: lack of continuity, connection/relationship, time etc.

The JJ Way® is an MCH health care model which gives all women the ACCESS, CONNECTIONS, KNOWLEDGE and EMPOWERMENT necessary to achieve their healthiest possible pregnancy and birth.
The JJ Way® is about

**Access** –
accepting *everyone* for care, regardless
to establishing a maternity medical home
to providers
to resources
to a TEAM willing to provide practical, do-able, *gap management triage*

**Connections** – bonding prenatally – fetus/mom/dad/family/community to TEAM to agencies

**Knowledge** – education delivered The JJ Way (by Jennie-isms), patient to patient interaction, patient to staff interaction, inter and intra agency information sharing for ‘announcing’ and *gap management*, as well as systems analysis

**Empowerment** – all round acknowledgement of fundamental premise, acknowledgement of *mission and vision*, informed consent, informed refusal, non-judgmental respect and support
How Can The JJ Way® Help?

Patients
- Improves patient’s sense of satisfaction with the service
- Improves patients compliance with instructions, office visits, and sharing concerns and complaints
- Bonds patient to staff, practice and each other
- Bonds father of the baby (FOB), family and friends to the practice
- Empowers and prepares women and families for pregnancy, birth and parenting

Staff
- Improves staff satisfaction
- Improves staff job performance
- Bonds staff to patients, babies, FOB, families

Agency
- Improves health outcomes, especially in African American women
- Reduces/ eliminates longer term spending on compromised infants, mothers and families
- Lessens the opportunities for malpractice exposure

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### JJ Way® System

- **Access** – emphasis placed on expediting entry into care by granting instant access and by identifying immediate gaps, obstacles and barriers. The outreach component and word-of-mouth is also key to directing newly pregnant women into the clinic for care. Staff recognize the importance of ‘easy access’ and the impact on perinatal outcomes.

- **Connections** – encouragement for prenatal bonding begins from the first visit. The baby and mother are acknowledged as a unit and the focus is on connecting her to her baby, her supporters and the JJ Way™ TEAM. The TEAM in turn connects her to outside resources and services as needed.

### Traditional Prenatal Care

- **Access** – difficulty may be experienced, even over the phone, due to lack of insurance or under-insurance, unfriendly or unhelpful staff, lack of current or accurate referral information, lack of understanding of local or state system of applying for aid. *Staff are not charged with having to “problem solve” for patients’ financial needs.*

- **Connections** – busy prenatal clinics focus on providing medical care first and supportive care if time and resources allow. Individual practitioners work inside their specific job descriptions generally, taking care not to overlap responsibilities, with the hope that colleagues will provide other resources as needed.
JJ Way® System

- **Knowledge** – continual education is provided on a one-on-one, individualized basis with the same messages being delivered consistently but by different TEAM members at different times. Group education takes place in the waiting area and is fluid and pertinent to the patients that are present. Regular structured classes are also available as requested. The patient understands at all times that she is the decision maker and has the full support of the TEAM to advise her. The TEAM avails itself and each other of information pertinent to improving patients’ knowledge.

- **Empowerment** - Mom is supported in becoming her own best resource, respected and encouraged to be responsible for her own care. FOB, family and supporters are integral to the optimal health of the mother and baby and are offered the opportunity to fully participate as TEAM members.

Traditional Prenatal Care

- **Knowledge** - one-on-one education may be limited due to time constraints and patients’ individual questions are answered only as posed. Group education is accessed through structured, scheduled classes only.

- **Empowerment** - approach in general allows for patients and families to participate, but can be paternalistic and/or intimidating with an expectation that patients just relax and trust the experts.
JJ WAY® MCH System
Provide the optimal setting, culture and environment

• Encourage refurbishment of clinics to reflect warmth and comfort
• Reinforcement of wellness and culturally-specific messages through on-site media, art and staff interactions
• Welcome children, family and friends as part of TEAM
• ‘Heartbeat’ and hands-on sessions with FOB and family
• Stated goal of full-term, healthy baby
• Relaxed, friendly but professional environment
Who are the TEAM?

- Administrative staff
- Ancillary staff
- Practitioners
- Medical Assistants
- Educators/ Doulas
- Outreach staff
- Office manager/ Operations manager
- Program Director
Staff
Qualities and Characteristics

• Dedicated to the philosophy, mission and vision of The JJ Way®
• Ability to relate well with people
• Keeping it light, smiling often
• No fear-mongering allowed
• Golden Rule approach to life

COMPASSION, CONSISTENCY, CARING, CONTRIBUTION, COMMUNICATION, COMMUNITY
Easy Access Clinic Staff – still here, still smiling, still serving, still OPEN!
What are the results?

Reduction of racial and class disparities in PERINATAL health

- Maternal morbidity and mortality
- Preterm labor and delivery
- Low birth weight babies
- Infant mortality
- Increase in agency, knowledge, empowerment

FOR ALL OF US!!!
ELIMINATION of Disparity!

Percent of Pre-Term Births

- White: 13.6%, 12.7%, 3.5%
- Black: 21.4%, 19.5%, 0.0%
- Hispanic: 14.9%, 13.4%, 0.0%
- Total Population: 15.5%, 14.2%, 4.7%

Orange County 2006  Florida 2006  Commonsense Childbirth 2007
Childbirth Education Delivery AND Acceptance
The JJ Way®: Reducing Perinatal Outcome Disparities
A Retrospective Matched Comparison Group Study on Birth Outcomes in At-Risk Populations
Mark Martzen, Ph.D., CIP, Jennie Joseph, LM, CPM

Introduction
The JJ Way®: A model of perinatal care designed by midwife Linda Joseph, to reduce birth outcomes disparities and improve birth outcomes for all mothers and newborns.

Methods
The design was a retrospective matched comparison group study. Institutional Review Board approval was obtained at Baptist University Hospital in October 2012. Data from The JJ Way® was collected and analyzed for this study.

Analysis of the comparison group was created from the Florida Vital Statistics birth records for the same time period (2005-2007). The records with unknown or preterm gestation were removed from the analysis to ensure that the outcomes for two groups were comparable. The study was limited to singleton births who were delivered at term.

Results
The JJ Way® maternity model was significantly associated with lower risk of preterm birth (OR 0.61, p=0.03) and lower risk of low birth weight (OR 0.58, p=0.04) compared to the comparison group.

Conclusions
The findings of this study, which matched women who were at risk for adverse perinatal outcomes and who received care at The JJ Way® model, showed significant improvements in birth outcomes. The JJ Way® model is successfully demonstrated and further studies should be conducted.

Specific Aims
1. To analyze and compare the birth outcomes of patients who participated in The JJ Way® with those of patients who received care from other providers at Baptist University Hospital.
2. To determine if there was a decrease in birth outcomes disparities after implementation of The JJ Way®.
3. To determine if the outcomes for patients who participated in The JJ Way® were similar to those of patients who received care from other providers.

References
[Primary references and citations provided here]
Possibilities

- **Clinical Services**
  - Prenatal
  - Postnatal
  - Pre/Interconceptional
  - Family Planning Clinic

- **Medical Triage**
  - Referral to High Risk OB
  - Referral to collaborating hospital services
  - Health navigation

- **Birthing Center Option**
  - Community-based Birth Center
  - Low risk, full-term pregnancies
  - Natural birth options
  - Midwife delivery
  - Doula support

- **Hospital Birth Option**
  - Collaborating hospitals
  - Midwife or physician delivery
  - Doula support

- **Outreach, Education and Support**
  - Home visiting
  - Clinic-based & community classes
  - Support groups & mentoring
  - Resource referral
  - Care Coordination

- **Community-based Doula Support**
  - Prenatal and postpartum doula services

- **Breastfeeding Peer Counseling Support**
  - Home, clinic and hospital support
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The JJ Way® MCH System Consulting

The JJ Way® MCH System consultation and support includes options for:

• Individual consulting with Jennie or one of her faculty/team
• Training for staff, agency, board members or community leaders (including on-line modules)
• Site visit, local or remote presentation/meeting
• Exploration of business partnerships for neighborhood retail health clinics