

Chronic Disease and Maternal and Child Health Collaboration: First Steps Toward a Life Course-Aligned Public Health Agency

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Abstract

Shifting state public health departments from segmented divisions to agencies that work seamlessly across the life course is an important, yet complicated, goal. Most agencies require starter steps to move this process forward. Grounded in the recent experience of the Louisiana Department of Health and Hospitals, intermediate steps toward creating life course-aligned objectives and services that reflect coordination across funding streams are presented, particularly focusing on collaboration between maternal and child health and chronic disease/health promotion programs, leadership, and staff. Key words: Health Promotion; Maternal-Child Health Services; Family Planning Services

Background

Chronic conditions affect over 12 percent of women of reproductive age in the United States,¹ resulting in adverse health outcomes, increased health care needs, and higher medical costs across their life course.² Chronic diseases can also impair women's reproductive wellness, putting them at increased risk for poor maternal and infant outcomes.¹ Since Lu and Halfon's article on the maternal and child health (MCH) life course perspective,³ public health and clinical approaches have broadened beyond prenatal care to include an emphasis on women's health in advance of conception. Additionally, efforts to establish coordinated national health promotion and chronic disease prevention strategies, including a framework for managing multiple chronic conditions, have been conducted simultaneously, though not always in coordination with the changes occurring in the MCH field.⁴ Due to the prevalence of chronic disease among US reproductive age women and that over half (51%) of pregnancies in the US are unintended,⁵ building a model of wellness over the life course is essential for optimal birth outcomes that protect the health of the next generation. Regardless of their childbearing plans or capacities, promotion of preconception health and coordinated care for women and men with chronic conditions has the potential to improve the health of children, families, and, ultimately, communities.⁶

Innovation

Shifting state public health departments from segmented divisions to agencies that work seamlessly across the life course is an important, yet complicated, goal. Most agencies require starter steps and small wins to move this process forward. Grounded in the recent experience of the Louisiana Department of Health and Hospitals, Office of Public Health (DHH-OPH), this paper will discuss some intermediate steps toward creating life course-aligned objectives and services that reflect coordination across funding streams, particularly focusing on the intersection of the Title V Maternal

and Child Health Services Block Grant (Title V), the Title X Family Planning program (Title X), and Chronic Disease Prevention/Health Promotion.

Strategies

Matrix of Measures

We started by examining the performance measures and outcomes for each major program within DHH-OPH Health Promotion Team and Bureau of Family Health that reached reproductive age women. We created a matrix of performance measures from Title V, Title X, Centers for Disease Control and Prevention (CDC) tobacco prevention and control funding, and the CDC coordinated chronic disease prevention and health promotion funding (CDC 1305), mapping each measure across the lifespan (see Appendix A: Crosswalk of Performance Measures by Program and Age, 2015). This matrix was shared with key leadership and programmatic staff, allowing for clarification about measures and program priorities.

Through this visual approach, staff immediately identified areas of alignment. They found that sometimes the measures themselves overlapped, with the same or similar indicator being asked for by multiple programs and/or focused on the same population. For example, several overlapping performance measures addressed tobacco use, and adolescents were a common population of intervention and measurement for all of the programs. The matrix fostered constructive dialogue about synergy, resource availability, required federal focus areas, priority issues, and state population needs.

Cross Inform

Each of these federal programs has many moving parts, making it difficult for staff within the programs to know every nuance, much less staff from a different department. Providing staff with key resources about each program, including overarching timelines, funding, current and future program directions, and state-level specifics is an informative foundational step. Louisiana's Health Promotion and Family Health staff agreed to incorporate information about the other's programs into their

orientations and invite staff from the other department to offer an annual update, providing opportunities to spark ongoing collaboration.

An important element of fostering ongoing sharing of programmatic information is management's facilitation of relationship-building across divisions among differing levels of staff. While executive staff may have regular opportunities to meet across divisions, program staff may not have a natural opportunity unless it is supported by management. By fostering relationships between staff with intersecting skills and/or geographic areas or populations of interest, shared programmatic directions, performance measures, and program needs are likely to be identified in a timely manner, facilitating collaboration. Additionally, fostering these relationships removes the burden of cross-informing from one or only a few staff members and ensures continual collaboration, even during times of staff turnover.

Capitalize on Existing Opportunities

While it is often impractical to realign an entire agency along the life course all at once, incremental opportunities are available for beginning this work. New initiatives within one program can create collaboration opportunities with other programs, highlighting the importance of regular information sharing. One pivotal opportunity is the new Title X Quality Family Planning Guidelines, which require systematic chronic disease screening and increased attention on Title X clinicians serving reproductive age men as well as women. These programmatic shifts within Title X have created the need for chronic disease risk management materials, especially for men, and seamless referral pathways to primary care providers. The Title X guideline changes align with CDC diabetes, hypertension, and stroke prevention performance measures, and Louisiana has capitalized on this opportunity for collaboration with its third year of funding for CDC 1305. The Health Promotion Team is testing the following changes in select Louisiana Title X clinics: enhanced electronic health record modules for hypertension and diabetes screening and referral; education on hypertension

screening and management for patients and providers; training for regional call centers on diabetes self-management referral; and care coordination protocols between Title X clinics and federally-qualified health centers.

Developing a coordinated approach to communications investment can leverage limited financial resources, meet multiple performance measures, and create further opportunities for alignment and collaboration. Louisiana's Health Promotion Team and Bureau of Family Health started by acknowledging the need for coordinated consumer messaging – both for Louisiana residents and external partners, particularly primary care providers. While both programs were in the midst of on-going communications projects, a commitment was made to collaborate on new project development. Small but important steps were initiated, such as reviewing each other's materials and websites to ensure links to services and resources were correct and consistent. Leadership from both departments committed to having communications staff meet to plan a coordinated approach to reach the reproductive age population. Each of these steps did not require additional funding or extra staff time, but have a positive impact on the ability to meet the goals of multiple programs.

Recommendations

While many agencies aspire to provide life course coordinated services and resources, most will need to take incremental steps towards becoming life course aligned. As Louisiana's experience indicates, there are strategies that result in real changes to organizational culture and greater programmatic coordination that do not require a whole-scale rearrangement of the agency or even, in many cases, additional funds. Agencies that wish to employ this approach are recommended to keep a few key concepts in mind: Begin with the basics; think big, but start small; and be a patient partner.

Agencies and programs interested in pursuing greater coordination need to begin with the basics – knowing who does what, when, how, and why. Making sure that all levels of staff across departments, not just executives, are encouraged to build connections based on intersecting skill-sets,

geographic areas, and/or populations of interest, can lead to more consistent collaboration that can survive staff turnover. Taking the time to map out performance measures across programs and sharing the results can identify areas of overlap that support individual program goals and greater collaboration.

While keeping the larger purpose of engaging in collaborative activities in mind is crucial, it is also important to begin with manageable opportunities for cooperation. Capitalizing on existing opportunities, whether they are prompted by funding directions, performance measures, or new initiatives, gives staff the opportunity to collaborate while meeting program goals and not adding extra work. Plucking the “low-hanging fruit” of collaboration also gives new partners the chance to work together when the stakes may be lower, helping to establish their relationship and a pathway for future cooperation.

All of the involved stakeholders in a positive partnership need to see the benefits for their programs that result from collaborating. Attention should be paid to the development of internal partnerships, as well as external partners and stakeholders, across issues, populations, and/or age groups. Additionally, departments or programs may still make decisions to focus on indicators or actions that are not as synchronous as their partners would wish. Colleagues should not immediately assume that they do not want to collaborate; rather they should reach out to learn more about competing priorities and programmatic factors affecting the decision-making process. Keeping the lines of communication open and working to close disconnects over time will help build solid relationships.

By taking these initial steps, agencies can move their programs towards better alignment along the life course. Collaboration among natural partners such as chronic disease and maternal and child health is an opportune place to start. Such collaboration has the potential to improve preconception

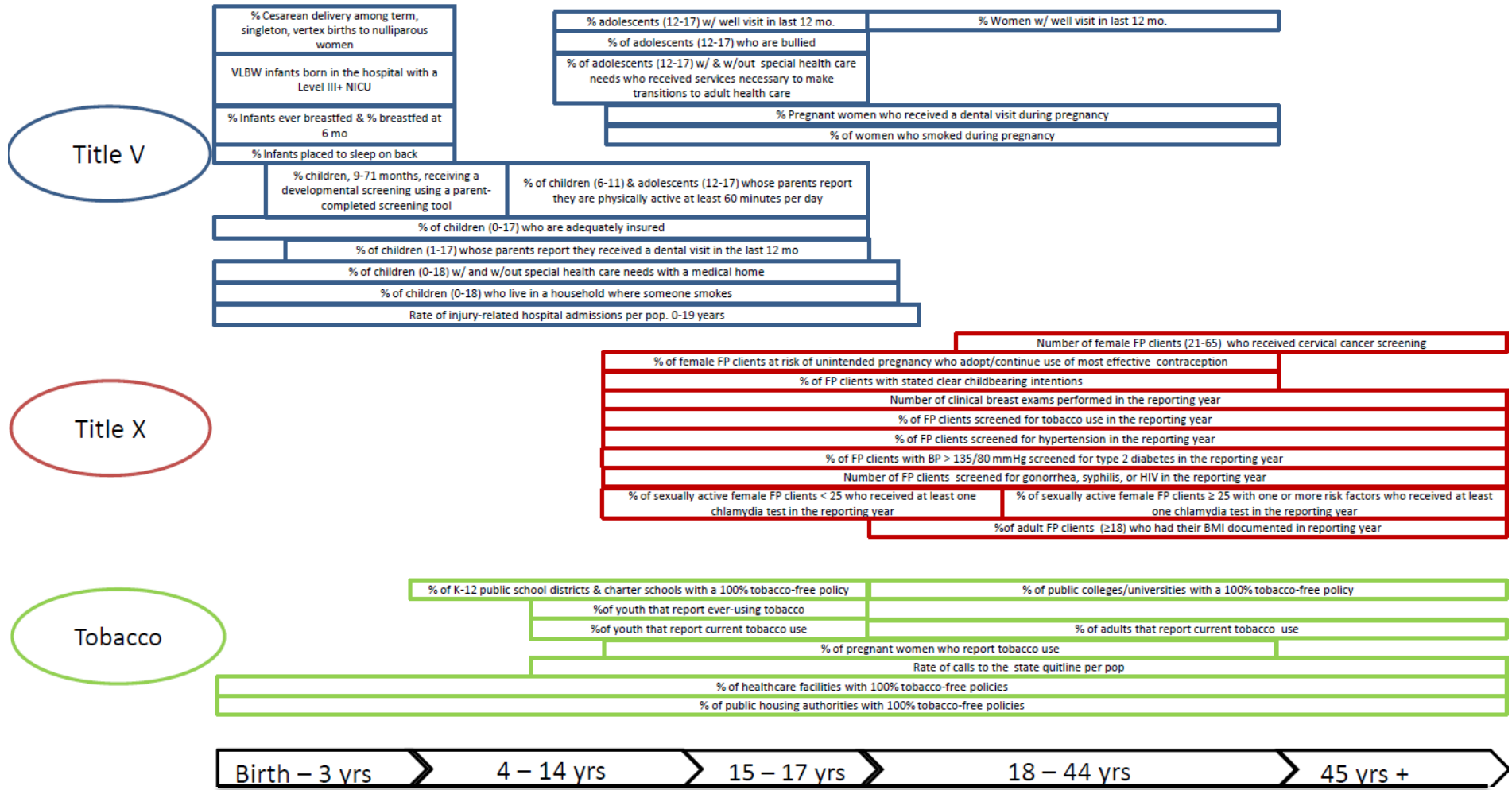
health among reproductive age women and men and, ultimately, improve outcomes for multiple generations.

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Appendix A

Crosswalk of Performance Measures by Program & Age, 2015



1305

Nutrition

Number of ECEs that implement food service guidelines, incl. sodium	# of schools that received prof dev/TA on creating a healthy nutrition envir.	# of worksites that adopted food service guidelines , incl. sodium
Number of children who attend ECEs that have implemented food service guidelines, incl. sodium	# of students in schools that received prof dev/TA on creating a healthy nutrition envir.	# of employees in worksites that adopted food service guidelines , incl. sodium
	% of schools that <ul style="list-style-type: none"> • Est. standards for all competitive foods • Do not sell less healthy foods & beverages • Prohibit all forms of advertising & promotion of less healthy foods, incl. candy, fast food, soda • Price nutritious foods lower & less-nutritious foods higher • Provide info to students/families on nutrition, caloric, & sodium content of available foods • Place fruits & veg near cafeteria cashier • Allow student access to drinking water • Offer fruit/non-fried veg at celebrations • Allow students to purchase fruit/veg 	% of adults who increase consumption of nutritious foods/beverages
	% of K-12 students that ate fruit/veg 3+ times /day	% of adults who are overweight or obese
	% of K-12 students that ate fruit/drank 100% fruit juice 2+ times /day	
	% of K-12 students that drank soda 1+ times /day	
	% of K-12 students that are overweight or obese	
	# of community settings that have adopted food service guidelines, incl. sodium	
	# of people who access community settings that have adopted food service guidelines, incl. sodium	

Diabetes

% of health care systems & % of patients with EHRs appropriate for treating people with diabetes
% of health care systems & % of patients with policies that encourage multidisciplinary-team approach to A1C control
% of patients with diabetes in adherence to medication regimens
% of patients with diabetes with A1C >9
Age-adjusted hospital discharge rate for diabetes as any-listed diagnosis per 1000 people w/ diabetes
of ADA recognized or AADE accredited DSME programs
% of counties with ADA recognized or AADE accredited DSME programs
of Medicaid recipients with diabetes who have DSME as a covered benefit

Hypertension

% of health care systems & % of patients with EHRs appropriate for treating people with hypertension
% of health care systems & % of patients with policies that encourage a multidisciplinary team approach to blood pressure control
% of patients with hypertension with a self management plan
% of adults with hypertension in adherence to medication regimens
% of adults with hypertension who have achieved blood pressure control

