

The following report is an analysis of The JJ Way® program outcomes for participants enrolled between February 2016 and February 2017.

This project was funded by the West Orange Healthcare District.

The JJ WAY®:
Community-based
Maternity Center
Final Evaluation Report



www.vvgroup.net

Table of Contents

Executive Summary	ii
Background	1
Research Aims	2
Methodology	2
EVALUATION RESULTS.....	9
Demographics	9
Race	9
Maternal Age	11
Ethnicity	12
Breast Feeding Initiation	13
Preterm Birth Rates	15
Low Birth Weight	17
CONCLUSIONS	20
Zero Disparities in Preterm Birth Rates	20
Disparity Reduction in Low Birth Weights	20

For additional information about this evaluation please contact the lead evaluators:

Lauren L. Josephs, PhD, LMHC, ACS, NCC

&

Stephan E. Brown, PhD, LMHC, ACS, NCC, FL-CBA

at ljosephs@vvgroup.net or 407-496-6945

Visionary Vanguard Group, Inc. is an independent, consulting firm that provides research, evaluation, education and training services to governmental entities, academic institutions, healthcare organizations and commercial clients. Our Mission is to provide management consulting which assists in improving service quality, achieving optimal outcomes and creating culturally-responsive, higher functioning organizations.

Executive Summary

The JJ Way® is a comprehensive maternity care model that was designed by Jennie Joseph, owner and executive director of Commonsense Childbirth Inc. to address health and healthcare disparities in maternal and child health, and perinatal outcomes in Orange County, Florida. The JJ Way® is implemented through their Easy Access Clinic and 'The Birth Place' birthing center in Orlando, which provides high quality prenatal and postnatal care, birth services and support, as well as educational and social support services to women, regardless of their choice of delivery site or practitioner, or the ability to pay.

Commonsense Childbirth received a Fall 2015 Initiative Grant from the West Orange Healthcare District (<http://wohd1949.org>), with program implementation dates between February 2016 and February 2017. Visionary Vanguard Group, Inc. was engaged to conduct and oversee the evaluation of The JJ Way®: A Community-Based Maternity Center Project and to create this report.

Research Aims

The aim of this research was in part to replicate the 2006/2007 study conducted by the Health Council of East Central Florida to determine if outcomes would be consistent with those previously reported. Namely:

1. Do women who receive maternal care The JJ Way® have better outcomes than women in Orange county and the state of Florida?
2. Are disparities in outcomes eliminated or reduced in the women who receive services The JJ Way®?

Results

Between February 2016 and February 2017, a total of 256 women received services and were enrolled in the evaluation. Written consent was obtained from each to participate.

Preterm Births

Women who received maternal care The JJ Way® had lower preterm birth rates than women in Orange County and the State of Florida. African-American and Black women (who generally have the worse birth outcomes locally, statewide and across the country) who received care The JJ Way® had lower preterm birth rates (8.6%) than

individuals of the same race in Orange County (13%) the state of Florida (13.3%) and the nation (13%). White women also fared well with JJ Way® as their preterm birth rates were lower (5%) than White women in Orange County (9%) and the state of Florida (9%). The positive outcomes are also reflected in the preterm rate comparisons of Hispanic women who received care the JJ Way®. The preterm rates for Hispanic women (4%) were less than half or the rates of Hispanic women in Orange County (9.3%) and the state of Florida (8.9%).

Low Birth Weights

Women who received maternal care the JJ Way® had significantly better low birth weight rate percentages than women in Orange County and the State of Florida. African-American and Black women who received care from the Easy Access clinic had better low birth weight outcomes (8.6%) than individuals of the same race in Orange County (13.1%) and the state of Florida (13.2%). White women also fared well with JJ Way® as their rate of low birth weight babies was much lower (2.8%) than White women in Orange County (7.1%), and those across the state of Florida (7.2%). The low birth weight percentage for Hispanic or Latino women who received care the JJ Way® (1%) was substantially lower than the rate for other Hispanic/Latino women in Orange County (7.8%) and the state of Florida (7.3%).

Conclusions

This evaluation of The JJ Way® model of prenatal care showed elimination of health disparities in preterm birth outcomes and reductions in low birth weight babies in at-risk populations. These findings are consistent with outcomes previously shown by the Health Council of East Central Florida in an evaluation conducted in (2007) as well as dissertation research on the model conducted by Sarah J. Day. Given these findings, attempts should be made to manualize this program to further expand the reach of the JJ Way®.

Background

The JJ Way® is a holistic maternity care model that was designed by midwife Jennie Joseph (JJ)¹ to address health and healthcare disparities in maternal and child health, and perinatal outcomes. The JJ Way® is implemented through the Easy Access Clinic² and The Birth Place birthing center³, both program components of the non-profit organization Commonsense Childbirth Inc.⁴, which provides high quality prenatal and postnatal care, birth services and support, and educational and social support services to women regardless of their choice of delivery site or practitioner, or ability to pay.

In Fall 2015, 'Commonsense Childbirth' received an Initiative Grant from the West Orange Healthcare District⁵, with program implementation dates between February 2016 and February 2017. The principle aim of the program was to increase new patient access to the existing maternity center services by 40% or by at least 240 unduplicated patients presenting for prenatal care and this report provides an evaluation of the outcomes of those patients.

Visionary Vanguard Group⁶, Inc. was engaged by Commonsense Childbirth to conduct and oversee the evaluation of The JJ Way®: A Community-Based Maternity Center Project.

Between February 2016 and February 2017, a total of 256 women received services and were enrolled in the evaluation. Written consent was obtained from each to participate.

¹ <http://jenniejoseph.com>

² <http://easyaccessclinic.com>

³ <http://thebirthplace.org>

⁴ <http://commonsensechildbirth.org>

⁵ <http://wohd1949.org>

⁶ <http://vvgroup.net>

Research Aims

The aim of this research was in part to replicate the 2006/2007 study conducted by the Health Council of East Central Florida⁷ to determine if outcomes would be consistent with those previously reported. That study demonstrated the disparities-eliminating effect of maternal care provided through The JJ Way® model.

Methodology

In order to determine the efficacy of the program, the following data were collected:

- Demographic data including race, ethnicity, and age
- Maternal age
- Gestational age
- Baby's birthweight
- Breast feeding initiation, and
- Number of visits.

Descriptive statistics were generated and the birth outcomes were compared to the local (Orange County) and State (Florida). We also assessed if the outcomes found in the previous 2007 evaluation on The JJ Way®, which was conducted by the Health Council and showed an elimination of disparities in preterm and low birth weight rates, are replicated.

Overview of the JJ Way®

The goal of The JJ Way® is to achieve positive pregnancy outcomes for all. However, particular efforts are made to reach low-income and marginalized people who are uninsured or underinsured; or who are at risk for a poor birth outcome due to the social determinants of health, and the institutional and structural discrimination inherent in

⁷ <http://hcecf.org>

our current health care systems. The JJ Way® achieves this goal through consistently applying its four cornerstones: access, connection, knowledge, and empowerment. The JJ Way® provides 100% access by turning no one away from care. This is true even in the 3rd trimester when women seeking prenatal care for the first time are often refused by other healthcare practitioners.

A Trauma-Informed Approach

The JJ Way® is a trauma-informed, team-oriented approach. The key principles of Trauma-Informed Care as stated by the Substance Abuse and Mental Health Services Administration include:

1. Safety- Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. Trustworthiness and transparency- Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3. Peer Support and Mutual Self-Help- These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. Collaboration and Mutuality- This involves true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach and that one does not have to be a therapist to utilize a therapeutic approach.
5. Empowerment, Voice and Choice- Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated.

New skills are also developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

6. Cultural, historical, and gender issues - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma. (SAMHSA, 2014)

A key aspect of trauma-informed service provision is to create environments where recipients of services do not experience further traumatization or re-traumatization. Re-traumatization may occur in situations that reflect previous experiences of powerlessness and loss of control. Trauma-informed programs are also guided by the four 'R's. As such The JJ Way®:

1. REALIZES the widespread impact of trauma and understands potential paths for recovery. This realization is evident in The JJ Way® focus on providing access to marginalized populations who generally have worse access and health outcomes. It can also be seen in the organizations unwavering focus on eliminating racial and health disparities and moving towards health equity.
2. RECOGNIZES the signs and symptoms of trauma in clients, families, staff, and others involved with the system. This recognition is evident in the partnerships that The JJ Way® has developed to provide women access to mental health services and supports.

3. RESPONDS by fully integrating knowledge about trauma into policies and procedures, and practices. One response that distinguishes The JJ Way® from other programs and providers is the policy that no woman is turned away, regardless of how late she has sought prenatal care. This extends well into the 3rd trimester when women are turned away from other sources of care.
4. Seeks to actively RESIST RE-TRAUMATIZATION. This is done through the four cornerstones of The JJ Way®: access, knowledge, empowerment and connection.

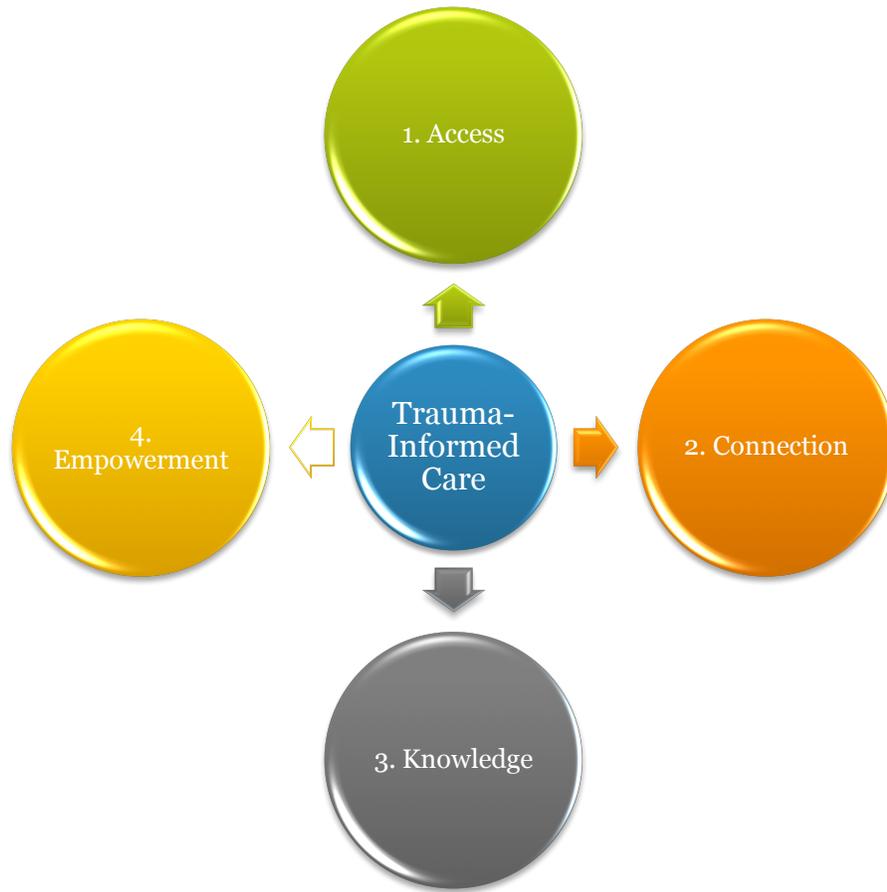


FIGURE 1: FOUR CORNERSTONES OF JJ WAY®

The Four Cornerstones of The JJ Way®

1. **Access** (the main cornerstone of The JJ Way®) to high quality, culturally-congruent, patient-centered, cost efficient health care is a central tenet of the model. No person who is in need of services is ever turned away regardless of insurance or financial situation, citizenship or perinatal risk status. The staff also provides linkages and collaboration with other public and private agencies in an effort to maintain continuity of care for those receiving services and facilitating additional access points through community partnerships.
2. **Connection:** The connection of women to services and supports begin at the first visit and continues until delivery. Prenatal bonding not only between mother and baby, but also with the father, siblings, extended family, friends, and clinic team members is strongly promoted. The patient's family or supporters are invited to participate in the prenatal care process and is viewed as essential to helping achieve the goal of a full-term, normal birth weight infant. Practitioners of The JJ Way®, ensure that all staff, including non-clinical staff such as members of the administrative team and health educators, are included in the care team for the patient. All staff play an important role in achieving healthy reproductive outcomes.
3. **Knowledge** is provided in a number of areas including on how lifestyle impacts babies. Information is delivered in a way that is culturally-responsive to the patients' needs and enables them to make decisions about their treatment at a pace that feels safe to them. Alternative approaches to teaching are utilized. This includes the use of peer educators, and by making use of the time spent in the waiting room to provide informal but thorough group-based education. Through a 'gap management' and team approach, educational messages and delivery approaches are tailored to the clients individual needs. Post-partum education, is also provided. This includes the provision of breastfeeding support, family

planning and well-woman health education, and information about perinatal mood disorders. Knowing that short inter-pregnancy intervals are associated with low birth-weight and prematurity, the importance of letting their bodies rest between pregnancies is stressed and an inter-conceptual health plan is established.

4. Empowerment

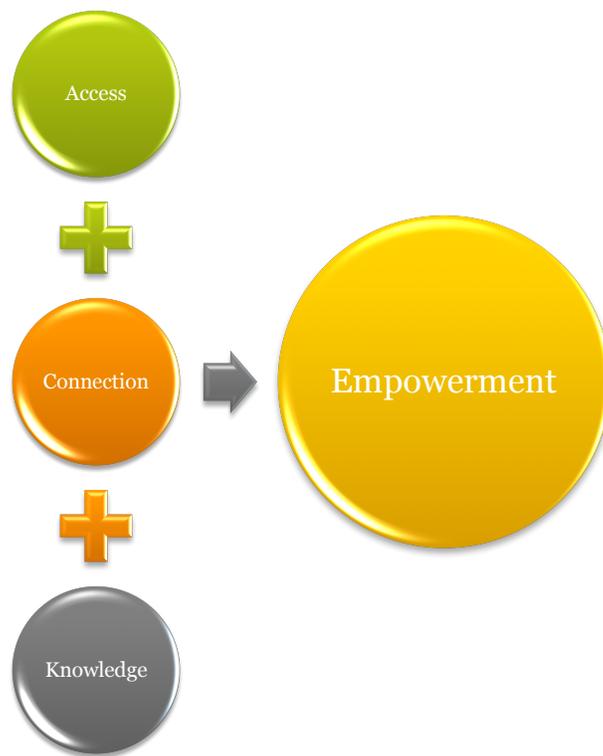


FIGURE 2: COMPONENTS OF EMPOWERMENT

Empowerment results from having access to high quality, cost efficient services, and a connection with supportive culturally-responsive services and natural supports which lead to an increase in knowledge, agency and self-determination.

Preliminary Research on The JJ Way®

During 2006 and 2007, the Health Council of East Central Florida conducted a program evaluation of The JJ Way®. One hundred patients from Joseph’s Easy Access Clinic were enrolled in the evaluation study and followed throughout their pregnancy and delivery. Of the 100 women, 46 self-identified as White, 29 as African American, 17 as Hispanic, and 8 as Asian, Haitian, or West Indian. Information on Hispanic Individuals were coded as members of a specific racial group rather than an ethnic group (this is corrected in the present evaluation). Data were collected prospectively. The study revealed that women who received maternal care The JJ Way® had extremely low percentages of preterm birth and low birth weight infants, and the racial disparities that are typical in these outcomes were not present. Figures 3 and 4 below show the comparisons of The JJ Way® outcomes with Orange County and Florida State outcomes. (Health Council of East Central Florida, 2008).

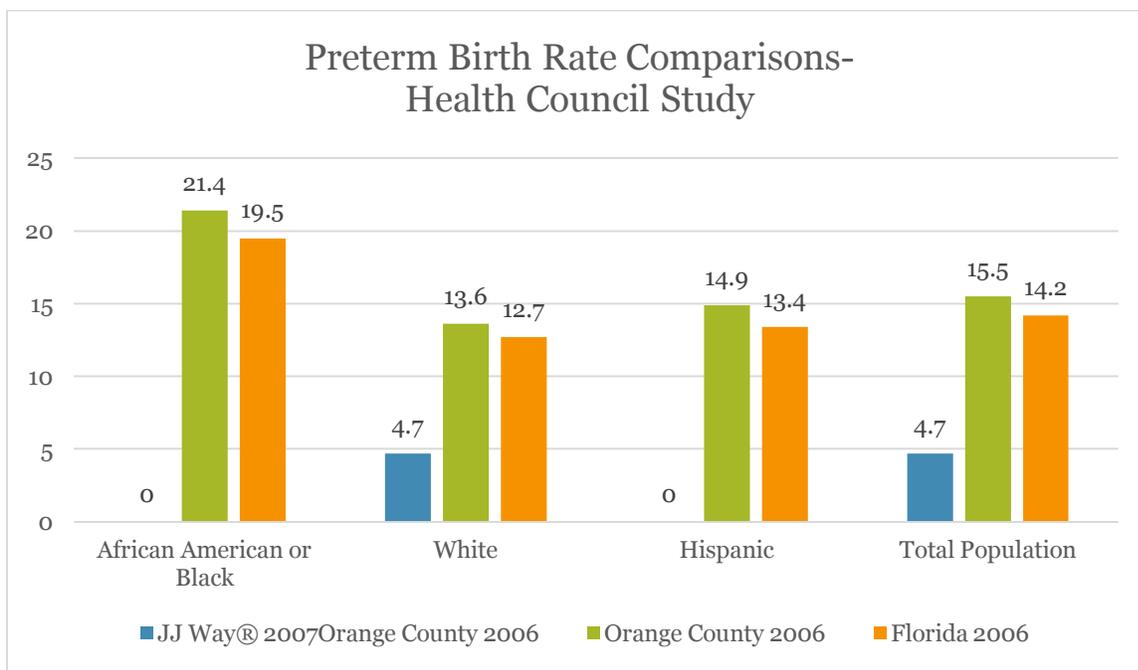


FIGURE 3. COMPARISON OF PRETERM BIRTH RATES OF JJ WAY® VERSUS ORANGE COUNTY AND THE STATE OF FLORIDA, 2006-2007

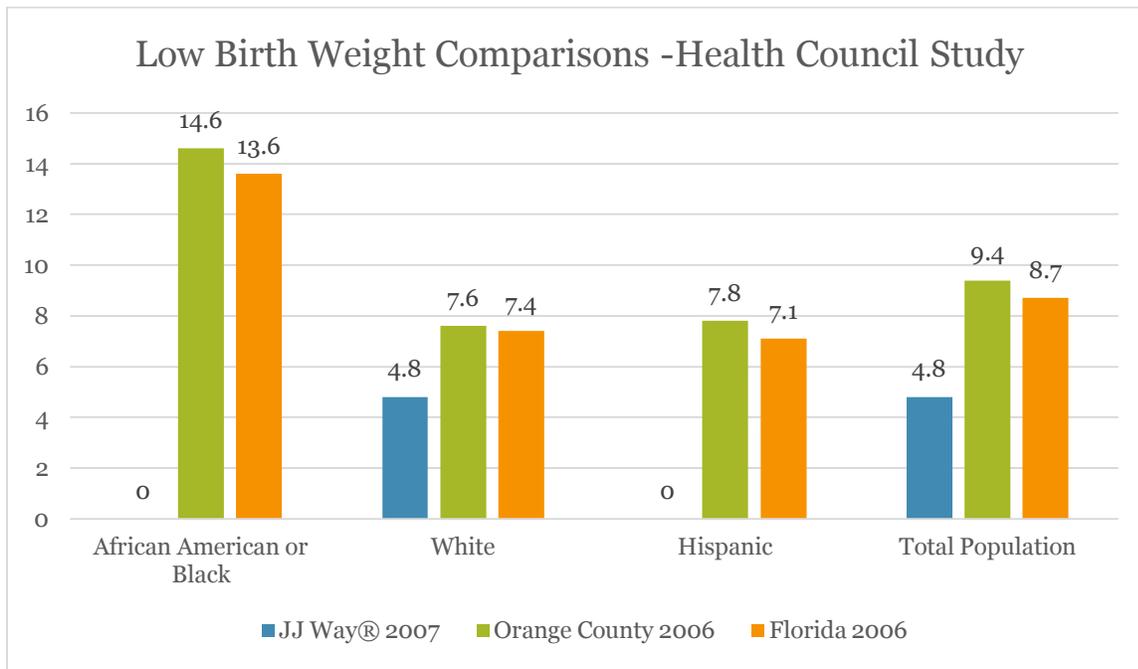


FIGURE 4: COMPARISON OF LOW BIRTH WEIGHT RATES OF JJ WAY® VERSUS ORANGE COUNTY AND THE STATE OF FLORIDA, 2006-2007

EVALUATION RESULTS

Demographics

Two hundred and fifty-six (256) individuals received services between February 2016 and February 2017. The following charts reflect the demographics of the individuals receiving services during the project period

Race

Those receiving services from The JJ Way® Community-Based Maternity Center represented all races. The majority of service recipients (54.7%) were White. Black or African-American individuals made up 36.3%, while Asian, American-Indian or Alaska Native and individuals self-described as “Other” made up an addition 5.1%. The remainder of the individuals (3.9%) declined to provide a race during intake.

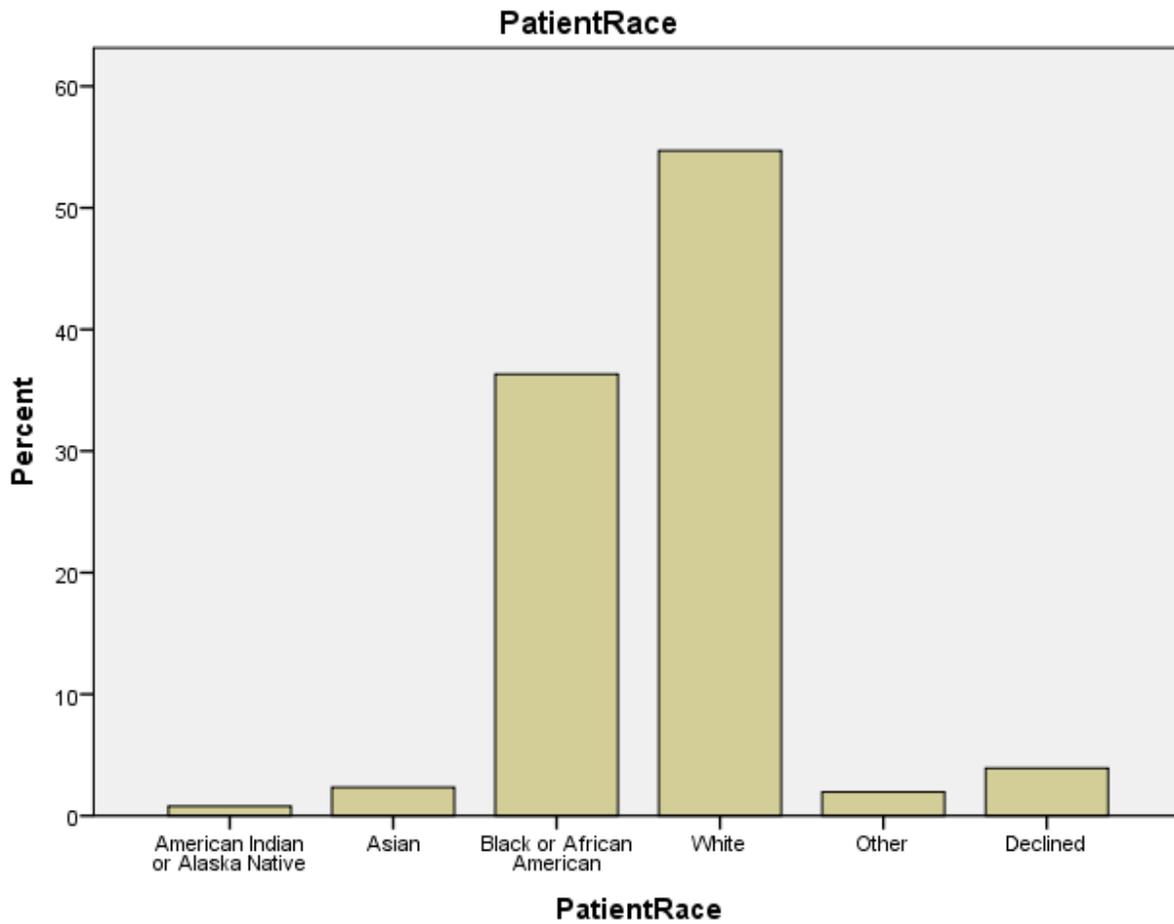


FIGURE 5: PERCENTAGES OF PATIENTS BY RACE

	Frequency	Percent	Valid Percent	Cumulative Percent
American Indian or Alaska Native	2	.8	.8	.8
Asian	6	2.3	2.3	3.1
Black or African American	93	36.3	36.3	39.5
White	140	54.7	54.7	94.1
Other	5	2.0	2.0	96.1
Declined	10	3.9	3.9	100.0
Total	256	100.0	100.0	

TABLE 1: PERCENT OF PATIENTS BY RACE

Maternal Age

The age of program recipients ranged from 15 years old to 44 years old, with the average age (mean) being 26.67 age, and the most frequently occurring age (mode) being 22 years old.

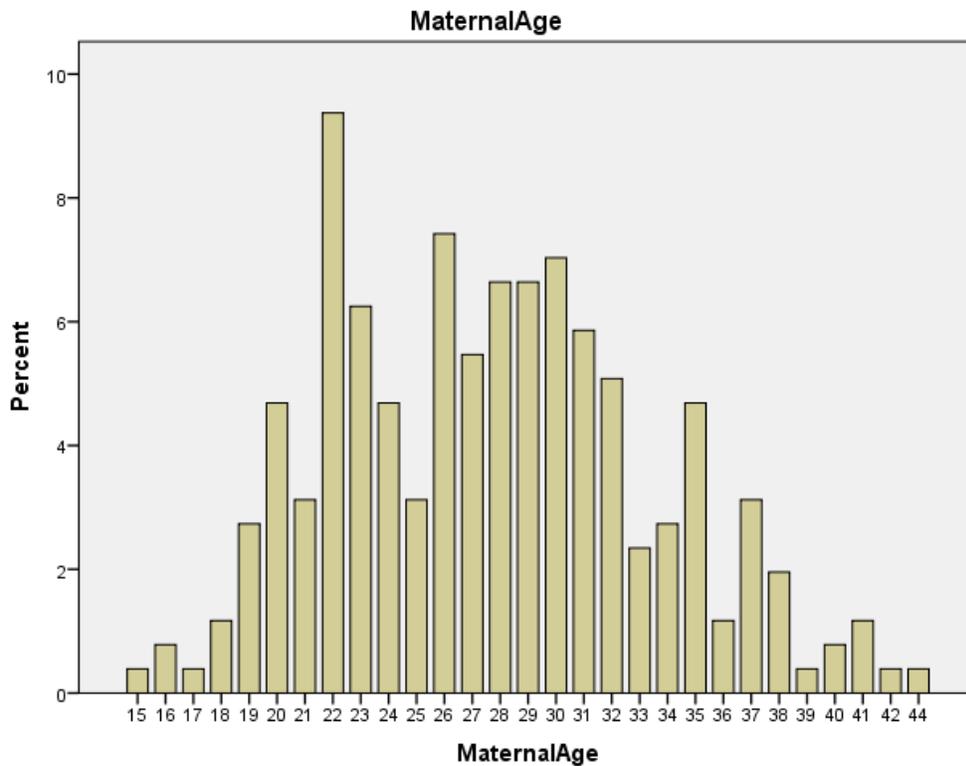


FIGURE 6: DISTRIBUTION OF MATERNAL AGE

Ethnicity

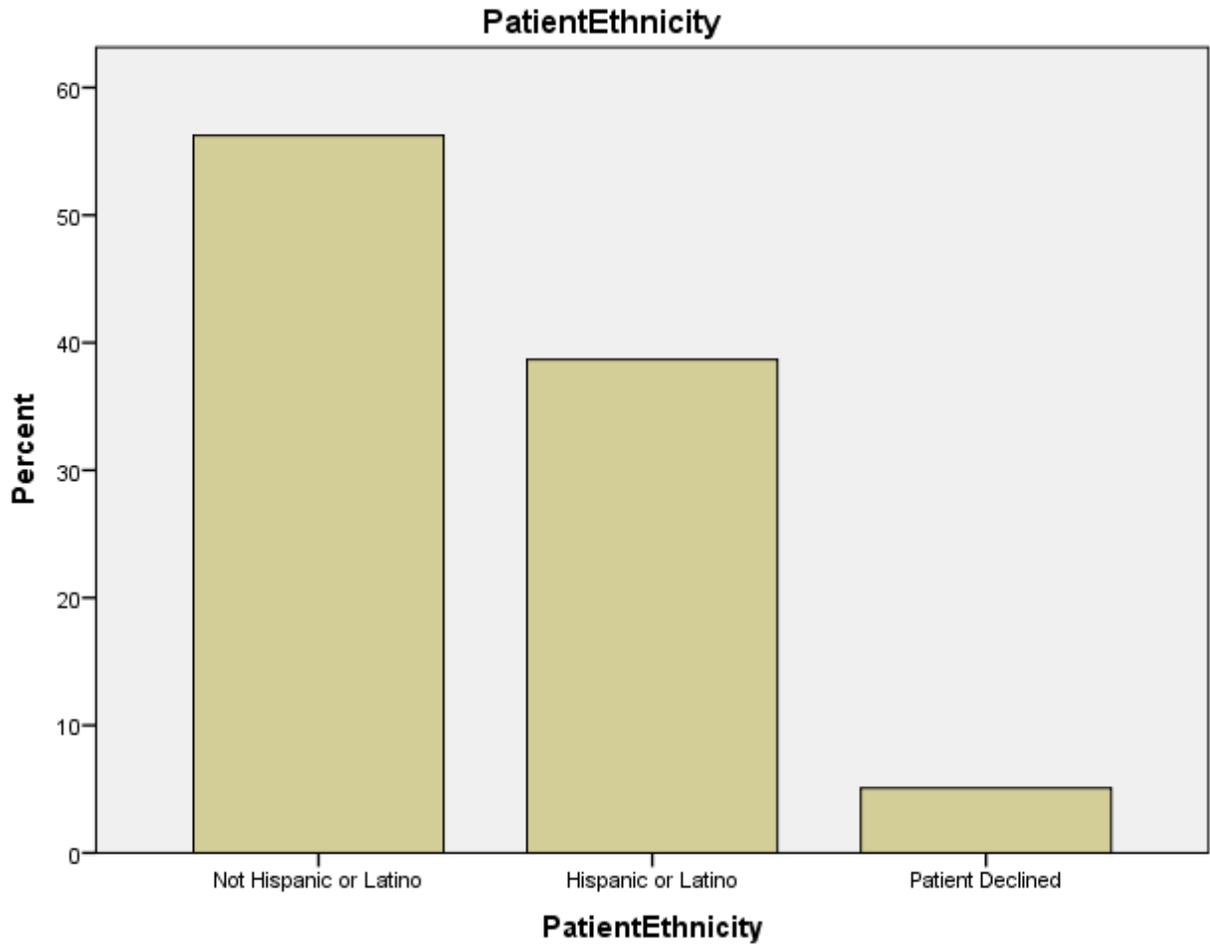


FIGURE 7: PERCENTAGES OF PATIENTS BY ETHNICITY

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Hispanic or Latino	144	56.3	56.3
	Hispanic or Latino	99	38.7	94.9
	Patient Declined	13	5.1	100.0
	Total	256	100.0	100.0

TABLE 2: PERCENTAGES OF PATIENTS BY ETHNICITY

Breast Feeding Initiation

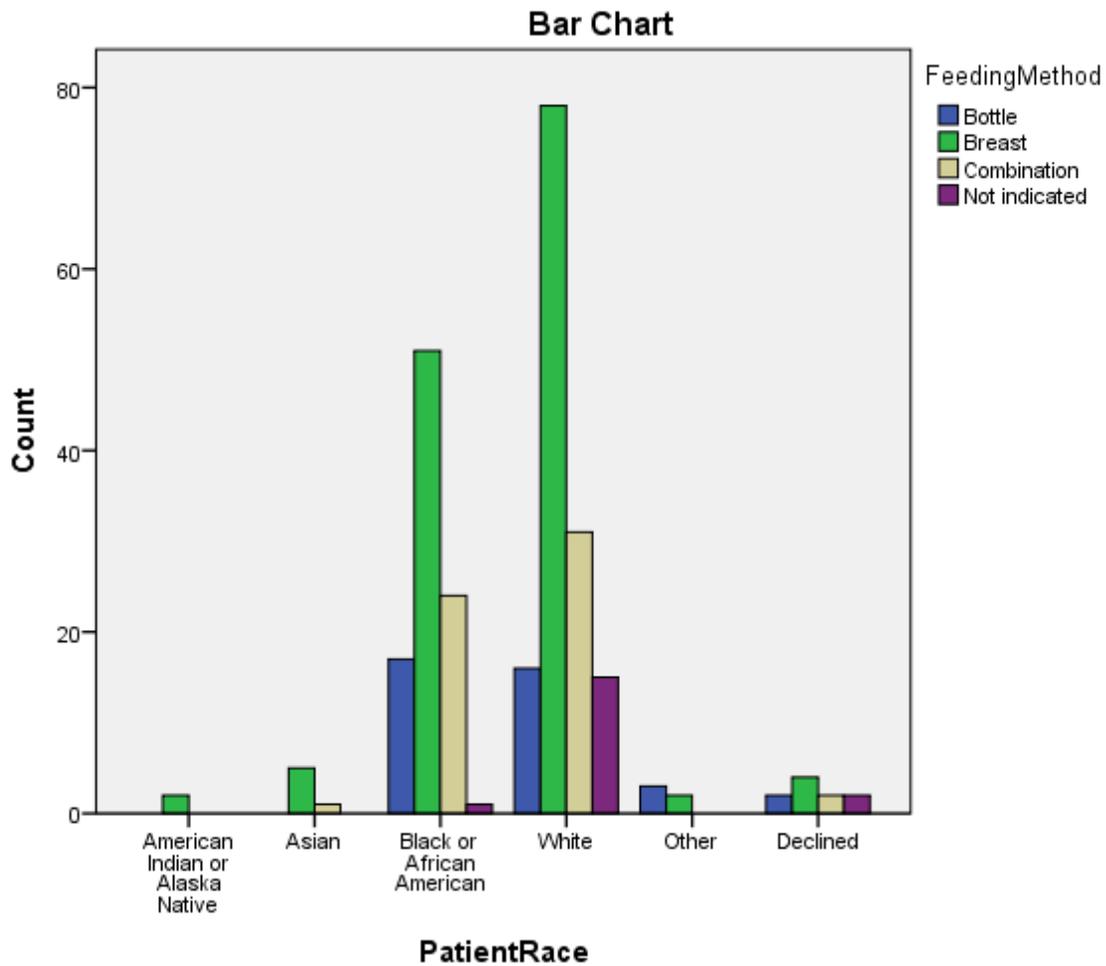


FIGURE 8: CROSSTABULATION OF FEEDING METHODS BY PATIENT RACE

Patient Race	Feeding Method				Total
	Bottle	Breast	Combination	Not indicated	
American Indian or Alaska Native	0	2	0	0	2
Asian	0	5	1	0	6
Black or African American	17	51	24	1	93
White	16	78	31	15	140
Other	3	2	0	0	5
Declined	2	4	2	2	10
Total	38	142	58	18	256

TABLE 3: CROSSTABULATION OF FEEDING METHODS BY PATIENT RACE

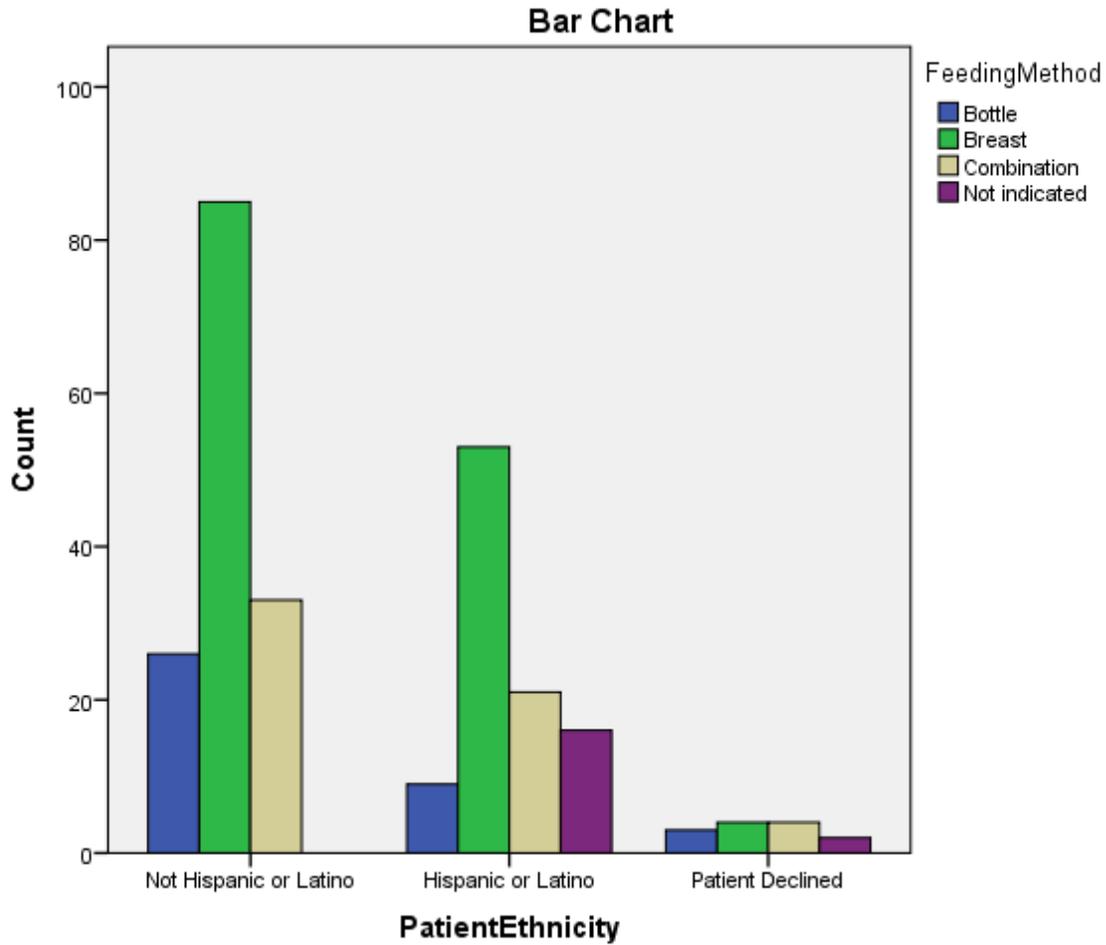


FIGURE 9: CROSS TABULATION OF FEEDING METHOD BY PATIENT ETHNICITY

Count		Feeding Method				Total
		Bottle	Breast	Combination	Not indicated	
Patient Ethnicity	Not Hispanic or Latino	26	85	33	0	144
	Hispanic or Latino	9	53	21	16	99
	Patient Declined	3	4	4	2	13
Total		38	142	58	18	256

TABLE 4: CROSS TABULATION OF FEEDING METHOD BY PATIENT ETHNICITY

The majority of women used breast feeding (whether by itself or in conjunction with the bottle) as a means of providing nourishment for their child. This includes, eighty-one percent (81%) of African-American or Black women, seventy-eight percent (78%) of White women and seventy-five percent (75%) of Hispanic or Latino women. According to the 2014 Breastfeeding Report Card, 77% of women in Florida had breast fed at some point. (<https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>). This is in line with the rates for White women and is slightly higher than the rate of Hispanic or Latino women who received care The JJ Way®. The rate for Black or African-American women who received care The JJ Way® (81%) exceed the national rate.

Preterm Birth Rates

A preterm (premature) birth is when a baby is born before 37 weeks of pregnancy have been completed. In 2015, preterm birth affected about 1 of every 10 infants born in the United States. In 2015, the rate of preterm birth among African-American women in the United States (13%) was about 50 percent higher than the rate of preterm birth among white women (9%).

Below, the preterm rates of babies whose mothers received maternal care The JJ Way® are compared with the rates of Orange County on the whole, as well as the state of Florida. The information is shown by race (Black/White) and also by ethnicity (Hispanic/Non-Hispanic)

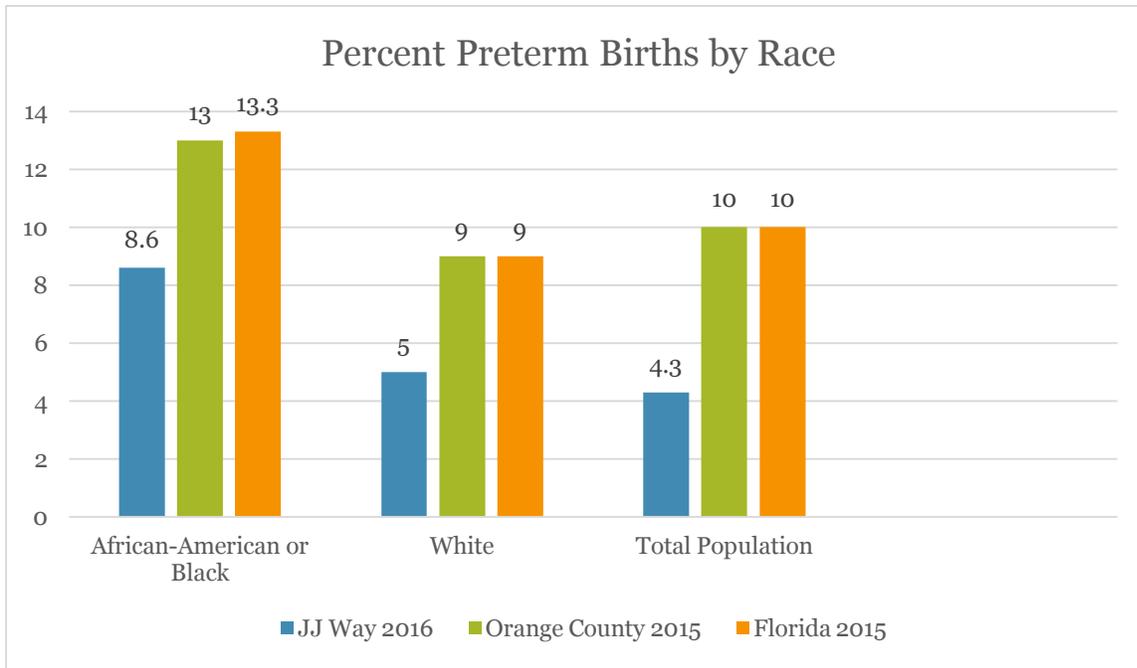


FIGURE 10: PERCENTAGE OF PRETERM BIRTHS BY RACE

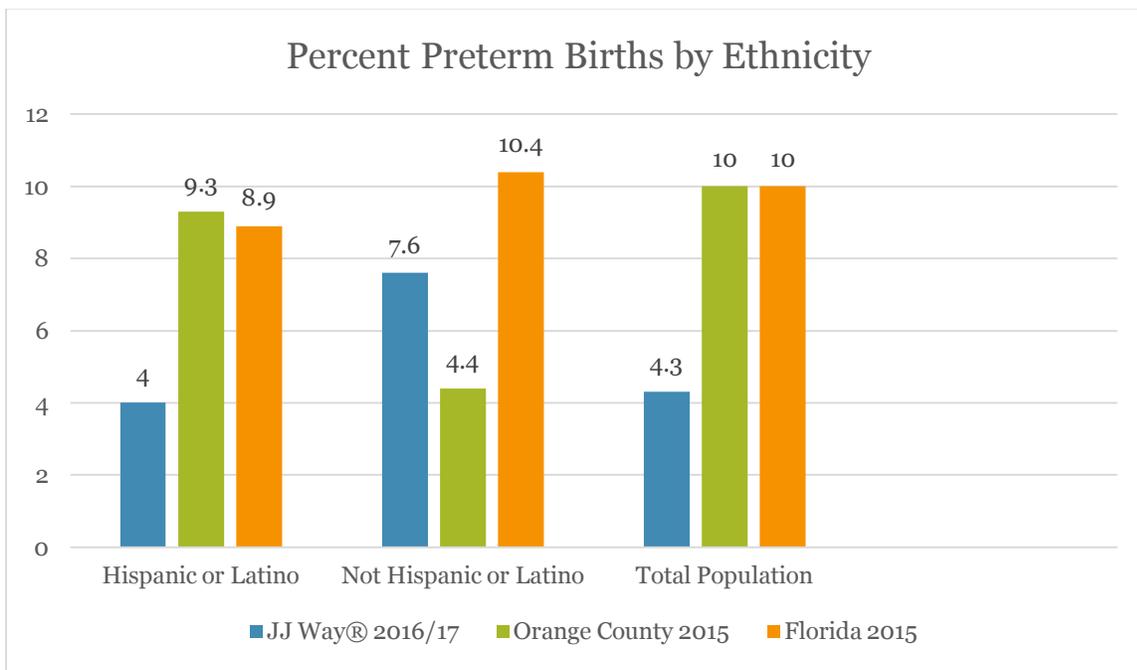


FIGURE 11: PERCENTAGE OF PRETERM BIRTHS BY ETHNICITY

As shown in figures 10 and 11 above, women who received maternal care The JJ Way® had lower preterm birth rates than women in Orange County and the State of Florida. African-American and Black women (who generally have the worse birth outcomes

locally, statewide and across the country) who received care The JJ Way® had lower preterm birth rates (8.6%) than individuals of the same race in Orange County (13%) the state of Florida (13.3%) and the nation (13%). White women also fared well with The JJ Way as their preterm birth rates were lower (5%) than White women in Orange County (9%) and the state of Florida (9%). The positive outcomes are also reflected in the preterm birth rate comparisons of Hispanic women who received care The JJ Way®, whose preterm birth rate percentage (4%) was less than half (of the rates of Hispanic women in Orange County (9.3%) and the state of Florida (8.9%).

Low Birth Weight

Birth weight is the weight of the newborn measured immediately after birth. A birth weight of less than 5.5 lbs, or 2500 grams, is considered low birth weight. When compared to infants whose birth weight was within normal ranges, low birth weight infants may be more at risk for many health problems. Some babies may become sick in the first few days of life or develop infections while others may even suffer from longer-term problems such as delayed motor and social development or learning disabilities. (Centers for Disease Control & Prevention, <https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv>)

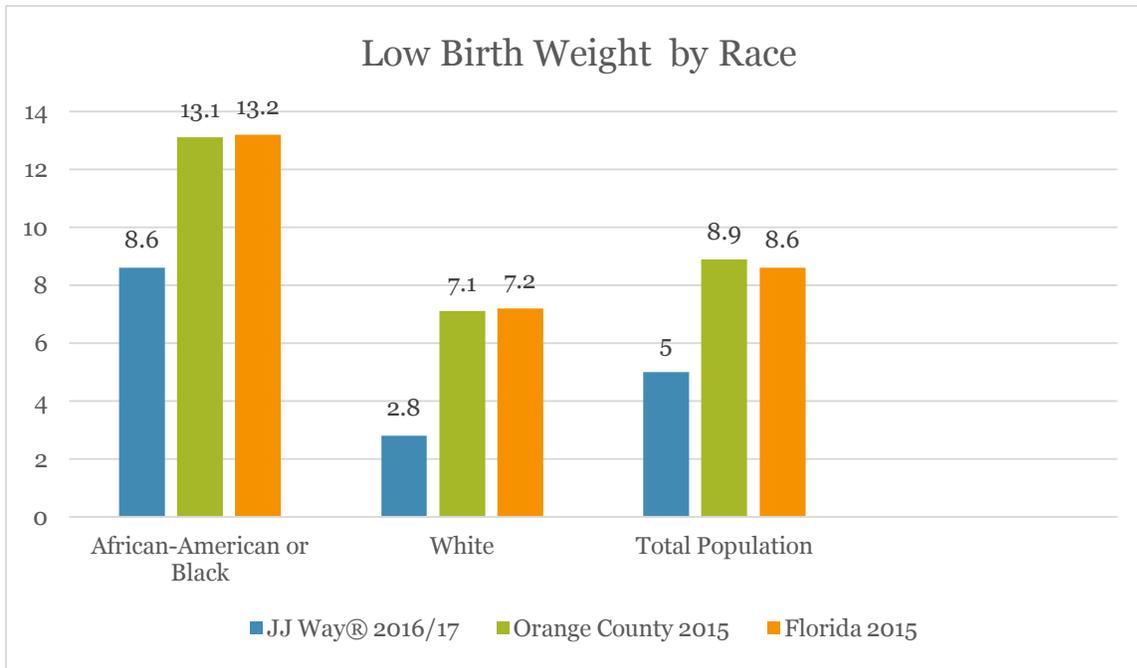


FIGURE 12: PERCENTAGES OF LOW BIRTH WEIGHT BABIES BY RACE

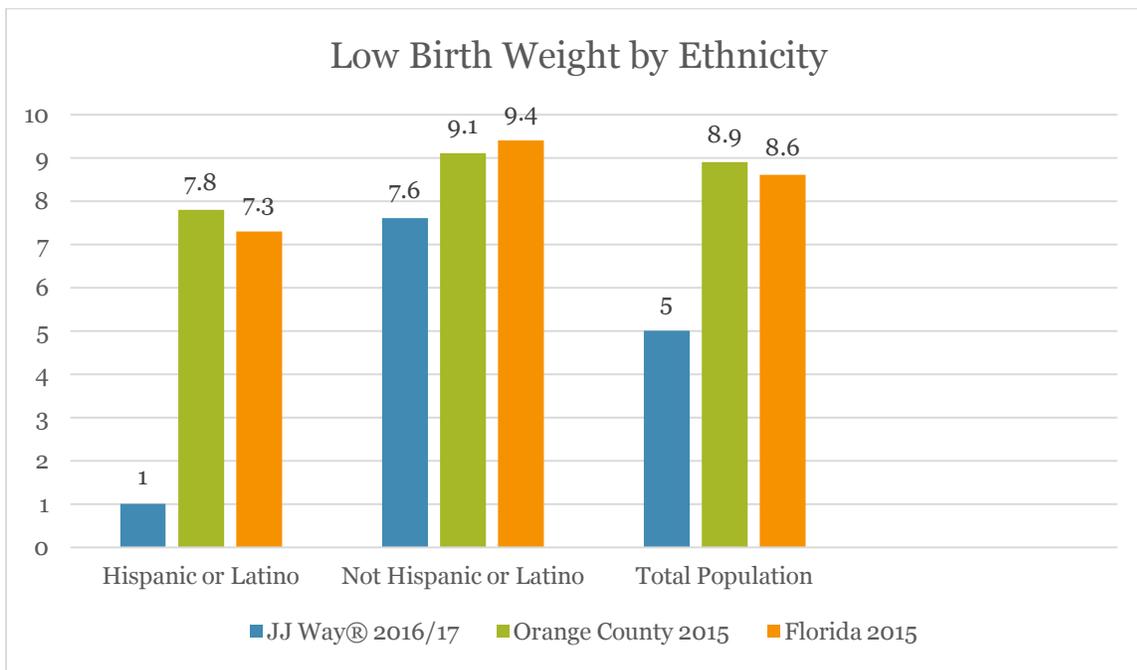


FIGURE 13

As shown above in Figures 12 and 13, women who received maternal care The JJ Way® had significantly better low birth weight rate percentages than their counterparts in Orange County and the State of Florida. African-American and Black women who received care The JJ Way® had a smaller low birth weight percentage (8.6%) than individuals of the same race in Orange County (13.1%) and the state of Florida (13.2%). White women also fared well with The JJ Way as their rate of low birth weight babies was much lower (2.8%) than White women in Orange County (7.1%), as well as those in the state of Florida (7.2%). In addition, the low birth weight percentage for Hispanic or Latino women who received care The JJ Way® (1%) was substantially lower than the rate for other Hispanic or Latino women in Orange County (7.8%) and the state of Florida (7.3%).

CONCLUSIONS

Preterm birth and low birth weight babies are critical Maternal and Child Health (MCH) indicators that have demonstrated long standing disparate outcomes in the United States. Women of color and those living in poverty are disproportionately impacted by poor birth outcomes.

Zero Disparities in Preterm Birth Rates

The disparity between the preterm rates for African-American and Black women has been erased. The preterm birth rates for African-American and Black women was actually lower (8.6%) than the rates of their White counterparts in Orange County (9%), the state of Florida (9%) and across the nation (9%).

Disparity Reduction in Low Birth Weights

The percentage of African-American women receiving services The JJ Way® who had a low birth weight baby (8.6%) was only slightly higher than the percentage of White women giving birth to low birth weight babies in Orange County (7.1%) and the state of Florida (7.2%) thereby shrinking the disparity in birth weight outcomes greatly. In fact, the rate for African-American or Black women is lower than the Orange County average (8.9%) and equivalent to the state of Florida average (8.6%).

In sum, this evaluation of The JJ Way® model of maternal care showed elimination of health disparities in preterm birth outcomes and reductions in low birth weight babies in at-risk populations. These findings are consistent with outcomes previously shown by the Health Council of East Central Florida in an evaluation conducted in (2007) as well as dissertation research on the model conducted by Sarah J. Day. Given these findings, attempts should be made to manualize this program to broaden the reach of the JJ Way®.

For more information, please contact:

Jennie Joseph: jennie@commonsensechildbirth.org