

UNDERSTANDING YOUR PROVIDER'S ROLE AND ENGAGING YOUR SERVICE PROVIDER

Hosts:

Anna-Maria Roaché, Senior Program Specialist ACOG

Jeanne Mahoney, Project Director ACOG,

In This Webinar We Will Explore:

- ▣ Importance of Post Partum Visits In Chronic Disease Prevention
- ▣ Effective Provider Engagement and Integration

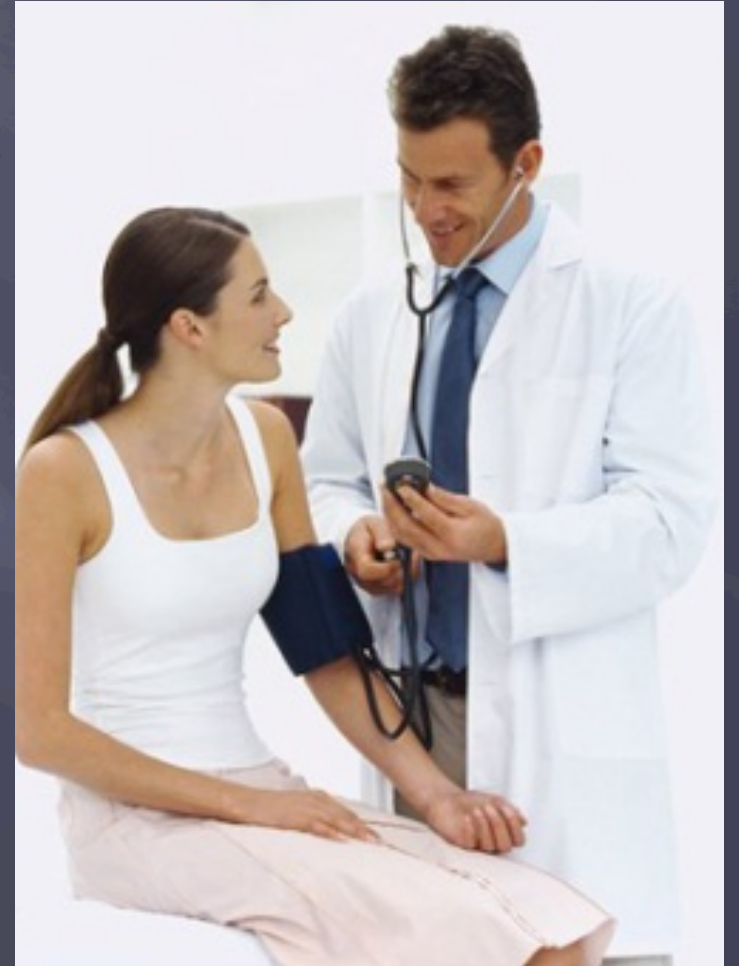
Chronic Disease Prevention

- ▣ One significant purpose of the Community Partnerships for Healthy Mothers and Children project is to increase the access to chronic disease prevention, risk reduction, and management opportunities.
- ▣ In order to prevent chronic disease effectively, it is important for mothers to receive the proper healthcare



Importance of Post-Partum Visit

- ▣ Pregnancy is the window of future health for women.
 - Conditions of pregnancy often return in subsequent pregnancies and later in life.
 - Diabetes
 - High Blood Pressure
 - Infection
 - Heart problems
 - Intensive weight gain
- ▣ They can usually be modified by applying healthy practices



Postpartum Contraception/ Birth Spacing

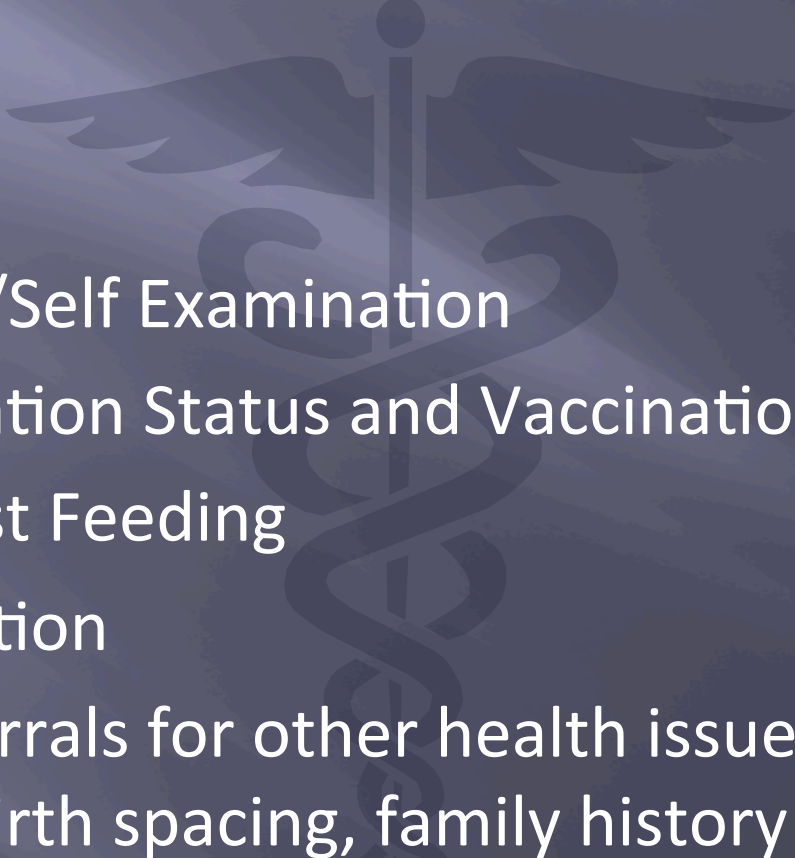
Particularly important if pregnancy resulted in:

- Still birth
- Premature baby
- Low birth weight or small for gestational age
- Need for Neonatal Intensive Care
- Conditions of pregnancy (HBP, diabetes, blood clots)

And if mother has

- Severe maternal mood disorder
- Tobacco, at-risk alcohol use, or drug abuse

Post Partum Visits Address:

1. Weight and BMI
 2. Nutrition Habits
 3. Blood Pressure
 4. Breast Examination/Self Examination
 5. Review of Immunization Status and Vaccinations
 6. Counseling on Breast Feeding
 7. Psychosocial Evaluation
 8. Counseling and referrals for other health issues such as: tobacco use, substance abuse, birth spacing, family history of heart disease etc.
- 

Importance of Post Partum Visit

- ▣ Post partum visits are considered to be an effective indicator for preconception health.
- ▣ For this reason, it is imperative for women to attend these visits to help manage these conditions.



Barriers to Post Partum Care

- ▣ According to a study conducted by Johns Hopkins, less than half of women attend post partum visits
- ▣ Some barriers to attending post partum visits include:
 1. Fear of negative health findings
 2. Perception of being in good health already – why bother??
 3. Fear of tests and examinations
 4. Dislike constant check ups
 5. Long office visit wait times
 6. Lack of Transportation

What Is The Role of the Service Provider?

- ▣ The primary role of the provider for the Community Partnerships is to:
 1. Advise on the development and implementation of community chronic disease prevention/reduction intervention strategies during coalition meetings and during leadership discussions.
 2. Actively help build partnerships with other clinical services providers and institutions providing services in the community for smoother implantation of strategies.

What Is The Role of the Service Provider?

- ❑ When engaging a service provider, it is important to explain to them what their role is specific to the coalition and what your team wishes to achieve.
- ❑ Coalitions should work with their service provider to help develop strategies to educate women about the importance of chronic disease prevention



How to Successfully Engage Your Service Provider

- ▣ Providers are a great resource to your coalition. They serve as the linkage to patients and the direct needs regarding women's health.

BUT

- ▣ They have busy schedules and will not always be able to attend coalition meetings. It is important to keep them informed and relay any information that was shared during coalition meetings and presentations.

How to Successfully Engage Your Service Provider

- ▣ The most important aspect of engaging a service provider is to clearly define how they will be an active participant in your coalition.
- ▣ When done successfully, the relationship between the coalition and the service provider can yield effective partnerships



How To Successfully Integrate Your Service Provider

- ▣ Providers have a great wealth of clinical knowledge and wish to use that knowledge to help develop successful programs and strategies for the target population
- ▣ Devise pieces of the project to work with your service provider, and discuss with them how they wish to be involved and take on their role.



Provider Quotes

- ▣ “I hope to be directed and be given a more clearer idea of the amount of time I must devote to the coalition and where I fit in”
- ▣ “ Upon joining the coalition I was told that I would be the linking combining the work that WIC does with my OB/GYN practice and promote women's health”
- ▣ “I expected to be more involved with the development of programs, and I am not sure what contribution I am making because we are only focusing on the nutritional aspect of the grant”
- ▣ “I would like to see Phase 2 of this project go into more detail about chronic illness, where I could be more of a benefit to the coalition”

Strategies For Integrating Provider Visit Education

- ❑ Offer WIC prenatal classes by the provider on postpartum care, birth spacing, diabetes follow up.
- ❑ Offer postpartum classes by the provider on a topic identified by the coalition
- ❑ Identify provider clinic hours and post them in the WIC office

How can you use the strengths of your provider?

Engaging Your Services Providers in CAP Development

- Based on feedback from various providers, many of them wish to be involved in development of strategies.
- This could be very useful when creating your CAPs. Connect with your provider (whether it be in person or electronically) to see what ideas they have, this will help to shape your objectives for your CAP and give them a bigger presence within your coalition and the creation of programs.

COMMUNITY ACTION PLAN

Coalition Name
Community Action Plan (CAP)

Geographic Details:

Target Community: _____
Population of target community: _____

Primary Objective A: Increase the number of people in <target community> with improved access to environments with healthy food and beverage options from 0 to <target> by the end of the project period.

Secondary Objective A.X^{*}: Increase the number of <select setting> with <Enter intervention> from <baseline> to <target> by the end of the project period.

Estimated number of people reached by the intervention	
Description of reach calculation	

*Please consult Appendix A for the appropriate numbering for your secondary objectives. If you do not see your objective listed, please contact NWA for a number assignment for the objective. Consistent objective numbers across all agencies helps to streamline reporting to CDC.

Secondary Objective A.X [*]					
Activity Number	Activity Title	Description of Activity	Start Date	Completion Date	Outputs/Measures
A.X.1					
A.X.2					
A.X.3					

Questions?

