

FORGING PARTNERSHIPS *to* HELP TEENS *in* NEED

Janelle was 17, homeless, and pregnant for the second time in a year. She and her baby drifted from place to place, sleeping on a friend's couch one night, in a shelter the next. She had dropped out of school during her first pregnancy and lost contact with her family. Neither of the fathers was part of her life. Janelle is exactly the sort of person Josephine Fowler has dedicated her professional life to helping.

When she came to Ft. Worth, TX, in 2006, Dr. Fowler came with a mission: to address the high rate of infant mortality among its medically underserved population. The sprawling metropolis sits squarely in the middle of Tarrant County, which has one of the highest infant mortality rates in the nation—an estimated 15 per 1000 babies do not live beyond their first year. A family physician who specializes in maternal and child health, she spearheaded the Infant Mortality Collaboration, a community-wide effort to provide a broad range of services to pregnant women.

“Infant mortality is an area that I have focused on for many years, so I took this project on as a part of continuing that,” said Dr. Fowler, who is vice president of academic affairs at JPS Health Network and a clinical provider at Stop Six, a JPS community health center named for the southeast Ft. Worth neighborhood it serves.

Shortly after arriving from Boston, where she was Director of Maternal and Child Health at Boston Medical Center, Dr. Fowler paired up with Rowena Maclin, a community physician who was the Stop Six medical director at the time. Both knew that lack of prenatal care is a major factor in infant mortality, with rates as much as three times higher in women who do not receive prenatal care than for those who get regularly scheduled care beginning in their first trimester. Both also knew that removing the barriers to care would require extending the safety net beyond the clinic and into the community.

In the fall of 2006, they met with leaders of community organizations that work with pregnant women. “People were interested

already, because they had individual projects and were looking for the opportunity to work together.” Within three months, about 30 people had come on board. To date, 43 individuals representing 19 community groups are part of the collaboration. They range from the March of Dimes, the Salvation Army, and Catholic Charities to local school districts, methadone clinics, and mental health professionals.

Members of this alliance operate independently, relying on their own funding sources, and in many cases, volunteers. Most of the clients are teenagers, but the collaboration serves high-risk women of any age. Regardless of her point of entry into the network, a pregnant woman will have access to as many of the services as she needs—for example, if she is also homeless or a victim of domestic violence, she'll get a referral to the appropriate member organization. Conversely, a substance abuse program would send a pregnant client to the maternity clinic if she has not had prenatal care.

There's more to the collaboration than referrals, however. Housing assistance; mentoring; and classes in parenting, nutrition, and public safety are all part of the program. Members work together on such group activities as health fairs, pregnancy readiness workshops, and baby showers—both to celebrate and to educate teens about what lies ahead. Many of the mothers-to-be have dropped out of school. “We get them back into school if we can,” Dr. Fowler says, through special programs for pregnant students run by the Ft. Worth and Arlington school districts.

Stop Six case manager Lesa Watley is a key member of the group. In addition to enrolling clients in the clinic's prenatal program, she handles referrals within the collaboration. “More than anything, I serve as an advocate for the patient,” she says. “Many of our young women have multiple social issues, so the first thing I like to let them know upfront is that they're not alone, that we're here for them, and we're going to help them as much as possible—starting with making sure they're linked up with prenatal care because we want

you as well as the baby to be healthy.” The majority of teens who come to the clinic are far along in their pregnancies, and many have not had any medical care since they got their childhood immunizations.

Early and consistent prenatal care is a linchpin of the program, but ongoing well-baby care through the JPS safety net is equally important. “Our mission at JPS is to improve the health status of people in the community we serve,” says Jamie Brown, director of public relations and community outreach. “Clearly, the program is doing just that.”

In a little more than a year of operation, the collaboration had enrolled more than 180 women. Although interest in the program is high, the number of new clients—currently about 15 a month—is limited by the lack of transportation options in the metro-Ft. Worth area. Both prenatal and well-baby visits to the clinic have increased markedly. The childhood immunization rate among babies has risen to 93 percent, up from “the high 70s” before the program began, according to Dr. Fowler. It's too early to tell whether this has made a dent in infant mortality, she says. They are still collecting data and trying to determine which risk factors to focus on.

It is such a complex and far-reaching issue, Dr. Fowler explains, that they plan to zero in on a single zip code in the JPS catchment area and look at all the potential variables for poor perinatal outcomes. She hopes to get a grant to follow patients and their babies in the pilot area for three to five years. “We're going to first look at the top ten causes of poor outcomes in our county, and then look for the cause of the causes.”

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