Root Cause Analysis

Episode 3: A Grassroots Approach to Improving Maternal and Child Health

Guest:

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Seth Neeley (SN): Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of 10 PHTCs across the country, the Region V Public Health Training Center seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into our episode. This is part of a series where we'll be talking about the importance of focusing on root causes of health and public health policy and advocacy efforts. I'm your host SN. Our guest today is JT Jr. With the Grassroots Maternal and Child Health Initiative at Indiana University. Today, Jack is here to talk with us about this complex topic. Welcome to the podcast. I'm excited to speak with you today. Can you start by telling us a little bit about yourself and about your work?

Jack Turman (JT): Sure. Thanks for having me, Seth. I really appreciate it. It's great to be here. I'm a professor in the Division of Children's Health Services Research in the Department of Pediatrics at the Indiana University School of Medicine. My wonderful team focuses on building the capacity of individuals and organizations within marginalized communities to bring about systems change to improve maternal and child health outcomes. I've always believed that this work needs to be grounded in three different types of activities in order to sustainably improve maternal and child health outcomes. Number one, we take a human rights-based approach to health. This means that we are always concurrently working to build the capacity of individuals, and in our case that would be women and children and families, to claim their rights to good health and social well-being while also building the capacity of what we call duty bearers or the systems or the agencies that are responsible to uphold and ensure the rights of these people.

JT: Number two, it is really important that we elevate women from impacted communities at decision-making tables. This is important so that real root problems and associated community-centric solution strategies are heard and acted upon. And finally, number three, we need to shift our focus solely from health care delivery and access to addressing the larger inequitable social, economic, and political systems that are the foundation of poor maternal and child health outcomes. Just addressing health access and personal health behaviors or simply treating the outcomes of these inequitable systems. If we just go on treating these behaviors or this access, then all we are doing is momentarily taking care of people and then sending them back out into the context of these poor inequitable systems, and thus poor maternal and child health outcomes continue across generations.

We at the Grassroots Maternal and Child Health Initiative have incorporated these beliefs in our work by grounding our work in the training and mentoring of community change agents that we call 'Grassroots Maternal and Child Health Leaders'. These are women from communities that have the best understanding of the inequitable systems that face their community and cause poor maternal and child health outcomes.

JT: My incredible staff works in partnership with these grassroots leaders and community partners to really understand the inequitable systems in these communities and then to all work together to bring about programmatic and policy changes to sustainably improve these systems and thus improve maternal and child health outcomes.

SN: That's very important work. Could you give us some detail on the areas of focus for the Grassroots Maternal and Child Health Initiative?

JT: Sure, happy to. Absolutely. So we have five major focus areas. Number one is housing for low income, housing insecure pregnant women, new mothers, parenting infants and toddlers. As we know that there is a very strong relationship between poor housing and the risk for poor birth outcomes. We have a HRSA-funded grant entitled Housing Equity for Infant Health, and through this grant we have two interventions. One is called Healthy Beginnings at Home, which originated from CareSource in Ohio, and we are now implementing it here in Indiana. And in this particular intervention, Seth, we provide housing navigation, 24 months of rental assistance, and comprehensive case management for housing insecure pregnant women. The second intervention in this large initiative is called the Health Justice Intervention, and this is headed by my wonderful collaborator, Adam Mueller, who's an attorney and the director of the Indiana Justice Project. And this particular initiative focuses on getting out into communities and spreading a Know Your Rights campaign, while concurrently doing strategic litigation and judicial advocacy to prevent or stop the evictions of low income pregnant women and women parenting infants and toddlers.

Our second large initiative is called Mothers on the Rise. Mothers on the Rise is a program wherein we serve mother-baby pairs that are housed within the Leith Nursery Unit of the Indiana Women's Prison, and we provide programming and assistance for them in the prison, and then help them as they transition into community. We provide what we call a positive social network for them in the community to help improve their health and social well-being, both of the mother and the baby, and her other kids as well. The next large initiative is focused on building the capacity of early childhood education centers in low-income communities. We have a special fondness of working with family child care communities in these neighborhoods, and we work to build their economic capacity so that they have thriving good businesses, while concurrently working to provide them with evidence-based approaches for infant and toddler education.

Our fourth main initiative is building the capacity of faith-based organizations in these communities, and we work with them and build on their assets to help them better serve moms and babies and families in their congregation or in their community. And finally, we have a whole community lawyering piece. This community lawyering initiative brings about equity in communities by equipping people with access to legal aid, while also equipping them with the skills to claim their civil, political, social, and economic rights.

SN: That is a lot of moving parts.

JT: It sure is [chuckle] but I have a great team, so it works so well that I'm really fortunate.

SN: That's wonderful. As I understand, going into this project, and even while writing the grant, you didn't know specifically what the initiative's focus areas would be. We'd like to learn more about how these were identified and how they evolved over time. So to start, who was involved? How are those individuals or organizations identified and engaged?

JT: Sure. That's a great question. Thank you so much. When my colleague and I wrote the initial grant, which was graciously funded by Riley Children's Foundation, we made it clear to the funders that while our focus was going to be on building the community capacity of traditionally marginalized communities to improve their maternal and child health outcomes, what actually was going to happen was not known because it was going to arise from the women that we trained to be grassroots maternal and child health leaders. Once we got the funding, then it was time to really go out into the communities, into these neighborhoods that had high infant mortality rates and poor SES outcomes and begin to engage people on the community and their neighborhood, in their affordable housing communities, in their churches, in their community-based organizations, to engage them to identify the women that would emerge as the grassroots maternal and child health leaders.

I never wanted what I call the usual suspects, Seth. I didn't want women who were already in charge of many organizations or boards, et cetera, things like that. I wanted women who had real lived experience and who had a great insight into their community, who really wanted to emerge as community leaders and community activists. So once they were identified, then we trained them through our curriculum, and our curriculum has kind of a didactic piece as well as a storytelling piece. And then we began to work with them to understand what the problems in their community were that they wanted us to focus on. And then we began to, in partnership with the women, my staff, and myself, reach out to decision makers to help bring about ideas for change. The women were paid $300 a month in gift cards for at least 12 months. And of the 35 that were trained across 10 counties in Indiana, 25 are still remaining active.

Some of the women have moved away out of the state, out of the country. Some are no longer able to be engaged because of family obligations or new job obligations, but they're always grassroots maternal and child health leaders for the rest of their life. And so we learned from these women what these priority areas were, and then we all collectively started building bridges. They helped be bridge builders to us, to their community. We helped to build bridges between these women and different types of MCH decision makers so that we could then launch the work.

SN: Now that's interesting. And as I understand, community health workers often address the individual behaviors and needs and access to care and services. How are our systems change agents different?

JT: That's a great question. You know, honestly, Seth, people often think that we're training community health workers. We're not training community health workers. The grassroots MCH leaders are truly community change agents. So this is kind of how they're different. Community change agents really work to understand what inequitable systems are at the heart of poor health and social outcomes in their community. They do this by listening to community organizations in their neighborhood. It could be churches, social service organizations, et cetera. Schools, for instance, by listening to families, by kind of canvassing the neighborhood of families and just different individuals across their communities to really understand what are the barriers to good maternal and child health that exist in their neighborhood. The focus is on the word barriers, Seth. So they're really focused on breaking down those barriers that emerge from these inequitable systems.

And so they engaged what we call policymakers. And I wanna help the audience by understanding, sometimes people think policymakers are all government officials, right? They are in a state house or they sit on a city council or county council or they're in DC on the Hill. These people truly are policymakers, yes. But policymakers exist in different places, too. They exist in your local school. They exist in your church or your mosque or your synagogue. They exist in your housing complex. There are policymakers within organizations and within government. And the grassroots leaders on my staff understand that we need to be engaging policymakers at all of these different levels in order to really accomplish systems changes that improve maternal and child health.

So in order to get changes at these policymakers, they first have to know the reality of what's happening in the neighborhood. Don't ever make an assumption that they know the reality of what's happening in a neighborhood. And no one can teach them better than the women and the families that are living in the neighborhood. So first, there's a piece of kind of quote, schooling them in what's really happening. And then the women and my staff really work to build what we call collective efficacy. So building the right team in order to move around and pose positive pressure, I call it, to implement change.

SN: Thank you for the clarity on that. Can you illustrate how the grassroots MCH leaders helped to identify and continue to support the focus areas of the initiative? Were there any particular root cause analysis strategies you used to facilitate discussion? And what did that look like in practice, if so?

JT: Sure. Like I said at the beginning, Seth, rule priority in our initiative is to take a human rights-based approach to health in all of our work. So similarly, we use the United Nations human rights-based causal analysis framework that helps guide what we do. So I'll kind of help by going through the four steps of this framework, and then I'll give examples kind of to illustrate how it works in our initiative. So the first questions that is asked in this framework is what is happening here and who is affected. This is directly related to the wisdom and the knowledge and the experience of the grassroots maternal and child health leaders.

JT: When we worked with them and asked them and started training with them and partnering them, it was basically this question, my friend, what is happening here and who is affected? What are the major barriers to good maternal and child health in your community?

This is so important, Seth, because the two first answers were answers that I would have never thought of when I wrote this grant. And I'm so blessed and fortunate to work with these women because it's really led our entire team to really doing impactful work. So the number one issue was poor housing. The lack of safe, secure, quality, affordable housing was the major barrier in communities to good maternal and child health. So the leaders put a lot of positive pressure on myself and my team that we have to address housing, which has led now to our huge housing initiative, which is really going well. The second very loud comment was the most marginalized vulnerable moms and babies in the community are moms that have come from the justice system. And we really need to do work to address these individuals, to make sure that we go to them and we provide a network for them. So those are very concrete examples of really asking people and being open to the responses, right? You know, to being open and saying, we're gonna follow your lead. So those two issues are good examples of what is happening here and who is affected.

The second question in this framework is why are these problems occurring? And again, this is where now we begin to really listen to the grassroots leaders, but also my awesome team begins to dive into data, right? To really begin to understand what are the data that support what these women are teaching us and telling us. And so, for instance, in housing, we hear housing and it's a major barrier. We go to the data. And what do we learn? That pregnant women who are evicted, pregnant women who live in poor housing conditions, children, infants living in poor housing conditions are at a very high risk for poor outcomes.

So the stories are supported by the data. And we begin to bring these together to what we call like co-create new knowledge. Real quick, the same when we started learning about mothers in the justice system. I had never worked in the justice system before. And so the team starts going into data. And what do we learn? The fastest growing prison population in America are women. And most are mothers. And there's a cohort of pregnant women in the justice system. And the outcomes are very poor. So again, this is an example of bringing community knowledge and wisdom with data that we access and get and study and share with the women. And then we begin to think about what are we gonna do? That's question three. So question three of the framework is who has the obligation to do something about this problem? This is where you see the real human rights emerging, right? So who are the duty bearers?

We call them, who are the systems that have to do something about this? And this is where we begin to think very largely and creatively about who those people, organizations, and systems might be. And so when we think about housing, we think about landlords. We think about affordable housing communities and housing agencies. We think about coalitions that are addressing homelessness.

JT: We think about the policy folks or the advocates who are working for fair housing in our state, in our community, when we think about the justice system, we think about of course, corrections. We think about law enforcement. We think about Department Of Children Services, we think about a whole range of social service agencies. So here is where my awesome staff and the leaders come together to think about who has an obligation to do something about these problems. And so we kind of categorize that and list that and study that.

So that then we answer question four. And question four is, what capabilities are needed for those with duty to take action? So once we have kind of the cohort together, that we need to go out and start working with to bring about systems change, we never go with judgment. We never go with an assumption that they know these, the problems that they're maliciously doing bad things, that they're terrible. We don't ever go with that, no judgment. So we go and start talking to them and engaging them and sharing the data and sharing the stories and the perspectives of the women and start working with them through a journey, quite frankly, of what do they, as duty bearers as agencies or systems or programs, what do they need to do to make this better? And how can we help them build that capacity? How can we help them build the capabilities to do that work? So that is the process that we go through in order to identify and to address these root cause problems.

SN: Considering the breadth of the initiative's, areas of focus and the emphasis on systems change, how does you approach building your teams beyond the grassroots MCH leaders and knowing what expertise and perspectives were needed?

JT: I really like this question because in this question, you are wisely suggesting that it takes a large team to handle these complex problems, which is absolutely the truth. No one or no one organization can identify and act on these problems alone, you have to go into it with a mindset of collaboration and understanding. You're gonna be working with a team of people. And before I directly answer your question, just to remind everyone with such expectations and a mindset that this is a long journey inequitable systems have been built in our country over many, many, many decades, and it's gonna take time to undo that. So you have to go in with an appreciation that it's gonna take a team, and you're gonna be working together for the long haul in order to make these. And once you manage those expectations and you get that out, then you can start.

For me personally, I always take time to understand the vast complexity of a problem or situation that has been brought to me and my team to deal with. That's so important, Seth, to really appreciate this concept of taking time. Because so often all of us in this type of work are pressured for immediate results, for immediate action, for immediate measurements, for immediate data. And if you don't take the time, you can invest a lot of resources of yourself, of money, of others addressing something that may not improve anything. And so taking the time to really understand the complexity, all the actors, the history, it is just really helpful to know who to invite to the team.

JT: I am really guided by Paul Farmer's work in Partners In Health and his biosocial approach to health. So the biosocial approach to health says that you include at a minimum these individuals on a team when you are addressing a complex social economic, political system for health.

You have to have people in the health sector, the biomedical sector, so physicians, nurses, pharmacists, therapists, social workers, et cetera, people with expertise on dealing with the individual issue, the individual problems, and the resolution and treatment of individual problems. You have to have community members, which we've talked a lot about today. You have to have the voice of community and their expertise. You have to have what Paul Farmer called the re-socializing disciplines. And I've really learned in my 30 years of work that these are incredibly valuable professionals. What does that mean? It means the sociologist, the economist, the artist, the historian, the lawyer, the political scientist. These are people who sometimes people in public health or people in health don't think about inviting to the table, but they're absolutely essential to sit at the table because they are the experts in understanding history, culture, policy, law, politics, all of this.

They know how to study it, they know how to intervene in it, and they need to be sitting at that table with us when we are studying, planning, implementing, and evaluating the work. Finally, it's really, really important to always be mindful of communications on your team or a communications person on your team, because it's important to always be raising the consciousness of our society or raising the consciousness of the community about the reality of the people that we're helping and the reality of the successes that you have and what it took to have those successes. So I always drive my team to always be mindful that we need to have a whole line of communications, of course, to the academic community because I'm a professor, right? And so we have to publish papers to inform and raise the awareness of people in the academic and research sector, but just as if not more important, we need to be communicating through the lay media, right? And we need to get the information out to journalists and podcasters and social media people so that they can help by raising the awareness of these issues, the inequitable systems, the consequences of inequitable systems and action that people are taking all around the world to address it. So that's kind of the framework that I use when I think about developing the teams for this.

SN: You've said that the work you do all relates back to policy. How have you found success in policy change given the complexities involved?

JT: So first of all a couple of things I wanna stress. Number one, I'm gonna go back to something I said earlier. When we talk about policy change, we're talking about changing policies not only at government levels, but within organizations. So for instance, all of our work in faith-based organizations and in early childhood education systems, is changing policies and programs and procedures within those organizations to really improve their ability to optimize and foster good maternal and child health outcomes in the people they serve.

JT: In our housing work, we help change the policies of affordable housing communities or of landlords or of housing navigation services. In the justice system work, we help corrections change policies and programs to serve the people that they're caring for. That's one thing. Number two, we're never talking about lobbying because we're not allowed to lobby. So we can't go and lobby for something, right? Because of who we are in a public institution.

But that doesn't mean that you can't interact with policymakers, but our role is to educate them, to bring the awareness of the problems, to bring the data, and to bring the stories to them so that at least they're more informed when they make a policy or they vote on a policy. Then another thing that I really wanna stress around this to help people is that when you think about policy at government, right? When we are talking about government, please always remember there are three branches of government, executive, legislative and judicial. And you should be working through all three of those branches to advance systems change. So for example, here we have great relationships, and we're very fortunate for the support that we get from the Indiana Department of Health and the Indiana Department of Family Social Services Administration. So we've been able to work with those organizations.

Indiana Department of Health helps provide funding now for us, for our work. But we've been able to work with those branches of the executive branch, so to speak, to help advance changes or help implement programs that serve a large group of women and children in our state. The judiciary branch is really potent and really often very collaborative for changes. So for instance, we go to small claims court, evictions court, and the awesome attorneys, Adam Mueller and his clerks go and represent people in these courts and help judges understand what are the consequences if they evict a low-income pregnant woman, or what are the consequences if they evict a woman with an infant or toddler, and what options do they have other than just ruling an eviction, right? So one wonderful example is they were there representing someone. Judge didn't know that if they didn't rule for an eviction, it would allow the mother two more weeks to work with our Rental Assistance Organization in our city to pay her rent.

And the judge never knew that, and so the judge didn't evict her. That's really positive systems change, isn't it? Right? This judge now knows, that there's an option of not simply evicting someone that if they don't evict someone, it allows that person to work with an agency that will help them pay their rent. And of course, we always think about the legislative branch, and so we work with our state house's, maternal and child health caucus and give them recommendations, you know, in terms of things to consider to help improve the maternal and child health in our state. So it's important to just always go into this concept of making policy change for sustainable improvements that can happen within organizations, within all branches of government, and is often done by simply presenting the data that comes from research and studies, always coupled with the stories and the lived experiences of our case of women who live in these communities so that people are well-informed when they make decisions.

SN: Thanks Jack. That really provided some clarification on the policy advocacy, lobbying side of things involved here. Well, as we wrap up today, would you mind sharing something that you keep in your mind and in your heart in your everyday work?

JT: Sure. So first of all, like I've said before this work is for the long haul. So this is not something to get into if you want immediate gratification and change, it's something that requires you to be persistent and to also take care of yourself. That's really important to know because I really stress that with my whole team and all the grassroots leaders. There needs to be a lot of self-care with this too, because it's emotionally taxing work. But the mantra that I have for my everyday life is grounded in this great statement from the minor prophet Micah in the Old Testament where he says, "To fight for and advance justice, practice and receive kindness and always walk humbly."

SN: Thank you Jack, so much for joining us today to share from your experiences and provide some insight on this topic.

JT: It's been my pleasure. Thank you for this and all the great work you all do. I really appreciate it.

SN: To our listeners, we hope you've learned some new concepts about the importance of engaging community in root cause analysis today. We encourage you to check out the transcript and resources in the podcast notes. Funding for this podcast is provided by the Health Resources and Services Administration. With that we'll end here for today. Stay safe and stay curious everyone.

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