



# The Magnolia Project

## 10 YEAR REPORT

An initiative of the Northeast Florida Healthy Start Coalition, Inc.

## FOCUS SHIFTS TO HEALTH OF MOTHER BEFORE PREGNANCY

Seeking to halt an alarming increase in Jacksonville's infant mortality rate, the Magnolia Project was established with federal Healthy Start funding in 1999. Detailed community studies by the Northeast Florida Healthy Start Coalition, Inc. identified disparities in birth outcomes as a primary cause of the city's poor standing in key measures of infant health. An Infant Mortality Work Group, made up of Coalition volunteers, partner agencies and community representatives, examined information using the Perinatal Periods of Risk (PPOR) and findings from case reviews of individual deaths to develop a unique strategy for improving the health of Jacksonville's youngest residents.

Named for the surrounding neighborhood, the Magnolia Project set a goal of reducing racial disparities in birth outcomes by addressing the health of women before pregnancy. It was the first federal Healthy Start project to move before and beyond pregnancy, focusing instead on women's health. The project opened 10 years ago in a store-front site in the heart of the community that accounted for more than half of all Black infant deaths in the city and a third of its births.

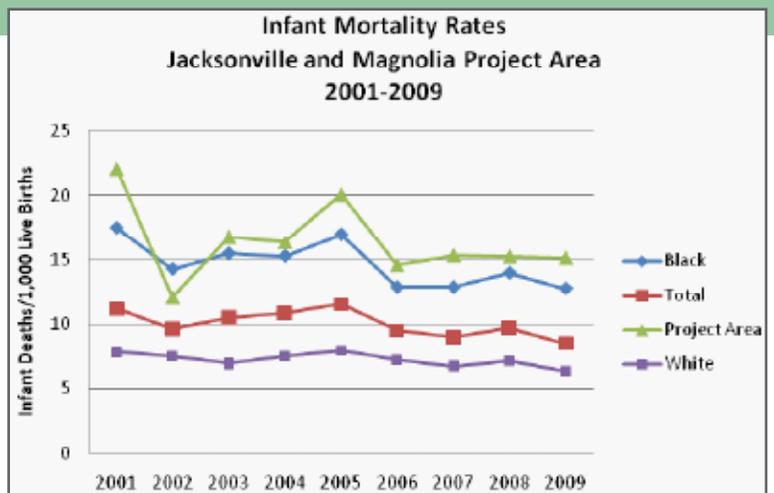
Over the last decade, the Magnolia Project has offered outreach, well-woman and prenatal care, case management and related services to more than 700 women annually who are at-risk of a poor outcome when they become pregnant. Risk factors addressed by the project include infections, short birth intervals, alcohol and drug abuse, poor nutrition and previous pregnancy loss. Beyond individual services, the Magnolia Project focuses attention on improving the health of the entire community through education, outreach and neighborhood engagement activities.

## NEW HOME: PEARL PLAZA

In April 2008, the Magnolia Project relocated to a new and expanded neighborhood site on North Pearl Street. Located in the former Pearl Plaza shopping center, the facility features three exam rooms, a patient waiting area and staff offices. A new community conference room, designed to accommodate group prenatal care classes, is also part of the new facility.

A ribbon-cutting and Spring Celebration, featuring national, state and local dignitaries, was held to commemorate the event. Ana Viamonte Ros, MD, MPH, State Surgeon General, gave the keynote address and toured the facility. Other guests included U. S. Congresswoman Corrine Brown, Director of the Florida Office of Minority Health Dr. Emile Commedore, and Jacksonville City Council member Dr. Johnny Gaffney and State Representative Mia Jones. Former City Council members Pat Lockett-Felder and Gwen Yates, long-time supporters of the project, also participated. More than 200 people participated in the event.

The site is about two miles east of the project's original location on Moncrief Road and 45th Street. The new Magnolia Project location was part of a redevelopment effort at the shopping center funded in part by the City of Jacksonville.



Source: FLMR Project based on birth and death certificates from Florida Vital Statistics. Preliminary data for 2009.



## EVALUATION FINDS POSITIVE IMPACT ON FUTURE PREGNANCIES

The success of the preconception interventions utilized by the Magnolia Project to address disparities in birth outcomes was documented recently in a special longitudinal evaluation. In 2006, the U.S. Centers for Disease Control and Prevention (CDC) funded the Institute for Public Health Informatics and Research (IPHIR) at the Duval County Health Department to conduct a pilot evaluation of the Magnolia Project. The purpose of this evaluation was to examine the impact of the Magnolia Project interventions on subsequent pregnancies.

Preliminary findings show that the participants in the project were exceptionally high risk, and at much higher risk than the population in the high-risk geographic area, higher risk than the clients receiving care at the same clinic, and somewhat higher risk than the comparison group that was selected based on similar risk factors. The strengths of Magnolia's intervention identified by the evaluation include: linking culturally/linguistically sensitive healthcare, including accessible location, and access to quality healthcare with case management that encourages the clients to take personal responsibility for their health and well being.

Clients who received preconceptional and interconceptional case management showed improved birth outcomes following case management including decreases in low birth weight and infant death and a decrease in failed interconceptional periods. Magnolia case management clients were more likely to have a decrease in low birth weight, infant mortality and STDs.

Evaluation results were presented at the **2007 Governor's Conference on Women's Health** and the **Florida Department of Health's Minority Health Summit**. An article on the evaluation results, "Impact of Pre-Conception Health Care: Evaluation of a Social Determinants Focused Intervention", was published in the **Maternal & Child Health Journal** in 2010.

## FOCUS ON COMMUNITY EDUCATION

Recognizing that infant mortality is affected by community health as well as individual behaviors and risks, the Magnolia Project implements interventions that focus on neighborhood development, education and capacity building.

A Community Council was organized at the initiation of the project to create a resident-led forum for providing input into project activities. Council members performed a variety of outreach and education activities, and implemented regular community workshops, as well as an annual Women's Health Conference.

The establishment of the Black Infant Health Community Council (BIHCC) offered a chance to broaden opportunities for consumer input into decision-making around maternal and child health issues. One of the priorities of the Council is to promote consumer advocacy. Initial efforts included the organization of a Grassroots Advocacy Workshop in 2009 at Historic Mt. Zion Church. The workshop engaged nearly 50 neighborhood residents and community leaders who pledged to take an active role in advocating for needs and services in their areas. Participants were coached in advocacy skills, including writing letters and op-ed pieces for newspapers, meeting with elected officials and securing community services.

The Magnolia Project recently implemented a new community education and outreach program, Community Voice. The program trains trusted women from the community on key topics affecting women's health and infant mortality and challenges them to "spread the word" among their families and friends.



**MISSION:** improve the health & wellbeing of women during their childbearing years by empowering communities to address medical, behavioral, cultural & social service needs.

## NATIONAL SPOTLIGHT: RELEASE OF CDC RECOMMENDATIONS

The Magnolia Project received national attention in 2006 with the release of recommendations by the U. S. Centers for Disease Control and Prevention (CDC) Select Panel on Preconception Health. Featured in **USA Today** and a special supplement to the **Maternal & Child Health Journal**, the project was highlighted as a promising practice for improving the health of women before pregnancy. Project activities were also documented in a five-minute video during the closing session of the **2007 National Preconception Care Summit** in Oakland, CA.



## MAKE A NOISE! MAKE A DIFFERENCE! CALLS ATTENTION TO INFANT MORTALITY

Magnolia Project staff played a leadership role in the development and implementation of a year-long social marketing campaign sponsored by the Coalition and the Black Infant Health Community Council in 2009. Funded by the Community Foundation of Jacksonville, **Make a Noise! Make a Difference!** was designed to raise awareness about infant mortality and factors contributing to it.

Activities culminated in September during National Infant Mortality Awareness month. Tonya Lewis Lee, national spokesperson for the federal Office of Minority Health, was a featured speaker during the campaign. A series of “grass roots” and “grass tips” education and awareness efforts reached more than 900 participants through one-on-one contact. An additional 1.5 million residents were exposed to campaign messages through mass media.

Campaign messages are continuing in the project area through bus ads and related education activities. The success of the campaign in raising awareness has led a local foundation to propose sustained funding which will allow implementation to continue for the next five years.



## HIGH MARKS GIVEN BY CLIENTS

Participants have consistently given the project high ratings over the last 10 years, with 99 percent stating they would recommend the program to other women. Among the comments offered by more than 150 participants completing one of the project's annual surveys:

*“If I need anything, Magnolia has my back.”*

*“Every time I come there is a smile on all the faces I see. And they make me feel like family, where you are welcome.”*

*“They make sure all questions and concerns are discussed and fully understood.”*

Most of the survey respondents had been receiving services at the Magnolia Project for a year or more.

The Center for Community Initiatives at the University of North Florida, the evaluator for the project since its inception, conducts annual surveys and focus groups of participants and community members.

Make a  **NOISE.**  
Make a **Difference.**  

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**Prevent Infant Mortality.**

## MARCH OF DIMES VITAGRANT SITE

The Magnolia Project was one of five evaluation sites for a statewide initiative that distributed vitamins, folic acid education and other materials to at-risk women of childbearing age during 2005-07. Folate consumption before pregnancy is associated with a reduction in neural tube defects, a common birth defect, and has been linked to reduced chances of pre-term birth and low birth weight. The project collaborated with the Florida March of Dimes and state Department of Health in implementing and collecting evaluation data for the three-year VitaGrant project.

More than 1,800 bottles of vitamins were distributed through the program. Preliminary review of evaluation data collected through the VitaGrant evaluation sites suggested that many more women would take multivitamins if they were provided at no cost, implicating lack of resources as a barrier for many women to take vitamins.

The project recently reinitiated its distribution of free multivitamins to participants to encourage folate consumption prior to pregnancy. The Magnolia Project and its role in the Florida Vitagrant initiative was featured in the **Florida Folic Acid Coalition newsletter** (Winter 2005-06).

## MAGNOLIA JOINS THE BLACK INFANT HEALTH PRACTICE INITIATIVE

In 2007, the Magnolia Project and Northeast Florida Healthy Start Coalition joined state and federal Healthy Start programs in seven Florida communities in implementing a new state Black Infant Health Practice Initiative (BIHPI) to address disparities in birth outcomes.

The initiative was led by the Central Hillsborough Healthy Start (CHHS) program, the federal Healthy Start project in Tampa. CHHS staff worked with key Black lawmakers to draft the initiative. BIHPI focused on eight communities (six urban and two rural) that experience the greatest disparities in birth outcomes. The communities worked together to identify social, medical and other factors that may be contributing to poor birth outcomes among minority residents. Specific tools, including Perinatal Periods of Risk (PPOR) and Fetal and Infant Mortality Reviews (FIMR) were used to assess communities.

The University of South Florida and Florida A & M University provided technical assistance in implementing the initiative. The initiative laid the foundation for future state efforts to address health disparities and positioned the Magnolia Project and other federal Healthy Start grantees as leaders in this effort.

It also created the Black Infant Health Community Council which will continue local efforts in Jacksonville to engage the community that is most impacted by disparities in addressing this critical public health issue.

The Magnolia Project is one of 100 federal Healthy Start Projects nationwide.



## SHAYLA'S STORY

*The family-friendly environment the Magnolia Project offered was so comforting. I never felt judged by the staff about being a pregnant teen. They always told me about the importance of staying in school and always helped me when I had problems or questions. I was referred to the Magnolia Project by WIC when I found out I was pregnant at 15 years old. I received prenatal care and after I gave birth I continued into the Family Planning program. I learned so much from the staff – the importance of prenatal care, signs and symptoms of early labor, changes my body will experience with pregnancy and my overall health after I delivered.*



## CASE MANAGEMENT SUPPORTS WOMEN: REDUCING SOCIAL & HEALTH RISKS

Case management is provided by the Magnolia Project to address specific preconception risk factors using a life-course model. This approach recognizes that social determinants, as well as health-related risks, impact birth outcomes and directly contribute to disparities in infant mortality.

Nearly 150 women a year receive services through the project. Case management participants had an average of 9.9 preconception risk factors or problems that could potentially impact a future pregnancy. The most common risk factors addressed are family planning issues, job placement/training, education/training, stress, poor dental health, depression and housing. Participants have a 96 percent completion rate for referrals and resolve or manage nearly 70 percent of their identified risks.

Case management activities focus on the coordination of services across providers to assist participants in achieving the stability needed to address longer-term risk reduction goals. Once immediate needs are addressed, the case manager and participant complete a “life plan” based on the model developed by Dr. Michael Lu. This participant-driven plan establishes goals and addresses needs in three areas: access to preventive health care, family and community support and reduction of poverty and social inequities.

## SPECIAL INITIATIVES: PROMOTE HEALTHY EATING & EXERCISE

A new Magnolia community garden is the latest project implemented over the last 10 years to address the impact of poor nutrition on low birth weight and poor birth outcomes. Located in Springfield, the garden plot is improving access to fresh vegetables for participants and staff.

In 2002-03, more than 500 families participated in Cooking Among Sisters, a special nutrition education project developed by the Magnolia Project Community Council to encourage and promote healthy eating habits and overall wellness among women residing in the project area. The initiative was one of several funded by a mini-grant from the Northeast Florida Area Health Education Center (AHEC). The project was implemented in partnership with WIC and the Duval County Agricultural Extension Service.

Classes were held at local housing complexes. Each participant was given a copy of the “Soul Food Pyramid Guide” and the book, “Slim Down Sister: The African American Women’s Guide to Healthy, Permanent Weight Loss.” Activities were planned for children to encourage them to eat healthy meals and snacks. Topics featured

in the classes included: food labeling, stretching your food dollar, food safety, fruits and vegetables in your diet, healthy snacks and the ABC’s of eating smart. Food demonstrations featured commodity foods and other items readily available in the community. Recipes used in the classes and submitted by neighborhood residents were compiled in a project cookbook.

The Magnolia Project was also instrumental in the successful implementation of a special study, “Pass the Fresh Fruits and Vegetables.” A collaboration between the project, the University of North Florida and Publix, the study tested the impact of improving the availability of fresh fruits and vegetables to a group of overweight participants. Gift cards to purchase fresh fruits and vegetables were given to members of the experimental group in addition to education and information. The study showed a positive association between weight loss and consumption of fresh fruits and vegetables. An article on the study, “Pass the Fruits and Vegetables! A Community–University–Industry Partnership Promotes Weight Loss in African American Women,” was published in **Health Promotion Practice** online (April 3, 2009).

“...A woman’s preconception health, her health prior to becoming pregnant, plays an important role in determining the outcome for her & her baby.”

*U.S. Centers for Disease Control & Prevention (CDC), Recommendations to Improve Preconceptional Health & Healthcare 2006*



## CENTERING PREGNANCY & INNOVATIVE PROGRAMS TO REACH WOMEN

Over the last decade, the Magnolia Project clinic has pioneered the use of innovative programs, such as Centering Pregnancy, to increase access to services and improve the health of participants. A partnership with the Duval County Health Department which provides staff and services on-site, the clinic offers well-woman and prenatal care to more than 700 at-risk women annually.

The project began offering Centering Pregnancy, a group prenatal care program, in 2007. Pregnant participants are grouped by trimester of pregnancy and receive care together using a nationally-recognized model that blends clinical practice with education and peer support. During the 2005-2009 grant period, the project provided prenatal care to 370 families. Less than five percent of babies born to project participants were low birth weight. Magnolia babies had an infant mortality rate of 5.4 deaths per 1,000 live births --- below the rate for white mothers in the county.



The clinic has offered evening appointments one night a week since opening in 1999. A full-time outreach staff member follows-up with all participants, significantly reducing the clinic no-show rate. One morning each week is set aside for walk-ins. All women seeking care at the clinic meet individually with a health educator and are provided counseling and information on key risk factors that impact birth outcomes in their community.



The Magnolia Project participated as a pilot site for the **HRSA Clinical Indicators Feasibility Study** during 2007. Chart reviews were conducted by project staff to determine the feasibility of measuring compliance with key clinical indicators. The clinic is currently implementing a new quality improvement project to promote healthy weight in women as part of a national Interconception Care Collaborative organized by the federal Healthy Start program. Project staff has developed protocols and procedures to ensure Body Mass Indexes (BMIs) are determined and discussed with patients seeking care at the site. Heights and weights were analyzed for more than 500 participants during the initial phase of the project. The average participant’s BMI is 28.8, considered overweight. More than 55 percent are either overweight or obese. Participants will be counseled and provided with resource information to help improve their diet and physical activity in the second phase of the project.

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## UNF CENTER FOR COMMUNITY INITIATIVES DOCUMENTS SUCCESS

For the last decade, the Center for Community Initiatives at the University of North Florida has served as the evaluator for the Magnolia Project. CCI assisted in the development of forms and other tools to track project activities and performance. CCI staff designed an innovative, web-based database that allows the project to track progress in achieving annual objectives required by the U.S. Department of Health and Human Services, the project’s primary funding source. CCI also conducts yearly surveys and focus groups with the participants in order to assess their satisfaction with the program. A presentation, “Community Partnership Evaluation: Assessing the Impact of the Magnolia Project on Reducing Racial Disparities in Birth Outcomes,” was presented by project evaluators from UNF at an annual meeting of the **Association for Applied and Clinical Sociology** in Philadelphia. The evaluation team also published a paper, “Flower Power: Assessing the Impact of the Magnolia Project on Reducing Poor Birth Outcomes in an At-Risk Neighborhood,” in the **Journal of Applied Sociology/Sociological Practice** (Fall-Winter 2005-06).

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The  
Magnolia  
Project

## SPECIAL THANKS: PARTNERS & FRIENDS

Many community organizations, partners and friends contributed to the success of the Magnolia Project over the last decade. Since the project's inception, the Duval County Health Department has been a key collaborating partner, contracting with the Northeast Florida Healthy Start Coalition to provide clinical, health education and social work staff for the project team.

Additional thanks to St. Matthew Baptist Church, the Duval County Health Department - Communicable & Infectious Disease, the Florida March of Dimes, Pearl Plaza Partners, LLC, WJCT Public Broadcasting, Baptist Health, the University of North Florida-College of Health, the YMCA, the AME Ministers Alliance - Hold Out the Lifeline Project, Publix, Blue Cross & Blue Shield of Florida, the Chartrand Foundation, the Northeast Florida Area Health Education Association, the Duval County Agricultural Extension Service, the Jacksonville Housing Authority, the City of Jacksonville, JCCI, Shands Jacksonville, Community Rehabilitative Services, the Jacksonville Community Health Center, the Florida Department of Health, River Region Human Services, War on Poverty, the U. S. Centers for Disease Control and Prevention (CDC), CityMatCH, the National Healthy Start Association, Duval County Schools, Ryan White Title III (Area 4 Office), Ossi Klotz LLC, WJEB TV 59, Winn-Dixie, Wolfson Children's Hospital, Wal-Mart, Florida Times-Union, the Duval County Health Department - Dental Services, local day cares, churches, beauty salons, check cashing stores, community convenience stores, neighborhood housing complexes and all of our other friends and partners.



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