



The
Magnolia
Project

Reproductive Life Planning in Action

Initiative of the





Mission

To Improve the health and well-being of woman during their childbearing years by empowering communities to address medical, behavioral, cultural, and social services needs.





Snap Shot of Jacksonville

- Infant mortality rate (2014): 8.8 deaths per 1,000 live births (2005 rate 11.6)
 - The Magnolia Project located in Jacksonville/Duval County Health Zone 1
- IM driven by disparities
 - 44% of births were to Blacks & other nonwhites
 - Blacks historically have poorer outcomes in Jacksonville than in other urban areas of the state
 - IM rate is slightly 2x higher than the White rate





Services

- Women's Health Services
- Clinical Care
- Home Visitation
- Case Management
- Reproductive Life Planning
- Outreach
- Health Education
- Mental Wellness
- Fatherhood
- Group Education



What is The Magnolia Project?

The Magnolia Project is a special Healthy Start initiative to improve the health and wellbeing of women during their childbearing years. The Magnolia Project offers services to women living in Jacksonville zip codes 32202, 32204, 32206, 32208, 32209 and 32254.

Our mission is to improve the health and wellbeing of women during their childbearing years by empowering communities to address medical, behavioral, cultural and social service needs.

Location

5300 North Pearl Street
Jacksonville, FL 32208
Phone: 904.353.2130 | Fax: 904.353.2131
www.magnoliaproject.org

Clinic Hours

First Monday:
10:00 a.m. - 6:00 p.m.
Monday:
9:00 a.m. - 6:00 p.m.
Tuesday, Thursday, Friday:
8:00 a.m. - 5:00 p.m.
Wednesday:
8:00 a.m. - 12:00 noon

A Federal Healthy Start Initiative

Project # 2H49MCO0051-14-00

Partners:

Northeast Florida Healthy Start Coalition
Florida Department of Health - Duval
UNF Center for Community Initiatives






Empowering Women's Health & Wellness

Who is eligible?

Women living in Jacksonville:

- Between the ages of 15 & 44
- In zip codes 32202, 32204, 32206, 32208, 32209 and 32254.
- Pregnant or able to get pregnant



Services Available

- Low-cost women's health exams
- Pregnancy testing
- Prenatal care
- Family planning / Birth control
 - (LARC) Long Acting Reversible Contraceptive
- Counseling and support services

- Health education
- Referrals to health care specialists
- Case management services for women with some of the following risk factors:
 1. Previous fetal or infant loss, preterm or low birth weight baby
 2. Substance or alcohol abuse
 3. High-risk pregnancy
 4. History of STDs
 5. No or improper use of birth control
 6. History of teen pregnancy (15 years old and under)
 7. Other health and social issues
- Community Action Network
- Make a Difference Leadership Academy
- Affordable Health Care Act
- Primary Care
- Reproductive Life Planning
- Breast Feeding Education/Breast Feeding Room
- Safe Sleep Education

Men Day Wednesday

- Fatherhood Groups
- Boot Camps for New Dads
- 24/7 Dads
- Male Responsibility

Trainings

- Make A Difference Leadership Academy
- Make a Noise Make a Difference Lay Health Advocate Initiative

Committees

- Community Action Network
- Community Action Team



Financial Eligibility

- Health insurance is accepted. Anyone without health coverage will have a financial evaluation to determine eligibility.
- Fees will be based on a sliding scale for anyone with no insurance coverage.
- Please bring the following items to your Financial Eligibility appointment:
 1. Picture ID
 2. Social Security Card
 3. Proof of Income Status
 - No Income - letter from person providing financial support
 - Income - all pay stubs received in the past 30 days and income from all other sources (i.e. social security and child support)



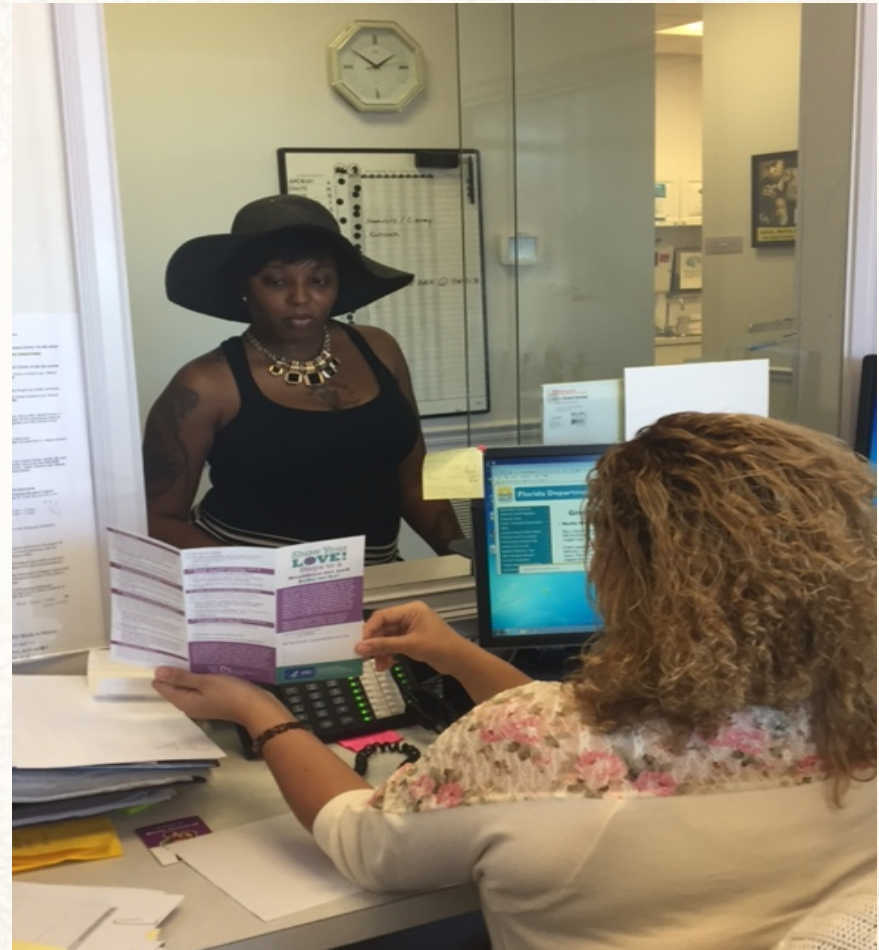
Health Zone 1

- The population is 78.1 percent African- American
- There are 21,632 women of childbearing age; nearly one-fourth of families live below the federal poverty level.
- There was an average of 1,938 births annually in the project area during 2007-2009, accounting for about 13 percent of the births in the city.



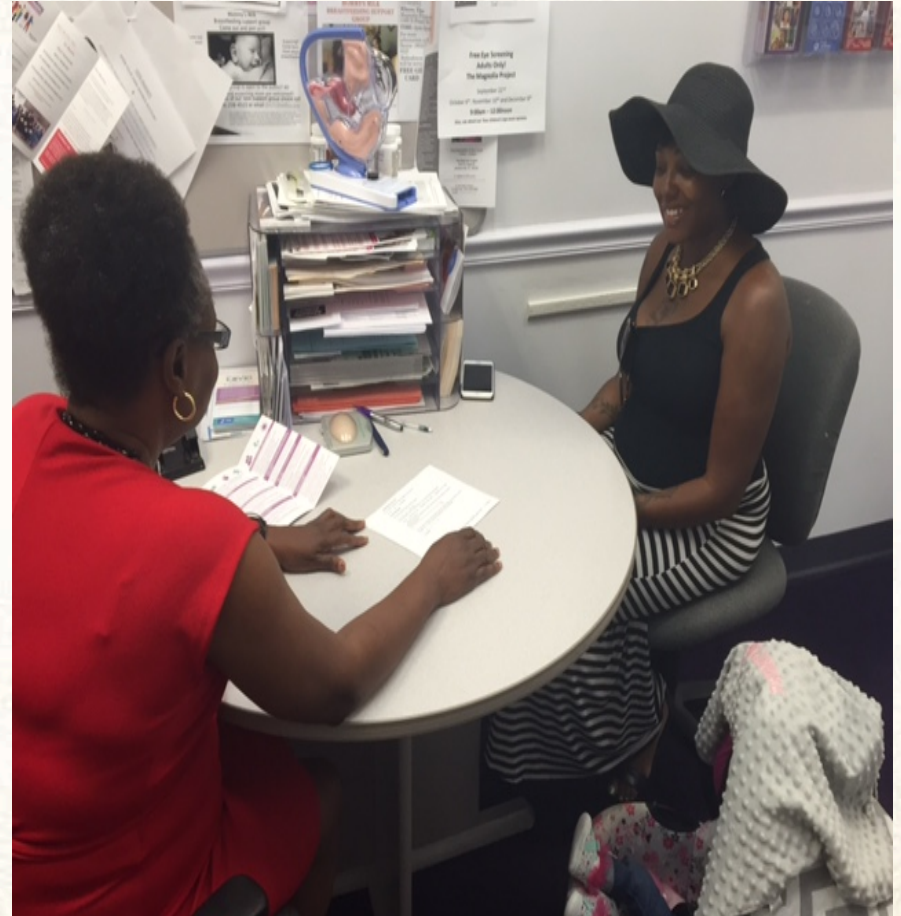
Show Your Love Campaign

- The pamphlet “Show Your Love! Steps to a Healthier Me!” is distributed to all participants that came to Magnolia for a clinic visit.
- 181 Magnolia Participants were introduced to the campaign during the pilot phase 2014.





- During their clinic visit, each participant meets with the health educator and reviews the completed questionnaire on the pamphlet.
- At her next clinic appointment, each participant reviews or adjusts her previously set goals with the health educator.





Clinical RLP

- Electronic Health Record
- Health Educator
- Reproductive Life Plan Developed

Reproductive Life Plan

Do you plan to have any (more) children in your future?

☒ Yes ☐ No ☐ Undecided

If yes/undecided

How many children would you like to have?

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

How long would you like to wait until you or your partner becomes pregnant?

☐ Now ☐ Less than 1 year ☐ Between 1 and 2 years ☐ Between 2 and 3 years
☐ More than 3 years

What family planning method do you plan to use until you or your partner are ready to become pregnant?

How sure are you that you will be able to use this method without any problems, which is a scale from 1-5, with 1 being very unlikely and 5 being very likely?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments



Preconception Care Clinical Toolkit

Before, Between
& Beyond Pregnancy

Home Newsletters CE Modules Key Articles Guidelines Practice Resources

THE NATIONAL PRECONCEPTION CURRICULUM
AND RESOURCES GUIDE FOR CLINICIANS

NEW PRECONCEPTION CARE
CLINICAL TOOLKIT

Tool Kit

Advancing women's
health in the primary
care setting.

Learn how to incorporate preconception health
efficiently into routine well woman care.

[Read Toolkit >](#)

NEW Quality Family Planning Guidelines have recently been released by the Office of Population Affairs and the Centers for Disease Control and Prevention. Guidelines include recommendations for preconception health services for women and men. [Click here to read more.](#)

NEW Clinical Toolkit

Built on a woman's reproductive life plan, this toolkit provides clinical guidance for reaching every woman with preconception and interconception health services, every time she presents for routine care.

Tool Kit

CME/CNE Modules

Access a series of online training modules on a variety of preconception health topics – all with

Guidelines

Access clinical guidance for women with high risk conditions as well as general

Practice Resources

Learn about the latest websites, tools, handbooks and more to help you provide quality



Preconception Toolkit Training



The Preconception Toolkit RESOURCE TRAINING

The National Preconception Health Care Initiative was designed to help primary care providers, their colleagues and their practices incorporate preconception health into the routine care of women of childbearing age.

WHAT:
The National Preconception Health Care Initiative: *Improving Preconception Health, Every Woman, Every Time*

WHO:
Primary Care Providers, Nurses, Health Support Tech/Medical Assistant & Clerical Staff

WHEN:
December 17, 2014
1:00 - 3:00 pm

WHERE:
Jacksonville Children's Commission
1095 A Philip Randolph Blvd
Jacksonville, FL 32206

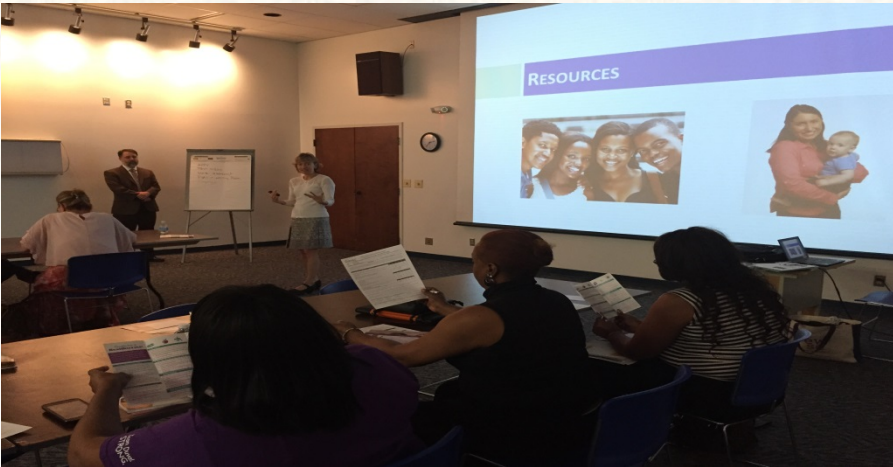
REGISTER BY:
December 10, 2014
Contact Marsha Davis at 904.353.2130 ext. 1002 or register at nephhealthystart.org/preconceptiontoolkit

PRESENTER:
Daniel J. Frayne, MD
Co-Chair, Clinical Working Group Preconception Health Health Care Initiative
Assistant Residency Director, MAHEC Family Medicine Residency
Medical Director, MAHEC Division of Regional Education
Medical Director, Simulation Lab, Mission Health Systems
Assistant Professor, UNC Chapel Hill School of Medicine

Funded by HRSA (#149MC00051) and Florida Department of Health



Preconception Clinical Toolkit Training



- Dr. Daniel Frayne, MD, Co-Chair Clinical Working Group Preconception Health - Health Care Initiative and Sarah Verbiest, PH.D, MSW, MPH Show Your Love Campaign



- During the pilot phase 31 project and partner primary care provider staff completed Preconception Care Toolkit Training



Preconception Care Integrated into Primary Care Visit

- During the pilot phase Primary Care was offered one day per week
- The medical provider help participants, who were there for a primary care appointment, formulate a Reproductive Life Plan.
- During this phase 85 Magnolia participants completed the Toolkit.

Preconception Health+Health Care Initiative
A National Public-Private Partnership

National Preconception Clinical Toolkit:
Advancing Women's Health
Before, Between and Beyond Childbearing

Preconception Health Promotion at Your Fingertips:
Summary of Key Guidance for Woman Who Does NOT Desire Pregnancy in Next Year
(Full guidance, background information and resources for each component provided in National Preconception Clinical Toolkit)

Component of Care	Key Questions/Assessments	Key Recommendations/Patient Education Supports
Family Planning Guidance	Would you like to become pregnant in the next year? Assess whether the woman has a Reproductive Life Plan by asking: <ul style="list-style-type: none">• Are you hoping to have any (more) children in the future?• If so, have you thought about how many you would like and how soon you would like to have them?• What would you like to do to avoid a pregnancy until you want to conceive?	<ul style="list-style-type: none">• Encourage the woman to consider whether she wants any or any more children and, if so, when she hopes to become pregnant (Reproductive Life Plan).• Offer contraceptive counseling (considering CDC MEC if medical conditions are present) consistent with the woman's Reproductive Life Plan, preferences, and medical conditions/contraindications.• If relevant, educate about fertility issues with advancing maternal age.• If relevant, educate about safest interconceptional lengths (18-59 months).• Refer to detailed guidance for strategies to encourage higher levels of intendedness under Family Planning tab in full Clinical Toolkit.
Nutrition Status	Body Mass Index (BMI) Assess use of Folic Acid and other nutritional supplementation	<ul style="list-style-type: none">• Counsel about advantages of achieving weight as close as possible to ideal BMI (18.5-24.9) for own health.• Recommend a varied and balanced diet and a multivitamin with at least 400 mcg folic acid for daily use.• Refer to detailed guidance for specific nutrients and nutrition related disorders under Nutrition tab in full Clinical Toolkit.

1 of 4



Case Management

- Project participants maybe in enrolled in both clinical services and case management or case management only
- Case management and care coordination services to at-risk pregnant and preconceptional women residing is provided in the catchment area.



Case Management

- Women enrolled in case management services completed a Reproductive Life Plan with the Women's Intervention Specialist





Reproductive Life Planning

- Reproductive planning is priority focus of the Magnolia Project.
- All program participants complete a group on Reproductive Life Planning, facilitated by Magnolia project clinic staff, or the women's intervention specialist which stresses the importance of waiting longer than 18 months to get pregnant again and the impact of baby spacing on reducing the risk of preterm birth, low birthweight and other complications of pregnancy.



Reproductive Life Plan Group

- During the reproductive life planning group project participants review their reproductive life plans to determine if or when they plan to have children in the future, as well as identify family planning methods to help them fulfill their plans.
- Promote the inter- and independence of Magnolia Project participants while building reproductive capital in the community





Participants' Thoughts!

I really never thought about a plan

Before I get pregnant again I want to work hard and become something great

I want to be strong and stable before I have a baby

I want to go to school and take care of my baby before I get pregnant again



Remember The Data

- The latest data indicates that 51% of pregnancies are unintended (2010)
- 37% of the births in this country are from pregnancies self-identified as unintended at time of conception (2012)
- Unintended pregnancies are generally mistimed (wanted to become pregnant at sometime but not now) not unwanted (did not want to ever have another pregnancy).

Slide source: Merry-K. Moos. BSN (FNP), MPH, FAAN



We Care Because. . .Unintended Pregnancies Are Associated* with:

- Increased likelihood of abortion
- Exposures to potentially harmful substances in pregnancy
- Poor pre-pregnancy disease control
- Late entry to prenatal care
- Increased likelihood of low birth weight in offspring
- Maternal depression
- Reduced school completion and lower income attainment (if woman not married)

note: association does not prove causality

Slide source: Merry-K. Moos. BSN (FNP), MPH, FAAN



HRSA Benchmark

Percentage of participants who have a documented reproductive life plan!



The
Magnolia
Project

Thank You!

fjohnson@nefhsc.org

<http://nefhealthystart.org/for-women/magnolia-project/>

@nefhealthystart

Initiative of the



Northeast Florida
Healthy Start
COALITION, INC.