

The JJ Way[®] Model of Maternity Care – Easy Access Clinic

An Innovation Station Promising Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Winter Garden, FL	Title V/MCH Block Grant Measures Addressed
Category:	Promising	Performance measures: Risk-appropriate Perinatal Care/Perinatal Regionalization Breastfeeding Medical Home Outcome Measures: Low Birth Weight Perinatal Mortality Infant, Neonatal, Postneonatal, Preterm-Related or SUID Mortality Preterm Birth Maternal Mortality
Date Submitted:	09/2020	

Practice Description

The JJ Way[®] Model of Maternity Care provides quality prenatal and postpartum care with the goal of eliminating disparities due to race and socio-economic class. We have developed a model that uses a collaborative, team-based approach which has significantly reduced the incidence of preterm births and low birth weight babies, with no accounts of maternal mortality.

Purpose

The goal of The JJ Way[®] is to eliminate racial and class disparities in perinatal health and improve birth outcomes for all. Realizing that the midwifery model could help improve birth outcomes for all babies, midwife Jennie Joseph, CPM, and her birth center team worked to create a midwifery-based model that was culturally relevant and accessible to women of color and low-income women.

What makes this practice remarkable is its unique team-based, culturally-relevant approach to prenatal care, and its relationship with the local medical community. Many women receive their prenatal care through this practice and then birth at the hospital with a physician. The physicians trust the quality of care given through this practice and readily accept the transfer of care at delivery time.

Program objectives include:

- remove barriers and increase access to first-trimester entry into prenatal care
- create an immediate maternity medical home
- strive for cost effectiveness, utilizing existing staff and resources, yet saving countless dollars by preventing preterm and low birth weight babies
- provide educational and social support services and referrals
- improve quality of care, reduce incidence of litigation and increase client and staff satisfaction
- provide a model that is easy to duplicate which allows the healthcare provider to run an efficient, safe, and productive system

The JJ Way® is adaptable to any type of practice or provider. The target populations are families which include newborns/infants and women. Specifically, the model aims to reduce health disparities that exist due to race and provide quality care to low-income, uninsured, or underinsured women.

Practice Foundation

The JJ Way® Model is effective in reducing disparities and improving outcomes because it operates from the premise that every woman wants a healthy baby and that every woman deserves one. Additionally, patients and their family supporters are encouraged to operate the same way and are therefore invited in as an integral part of each prenatal visit. From the very first appointment the goal of a full-term healthy baby is emphasized and all subsequent measures stress that theme until safe arrival at that point.

There is injustice which continues to perpetuate the health disparities in this country, and it is deeply embedded across institutions, systems, and generations. Racism, classism, and sexism are the contributing factors to the disparities we see. And that is what the practice is built upon – the fact that society is unjust, and all people deserve equitable care.

Access to high quality, culturally congruent, patient-centered, cost efficient health care is a central tenet of the model. No person who needs services is ever turned away regardless of insurance or financial situation, citizenship or perinatal risk status. The staff also provides immediate triage, linkages and collaboration with other public and private agencies in an effort to maintain continuity of care for those receiving services and facilitating additional access points through community partnerships.

The connection of women to services and supports begin at the first visit and continues until delivery. Prenatal bonding not only between mother and baby, but also with the father, siblings, extended family, friends, and clinic team members is strongly promoted. The patient's family or supporters are invited to participate in the prenatal care process and is viewed as essential to helping achieve the goal of a full-term, normal birth weight infant. Practitioners of The JJ Way®, ensure that all staff, including non-clinical staff such as members of the administrative team and health educators, are included in the care team for the patient. All staff play an important role in achieving healthy reproductive outcomes.

Knowledge is provided in several areas including on how lifestyle impacts babies. Information is delivered in a way that is culturally-responsive to the patients' needs and enables them to make decisions about their treatment at a pace that feels safe to them. Alternative approaches to teaching are utilized. This includes the use of peer educators, and by making use of the time

spent in the waiting room to provide informal but thorough group-based education. Through a 'gap management' and team approach, educational messages and delivery approaches are tailored to the client's individual needs. Post-partum education, is also provided. This includes the provision of breastfeeding support, family planning and well-woman health education, and information and support about perinatal mood disorders.

Empowerment results from having access to high quality, cost efficient services, and a connection with supportive culturally-responsive services and natural supports which lead to an increase in knowledge, agency and self-determination.

The foundations of the JJ Way® are based on both the Life Course Theory and the Social Determinants of Health/Systems Theory. We recognize that pregnancy and postpartum are both extremely sensitive periods for intervention during the lifespan of a person. The care a person receives during pregnancy impacts not only their physical health and that of their baby, but also can promote connection and empowerment which can forever influence their relationship to their child. We educate and empower the parent to advocate for themselves and their child, to be a part of the decision-making process, and to understand aspects of their health and physical wellness. After receiving care at our clinic, they are more likely to breastfeed. This is just one of the decisions new parents need to make.

We also know that there are many underlying social and systemic issues that affect healthy outcomes. The JJ Way® provides equitable access to perinatal care and treats every person with dignity and respect. All pregnant persons will be seen, regardless of ability to pay. No matter what a person's life story has been, or what social determinants of health are affecting their current situation, we know that every parent wants a healthy baby. The access, connections, knowledge, and empowerment instilled in the JJ Way® help to achieve that goal

Core Components

The core components of the JJ Way® model include the following:

- To provide access to prenatal care for any one at any time in their pregnancy.
- For pregnancies to reach a gestation of 37 weeks or greater.
- For newborns to have a birth weight of 5 lbs. 8 oz or greater.
- For the mother-baby pair to start and succeed at breastfeeding.
- To provide a model that is easy to duplicate which allows the healthcare provider to run an efficient, safe, and productive system.
- To provide training and organizational systems for medical establishments that wish to improve their patient and employee satisfaction, compliance, and loyalty along with reducing litigation.

Practice Activities

Core Component	Activities	Operational Details
Provision of access to care	Appointments are made for anyone regardless of ability to pay, insurance carrier or advancement in pregnancy	Any woman who walks in or calls seeking care will be addressed and accommodated. Pregnant patients needing a higher level of care or specialty care are referred in a timely manner due to the network of collaborations already established.
Provision of quality healthcare throughout	After initial prenatal visit, continued	Quality prenatal care from the point of access through the third trimester ensures the patient

pregnancy and postpartum, increasing chances of delivery after 37 weeks and babies born at healthy weight	scheduled visits to monitor health and wellbeing of mother and baby. Connections are created and maintained, knowledge and empowerment given.	is aware of warning/danger signs, can connect with team members in case of worries, questions or emergencies. Patients are monitored appropriately and referred as needed. There are no gaps in care, which reduces the chances of complications going unnoticed or untreated. Additionally, patients are educated in pregnancy on weight gain, nutrition and the adverse effects of smoking/substances on pregnancy.
Successful breastfeeding	Early initiation of breastfeeding and continued breastfeeding support	Breastfeeding is discussed in prenatal appointments. Upon delivery, patients are encouraged to breastfeed first, and at every follow-up postpartum visit, breastfeeding is encouraged. Peer support, lactation consultants and practitioners are available for education, assessments and consultations.
Duplicative model	Being cost effective, flexible and utilizing a variety of team members	The model utilizes a wide variety of professionals and individuals, making it replicable because of the flexibility that exists. It's a cost effective model in that it utilizes peer support and offers basic prenatal care.
Provision of training	Developing training manuals and consulting tactics	Commonsense Childbirth Institute has a variety of training courses and opportunities already developed which provide training to individuals and groups on a variety of topics that are relevant to practicing the JJWay.

Evidence of Effectiveness (e.g. Evaluation Data)

An [analysis of The JJ Way® program outcomes](#) for participants enrolled between February 2016 and February 2017 was conducted and funded by the West Orange Healthcare District. The aim of this research was in part to replicate the 2006/2007 study conducted by the Health Council of East Central Florida to determine if outcomes would be consistent with those previously reported. That study demonstrated the disparities-eliminating effect of maternal care provided through The JJ Way® model.

To determine the efficacy of the program, the following data were collected:

- Demographic data including race, ethnicity, and age
- Maternal age
- Gestational age
- Baby's birthweight
- Breast feeding initiation
- Number of visits

Outcomes to be measured included the incidences of preterm births and low birth weights. Descriptive statistics were generated and the birth outcomes were compared to the local (Orange County) and State (Florida). It was also assessed if the outcomes found in the previous 2007 evaluation on The JJ Way®, which was conducted by the Health Council and showed an elimination of disparities in preterm and low birth weight rates, are replicated.

Two hundred and fifty-six (256) individuals received services between February 2016 and February 2017. All of these were included in the study. Data was recorded by the center and then analyzed by the evaluators.

Those receiving services from The JJ Way® Community-Based Maternity Center represented all races. The majority of service recipients (54.7%) were White. Black or African-American individuals made up 36.3%, while Asian, American-Indian or Alaska Native and individuals self-described as “Other” made up an addition 5.1%. The remainder of the individuals (3.9%) declined to provide a race during intake. The age of program recipients ranged from 15 years old to 44 years old, with the average age (mean) being 26.67 age, and the most frequently occurring age (mode) being 22 years old.

Replication

N/A

Section II: Practice Implementation

Internal Capacity

For the model to work effectively, a wide variety of combinations of personnel could be possible. The staff is dependent upon how many patients are being seen, the ability to refer to high risk care, and the languages spoken. For example, we had to hire additional staff members who spoke the language so the patients we served.

For the model that has been evaluated in Winter Garden, Florida, the personnel include the following:

- Receptionists
- Medical Assistants
- Nurses
- Peer support personnel – resource officer, lactation educator, childbirth educator, doula
- Midwives
- Nurse Practitioner
- Office Manager

What makes this practice remarkable is its unique team-based, culturally-relevant approach to prenatal care, and its relationship with the local medical community. The team is made up of a variety of professionals with diverse backgrounds, abilities and responsibilities. Each team member is valued for the role they play and the knowledge they hold and bring to the table. Each member is vital to the quality care that is provided to patients and their families.

Collaboration/Partners

Collaborations exist with the following:

- Winnie Palmer Hospital for Women and Children
- Orange County Health Department – Eligibility Services
- Orange County WIC – Nutrition, Breastfeeding support
- Orange County Healthy Start – Care Coordination Services, Childbirth education
- Health Council of East Central Florida – Evaluation
- Winter Park Health Foundation – funder 2006-2007 Evaluation Project
- Some other midwifery and OB/GYN offices.

Collaboration with other professionals and with hospital services was a slow process. Through referrals and follow-ups, other organizations and providers were able to see the quality of care that was being provided to patients and their families. Additionally, the follow-up after a referral or transfer led to accountability in service provision and further communication about how, together, we can better meet the needs of pregnant women in our community. Relationships built between individuals over time help to establish good rapport with whole organization which ultimately benefits the patients and increases access to optimal care. Continued collaboration is likely with clear communication, flexibility, and a recognition of best practices in each level of care setting.

Practice Cost

The start-up of a new clinical site will vary greatly depending on square footage of the site, the staff needed, the levels of care provided, the geographical area, and the number of patients hoped to be seen. Clinics could be as small as a practitioner and a front desk or as large as a multi-tiered level of care facility, offering high-risk care as well as basic prenatal care services. In our current practice, we have seen that it costs at least \$1200 to see each patient for care. Additionally, overhead expenditures such as rent, electricity and water remain a large line-item in the budget. Staff salary budget will vary greatly depending on the number of clinicians that are needed at the site. Our experience proves that lower-level providers are a vital asset to this model and can provide the culturally safe and relevant care that patients need.

Practice Timeline

The practice timeline is something we are working on for replication of future sites. We do not have a finalized timeline for what a future replication site might undergo as they develop the model. From the current practice experience, this was over 10 years in the making and came bit-by-bit as a response to the growing needs of the community.

Resources Provided

Training is offered through Commonsense Childbirth Institute at www.savinglives.biz

Lessons Learned

The practice was the result of a ten-year process of incorporating client and staff feedback and experiences until the current model was established. Challenges in carrying out the work have been related mostly to funding or staff shortages. Despite challenges, we have never failed to provide care to anyone who has come through our doors. This has required much of the staff and has led us to be flexible, frugal, and inventive.

Replication of the practice must be done with a team of varying roles, educational backgrounds, and abilities. It is vital that they see one another as equals and as striving together for the same mission. Comradery and support amongst the team members is something that is often understated in other practices but is at the forefront of the JJWay®.

Additionally, there needs to be space to grow in a practice such as this. Waiting rooms can get busy. There is constant movement of patients from one team member/station to the next and there needs to be adequate space and time for this to happen.

Funding will always be a restriction. There is an ongoing search for partners, grants, and donors in order to provide the best care possible to as many patients as come through the doors. As communities seek to reduce and eliminate health care disparities, more attention is being brought to models that work, including ours. This is hopeful for future partnership possibilities.

Next Steps

Currently there are two sites in our practice, in Winter Garden and Orlando Florida, with two replication sites. There are no current plans to expand the practice, rather an emphasis is being placed on developing training materials so that more replication is possible. Additionally, there are plans to develop a more comprehensive postpartum support plan for patients in our care and others in the community.

Practice Contact Information

For more information about this practice, please contact:

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