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MCH Innovations Database Practice Summary & Implementation Guidance

Perinatal Wellness Coach Pathways Program

This practice observes the space between community-based care and workforce innovation to support Afro Indigenous Black childbearing teens, women, and families



Location

Central Oklahoma



Topic Area

Access to Health Care/Insurance, Family/Youth Engagement, Telehealth/Emergency Preparedness, Primary/Preventative Care, Health Equity, Health Screening/Promotion, Mental Health/Substance Use, Nutrition/Physical Activity, Preconception/Reproductive Health, Service Coordination/Integration



Setting

Home-based



Population Focus

Prenatal/Infant Health, Adolescent Health, Women's/Maternal Health, Cross-Cutting/Life Course, Families/Consumers, Health Care



NPM

N/A



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Section 1: Practice Summary

PRACTICE DESCRIPTION

Oklahoma is ranked 4th in the nation for poor maternal health. Oklahoma has a 30% maternal death rate and 55% of those deaths are African American/Black women. Aside from the Black maternal healthcare crisis in Oklahoma, there is a jobs market shortage in healthcare. The need for my practice is to innovate workforce opportunities for community-based practitioners through recruiting, training, certifying, and employing women and individuals from the community to serve the community while making a livable wage. The key population is Black and Indigenous teens, women, and families of childbearing age living in Central Oklahoma. Implementation of this practice mobilizes holistic family planning options, that will serve not only to improve the health of children, teens, women, and families, but will provide overwhelming benefits for all Oklahomans and organizations seeking to replicate our I(4P)+ Model. Bringing the practice of the Perinatal Wellness Coach to the workforce marketplace through healthcare innovation is designed to improve preconception, pregnancy, postpartum, parenting, and mental health. Overall, the PWC practice develops action plans and preventive strategies to implement recommendations in communities and provider networks for reproductive well-being and holistic family planning options.

In 2016, I launched a campaign to train Black 30 women to become community-based birth work providers as the InTune Mother Project. In doing so, I invited women from within my network to train these women over a 1-year period. These women would learn how to support women in pregnancy, birth, and the postpartum. In my striving to create a solution, I realized that the need was greater than representation, yet the need to create jobs, with a livable wage, and a sustainable structure was imperative to the mobilization of the program. In 2018 I founded The InTune Mother Society, a 501(c)3 Charitable Health Organization to implement strategies and the development of innovative systems that increase knowledge transfer and skill at a community level. I took some time to engage my relationship with the National Perinatal Task Force led by Jennie Joseph of Commonsense Childbirth Inc to develop a multi-certified career lattice workforce innovation project in 2019 and we launched in 2020 at the onset of the global pandemic. In 2021 we pivoted to work with the Department of Labor, which approved our practice to become a federally recognized apprenticeship program.

CORE COMPONENTS & PRACTICE ACTIVITIES

TIMS aims to build a movement in birth justice through a healing justice practice that complements our mission to serve Historically Unvisible Black + Indigenous(HUBI) populations with equitable access to community-based reproductive care. These components involve building relationships with local health departments at the state level that expands our workforce development program to train Perinatal Wellness Coaches in a sustainable and equitable way that provides preconception, pregnancy, postpartum, parenting, and mental health support.



Core Components & Practice Activities

Core Component	Activities	Operational Details
Training Perinatal Wellness Coaches	12-week virtual training by program director for trainers	Maintaining quarterly schedule for trainers in the virtual space, referral of student recruitment and enrollment
Connecting provisions to access training	12-month training for Perinatal Wellness Coach program students	Outlining practice impact and outcomes from curriculum implementation from staff, trainers, and participants. Quarterly check-ins for format or curriculum updates for knowledge transfer
Enrollment requirements	Provisions for certifications and future employment opportunities	Delivery of community-based services defined by the community upon the methods of transferred knowledge, experiences, and skills of the facilitators and trained participants
Process for referrals	Create relationships with external resources for service referrals	Capture data from enrollment and completion from certification to employment that provides linkages to external community seeking holistic family planning options. Systems of care must integrate community-based programs to meet the needs of childbearing families. (Bracht, 2018).

HEALTH EQUITY

The InTune Mother Society Pathways Program is a healing justice practice that is working towards reducing reproductive health inequities and systemic oppression through workforce innovation. Our aim contributes it's work to the reclamation of holistic practices that acknowledge space and place for Historically Unvisible Black and Indigenous (HUB + I) populations to learn and implement TEKology (Traditional Ecological Knowledge) based education that focuses on an ecological approach to community-defined evidence (CDE), while uplifting knowledge, experiences, and expertise of the key community populations.



EVIDENCE OF EFFECTIVENESS

Over the last year, we have monitored how our initial practice demonstrates upward mobility. Since launching this practice, we have received an abundance of applications of interest to for new participants. From the current apprentices that we have, there is a great deal of others who are seeking the same career path due to how they were tended to through our practice. This is the most notable sign of success.



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

Practice Collaborators and Partners		
Partner/Collaborator	How are they involved in decision-making throughout practice processes?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Afro-Indigenous Black parents and youth of childbearing age	To reflect on the needs and experiences of the parents and HUBI populations to help shape the foundation of the program design,	Yes, most of the parents we serve have an invested place within our program as members of the community. We have supported these families in childbirth and in child rearing, which provides them with trust in practicing and implementing strategies for programming that supports community-based reproductive well-being.
Oklahoma Department of Labor	To provide a deeper context of community-based care from a peer-based cohort design that shapes the experience of services rendered and skills transferred in an ecological way. By partnering to train apprentices who are learning to implement the the practice of becoming a Certified Perinatal Wellness Coach.	Through this new partnership most of the women in the program become apprentices through our Pathways Program, which were once clients who experienced the practice and wanted to become providers themselves based on their impact of care. This is how we pivoted to build capacity and develop a strong innovative workforce.
Oklahoma Conference of Churches via Strengthening Families Program	Their goal is to partner with us in building strong family communistic skills as a branch of our (4P+) program. By centering children and their caregivers on the well-being of their experiences as parents and developing programs that are culturally congruent to help the community articulate their familial needs.	Yes, most of the members of the community are parents of children ages 0 - 15, and either want more support on how to properly time growing their families or not. These parents are key to helping us learn how to build longevity practices into the program that support the primal continuum of human development. The individuals seek us out to provide them with tools for preservation and prevention that do not aim to shame or exploit them. Oklahoma Conference of Churches also ties together



our contract through The Department of Mental Health and Substance Abuse. Thus building a bridge for systems of care that intersect Maternal and Child Mental Health

REPLICATION

This practice has not yet been replicated, yet we are working on licensing the program that will focus on expanding our practice into institutions, organizations, and other community-based programs that are forward focused on birth and healing justice as well as anti-racism practices. This will afford us the opportunity for scalability in a sustainable way, while also branding and trademarking our organizations practice..

INTERNAL CAPACITY

- Program Director - This person has experience in overseeing the program and its success. In addition, they will research, plan, and implement outreach services that will ensure a successful outcome on behalf of the organization.
- Program Manager - This person will develop and implement a community communications strategy, manage and produce a public media campaign, and create content for recruitment and community engagement activities, including but not limited to social media management and website maintenance.
- Perinatal Wellness Coordinator - This person is a strong communicator and coordinates, plans, and facilitates health and wellness activities and programs for staff and implements classes, training, and assessments that promote the internal workings of the PWC program.
- Community Coordinator - This person is responsible for tracking issues within the community, assisting with the development of programs, and coordinating events.
- Training Coordinator - This person is creative and can lead trainees through orientation, host training events, and develop new initiatives to support the structure of the program.
- Community Research Coordinator - This person will be responsible for collecting participant data in standard databases and spreadsheets, running analyses on the data, and submitting it to TIMS and to the (DAC). The person will also attend monthly meetings and provide site-specific input and progress with teammates across research sites.
- Data Analysts Coordinator - This person will be responsible for developing and disseminating written, well-designed reproductive health communication materials for the community and research partners in a variety of formats, such as web content, blogs, posters, training materials, etc. Additionally, this position will support the clearance of developed materials as needed and briefings to management and partners.



PRACTICE TIMELINE

For more specific details feel free to learn more about our practice by visiting us on the web at www.timcenter.org/trainings.

Practice Timeline		
Recruitment	Recruit 3000 community members to participate in the training program	Maintaining a quarterly schedule for open enrollment in the virtual space, referral of student recruitment and local enrollment
Training	Train for 12 months or 2144 hours	Outlining practice impact and outcomes from curriculum implementation from staff, trainers, and participants. Quarterly check-ins for format or curriculum updates for knowledge transfer
Certification	Apply for certification and renew every year	Delivery of community-based services defined by the community upon the methods of transferred knowledge, experiences, and skills of the facilitators and trained participants
Employment	Create relationships with external resources for service referrals	Capture data from enrollment and completion from certification to employment that provides linkages to an external community seeking holistic family planning options. Systems of care must integrate community-based programs to meet the needs of childbearing families.

PRACTICE COST

We believe in creating a world where every child conceived is wanted and loved. Our mission is to invest in community-based perinatal health education that promotes healthy preconception, pregnancy, breastfeeding, postpartum, parenting, early childhood education, and mental health. In order to create an environment for reproductive well-being. We have to begin by creating options with the next generation in mind. We do that, by offering TEKnology based educational programs and providing the necessary resources to Historically Invisible Black + Indigenous (HUBI) populations. As a growing community-based organization, we believe in smart allocation of funds and therefore we employ minimal staff.



Budget

Activity/Item	Brief Description	Quantity	Total
Salaries	Annual salary for our staff members	7 employees 2 Full-Time 5 Part-Time	\$236K/Year
	Program Director	1 Full-Time	\$60,000
	Program Manager	1 Full-Time	\$40,000
	Perinatal Wellness Coordinator	1 Part-Time	\$18,000
	Community Coordinator	1 Part-Time	\$18,000
	Training Coordinator	1 Part-Time	\$35,000
	Community Research Coordinator	1 Part-Time (Contracted)	\$35,000
	Data Analysts Coordinator	1 Part-Time (Contracted)	\$35,000
Program Operations	Cost of program operations for one year	Perinatal Wellness Coach Training	\$169K/Year
Licensing**	Program Fees	One Time Annual Fee	\$10,000
	Perinatal Wellness Coach	12	\$60,000
	Perinatal Wellness Coach Trainers	12 (Contracted)	\$18,000



Administrative Support	Finance Manager	1 (Contracted)	\$6,000
	Office Manager	1 Full-Time	\$35,000
	Volunteer Personnel	3	\$3,600
In-Service Training	Operational Staff	5 member staff training	\$5,000
Paid Advertisement	Seasonal Marketing	9 months	\$2,250
Technology	App Based Online Platform	12 months	\$2,400
Branded Stationary	Printed Marketing Materials	Quarterly	\$800
Per Diem/Accommodations	Workshops/Events	Continual Education Professional Development	\$6,750
Facility Cost	Brick and Mortar Location	800 sq ft minimum	\$18,000
Total Amount:			\$405,000

LESSONS LEARNED

What I have learned is that implementing a new program takes time to develop positive data. It is also a positive aspect of building economy. Creating a cutting-edge practice offers leverage for community-based program creators. The variety of ways the program can impact the targeted community has a novel approach. When the community doesn't know how to ask for certain supports, it becomes difficult to implement on a wider scale vision of care. The negative side of implementing such a program is the momentum of the information will travel fast, so the need for capacity is imperative to sustainability. Another negative lesson learned is that organizations or institutions with more resources, may attempt to replicate your program without permission. This can be disheartening because, they value the work you have done, yet don't identify you as qualified to produce the outcomes the program was designed to implement.

One of the major challenges that I experienced was finding resources to attract collaborators or partners versus competitors. When someone sees a good idea, it is easy to become inspired. The problem with inspiration, is that, imitation or co-opting information can deeply impact small, community-based organizations. In 2019, my



organization was offered a new grant opportunity with a local hospital that would become a major link for external referrals. This relationship would ultimately drive revenue to our workforce innovation project while serving the needs of the childbearing community. We were offered a small stipend that would not sustain our practice through the first year. We saw a loophole and partnered with The Department of Labor and the local Workforce Innovation Board. This created viability for our program to train members of the community while also bringing services to those in need.

Based upon what I know now, if I would have for seen a global pandemic, I would have focused on creating a national relationship with the Department of Labor versus a local one. Now we are working on the national expansion that could have set us up for scalability from the start, instead of working backwards.

NEXT STEPS

The current plans for continuing this practice are to recruit, train, and employ a minimum of 300 community members by the end of the year 2023 and expand to 3000 by the end of 2025 across the globe using our new virtual training option. In November of 2022, we will have graduated our first cohort of apprentices to expand the capacity for our international training platform. These individuals will become employees at our Holistic Family Planning Center. We recently partnered with HealthConnect One, another AMCHP Innovation Hub Participant to expand our workforce innovation by replicating their Breastfeeding Peer Counselor program. In the near future, we will be able to offer our training program not only as a federally recognized credential, yet also as an organization that is nationally and internationally accredited. We are currently planning for the opening of our new 2500 sq ft training facility in 2023. The first community-based perinatal wellness vo-tech with a focus on holistic family planning.

