

CASE STUDY REPORT

March 2019

Mothers in Arizona Moving Ahead (MAMA)

Pima County Health Department (PCHD) and the Community Services, Employment and Training (CSET) Department

INNOVATION CHARACTERISTICS

Transformational | Collaborative | Replicable



The Pima County Health Department (PCHD) and the Community Services, Employment and Training (CSET) Department in Pima County, Arizona are implementing Mothers in Arizona Moving Ahead (MAMA), an intervention that engages low-income mothers to identify strategies for improving family health outcomes and financial stability through community-level changes. The MAMA project unites mothers living in poverty, health care professionals, and volunteers from the larger community to participate in curriculum delivery, training, evaluation, volunteer support networks, and community engagement activities. Funding and support for this project was provided by the Robert Wood Johnson Foundation (RWJF) through the Public Health National Center for Innovations (PHNCI) Public Health Innovations Implementation Grant Program.

Background

Tucson, Arizona and the surrounding Pima County area have a higher percentage of individuals living below the federal poverty

INNOVATION FOCUS

Topic Areas

Health Equity and Systems Redesign

Summary

MAMA is an intervention focused on improving health outcomes and financial stability for low-income mothers and their families through community-level changes.

Location Served

Pima County, Arizona

Partners

- Community Food Bank of Southern Arizona
- Amity Foundation's Dragonfly Village
- Amity Foundation
- The Haven
- La Frontera's Rally Point
- Tucson Urban League
- Pima Community Access Program (PCAP)
- Lead Local
- Center for Community Dialogue
- Creative Narrations

Target Audience

Mothers in poverty and their children

rate, at approximately 18%, compared to the rest of the state.ⁱ The Tucson/Pima County area also has high rates of uninsured individuals compared to state and national levels, according to PCHD and CSET staff. In response to these issues, CSET developed Ending Poverty Now, a county-wide initiative that places poverty reduction efforts in an economic development framework. As part of Ending Poverty Now, PCHD, CSET, and their partners began working to develop Mothers in Arizona Moving Ahead (MAMA), a project to help identify and address the individual and systems level factors that contribute to poverty in Pima County (e.g., substance use, eviction, unemployment, housing issues, legal issues, and financial issues).

The MAMA project aims to create individual and systems-level changes to:

- improve health outcomes for families living in poverty by increasing program participants' self-efficacy, health-related knowledge, engagement with health care systems, and development of advocacy skills;
- improve the ability and capacity of health care professionals and community volunteers to serve families living in poverty and connect them to essential services, such as health care providers and legal assistance; and
- collect and synthesize data and information to identify potential improvements to the health care system and the delivery of services.

PCHD and CSET piloted the MAMA project in 2016 with grant funding from the Vitalyst Health Foundation. After the pilot, they implemented the MAMA project in full, with grant funding from PHNCI.

MAMA

The MAMA project focuses on improving health outcomes and financial stability for low-income mothers and their children through curriculum delivery, training, evaluation, and engagement of volunteer support networks and health care professionals. The MAMA project is innovative in its approach to addressing these issues because it combines existing curriculum that has proven successful in other implementations, engages mothers living in poverty as both program stakeholders and experts, and incorporates robust community engagement and real time feedback loops, as well as other elements that are described below.

Getting Ahead curriculum. *Getting Ahead (GA)* is an existing curriculum that takes place across multiple sessions and assists participants in developing a vision of a prosperous, equitable community and evaluating their resources and barriers to breaking the cycle of poverty. A national study evaluated *Getting Ahead* for its effectiveness, and found “statistically significant psychosocial improvements while in GA, including scores on measures of perceived stress, mental health and well-being, hope, goal-directed energy and planning, and social support.”ⁱⁱ Mothers participate in group courses to assess their resources, then develop individualized action plans with goals and strategies for achieving their goals and improving their social capital, opportunities, and resources. *Getting Ahead* also highlights the underlying social and economic factors that contribute to poverty and participants' abilities to enact change at the individual and community levels. Highlighting these factors helps participants gain the vocabulary and concepts needed to also serve as agents of change in their community. Ten *Getting Ahead* classes were completed, with 132 individuals beginning the program and 82 individuals completing the program, impacting 112 children.

Circles of Care program. Upon completing *Getting Ahead*, mothers participating in the MAMA project begin *Circles of Care*, a program developed by PCHD/CSET, where they work with community volunteers or “allies” to implement their identified strategies and gather data on barriers they experience. During meetings, allies support participants by helping them work towards their identified goals and documenting barriers and successes, participants' experiences with poverty, community resources and resource gaps, and opportunities to serve as advocates. Through *Circles of Care*, allies gain an understanding of poverty from the perspective of individuals from different backgrounds, mothers and allies build social capital, and all participants become galvanized to advocate for community change. Further, allies that

support the *Circles of Care* component receive training on the content of the *Getting Ahead* courses, motivational interviewing, coaching, healthy boundaries, listening skills, and other skills with which they can support MAMA participants. Fifty-one individuals began the *Circles of Care* program, which concludes in March 2019.

One-on-one sessions. The MAMA project includes one-on-one sessions between mothers and Health Care Navigators from PCHD and the Pima Community Access Program (PCAP), who help connect program participants to community resources as needs arise. In particular, the Health Care Navigators support improvements to health by helping program participants access health insurance, connecting participants to medical homes, and ensuring that participants have well-defined health goals.

Systems change activities. Building on the other project components, MAMA participants work together to identify health care systems changes that could benefit other mothers in their community living in poverty. They leverage their relationships and knowledge gained from their participation in *Getting Ahead*, *Circles of Care*, and the one-on-one sessions to identify common issues experienced by mothers living in poverty and propose systems-level solutions. The grantee engaged two partners—Lead Local and the Center for Community Dialogue—to lead Health Equity Redesign workshops. These workshops aimed to improve collaboration between program participants and partners and to develop specific recommendations for improving the health care system and the MAMA project itself. Examples of recommendations identified included: adding Saturday hours at health department clinics in order to increase service utilization; testing referral cards for services; extending clinic hours; enhancing partner engagement for outreach; social media sharing; and developing a Facebook group for the MAMA project. Through this project, the project team is also assessing potential systems changes that are informed by mothers' experiences.

Training and support. CSET employs an Ending Poverty Now Program Manager, who provides "Understanding Poverty" workshops for health care professionals, partner staff, and volunteers, as well as trainings for volunteers to prepare them for engagement with the program. Once involved in the program, volunteers receive additional support and information on county and community resources to aid them in their role in *Circles of Care*.

Other Design Components

Beyond the core project components, PCHD and CSET have incorporated the following design components of the MAMA project:

Additional support for program participants. To further support mothers enrolled in the MAMA project, the program offers:

- A stipend that is intended to lessen barriers to participation in project activities and thank participants for their contributions.
- Reminders and encouragements sent by the project team to stimulate continued participation in the MAMA project and help mothers plan for attendance (e.g., ensuring access to transportation, childcare, etc.).
- Connecting participants to community resources, such as a legal clinic provided by the Public Defender's Services Office that has included presentations on landlord tenant law, child support services, and avoiding dependency, as well as access to public defenders.
- Employment training and access to employment resources to increase mothers' financial security, which is linked to their physical and mental health.

Internal communications. Internal communications mechanisms for the MAMA project include a quarterly newsletter, a Facebook site for MAMA participants, an ally newsletter, and quarterly meetings. Frequent emails, texts, and calls keep participants engaged and are used to respond to individual needs.

Incorporation of art, photography, and video. The MAMA project integrated art and participatory strategies that enabled program participants to process and explain their experiences in creative ways. For example, the project included art through Health Visioning workshops, photography through Photovoice, and video through Digital Storytelling to enhance investigations. Participants felt that these techniques not only helped them to gain confidence, but also enabled them to provide more depth and context, resulting in equalized power in settings with professionals when sharing their perspectives. The art elements were used for evaluation purposes and incorporated in the final MAMA project showcase.

Key Players

PCHD and CSET department staff work together to implement the MAMA project. PCHD staff oversee the MAMA project and liaise with community partners. The project itself is housed within CSET, and CSET staff are responsible for supporting project operations. Key staff involved include:

- The Ending Poverty Now Program Manager supervises the project on a weekly basis and provides general support for the MAMA project.
- Health Navigators (one from the PCHD and one from PCAP, a subcontracted partner) help program participants access community resources (e.g., health insurance and health care) and develop plans for achieving their health-related goals. In addition to providing the one-on-one sessions, Navigators, along with each partner site, facilitate *Getting Ahead* classes, help coordinate *Circles of Care* and data collection efforts, and support PCHD and CSET assessment activities.
- A cross-departmental Coordinating Team, which includes staff from PCHD's Evaluation and Health Equity teams, guides project efforts.
- An advisory committee meets quarterly and consists of staff from PCHD, CSET, partner organizations, and key community groups.
- The county's faith-based initiative coordinator liaises with faith-based volunteers.
- A communications team developed outreach materials.
- An evaluation team member worked on evaluation tools.

The following partners are supporting implementation of the MAMA project:

- The Community Food Bank of Southern Arizona, Amity Foundation and Amity Foundation's Dragonfly Village, The Haven, La Frontera's Rally Point, and Tucson Urban League are partners that support recruitment of participants and allies, provide space and childcare, coordinate the food for project activities, plan activities, serve on the steering committee, and support various innovation components. Some of these partners also train individuals to serve as *Getting Ahead* facilitators.
- Lead Local and the Center for Community Dialogue created and delivered Health Equity Redesign Workshops.
- Creative Narrations led 13 participants to design and create their own digital stories (described below).
- An evaluation consultant conducted a quantitative psychosocial assessment based on a national assessment tool using validated scales.

Implementation Experiences

Staffing and training. According to the project team, the staffing and training aspects of the MAMA project are vital to program implementation. The MAMA project staff have built relationships and trust with program participants, and

one of the keys to the project's success is that staff working with program participants have similar lived experiences and share demographic and cultural characteristics. The project team noted this as important, since these skills are not easily learned through diversity and equity training. Other key staff include a strong program leader who is passionate about the program and advocates for their community, and staff who can complete administrative and management tasks. Further, the project team initially struggled with staff turnover, identifying appropriately skilled staff, and the speed of onboarding. While they ultimately hired appropriate staff, some continued to experience challenges balancing work on the MAMA project with their other workloads, setting healthy boundaries, and coping with the more emotionally draining components of the program.

Ensuring buy-in and support within and across partner agencies. As the MAMA project was a joint project between departments, there were some initial challenges with gaining support among staff. To address these challenges, they created a strategic team that unites PCHD and CSET staff. The team works to support and improve the project and to promote access to resources among participants.

Mothers as experts and leaders. Another key component of the MAMA project is that program participants serve in leadership roles. Others seeking to implement the project in their communities should encourage program graduates to serve as facilitators. The project team noted that having graduated mothers serve as peer educators has contributed to the project's successful implementation in Pima County, and the mothers are in the best position to identify sustainable community- and systems-level changes to address the upstream determinants of health and poverty.

Being responsive to participants' needs. The project team experimented with different recruitment methods and eligibility criteria in order to achieve an optimal level of participation. This resulted in the adaptation of some program materials and components to better fit program participants' needs. For example, they translated some of the program materials into Spanish and offered a legal clinic upon identifying that some participants were experiencing legal issues and would benefit from counsel.

Addressing participant retention and attendance. Retaining participation through the end of the program and maintaining consistent attendance has been difficult, as the project's target population experiences financial- and time-related barriers, as well as mental and physical health challenges. The activities implemented by PCHD and CSET ensured that staff spent more time with each individual mother, built a relationship, and promoted continuous engagement in the program. Additionally, some of the project team members struggle with the need for participant stipends, believing that the intrinsic value of the program and participants' personal drive should be a sufficient incentive for participants to attend program activities. At the same time, some of the mothers felt that the stipends were insufficient to motivate them to attend program activities. Participants cited incentives as one of the most important program elements in the evaluation.

Agency support for innovation. The health department's culture of innovation has supported the implementation of the MAMA project. The health department has a supportive, team-based environment that integrates the principles of quality improvement into its work and prioritizes utilizing data and research to inform the health department's activities and programs. Health department staff are encouraged to voice their recommendations for improving the health department's services and activities, and agency leadership have been supportive of the MAMA project and innovation in general within the health department. The health department also has experience developing innovative solutions that are responsive to the unique needs of the diverse populations that it serves and works to recruit staff that can connect with the community. Additionally, the health department has a community coalition, "Healthy Pima," that has representation from the health department and other agencies and aims to address priorities identified in the community health needs assessment.

Considerations for Replication, Adaption, and Adoption

Supporting replication. To support future replication of the MAMA project, PCHD and CSET staff are developing a web-based version of their evaluation tool that collects data on the barriers participants are experiencing, as well as various documents, including an instructional guide, recommended budget, evaluation and gift card tracking tools, and partner agreement templates that other communities can adopt when replicating the project. The team also plans to provide technical assistance and support to other sites that are interested in replicating the project as requested, and is considering supporting replication efforts in Pinal, Santa Cruz, and Cochise counties. PCHD and CSET are also working to standardize the program components and procedures so that it is more readily replicable. They are currently formatting the program components as a “promising practice” that highlights the preferred implementation procedures, with considerations for rural areas.

Utilization of resources. The MAMA project’s design capitalizes on existing resources within the community, such as community organizations, volunteers, and health care professionals, which may be used to support future replication. However, PCHD and CSET staff indicated that those seeking to implement a similar project must be clear on the minimum level of resources necessary to implement each of the program components. Resource considerations will be outlined in the replication materials, once they are final.

Clear communication. Project staff recommended that other entities seeking to replicate the program should clearly communicate with partners at the outset regarding expectations for involvement, the level of commitment, and their role. This helps minimize confusion in later stages of the project.

Fidelity to the model. Other organizations interested in replicating the MAMA project should consider that the project is built around several existing curriculums and programs. The project team noted that *Getting Ahead* is intended to be implemented with fidelity, to support positive changes among mothers who participate in the course. Similarly, the *Circles of Care* and navigators components of the innovation are intended to be implemented with fidelity, although volunteer staff may also be used. Other key considerations are commitment to advancing health equity, but approaches to achieving this goal can be flexible and adaptable. The project team also noted that this innovation could be implemented in health departments or nonprofit settings, but that it might be challenging to implement in settings with less resources.

Results

The project team is assessing implementation of the MAMA project to describe systems barriers and test solutions informed by project stakeholders. Through the Barrier Tracking Tool, which was completed by allies and mothers and describes program participants’ challenges, they have identified health, mental health, and financial issues; lack of time for self-care; lack of basic necessities; and legal issues as key barriers to achieving their goals. They are also using tools to assess participants’ resources and knowledge of specific topic areas, as well as their stress, mental health, well-being, social support, self-efficacy, and hope. One self-assessment captures progress made in participants’ financial, emotional, mental, physical, and spiritual states; language; social capital; integrity; motivation; and relationships. Another tool assesses key stability indicators. PCHD and CSET are developing a quantitative evaluation report to demonstrate results and a goal attainment report, and they will also communicate findings to the mothers at a “data party.” Key project outcomes and next steps are summarized below.

Enrollment and individual outcomes. From the initial cohort of 12 mothers, according to analyses conducted by the project team, 75% increased their financial stability, 16.7% gained education, 83% worked on legal issues, 58% have been involved in health equity work, and 100% of the mothers in recovery had maintained sobriety. In a later evaluation conducted with a larger cohort of program participants, the program’s evaluation consultant identified statistically

significant changes reported in 48 participants' perceived stress, overall hope, overall functioning, and level of perceived control over their own lives at the end of *Getting Ahead*; these changes were maintained or improved in *Circles of Care*. Participants also self-reported four days a month of improved mental health, and program surveys highlighted the importance of the navigators and allies.

Desire to continue related project work. In Pima County, program participants have expressed interest in continuing to work on initiatives related to the core principles and objectives of the MAMA project. For example, some of the program participants are now working to improve awareness of mental health issues within the community, one-third of the initial cohort of 12 mothers are now facilitators for the *Getting Ahead* curriculum, some are serving on a committee of the Women's Foundation, and others are serving on a committee of a poverty advocacy organization. Additionally, a group of MAMA graduates worked with the Women's Foundation to advocate for state-level legislation to expand childcare. Some of the mothers have also expressed interest in continuing to meet with other program participants to address problems and identify systems improvements. There are also 80 applications on file from women who would like to participate in the program in the future.

Establishing and strengthening partnerships and communication. The project team has observed new and improved partnerships through this project. For example, the relationship between PCHD and CSET has strengthened through their work to address a common goal. External to the two core partners, the project team reported that they exceeded their initial goal of 50% of their partners returning for the second phase of the innovation, have forged new partnerships, and their partners feel that collaborating on the program adds value to their organizations. They report that the project has also created a "bridge for equity conversations in the community" between individuals living in poverty and individuals designing systems. Multiple other organizations have expressed interest in partnering with MAMA and two organizations are jointly seeking funding to continue the program at their agencies, with PCHD/CSET serving in a consulting role.

Digital storytelling. The project team worked with 13 program participants to develop videos describing their stories and experiences with MAMA. This has resulted in increased awareness of the MAMA program and engagement with the broader community. For example, a local university invited MAMA program participants who have experienced eviction to work with students to develop a data collection instrument for use in the community. The class then developed a national website to enhance tenant to landlord communication, and MAMA participants provided valuable feedback to inform the tool.

The MAMA project showcase. PCHD and CSET held a health equity showcase of MAMA—attended by approximately 100 people—where MAMA participants served as panelists and speakers. For this activity, MAMA participants and partner organization representatives described their experiences with the program, and PCHD and CSET staff shared some initial project results and accomplishments with attendees. The showcase also focused on exploring the MAMA experience through a health equity lens.

Next Steps

According to the project team, the MAMA project demonstrates that mothers in poverty can be effective advocates for themselves and their families. As a next step, PCHD and CSET hope to turn MAMA into a promising or best practice. PHCD and CSET have expanded programming to include groups for fathers and veterans, and three health departments outside of Pima County have expressed an interest in replicating MAMA. In the future, PCHD would also like to explore ways to include additional governmental agencies and entities (e.g., housing, library, public defenders) in MAMA programming to improve the program's ability to address the upstream determinants of health that are under the purview of different sectors.

PCHD and CSET are exploring various strategies to sustain the MAMA project. They will be launching six new MAMA replication sites as part of the Centers for Disease Control and Prevention Racial and Ethnic Approaches to Community Health grant awarded to Pima County and are also pursuing a foundation grant to work on housing issues, health equity, and eviction prevention. Additionally, the team is pursuing other grants that would use peer educators from the MAMA project to conduct outreach in the community related to eviction navigation and model an eviction prevention clinic based on the MAMA project's legal clinic. Agency leadership is supportive of the project team's efforts to write the MAMA project into other grants and believes that including the MAMA project in grant proposals will help them receive grants focused on social determinants of health and stimulate further innovation within the agency. PCHD and CSET will also pursue additional funding to maintain MAMA programming as a standalone component (i.e., without integrating it into other programs and grants) and are considering ways to integrate the MAMA project into other projects with peer educator components. Further, some of the partner organizations have hired internal staff (e.g., facilitators, coordinators) to conduct some of the MAMA program components, which will require the health department and CSET to provide less funding and capacity in the future.

For More Information about the Mothers in Arizona Moving Ahead (MAMA) Project:

Contact:

Bonnie Bazata

Ending Poverty Now Program Manager, Pima County Community Services, Employment and Training Department
520-724-3704

bonnie.bazata@pima.gov

http://webcms.pima.gov/government/health_department/

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ⁱCoyle, E.A., Gall, A.J., & Tippens, J.A. (2015). *Pima County Community Health Needs Assessment*. Retrieved from http://webcms.pima.gov/UserFiles/Servers/Server_6/File/Health/Resources%20for%20Professionals/Health%20Data,%20Statistics%20and%20Reports/Pima%20CHNA-FNL-web.pdf

ⁱⁱ Wahler, E. A. (2017). A Group-Based Intervention for Persons Living in Poverty: Psychosocial Improvements Noted among Participants of "Getting Ahead in a Just-Gettin'-by World". *Social Work with Groups*, 40(4), 281-295.