Collaborating to Improve Women’s Health Across the Life Span

Introduction

In the past, strategies and interventions to improve women’s health have focused on the diseases and health conditions affecting women, women’s behaviors and lifestyle choices, especially as they relate to women’s reproductive role. More recent research indicates that to improve the health of women and to eliminate women’s health disparities, a new paradigm is needed which focuses on the whole woman, her relationships and roles and on her physical, psychological and developmental needs across the lifespan.¹

There are many factors, conditions and influences at the national, state and local level, which affect the health of women. These influences are found in many sectors of society and include the environmental, political, economic, cultural and social domains. A comprehensive approach to women’s health needs to be implemented which addresses these multiple factors, conditions and influences in order to be effective at improving the health and well-being of women across the lifespan.

Collaboration among the many sectors and institutions that touch and influence the health of women is critical to the success of efforts to improve women’s health. In addition, comprehensive population-based approaches need to focus not only on individuals, but also on families and communities. Comprehensive strategies to improve women’s health across the lifespan should include a balance of health promotion, disease prevention, primary care and specialized treatment services. Special efforts to reach women at greatest risk for poor health outcomes are of critical importance.

Collaborative Framework to Improve Women’s Health

The Collaborative Framework to Improve Women’s Health was developed to assist women’s health initiatives in states to partner across multiple sectors to improve women’s health across the lifespan. It is a collaborative project between the Division of Perinatal Systems and Women’s Health (DPSWH) in the Maternal and Child Health Bureau (MCHB), the Association of Maternal and Child Health Programs (AMCHP), the Massachusetts Department of Public Health (MDPH) and Association of State And Territorial Health Officials (ASTHO). The framework presented in this document evolved out of discussions at multiple meetings involving state Title V directors and women’s health coordinators, and other key federal and national groups, sponsored by the DPSWH/MCHB, which took place in November 2000 and in July 2002. These discussions, related to how to promote women’s health across the lifespan, led to an iterative process in which this collaborative framework was drafted, presented for comment and revised based on the extensive feedback received from state and national stakeholders.

About This Document
Included in this framework is a vision for women's health supported by a set of guiding principles and a list of essential public health services for women. The diagram of the collaborative framework is presented and examples of how the framework might be operationalized is provided.

The Audience for This Framework
The audience for these tools is primarily state public health agency leaders and staff who wish to expand their women's health activities to build a comprehensive women's health infrastructure devoted to improving women's health and well-being. This framework might also be useful for policy-makers, program planners and others working at a national, state or community level to improve women's health.
I. Creating a Vision for Women’s Health

Collaborating to Promote the
Highest Level of **Health and Wellness**
for All Women Across the Life Span

A vision sets the overarching goal or purpose for a women’s health initiative. Defining the vision for a women’s health initiative in collaboration with multiple partners and stakeholders is a powerful way to create energy and momentum to improve women’s health. A vision is most useful if it is defined in terms of the measurable results that could be achieved by a collaborative initiative in a defined period of time. Partnerships which form around achieving measurable results are more likely to make significant progress in improving the health of women. Defining results which can be measured and tracked should come close to the beginning of any women’s health initiative. Feedback from key state and national stakeholders guiding this project suggests that using **Healthy People 2010** goals to measure achievement of the state vision might be an important mechanism for lending validity to the initiative and for tracking progress.

II. Developing Guiding Principles to Improve Women’s Health

A set of guiding principles are presented to stimulate thinking about the critical elements that need to be considered when a women’s health initiative is planned, implemented and evaluated. The following principles can be used to stimulate discussion and serve as a starting point for either developing guiding principles for a state women’s health initiative or as a checklist to guide strategic planning for women’s health efforts:

- Women’s health is defined broadly as biophysical, emotional, socioeconomic, political, cultural, and spiritual well-being.

- Women’s health programs need to take into account the relationships, roles and responsibilities of women across the lifespan.

- Women should be involved in the design and evaluation of programs which serve them.

- Gender and cultural competence should drive the design of women’s health systems.

- Reduction of women’s health disparities is a key goal of women’s health policies and programs.

- Women’s health programs should include a focus on health promotion and prevention as well as screening and treatment.
III. The Role of Public Health Agencies in Promoting Women’s Health

The state public health agency has a responsibility to assure the conditions in which women and their families can be healthy. The state public health agency brings an important set of skills and capacities to the state women’s health initiative grounded in the core public health functions and essential public health services. Building a strong state infrastructure for women’s health includes effectively implementing the following essential public health services for promoting women’s health.

Essential Public Health Services for Promoting Women’s Health Across the Lifespan

- Monitor and assess women’s health status across the lifespan to identify and address problems, as well as opportunities for health promotion.
- Diagnose and investigate health problems and health hazards affecting women.
- Inform, educate and empower women and the general public about women’s health issues and opportunities for health promotion and prevention across the lifespan.
- Mobilize partnerships between policy makers, health care providers, women and their families, the general public and others to identify and address women’s health issues.
- Provide leadership for priority-setting, planning, and policy development to support efforts to promote the health of women across the lifespan.
- Enforce laws and regulations that protect and ensure safety for women.
- Link women to needed personal health services and assure provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce who understand the developmental needs of women across the lifespan.
- Evaluate effectiveness, accessibility and quality of personal and population based services for women across the lifespan.
- Support research and demonstrations that develop new insights and approaches to promoting and addressing women’s health across the lifespan.

Essential Public Health Services, 1994 in Public Health in America, PHS, DHHS and IOM

Essential Public Health Services to Promote Maternal and Child Health in America, 1995, JHU, AMCHP, MCHB, NACCHO, CityMatCH and ASTHO

For more information, contact Lisa King at 301.443.9739.

MCHB, Division of Perinatal Systems and Women’s Health.
State public health agencies have taken different approaches to coordinating state women's health efforts. In 12 states, there is a designated entity such as an Office or Commission on Women's Health charged with overseeing and formulating overall strategies for addressing women's health. Other states have engaged in various activities to address women's health such as:

- State women's health report cards which identify and track state trends in women's health across the life span;
- Development of a state women's health strategic plan that prioritizes women's health issues to be addressed; and
- Women's health task forces or work groups who develop a formally defined system of cross program/organization/agency relationships, roles and responsibilities to implement a plan to improve specific aspects of women's health.

IV. A Framework for Collaboration

Introduction:

The framework for collaboration outlined in this document was initially developed by MCH/Family Health staff of the Massachusetts Department of Public Health. The staff recognized the critical importance of involving key stakeholders in their women's health initiative. The framework was developed to assist them to think about strategic relationships that would be needed to advance women's health in Massachusetts. Since July 2002, the framework has been distributed across the country for feedback in multiple forums, via e-mail, workshops by the Division of Perinatal Systems and Women's Health, MCHB, HRSA and the Association of Maternal and Child Health Programs. The text supporting the framework has been revised based on that feedback.
1. Women Through the Life Span (#1, red circle)

The focus of this framework is improving health of all women across the lifespan as a population. The woman is at the center of this model. Collaborative efforts should focus on the central mission of improving women's health.

2. Entities Primarily Focused on Women's Health (#2, blue circle)

These are public and private programs, services, providers, organizations and agencies whose primary focus and mission is to address women's health. Many governmental entities addressing women's health are administratively located in the state public health agency in Title V MCH programs, chronic disease programs, family and community health programs. For further examples, see checklist in Appendix 1.

Examples
- Women's Wellness Programs
- Domestic Violence Programs
- State Women’s Health Offices
- Osteoporosis Programs
- Healthy Start Programs
- Cancer Screening and Control Programs
4. Entities Indirectly Influencing Women’s Health (#4, yellow circle)

These entities are private or public programs and organizations that address the health of several different populations, including (but not exclusive/limited to) women. Many are governmental entities located in state departments of health. For further examples, see checklist in appendix one.

Examples
- Managed Care Organizations
- School Health Programs
- Oral Health Programs
- Health Care Providers and Provider Associations
- Department of Environmental Health

Examples
- Public Assistance
- Child protective services
- Unions & employers
- Academic institutions
- Transportation
- Organizations for minorities
- Criminal Justice
- Faith-based organizations

For more information, contact Lisa King at 301.443.9739. MCHB, Division of Perinatal Systems and Women’s Health.
Crosscutting Catalysts

The six spokes that point two ways are connecting items across the framework as cross-cutting catalysts and these catalysts are described in the tangerine key. These catalysts function as stimuli for change. Catalysts may originate from any level of the framework and influence collaborations of entities within levels or between levels. Collaborations to improve women's health can create their own catalysts for change. Examples of cross-cutting catalysts are:

**Focusing Event:** A high profile incident. These events are often acts of violence, or deaths and illnesses of high profile individuals, or infectious disease outbreaks. (Example: The September 11 tragedy.) (Women's health example: former First Lady Nancy Reagan is diagnosed and treated for breast cancer.)

**Advocacy:** Consumer or provider group initiatives. (Example: The Boston Women's Health Book Collective.)

**Leadership:** Public officials or other leaders. (Examples: A legislative leader of the women's political caucus, a religious leader in a community, the state medical association's women's committee.)

**Funding:** Categorical funding for women's health issues or funding that could include women as a target population. (Example: Breast and cervical cancer treatment funding.)

**Research and Data:** Scientific publications or state-generated surveillance and studies. (Example: State surveillance of maternal mortality.)

**Legislative and Political Action:** Legislation or regulations promulgated to promote and protect the health or well-being of women. (Examples: Violence Against Women Act, State mammography regulations.)
How Do I Use the Framework?

- The framework is not an "end product"—it is a conversation-starter. It can be used if you are in the planning stages of an initiative. Collaboration can be an iterative process. You may want to consider bringing in as partners the entities that have women's health as their primary mission to start with. As your initiative develops, you can use the diagram to think about whom else you might be ready to partner with. If you work on specific issues, use the framework and checklist to stimulate your thinking about who else might be interested in the issue you are working on.

- It is envisioned that this framework will continue to be used as a tool to initiate and focus discussions about broad-based, inclusive approaches to women's health.

When you meet with colleagues to discuss the use of a women's health framework within your state, you may want to begin by discussing the following:

- The vision of a life span approach to women's health;
- The guiding principles of women's health;
- What results a collaborative effort might accomplish for women's health;
- Using the framework— who could help the initiative accomplish goals; and
- Who do we collaborate with now, and who else needs to be involved.

Next, use examples, case scenarios and case studies to illustrate the components of the framework. When describing the term catalyst, for example, the facilitator may ask the participants to generate a list of catalysts that have had an impact on women's health in their state or agency. The group may want to choose one of the catalysts on the list and discuss the different levels of leadership, collaboration and partnership that were needed to take advantage of the catalyst. This process helps to clarify the terms "levels" and "catalysts" and helps the participants to visualize (1) how entities are organized in their state and (2) what resources and catalysts could be galvanized to work on their women's health agenda.

For more information, contact Lisa King at 301.443.9739.

MCHB, Division of Perinatal Systems and Women's Health.
What is an Example of How the Framework would be Applied?

Research and Data

Report indicates that smoking for women of childbearing age increased from 19% to 24% in 2000

Identify Target Group

Women age 15-45 in our state – 95% white, 65% married, 25% public insurance, 19% in school.

Identify Potential Partners

Women’s health programs involved: family planning, prenatal care, teen pregnancy prevention, American College Obstetricians and Gynecologists

Health systems within the state: tobacco, substance abuse, Medicaid, nutrition, asthma, American Cancer Society, American Lung Association, school health, environmental health

Other sectors and institutions: media, welfare, day care, colleges, employers, public officials

Identify Additional Catalysts- Legislative & Political Action

Current policy initiatives to ban smoking in public buildings

For more information, contact Lisa King at 301.443.9739. MCHB, Division of Perinatal Systems and Women's Health.
Acknowledgements

Massachusetts Department of Public Health
Sally Fogerty, RN, Med;
Jeanne Mahoney, RN;
Janice Mirabassi, MS;
Angela Nannini, FNP, PhD
Catherine Oelschig, MS

Association of Maternal and Child Health Programs
Frances Varela, MS, MALAS (formerly of...)

Division of Perinatal Systems and Women’s Health, MCHB
Lisa R. King, MA
Ellen Hutchins, Sc.D, MSW, MPH
Karen Hench, RN, MS

A grateful thank you is extended to the many state and federal colleagues who took the time to comment extensively on this model and document.

Sponsorships

This project is sponsored by the Division of Perinatal Systems and Women’s Health, Maternal and Child Health Bureau, HRSA, DHHS

For More Information Contact:

Lisa R. King at 301.443.9739.
Division of Perinatal Systems and Women’s Health, MCHB
E-Mail: LKing@hrsa.gov

For more information, contact Lisa King at 301.443.9739. MCHB, Division of Perinatal Systems and Women’s Health.
Principles of Partnership:

The following principles have been adapted from the Community-Campus Partnerships for Health, which facilitates partnerships between communities and institutions of higher education:

- Partners have agreed upon mission, values, goals and measurable outcomes for the partnership.

- The relationship between partners is characterized by mutual trust, respect, genuineness and commitment.

- The partnership builds upon identified strengths and assets, but also addresses areas that need improvement.

- The partnership balances the power among partners and enables resources among partners to be shared.

- There is clear, open and accessible communication between partners, making it an on-going priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.

- Roles, norms and processes for the partnership are established with the input and agreement of all partners.

- There is feedback to, among and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.

- Partners share the credit for the partnership's accomplishments.

- Partnerships take time to develop and evolve over time.

---

1 From: Health Searchlight, Volume 1, Issue 3, Summer 2001, Association of Academic Health Centers. Contact Sarena D. Seifer, MD Executive Director. E-Mail: sarena@u.washington.edu
A Framework for Collaboration for Women's Health
Potential Partner Checklist

The following checklist outlines potential partners you might consider working with as you develop your women's health collaboration. This list provides examples of some of the more common partners that state women's health programs have reported working with. This checklist is meant to be a tool to help stimulate your thinking as you consider the range of potential partners that you might want to engage as you work on different women's health issues.

Examples of Women's Health Entities

- American College of Obstetricians and Gynecologists
- Cancer Screening and Control Programs
- Domestic Violence Programs
- Family Planning/Title X Programs
- Fetal Alcohol Syndrome Programs
- HHS Office on Women's Health
- Healthy Mothers, Healthy Babies
- Healthy Start Programs
- Infertility Programs
- March of Dimes
- Osteoporosis Programs
- Perinatal Care Programs
- Reproductive Health Programs
- State Women's Health Offices
- WIC and Nutrition Services
- Women's Wellness Programs
- Women's Health Advocacy Groups
- Women's Health Education Groups
- Women's Legislative Caucuses
- State and Local MCH Public Health Agencies/Programs

Make Your Own List:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For more information, contact Lisa King at 301.443.9739. MCHB, Division of Perinatal Systems and Women's Health.
### Examples of Health Entities not Specific to Women

<table>
<thead>
<tr>
<th>Health Entities not Specific to Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Health Programs</td>
</tr>
<tr>
<td>American Cancer Society</td>
</tr>
<tr>
<td>American Dairy Council</td>
</tr>
<tr>
<td>American Lung Association</td>
</tr>
<tr>
<td>Arthritis Programs</td>
</tr>
<tr>
<td>Border Health Organizations</td>
</tr>
<tr>
<td>Chronic Disease Program</td>
</tr>
<tr>
<td>Department of Health</td>
</tr>
<tr>
<td>Department of Human Services/Medicaid</td>
</tr>
<tr>
<td>Disability Agencies/Programs</td>
</tr>
<tr>
<td>Genetics Programs</td>
</tr>
<tr>
<td>Health Care Agencies (hospitals, local health networks, clinics)</td>
</tr>
<tr>
<td>Health Care Providers and Provider Associations</td>
</tr>
<tr>
<td>HIV/AIDS Programs</td>
</tr>
<tr>
<td>Immunization Programs</td>
</tr>
<tr>
<td>Infectious Disease Programs</td>
</tr>
<tr>
<td>Managed Care Organizations</td>
</tr>
<tr>
<td>Men's Health Programs</td>
</tr>
<tr>
<td>Mental Health Agencies/Programs</td>
</tr>
<tr>
<td>Occupational Health Programs</td>
</tr>
<tr>
<td>Office on Aging/Senior Services</td>
</tr>
<tr>
<td>Office of Epidemiology</td>
</tr>
<tr>
<td>Office of Minority Health</td>
</tr>
<tr>
<td>Office of Primary Care</td>
</tr>
<tr>
<td>Office on Rural Health</td>
</tr>
<tr>
<td>Oral Health Programs</td>
</tr>
<tr>
<td>Professional Health Organizations/Associations</td>
</tr>
</tbody>
</table>

### Make Your Own List:

<table>
<thead>
<tr>
<th>Make Your Own List:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Examples of Entities Indirectly Influencing Women’s Health

<table>
<thead>
<tr>
<th>Entities Indirectly Influencing Women’s Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Institutions</td>
</tr>
<tr>
<td>Attorney General’s Office</td>
</tr>
<tr>
<td>Business Associations</td>
</tr>
<tr>
<td>Child Care/Early Intervention Programs</td>
</tr>
<tr>
<td>Civic Groups</td>
</tr>
<tr>
<td>Community Centers</td>
</tr>
<tr>
<td>Community Development Corporations</td>
</tr>
<tr>
<td>Correctional Institutions</td>
</tr>
<tr>
<td>Cooperative Extension Agency Programs</td>
</tr>
<tr>
<td>Department of Child Protective Services</td>
</tr>
<tr>
<td>Department of Housing</td>
</tr>
<tr>
<td>Department of Transportation</td>
</tr>
<tr>
<td>Department of Labor</td>
</tr>
<tr>
<td>Department of Education</td>
</tr>
<tr>
<td>State and Local Chamber of Commerce Employers</td>
</tr>
<tr>
<td>Faith-based Organizations</td>
</tr>
<tr>
<td>Financial Institutions Foundations</td>
</tr>
<tr>
<td>Immigration and Refugee Affairs</td>
</tr>
<tr>
<td>Media Organizations/Outlets</td>
</tr>
<tr>
<td>Neighborhood Associations</td>
</tr>
<tr>
<td>Office of the Governor/Lieutenant Governor</td>
</tr>
<tr>
<td>Organizations for Minorities</td>
</tr>
<tr>
<td>Professional Organizations</td>
</tr>
<tr>
<td>Public Officials – City/County Elected</td>
</tr>
<tr>
<td>Officials, Senators, Congressmen, Legislators</td>
</tr>
<tr>
<td>Welfare Agencies and Organizations</td>
</tr>
<tr>
<td>Unions</td>
</tr>
</tbody>
</table>

### Make Your Own List:

<table>
<thead>
<tr>
<th>Make Your Own List:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Identifying potential collaborations and partnerships for improving women's health through the use of the collaborative framework is only one step in the process for addressing women's health. The other step of the process is engaging those partnerships to take action and make change. Using a logic model to guide systematic action to improve women's health is an approach that can be used to organize your women's health initiative and keep critical partners engaged.

A logic model links together all the factors (results to be achieved, for which populations, indicators for measuring progress towards results, partnerships and strategies) involved in reaching your goal. Before using the logic model, it is important to determine the focus of your women's health initiative. A catalyzing event may be the driver behind the focus that is selected. Some state women health programs have started with a review of women's health indicators found in Healthy People 2010. By reviewing the state trends over time in key HP 2010 women's health indicators as well as any health disparities that might exist (geographic, racial and ethnic, different age groups), the focus you might take in addressing women's health issues might emerge. You may want to consider a more comprehensive needs and assets assessment of women's health. Whatever strategy you choose to get started, a well-developed logic model could be an important approach for keeping your women's health initiative on track and serve as the basis for establishing an effective evaluation process.

1 Adapted from: Results and Performance Accountability, Decision Making and Budgeting. Fiscal Policy Studies Institute. Santa Fe, New Mexico. www.raguide.org

1 See Ohio Department of Health, Office of Women's Health Initiatives Web Page: http://www.odh.state.oh.us/ODHPrograms/WOM_IN/WI_HP2010.PDF - This is an example of how 1 state is working with Healthy People 2010 Indicators.

For more information, contact Lisa King at 301.443.9739. MCHB, Division of Perinatal Systems and Women's Health.
Although setting up a logic model may initially seem complex and time-consuming, you will save time in the implementation and evaluation of your results. A logic model can help your initiative to:

- **Develop an understanding and establish consensus** among your partners about what you really want to achieve.

- **Monitor progress** by providing a plan to track and measure changes. This facilitates replication and learning from previous mistakes.

- **Establish an evaluation framework** by identifying appropriate evaluation questions and relevant data if needed.

- **Develop effective and comprehensive strategies** by encouraging partners to identify root causes and to develop more thoughtful and intentional interventions that relate to the result you are trying to achieve.

- **Develop a realistic view** on what the initiative can achieve. With a logic model, all partners must think about the limits of what they can contribute to the overall initiative and how realistic the proposed strategies are.

For more information, contact Lisa King at 301.443.9739. MCHB, Division of Perinatal Systems and Women’s Health.
Building Blocks of a Logic Model To Improve Women's Health

Getting Started: Whether you are starting your women's health initiative because of a catalyzing event or whether you are creating your own catalysts by reviewing women's health data, you can use the collaborative framework to figure out who should initially be at the table to go through the steps of this logic model. The logic model is not a cookbook, but a guide. Depending on the developmental stages of your initiative – you can start at any point in these steps.

Step 1: Determining the Focus and the Population:
On what population of women will your initiative focus: all women, women over 50, elderly women, young women, incarcerated women?

Step 2: Determining Results:
What does your initiative want to achieve for this population? What desired future will you work towards?

Step 3: Determining Indicators to Measure:
What indicators can be used to measure the answer to the following question: How will our women's health initiative know when we have achieved the results we want?

Step 4: Developing the Theory Underlying the Changes to be Made:
What are the factors influencing the result(s)/outcome(s) we are seeking to change? What are the root risk and protective factors at the individual, family, health system and community level that contribute to these outcomes? What do you know about these factors from other sources: research, other community work?

Step 5: Using Collaborative Framework to Identify Partners:
Who could be engaged to work towards the results you are trying to achieve? How can you use the collaborative framework to think "outside the box" and find partners from various sectors who influence the outcome(s) you are seeking to change?

Step 6: Developing Strategies:
What will it take to impact the results you are trying to achieve? What does the research say? What have other communities or states done? What are best practices? What does common sense tell you?

Step 7: Developing an Action Plan:
What steps will we take to implement the strategies? What do we propose to do, with what personnel, resources or programs?

For more information, contact Lisa King at 301.443.9739.
MCHB, Division of Perinatal Systems and Women's Health.
The tragic details of Andrea Yates' problem with postpartum psychosis was a catalytic event, which propelled the Maryland Department of Health and Mental Hygiene to face this women's health issue. Collaboration occurred with the appropriate agencies and groups, led by women's health in the Title V program. Although no funding was allocated for this problem, the Secretary of Health showed an interest in finding potential solutions. Many women were calling for information about postpartum depression.

Determining the Population/Focus

New mothers during the post partum period.

Desired Results

Promoting highest level of emotional well-being in new mothers as well as prevention and early identification of postpartum depression.

Developing Indicators to Measure Progress

- % of women’s whose health provider discussed post partum depression (Phase 4 PRAMS)
- % of women who wanted to see a professional about her depression (Phase 4 PRAMS)
- % of women who went to see a professional about depression (Phase 4 PRAMS)

Factors Influencing Outcome:

**Individual factors:** Previous history of depression in mother, depression during pregnancy or post-partum depression; Isolation vs support; multiple stressors; single mother;

**Family Factors:** Family history of depression or other mental health disorders; Strong vs little to no emotional support; illness of newborn infant or other family members; economic and social stressors

**Health System Factors:** Awareness of providers of condition and how to screen; availability of anticipatory guidance on postpartum depression by health system providers; availability of mental health providers;

**Community Factors:** Supports and resources in the community for new mothers ie new mother support groups, new mother mentoring programs, child care for other children; policies and community norms which promote family-friendly practices and prevent stigmatization of mothers suffering from postpartum depression; public education about postpartum depression.

For more information, contact Lisa King at 301.443.9739.

MCHB, Division of Perinatal Systems and Women's Health.
Partnerships

Women's health entities:
Women's Health, Department of Health and Mental Hygiene (DHMH), Maternal Health (DHMH), Postpartum Depression Inc, Postpartum Support International, ACOG, ACNM, local OB/GYN's, Title V MCH Program, Title X Family Planning Program, PRAMS, Health Promotion Council (DHMH)

Health entities not specific to women:
Mental Health Administration (DHMH), NIMH, WIC, local pediatricians, local psychiatrists, community hotlines, HMOs, Medicaid

Entities indirectly influencing women's health:
Media, childcare, legislators, academic institutions, religious and community organizations.

Strategies:

Research: Laying groundwork for finding why problem exists.

Outreach: Making public aware of problem and its impact.

Education: Informing public and providers about risk factors, prevention, diagnosis and treatment.

Coping/treatment methods: Finding ways to improve access to providers that can help with problem.

Action Plan

Performance measures: Increase screening and treatment for postpartum depression.

Action Steps (Sample):
- Develop and distribute booklet on identifying and treating postpartum depression
- Develop, distribute and educate providers on use of postpartum depression screening tool
- Develop outreach methods such as lectures, articles, media spots which highlight postpartum depression and its prevention and treatment.

Case Study Developed and Used with Permission of:
Women's Health Program
Center for Maternal and Child Health
Maryland Department of Health and Mental Hygiene
Contact Diana Cheng, M.D.
Phone - 410-767-6719
Fax - 410-333-5233

For more information, contact Lisa King at 301.443.9739.
MCHB, Division of Perinatal Systems and Women's Health.