

NEO CAUSE FOR JOY | Year 1

Executive Summary

June 2018

Columbus Early Learning Centers, a Step-Up to Quality Early Childhood Provider

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Who Are We?

Cause For Joy™ is an interdisciplinary team of maternal and infant health experts, social researchers, and psychologists. A couple of years ago, we came together to explore the crisis of infant mortality through the Near East CelebrateOne community workgroup. Our physical anchor and fiduciary is the Columbus Early Learning Center system, a 501(c)3 nonprofit with over 100 years of service to young families. Subject matter expertise on emotional well-being comes from board-certified psychologists. And, **Crane R&D**, an Ohio Commission on Minority Health REEP Evaluator, developed our program data model.

How Does This Idea Work?

Our community identified that one of its biggest issues for neighbors was adapting to life after trauma, this was especially critical for moms and moms-to-be. We then heard that the community wanted to use mentoring and self-expression activities together as an intervention to reduce infant death. After searching for mentoring models that worked, nothing addressed trauma or the experiences of racism sufficiently, so we created our own. Our team members in psychology own the curriculum, facilitate all training, and bi-weekly curricular reinforcement sessions. We train and certify mentors in our mentoring model, pair them with mentees, provide a framework, schedule activities, crunch lots of variables to keep us moving forward on cases, and engage one another in a continuous process of learning. We work to use mentoring to increase the optimal indicators for women, strengthen relationships, and help them thrive. We connect our families with human services programming and employment.

CAUSE FOR JOY Families at the Baseline

Our first clients are women who are pregnant or in their first year of parenting. Geographically, we've focused on the Near East Side of Columbus, Ohio where there are startling disparities in birth outcomes for babies of color. Here, Black infants are about 3 times more likely to die before their first birthday than their White counterparts. Our moms survive trauma, systemic racism, and other forms of discrimination.



- Our moms learned, on average, that they were pregnant just after 13 weeks.
- 89% of our moms were living in subsidized housing or homeless before CFJ.
- 56% of our moms were active tobacco users during their entire pregnancy.
- 1/3 of our moms used street drugs or unprescribed meds while pregnant.
- 44% of our moms didn't attend all prenatal care visits (dads averaged 40%).
- Moms had negative views of themselves, 30% of the time, on average.
- 56% of our moms believed that they were not resilient most of the time.
- 58% of our moms didn't have cribs prior to linkage with Cause For Joy.
- 44% of our moms did not believe that they could navigate barriers alone.
- 91% of our moms were already high school graduates or GED holders.

The Process

Our Program Manager collaborated with our psychology partners to navigate each prospective mentor through the vetting process, the HeartFeather™ mentor accreditation training series, a user training for our electronic case management system, and the mentor-mentee pairing process. As soon as the pairs (we refer to them as “dyads”) were created, we finalized our activity schedule and launched mentoring. The commitment we asked of our dyads was that they spend time with one another each week.

Core Monthly Activities

We knew from our extensive work with low/no-income families that the road to change would be difficult. Becoming part of someone’s life is not easy, and seeing them in emotional, financial, or physical pain was going to be a reality. Our psychology partners helped us think through this in the design phase. We implemented bi-weekly supportive reinforcement sessions that allowed for clinicians, mentors, mentees, and the Program Manager to debrief as a group and re-center ourselves and our work. As the path was not always clear, we wanted to ensure that the dyads got the opportunity to spend time with each other and engage in creative expression, so we used our resources wisely and arranged a group outing. It was important to us to keep our community stakeholders engaged in our progress, so a team member provided a program update to a bi-monthly meeting of local leaders in the human services field.

Early Insight

We weren’t shocked that most of the women in our program were unemployed. We weren’t even surprised that most of our moms had diplomas. But we were floored by the lack of belief that things could change. Our groundwork utilized *optimal psychology* and the Psychosocial Determinants of Health (PDoH) to help mentors and participants understand that their journey to today was purposeful. Our model was trauma-responsive; mentors applied their own life experiences to help participants uncover the strength inherent in the fact that they’d survived through so much. Living through trauma on one day of a lifetime can stick with you. Many of our participants were emotionally exhausted from surviving daily trauma.

After the first 30 days in the program, our psychometric tool – the O Screener – identified that our cohort was already gaining ground in virtually every area, except one. Our moms were experiencing *increased* emotional violence and microaggressions. It wasn’t until the subsequent bi-weekly debrief that we realized what was happening. For the first time in many of these women’s lives they were able to identify that aggressive language and menacing towards them was inappropriate and unhealthy. We were elated, but this new knowledge caused us to rethink our design intentions. We did the math, adjusted our sails, and reframed the indicator as survived microaggression. Behind the scenes, we computed dozens of correlational and predictive models to test hypotheses about what mattered, why it mattered.

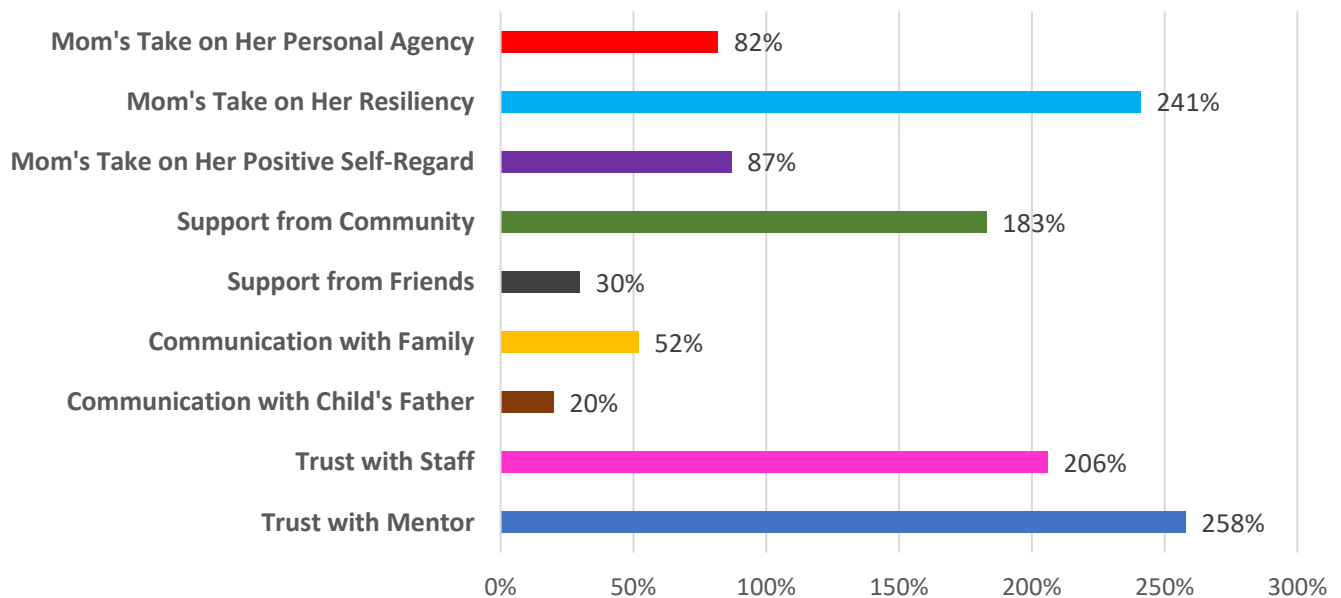


Diverse Outcomes

From the baseline, we asked our moms to complete an O Screener each month, so we could be agile if we identified trends that needed attention. Each month we saw progress, usually in all indicators, but one of the most amazing changes was in the personal agency – the confidence and capability to advocate and get things accomplished – that our moms were experiencing. We used a mother-centering approach that taught mom how to strengthen relationships and begin healing old wounds. This structure allowed us to help mom create healthy boundaries and expectations for her relationships. We are proud that the high-risk area we served did not have any cases of infant mortality during the nine-months that we operated Cause For Joy. We will spare you the analytics used for the thousands of data points Cause For Joy, and the mentoring period where we provided direct service. Instead we offer you the following charts.

Mother-Centering

NEO Cause For Joy | Mom's Perception of Distance Travelled
(increase from baseline, using retrospective pretest)



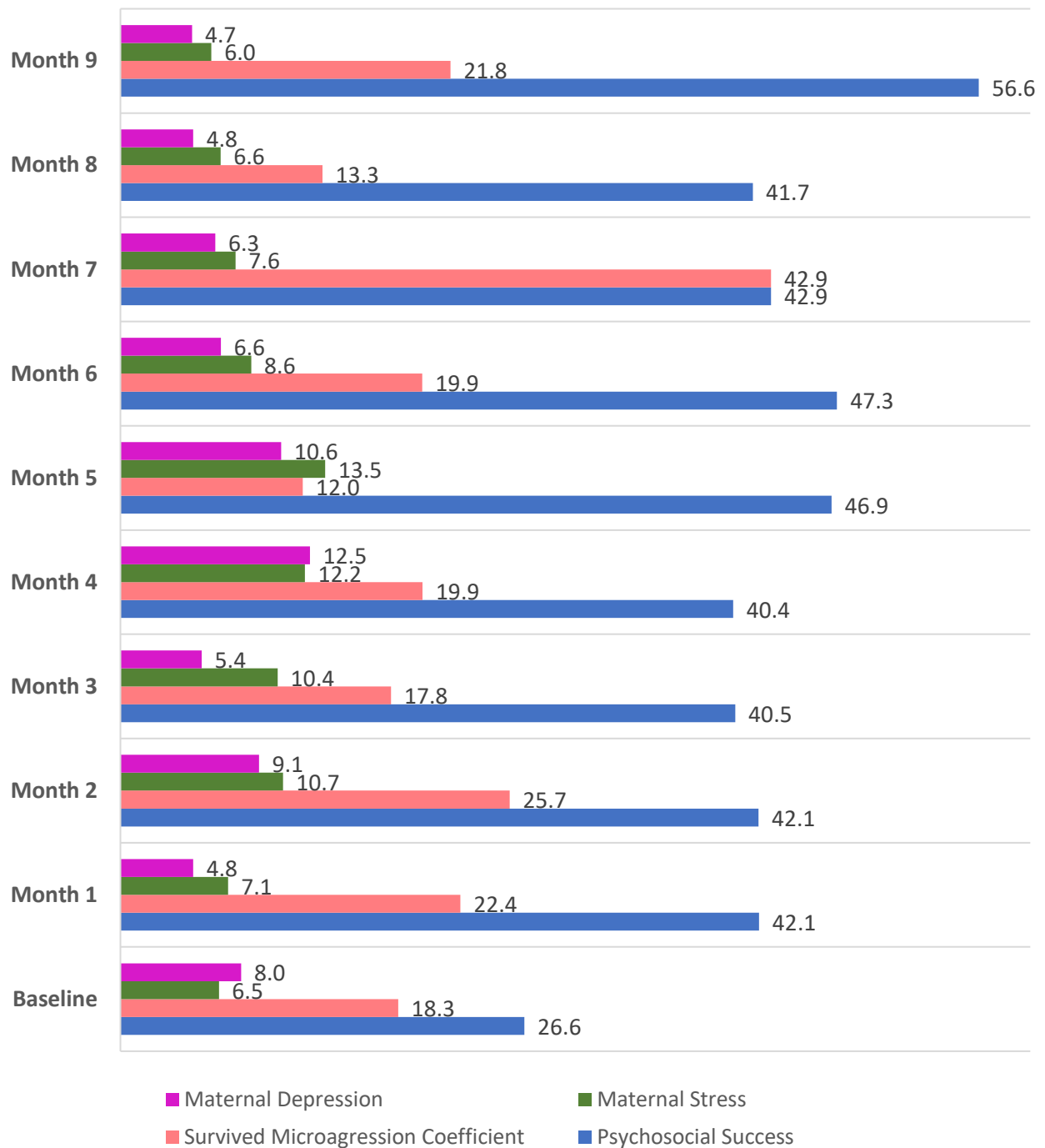
\$55,000 in brand new
employment revenue
for participants!



Units of Psychosocial Success

We defined a “unit of psychosocial success” as a day where a participant experienced any of the indicators within the domains: *positive self-regard*, *personal agency*, or *resilience*. We put them together and took the average across all program participants each month, here’s what the O Screeners revealed.

NEO Cause For Joy | Mean Units of Psychosocial Success and Other Program Indicators



Change in Psychosocial Indicators Over Time

The “survived microaggressions coefficient” is a factor that accounts for how CFJ participants were able to use their improved psychosocial skills to protect themselves from unavoidable microaggressions.

