

## Case Studies for Use in Training Programs

### LIFE COURSE PERSPECTIVE

The Life Course Perspective is defined by MCHB as *the multidisciplinary approach to understanding the mental, physical, and social health of individuals, which incorporates both life span and life stage concepts that determine an individual's health trajectory.*

Case studies are descriptions of a real life experience or situations which are used to make points, raise issues or otherwise enhance a participant's understanding and learning experience.

The following case study template and examples have been written to assist MCH training programs to teach the concept of life course to trainees, faculty, and community partners.

### Case Study Template

To guide the development of life course case studies, a template was developed by two members of an interdisciplinary work group (Karen Edwards, LEND and Bonnie Spear, Nutrition). Within this template, there are four recommended phases. These phases are written as if the case studies are disseminated and discussion takes place in a face-to-face class, however they can be easily adapted for use in online discussions or for use over several class sessions with trainees researching responses between sessions. A designated individual

is recommended to facilitate each of the phases; either a trainee or faculty member could serve as the facilitator.

### Examples of Case Studies Incorporating the Life Course Perspective

#### ANNA

Anna is a 35 year old Mexican-American who completed college in Mexico and has lived in the United States for ten years.

#### ANGELA AND PAULO

Angela is a single mother of Paolo, a 3 year old boy with bronchopulmonary dysplasia and an adolescent daughter with autism.

#### CAROLINE

Caroline started her LEND training program to pursuing advance graduate education and to further her knowledge about research, policy and service systems.

#### JANE

Jane is the MCH Director at a local health department in a large urban-rural mixed county.



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## Case Study Template

### LIFE COURSE PERSPECTIVE

#### Phases of Use

Case studies are descriptions of a real life experience, related to the field of study or training, which are used to make points, raise issues or otherwise enhance the participants' understanding and learning experience.

The following case study template has been developed to assist MCH Training Programs to teach the concept of life course to trainees, faculty, and community partners.

Within this template, there are four recommended phases. This template is written as if paper handouts are being used in a face-to-face class; it could be adapted to develop on-line cases or on-line discussions or for use over several sessions with trainees researching responses between sessions. This could also be developed into PPT slides if needed. Note that the facilitator could be a trainee or a faculty member.

#### 1) PHASE ONE:

- Facilitator provides the first phase of a case study (200-300 words) to the learners.
- A question is posed to the learners: "What other questions would you ask of this family (or about the situation)?"
- Learners contribute questions that are listed for all to see.

#### 2) PHASE TWO:

- Facilitator provides document with responses to expected learner questions with references guiding learners to further information and resources and gives learners a chance to read and discuss.
- A question is posed to the learners: "How would these answers impact on/ be incorporated into the next steps you would take in this situation?"
- Facilitator leads discussion.

#### 3) PHASE THREE:

- Facilitator poses "What if" questions such as:
  - If the child was 9 instead of 12 months, would your approach change? If yes, how?
  - If the family lived in a rural area instead of an urban area, would your approach change? If yes, how?
  - If this is not addressed, how would this impact the future of this individual/community (e.g., life course trajectory)
- Other

#### 4) PHASE FOUR:

- Instructors provide a brief definition of "life course perspective" and "social determinants of health" then briefly describes how this case illustrates elements of both
- A question is posed to the participants for group discussion: "How will what you have learned through this case study discussion impact on your work

with children, families, and or communities?"

- Facilitator leads then closes discussion, and may follow with an additional document that provides examples of how learners may apply this to work with children and families.

#### Cultural and Linguistic Competency

Please consider these questions your life course case study preparation:

- Have I considered how 'family' is defined?
- Have I considered how I will assure effective communication with children or family members with limited English proficiency, low health literacy, or sensory or intellectual disabilities?
- What if multiple generations of the family are involved in the consultation, assessment, or treatment decisions?
- What if family and community cultural and religious beliefs about typical development or the role of medicine/health care in addressing disabilities and chronic illnesses were very different from mine?

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Competency questions submitted by:  
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## Anna

Anna is a 35 year old Mexican-American who completed college in Mexico and has lived in the United States for ten years. She has a healthy typically developing 6 year old son and a 12 year old daughter with autism. Anna has been a stay at home parent who is very actively involved in her children's schooling, and occasionally assists at her husband's Mexican restaurant. Her parents' health is deteriorating, and she has been working to have them move to the US. Recently Anna has become more involved in the PTA at her son's school because of her concerns that the increasing numbers of young Spanish-speaking children were overwhelming the bilingual programs because of cutbacks in school funding. She assisted the school librarian in starting a family reading club in which Spanish-speaking parents were given story books and helped in learning to read to their children.

Anna's daughter will be starting at a new public school, and she is less optimistic about the optimal supports being made available to her daughter. She noticed two flyers on the guidance office bulletin board – one recruiting mentoring families for LEND trainees and the other recruiting family members to apply to be trainees. Anna is wondering about many E2T2 issues (although she doesn't use life course perspective terminology) and decides to call you for advice about these opportunities.

### Facilitator Questions:

#### PHASE 1:

1. What additional information would you like to have about this situation?

#### PHASE 2:

1. How do this family's and community's cultural and religious beliefs about typical development, the role of medicine and health care in addressing disabilities and chronic illness, and stigma differ from yours?
2. How would this additional information impact on and be incorporated into the next steps you would take in this situation?

#### PHASE 3:

1. What if multiple generations of the family need caregivers?
2. What if...

#### PHASE 4:

1. How will what you have learned through this case discussion impact your work with children, families, and communities?



## Angela and Paolo

"I just don't know what to do!" Angela said, "I feel so guilty, but sometimes I just have no energy, I can barely get out of bed."

Angela is a single mother of Paolo, a 3 year old boy with bronchopulmonary dysplasia (BPD), and an adolescent daughter with autism. Angela and Paolo live alone in an inner city apartment, and Angela's daughter lives in state-funded program for people with disabilities. Angela has been married three times, twice to men who were abusive. Her third husband married her to get his green card, and left her after it was obtained.

Angela had a difficult childhood, abandoned by a mother with mental illness and raised by an abusive father. A single mother on welfare, she utilized a welfare-to-work program to obtain her Registered Nursing credentials. She was able to find jobs, but has been unable to keep them. In one instance she lost her job when she was unable to stay on for a second shift when a co-worker did not show up, as she needed to return home to oversee Paolo's care. Angela was proud when she got a job that provided health insurance. When the job became difficult, she questioned whether it was better to quit or keep working to maintain health insurance.

Angela suffers from bouts of depression related to childhood memories of abuse. During these periods, she is unable fulfill basic tasks, including managing Paolo's medical care.

Paolo was born at 26 weeks/3 days gestation. His birth weight was 585 grams with a length of 28cm and HC 22cm. Paolo remained in the NICU for 4 months due to multiple complications related to his prematurity. His newborn screens were normal. His discharge plan included oxygen, saturation monitor, infant formula, and multivitamins with iron. His weight was 2803 grams, length 44 cm, and HC 35 cm. Follow up plans included visits to the pediatrician in 1 week, and visits to the Newborn Follow Up Clinic, BPD clinic, and Eye clinic in 4 months.

A home visit was made to deliver holiday gifts to Angela and 3 year old Paolo. The BPD Social Worker and Nurse Practitioner went to Angela's apartment. Present in the home were Paolo, Angela, Angela's nephew's girlfriend (the nephew was out), the girlfriend's toddler son, and Angela's two school-age nieces. Angela reported to the Social Worker that the nieces had been staying with her "for a couple of days" and that she did not know where her sister was. The home was a 2 bedroom apartment with a kitchen, living room, and one bathroom. The house was somewhat cluttered and dusty. The kitchen was somewhat dirty; there were several bottles sitting near the sink that contained small amounts of clabbered formula. There was no kitchen table. During the visit Angela fed Paolo Spaghetti-Os and applesauce while sitting on her lap in the living room.

Over the next several years, Angela missed many of Paolo's clinic visits. She brought Paolo to clinic

intermittently and Paolo had several hospitalizations for respiratory issues and pneumonias. The PPC healthcare team had concerns about the intermittent adherence to Paolo's treatment regimen and questioned his mother's interest in overseeing his care. The team described Angela as someone who had initially appeared scattered but had recently seemed more "together." Other than this, they had no real sense of the family or their life outside of clinic.

### ADDITIONAL QUESTIONS TO CONSIDER:

1. What additional information would you like to have?
2. Where and how would you get this information?
3. What knowledge base/skills do you need to effectively assess and respond to this situation?
4. What impedes and maximizes effective interaction with the family?
5. How would you communicate your recommendations/actions to the other team members?
6. How will the team arrive at "team" recommendations and how will they be communicated to the family?
7. What outcomes would you like to see for Paolo and Angela?
8. Is there anything else that you feel needs to be said or done?



## Caroline

Caroline started her LEND training program to pursuing advance graduate education and to further her knowledge about research, policy and service systems. Caroline has previously worked for 3 years in state agency as a project specialist for a federally funded program for transition age youth with special health care needs. Through LEND lectures, fellowship project, journal club, and clinical observations, Caroline developed a strong understanding about the importance of interdisciplinary collaboration and cultural diversity beyond the competencies of her discipline. Moreover, she learned the complex systems of service that confront families with no quick and easy navigation strategies. In public health and education systems, the leverage points are often not obvious. She recognized that she will need to build partnerships with families, clinicians, practitioners, administrator, and other stakeholders to traverse through an intricate, interdependent and swamp-like ecosystem.

Caroline is eager to take her new knowledge, skills and values from the classroom into the field. She has returned to the state agency to assume a managerial position. One of the first tasks in her new job is to write a statewide implementation grant to improve access to comprehensive, coordinated transition to adult health care and related services youth with special health care needs. The funding announcement indicated that each

state will be required to develop a comprehensive, integrate state plan with input and buy-in from stakeholders not limited to housing, employment, transportation, welfare. Some of these partnerships are in its infancy while some have been very challenging in the past. There are territorial and resource considerations to take into account.

Caroline begins to outline a strategy by creating the Swamp Roadmap and thinking through the following questions:

1. Who are the stakeholders that should be engaged to develop this plan? If I cannot engage them, who can?
2. How can communication and collaboration be fostered, or in some cases initiated?
3. What are the political, social, scientific, and demographic contexts? How are these dots connected?
4. Can the life course framework help identify the leverage points in this swamp roadmap? Does it provide a rationale for other parts of the ecosystem to work symbiotically?
5. How can I ensure that the state plan developed will be culturally competent and family centered?
6. When can this partnership infrastructure be utilized and leveraged for future statewide initiatives?





## Jane

Jane is the MCH Director at a local health department in a large urban-rural mixed county. She has had the opportunity to attend several MCH conferences and meetings over the past year where she has heard interesting presentations and attended inspiring workshops on the Life Course Perspective. She wasn't able to attend the MCHB 75th Anniversary event, but she has read the Life Course Concept Paper and has had a chance to play the CityMatCH Life Course Game at a recent CityMatCH meeting.

For many years, the health department where Jane works has been puzzling over the growing gap in birth outcomes between their African American, Latino, and Caucasian populations. The county does an outstanding job of getting women of all ethnicities into prenatal care within the first three months of pregnancy, however despite this high success rate of early entry into care, birth outcomes for African American and now Latino babies are poor and continue to decline (high rates of low-birth weight babies, increased number of preterm births for these populations, and infant mortality rates that have not shown a decline in over 10 years).

The Life Course Perspective makes sense to Jane – the idea that a combination of social, biological, psychological, behavioral, economic, and environmental risk and protective factors contribute to health across a person's

life. She would like to introduce this perspective to the Health Department leadership and her MCH staff teams, but she anticipates a lot of resistance. Her staff are busy and don't have the mental energy to learn "one more new thing that *might* make a difference" after years of working to generate excitement and engagement in prenatal care visits. The Public Health Nursing staff are strong supporters of clinical care and intervention and do not want to "get sidetracked by social issues that everyone knows are part of the problem but not *the* problem." Local community based organizations that have been talking about how these social determinants of health affect health outcomes for several years would like to see a broad-based collaborative strategy launched, but are worried that the health department will "just want to take over and not build a partnership in a meaningful way."

Jane really wants to succeed with this new approach and begins to outline a strategy by thinking through the following questions:

1. Who are the stakeholders that should be engaged to begin to move forward with the introduction of Life Course concepts to staff in her program and to other managers at the county health department?
2. Are there 2-3 other staff or managers who Jane can engage in this effort who she knows will be supportive and interested in seeing how the Life Course Perspective can be integrated into the work they are doing?
3. What approaches for introducing something "new" have worked before? How can Jane adapt those steps to her desire to move ahead with this new effort?
4. Given that Jane anticipates certain resistance on the part of her MCH staff and others, what are some benefits that staff could receive from exposure to the Life Course Perspective and possible educational opportunities?
5. How have other MCH Directors in other settings approached introducing and integrating Life Course into their departments? What tools exist that could be useful to Jane as she begins to strategize with others in her county health department for bringing other staff and managers along?
6. What kind of regular check-in or evaluation can Jane set up to do with staff and other health department managers to assess how things are going and to gain insights into what is working or not working?
7. What are the most effective and strategic steps for getting everyone engaged and excited?