

Program #40058 - Healthy Birth Initiative 4/17/2017

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40054, 40055, 40056
Program Characteristics:

Executive Summary

Each year, the Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 250 new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 15 years, HBI has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. The African American community experiences the most severe inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health inequities in the county and, therefore, the Health Department recognizes the work of HBI as part of its core public health mission.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI care coordination is promoted between internal Health Department programs, external health and social service providers, and larger health systems. HBI also enrolls uninsured members of the African American community in health insurance. HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement. The CAN is led by parents and comprised of a number of healthcare, social-service, and culturally specific agencies working together to implement community-identified strategies.

Long-term benefits of the program include healthy children ready to learn; a healthier work force; decreased costs related to school failure, juvenile crime, and chronic disease; strengthened partnerships; and gains in equity for the county's African American community.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of families served	176	190	200	225
Outcome	Percent of mothers initiating breastfeeding after delivery	90%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years-old	87%	85%	85%	85%
Quality	Percent of participants who express satisfaction with cultural specificity of program	92%	92%	95%	95%

Performance Measures Descriptions

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$189,138	\$1,066,484	\$560,293	\$820,497
Contractual Services	\$207,000	\$6,021	\$116,000	\$91,875
Materials & Supplies	\$80,093	\$13,775	\$36,721	\$53,155
Internal Services	\$188,692	\$112,784	\$62,862	\$233,393
Total GF/non-GF	\$664,923	\$1,199,064	\$775,876	\$1,198,920
Program Total:	\$1,863,987		\$1,974,796	
Program FTE	2.24	9.86	5.33	7.15

Program Revenues				
Indirect for Dept. Admin	\$88,177	\$0	\$77,701	\$0
Intergovernmental	\$0	\$810,000	\$0	\$750,000
Service Charges	\$0	\$362,688	\$0	\$448,920
Total Revenue	\$88,177	\$1,172,688	\$77,701	\$1,198,920

Explanation of Revenues

Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM) Medicaid Maternity Case Management and a Health Resources and Services Administration grant.

Health Resources Services Administration grant: \$750,000

Maternity Case Management: \$91,080

Targeted Case Management: \$357,840

Significant Program Changes

Last Year this program was: FY 2017: 40058 Healthy Birth Initiative