

Program #40058 - Healthy Birth Initiative 4/25/2019

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40054, 40055, 40056, 40097
Program Characteristics:

Executive Summary

Each year, the Healthy Birth Initiative (HBI) program improves birth outcomes and the health of 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 outcome disparities 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 nurses utilize the Nurse Family Partnerships model as a key component of home visiting services. Other evidence-based models, in addition to Nurse Family Partnerships, include Centering Pregnancy; Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT); Parents as Teachers (PAT); Partners in Parenting Education (PIPE); 24/7 Dads, among others. HBI care coordination is promoted between internal Health Department programs, external health and social service providers, and larger health systems.

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 | FY18 Actual | FY19 Purchased | FY19 Estimate | FY20 Offer |
|--------------|---|-------------|----------------|---------------|------------|
| Output | Number of families served | 164 | 250 | 250 | 450 |
| Outcome | Percent of mothers initiating breastfeeding after delivery | 83% | 95% | 95% | 95% |
| Quality | Percent of participants who remain in program until child is two years old | 80% | 80% | 80% | 80% |
| Quality | Percent of participants who express satisfaction with cultural specificity of program | 82% | 95% | 95% | 95% |

Performance Measures Descriptions

FY 20 Offer of families served has increased due to new grant cycle with increased service level requirements supported by the grant and County general fund.

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 | 2019 | 2019 | 2020 | 2020 |
| Personnel | \$659,694 | \$818,191 | \$896,248 | \$1,061,484 |
| Contractual Services | \$97,000 | \$75,375 | \$367,642 | \$179,182 |
| Materials & Supplies | \$71,213 | \$25,744 | \$24,883 | \$57,047 |
| Internal Services | \$96,010 | \$279,610 | \$263,890 | \$123,027 |
| Total GF/non-GF | \$923,917 | \$1,198,920 | \$1,552,663 | \$1,420,740 |
| Program Total: | \$2,122,837 | | \$2,973,403 | |
| Program FTE | 6.00 | 6.80 | 6.00 | 9.80 |

| Program Revenues | | | | |
|-------------------------|------------|--------------------|------------|--------------------|
| Intergovernmental | \$0 | \$750,000 | \$0 | \$892,500 |
| Service Charges | \$0 | \$448,920 | \$0 | \$528,240 |
| Total Revenue | \$0 | \$1,198,920 | \$0 | \$1,420,740 |

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: \$ 892,500

Targeted Case Management: \$ 408,960

Medicaid Fee For Services: \$ 119,280

Significant Program Changes

Last Year this program was: FY 2019: 40058-19 Healthy Birth Initiative

In FY20, HBI will have increases in County General Fund and Grant revenue, resulting in increased FTE and service capacity.