



**Program #40058 - Healthy Birth Initiative** FY 2024 Department Requested

**Department:** Health Department **Program Contact:** Elizabeth Carroll  
**Program Offer Type:** Existing **Program Offer Stage:** Department Requested  
**Related Programs:** 40055, 40056, 40058, 40097  
**Program Characteristics:** Backfill State/Federal/Grant, In Target

**Executive Summary**

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 25 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. HBI also focuses on the importance of father involvement in achieving better outcomes

**Program Description**

The Black/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. HBI's core goal is to eliminate these disparities. Long-term benefits of the program include healthy children who are ready to learn; a healthier workforce; increased parent advocacy skills; decreased costs across health and social service systems; and gains in equity for the county's Black/African American community.

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 Partnership (NFP) program as a key component of home visiting services, as well as numerous other evidence-based models. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems. HBI nurses also participate on committees to help NFP gain a better understanding of leading with race and implementing racial equity change throughout their system.

HBI uses program data, as well as local, state, and national data to guide programmatic focus. HBI reaches the Black/African American community through targeted marketing and outreach both to community members and providers who serve the community, as well as by engaging clients in a Community Action Network (CAN). The CAN is led by parents and comprises a number of healthcare, social service, and culturally specific agencies working together to implement community-identified strategies. The CAN offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation. HBI staff also present to a variety of health systems to educate providers on ways to provide better care to HBI clients.

**Performance Measures**

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of families served	276	350	350	350
Outcome	Percent of mothers initiating breastfeeding after delivery	97%	95%	100%	100%
Quality	Percent of participants who remain in program until child is two years old	N/A	80%	70%	70%
Quality	Percent of participants who express satisfaction with cultural specificity of program	94%	95%	100%	100%

**Performance Measures Descriptions**

\*448 individuals served in 276 families

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
<b>Program Expenses</b>	<b>2023</b>	<b>2023</b>	<b>2024</b>	<b>2024</b>
Personnel	\$1,125,912	\$1,188,333	\$993,999	\$1,758,680
Contractual Services	\$133,940	\$196,221	\$223,016	\$484,250
Materials & Supplies	\$73,184	\$0	\$63,743	\$36,922
Internal Services	\$288,554	\$159,712	\$305,416	\$245,689
<b>Total GF/non-GF</b>	<b>\$1,621,590</b>	<b>\$1,544,266</b>	<b>\$1,586,174</b>	<b>\$2,525,541</b>
<b>Program Total:</b>	<b>\$3,165,856</b>		<b>\$4,111,715</b>	
<b>Program FTE</b>	8.00	7.80	6.36	11.39

<b>Program Revenues</b>				
Intergovernmental	\$0	\$980,000	\$0	\$1,506,072
Other / Miscellaneous	\$0	\$25,092	\$0	\$25,092
Service Charges	\$0	\$539,174	\$0	\$994,377
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,544,266</b>	<b>\$0</b>	<b>\$2,525,541</b>

## Explanation of Revenues

This program generates \$245,689 in indirect revenues.

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

Federal: \$ 1,506,072 - Health Resources Services Administration grant  
 \$ 994,377 - Targeted Case Management  
 \$ 25,092 - HBI recoveries

## Significant Program Changes

**Last Year this program was:** FY 2023: 40058 Healthy Birth Initiative

HBI has resumed all operations and activities with in-person home visiting, optional telehealth visits, and classes and community engagement events in various formats. All HRSA grant commitments are being delivered. In FY24 HBI expects to transition from paper charting to Epic Electronic Health Records. This transition will ultimately streamline data collection and efficiency, after a brief learning period.

With funding from HealthShare for staffing, HBI will support neighboring counties to explore new regional supports for African American and African parents, possibly to expand HBI services to families. HBI will add a Manager 1 position with funds from CareOregon to expand high level systems outreach, support the coordination of service elements, operations,