

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Operating **Program Offer Stage:** Proposed
Related Programs: 40054, 40055, 40056, 40097
Program Characteristics:

Executive Summary

The Healthy Birth Initiative (HBI) program improves birth outcomes and the health of mothers, birthing people, and fathers of Black babies in the African American community, helping children get a healthy start in life. For over 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, to improve health outcomes before, during, and after pregnancy and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes within the local Black/African American community. 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, parents, and other caretakers in supporting a child's development. HBI services (including home visits, health education, and support groups) are available to mothers, fathers, and parents throughout pregnancy and for the baby's first 2 years.

Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI serves as a subject matter expert to local health and hospital systems, community-based service providers, and regional and State legislative efforts. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems.

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 Consortium. The Consortium is led by parents and comprises a number of healthcare, social service, and culturally specific agencies working together to implement community-identified strategies. The Consortium offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of families served	284*	350	350	350
Outcome	Percent of mothers initiating breastfeeding after delivery	97%	99%	99%	99%
Quality	Percent of participants who remain in program until child is two years old	**	70%	70%	70%
Quality	Percent of participants who express satisfaction with cultural specificity of program	94%	100%	100%	100%

Performance Measures Descriptions

*494 individuals served in 284 families

** Not applicable for this year due to grant requirements changed the following year.

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	Proposed General Fund	Proposed Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$993,999	\$1,758,680	\$1,277,231	\$1,233,981
Contractual Services	\$223,016	\$484,250	\$541,962	\$186,064
Materials & Supplies	\$63,743	\$36,922	\$64,168	\$18,045
Internal Services	\$305,416	\$245,689	\$0	\$613,149
Total GF/non-GF	\$1,586,174	\$2,525,541	\$1,883,361	\$2,051,239
Program Total:	\$4,111,715		\$3,934,600	
Program FTE	6.36	11.39	8.00	7.25

Program Revenues				
Intergovernmental	\$0	\$1,506,072	\$0	\$1,013,488
Other / Miscellaneous	\$0	\$25,092	\$0	\$25,092
Service Charges	\$0	\$994,377	\$0	\$1,012,659
Total Revenue	\$0	\$2,525,541	\$0	\$2,051,239

Explanation of Revenues

This program generates \$208,666 in indirect revenues.
Direct Federal Healthy Birth Initiative grant - \$774,916
Targeted Case Management revenue - \$1,012,659
Federal through State OHA Reproductive Health Program - \$112,500
HealthShare of Oregon Regional Perinatal Continuity - \$126,072
HBI Misc Charges/Recoveries - \$25,092

Significant Program Changes

Last Year this program was: FY 2024: 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 FY 2024 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.
In the fall of 2023, HBI reapplied for the HRSA grant for its core program grant funding. The success of this reapplication will shape the program design and fiscal needs going into FY 2025. HBI has a contingency plan identified in the likelihood that the program is not selected for funding.