

Program #40058 - Healthy Birth Initiative 2/18/2016

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

Executive Summary

The Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 125 families, mothers and fathers in the African American community, helping children get a healthy start in life. For 15 years, the Healthy Birth Initiatives Program (HBI) has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of this problem. 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 MCHD recognizes the work of HBI as part of our 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. With additional funding in FY15, HBI increased the number of families served and expanded the components of service coordination and collective impact. HBI promotes service coordination by working with Coordinated Care Organizations (CCOs) and health systems to ensure program participants have a culturally responsive medical home and are receiving recommended services. Care coordination is promoted between internal Health Department programs, external health and social service providers, and larger systems in order to avoid duplicating maternal, child, and family health activities in the community. HBI also enrolls uninsured members of the African American community in health insurance through internal and external partnerships. HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement, and will include participation from CCOs, Early Learning Multnomah, and state, regional, local, and community-based partners.

This program responds to racial and ethnic inequities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of poor population health by focusing on the social determinants of health and a life course health perspective, and builds capacity in the African American community. Long-term benefits to the county of investing in this 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served.	142	125	155	190
Outcome	Percent of mothers initiating breastfeeding after delivery.	92%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years-old.	78%	80%	80%	85%
Quality	Percent of participants who express satisfaction with cultural specificity of program.	90%	87%	90%	92%

Performance Measures Descriptions

Legal / Contractual Obligation

OMB Circular A-87, 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	2016	2016	2017	2017
Personnel	\$640,706	\$687,102	\$189,138	\$1,040,108
Contractual Services	\$162,383	\$153,563	\$157,000	\$6,021
Materials & Supplies	\$57,242	\$56,733	\$80,093	\$13,775
Internal Services	\$136,889	\$215,290	\$188,692	\$112,784
Total GF/non-GF	\$997,220	\$1,112,688	\$614,923	\$1,172,688
Program Total:	\$2,109,908		\$1,787,611	
Program FTE	5.65	7.15	2.24	9.71

Program Revenues				
Indirect for Dept. Admin	\$66,896	\$0	\$88,177	\$0
Intergovernmental	\$0	\$750,000	\$0	\$810,000
Service Charges	\$0	\$362,688	\$0	\$362,688
Total Revenue	\$66,896	\$1,112,688	\$88,177	\$1,172,688

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

State Maternal & Child Health grant: \$60,000

Targeted Case Management Fees: \$362,688

Significant Program Changes

Last Year this program was: FY 2016: 40058-16 Healthy Birth Initiative

The Healthy Birth Initiatives' Director has moved to program 40060, Community Health and Chronic Disease Prevention.