Partnering to Support Healthy Moms and Babies in Baltimore and Beyond

Celebrating 10 Years of B’More for Healthy Babies

A Decade of Progress: Examining B’More for Healthy Babies Program Outcomes

October 14, 2020
Welcome

Karey M. Sutton, PhD
Health Equity Workforce Director
Association of American Medical Colleges (AAMC)
Partnering to Support Healthy Moms and Babies in Baltimore and Beyond
Celebrating 10 Years of B’More for Healthy Babies

Wednesdays in October
5 - 6:30 p.m. ET

Register for the series:

Session 1: Enhancing Local Partnerships: Community Engagement and Impact
October 7, 2020

Session 2: A Decade of Progress: Examining B’More for Healthy Babies Program Outcomes
October 14, 2020

Session 3: Social Mobilization to Drive Change
October 21, 2020

Session 4: The Path Forward: Sustainability for Future Impact
October 28, 2020
Cathy L. Costa, MSW, MPH
Baltimore City Health Department
Wendy Gwirtzman Lane, MD, MPH
University of Maryland School of Medicine

Amber C. Summers, PhD, RDN, CHES
Johns Hopkins Center for Communication Programs
Session 2: Speakers

Amy Bopp, MSW
Family League of Baltimore

Traci Kodeck, MPH
HealthCare Access Maryland
Partnering to Support Healthy Moms and Babies in Baltimore and Beyond

A Decade of Progress: Examining BHB Program Outcomes

October 14, 2020
The Bold Vision

All of Baltimore’s children are born healthy and ready to grow and thrive in healthy families.
10 Years of B’more for Healthy Babies
150 Partners Behind the Scenes

A better way of working

Policy and Systems Change
Coordinated Home Visiting
Improved Access and Quality Through Care Coordination
32% Reduction in Infant Mortality

Launch of BHB

15% increase from 2000 to 2009

32% decrease from 2009 to 2018
More BHB Results

- 36% reduction in Black-White racial disparity in infant mortality
- 63% decrease in sleep-related infant deaths
- Zero infant mortality in Upton/Druid Heights for 2 years
- 76% decrease in Black-White disparity in teen birth
- 600+ cribs and in-home safe sleep education sessions every year
- Care coordination for more than 4,300 high-risk pregnant women and infants every year
BHB Core Implementation Team

Health Department

Johns Hopkins CCP

Baltimore Medical System

University of Maryland

Family League of Baltimore

HealthCare Access Maryland
Citywide and Community Engagement

Citywide Communications & Events

BHB Coordinated Home Visiting

BHB Centralized Intake System

West Side

Pregnant/Postpartum Women

West Side
Thank You!

Cathy L. Costa, MSW, MPH
Director of Strategic Initiatives
Maternal and Child Health
Baltimore City Health Department
B’more for Healthy Babies
Every baby counts on you
Upton/Druid Heights & Mondawmin
Intervention

• **Community outreach**
  - healthy pregnancy, infancy,
  - safe sleep

• **Group activities**
  - Mom’s Clubs, Circle of Security, Breastfeeding

• **Individual support** – resource moms & dads

• **Community partnership**
Research Framework

Multilevel Intervention
- Prenatal Care
- Community Outreach
- Group Education
- Community Health Workers

Social support & Self-efficacy

Physical Health
- Mental Health
  - Depression
  - Anxiety

Substance Use/Abuse
- Smoking
- Alcohol
- Other Drugs

Short-Term Birth Outcomes
- Preterm Birth
- Low Birthweight
- Infant Mortality
- Safe Sleep
- NICU Costs

Physical Health

Mental Health

Substance Use/Abuse

Short-Term Birth Outcomes
<table>
<thead>
<tr>
<th>U/DH Risk or Protective Factor</th>
<th>Baseline N=255</th>
<th>Post-Partum N=172</th>
<th>3 month follow-up N=114</th>
<th>6 month follow-up N=78</th>
<th>9 month follow-up N=66</th>
<th>12 month follow-up N=57</th>
<th>15 month follow-up N=58</th>
<th>18 month follow-up N=48</th>
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<tbody>
<tr>
<td>Substance abuse (CAGE)</td>
<td>11.0</td>
<td>8.1</td>
<td>7.0</td>
<td>7.8</td>
<td>6.1</td>
<td>1.8</td>
<td>3.5</td>
<td>6.0</td>
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<tr>
<td>Partner substance abuse</td>
<td><strong>20.9</strong></td>
<td>14.5</td>
<td>13.2</td>
<td>13.0</td>
<td>6.3</td>
<td>7.0</td>
<td>5.2</td>
<td><strong>2.0</strong></td>
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<tr>
<td>Smoking</td>
<td>20.6</td>
<td>17.5</td>
<td>21.9</td>
<td>28.2</td>
<td>26.2</td>
<td>19.3</td>
<td>20.7</td>
<td>26</td>
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<tr>
<td>Secondhand Smoke Exposure</td>
<td><strong>45.5</strong></td>
<td>34.5</td>
<td>36.3</td>
<td>34.6</td>
<td>30.7</td>
<td><strong>19.3</strong></td>
<td><strong>20.7</strong></td>
<td><strong>18.0</strong></td>
</tr>
<tr>
<td>Unstable Housing</td>
<td><strong>41.3</strong></td>
<td>35.1</td>
<td>34.2</td>
<td>47.4</td>
<td><strong>51.5</strong></td>
<td><strong>56.1</strong></td>
<td><strong>70.7</strong></td>
<td><strong>69.0</strong></td>
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<tr>
<td>IPV</td>
<td>12.2</td>
<td>9.9</td>
<td>14.2</td>
<td>12.8</td>
<td>9.1</td>
<td>8.8</td>
<td>5.2</td>
<td>10.0</td>
</tr>
<tr>
<td>+ Screen for Depression</td>
<td>44.9</td>
<td>30.8</td>
<td>31.9</td>
<td>24.4</td>
<td>19.7</td>
<td>21.1</td>
<td>17.2</td>
<td>10.0</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td><strong>41.6</strong></td>
<td>35.5</td>
<td>31.6</td>
<td>33.3</td>
<td>25.8</td>
<td><strong>15.8</strong></td>
<td><strong>17.2</strong></td>
<td><strong>16.0</strong></td>
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<td>Stress</td>
<td>37.5</td>
<td>27.5</td>
<td>35.4</td>
<td>25.6</td>
<td>25.0</td>
<td>17.5</td>
<td>19.0</td>
<td>18.0</td>
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<tr>
<td>Feel Lonely</td>
<td><strong>33.7</strong></td>
<td><strong>19.3</strong></td>
<td><strong>20.2</strong></td>
<td><strong>15.4</strong></td>
<td><strong>14.0</strong></td>
<td><strong>14.0</strong></td>
<td><strong>19.3</strong></td>
<td><strong>12.0</strong></td>
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<tr>
<td>Any Social Support</td>
<td><strong>94.9</strong></td>
<td>98.3</td>
<td>96.5</td>
<td>97.4</td>
<td>95.5</td>
<td>98.3</td>
<td>96.6</td>
<td>98.0</td>
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<tr>
<td>Breast feeding – plan/do</td>
<td>72.1</td>
<td>53.2</td>
<td>29.2</td>
<td>16.7</td>
<td>13.9</td>
<td>8.9</td>
<td>10.3</td>
<td>4.0</td>
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</table>
## Risk/Protective Factors - Mondawmin

<table>
<thead>
<tr>
<th>Risk or Protective Factor</th>
<th>Baseline (N=46)</th>
<th>Post-Delivery (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>7 (15.2%)</td>
<td>4 (15.4%)</td>
</tr>
<tr>
<td>Secondhand Smoke Exposure</td>
<td>20 (43.5%)</td>
<td>6 (23.1%)</td>
</tr>
<tr>
<td>Unstable Housing</td>
<td>17 (37.0%)</td>
<td>5 (19.2%)</td>
</tr>
<tr>
<td>IPV</td>
<td>6 (13.0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Depression by EPDS</td>
<td>20 (56.5%)</td>
<td>10 (38.5%)</td>
</tr>
<tr>
<td>Mild/Mod/Severe Anxiety-GAD-7</td>
<td>20 (43.5%)</td>
<td>3 (18.8%)</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>13 (28.3%)</td>
<td>6 (23.0%)</td>
</tr>
<tr>
<td>Alcohol abuse (CAGE)</td>
<td>2 (4.4%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Drug Abuse (DAST) – moderate</td>
<td>4 (9.1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Partner Substance Abuse</td>
<td>5 (10.9%)</td>
<td>2 (8.0%)</td>
</tr>
<tr>
<td>Breast feeding – plan/do</td>
<td>36 (78.3%)</td>
<td>12 (46.2%)</td>
</tr>
<tr>
<td>Risk or Protective Factor</td>
<td>Baseline (N=46) Mean (SD)</td>
<td>Post-Delivery (N=26) Mean (SD)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>42.1 (6.5)</td>
<td>44.0 (6.3)</td>
</tr>
<tr>
<td>Social Isolation</td>
<td>15.5 (4.8)</td>
<td>13.1 (4.2)</td>
</tr>
<tr>
<td>Informational Support</td>
<td>25.8 (3.8)</td>
<td>27.4 (3.5)</td>
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<tr>
<td>Instrumental Support</td>
<td>6.4 (3.2)</td>
<td>9.7 (2.9)</td>
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<tr>
<td>Satisfaction w/Social Roles &amp; Activities</td>
<td>14.7 (2.6)</td>
<td>16.7 (1.9)</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>24.6 (4.1)</td>
<td>29.1 (1.9)</td>
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Preterm Birth Pre-Post

<table>
<thead>
<tr>
<th>Category</th>
<th>ARR</th>
<th>RRR</th>
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<tbody>
<tr>
<td>U/DH</td>
<td>-0.37%</td>
<td>-2.44%</td>
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<tr>
<td>High Risk</td>
<td>1.64%</td>
<td>11.35%</td>
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<tr>
<td>City</td>
<td>-0.12%</td>
<td>-0.93%</td>
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</table>
Preterm birth – Adjusted Analysis

<table>
<thead>
<tr>
<th></th>
<th>U/DH</th>
<th>High Risk</th>
<th>U/DH</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>17.6%</td>
<td>18.0%</td>
<td>15.3%</td>
<td>15.3%</td>
</tr>
<tr>
<td>2012-2018</td>
<td>14.2%</td>
<td>15.3%</td>
<td>12.2%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ARR</th>
<th>RRR</th>
<th>ARR</th>
<th>RRR</th>
</tr>
</thead>
<tbody>
<tr>
<td>U/DH</td>
<td>-3.4%</td>
<td>-19.3%</td>
<td>-3.1%</td>
<td>-20.3%</td>
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<tr>
<td>High Risk</td>
<td>-2.7%</td>
<td>-15.0%</td>
<td>-0.8%</td>
<td>-6.0%</td>
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</table>

ARR: Absolute Risk Reduction  
RRR: Relative Risk Reduction
Low Birthweight Pre-Post

<table>
<thead>
<tr>
<th></th>
<th>U/DH</th>
<th>High Risk</th>
<th>City</th>
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</thead>
<tbody>
<tr>
<td>2008-2011</td>
<td>14.3%</td>
<td>14.2%</td>
<td>12.2%</td>
</tr>
<tr>
<td>2012-2018</td>
<td>14.2%</td>
<td>15.6%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

ARR: -0.09%  1.36%  -0.34%
RRR: -0.63%  9.58%  -2.79%
Breastfeeding Pre-Post

U/DH | High Risk | City
---|---|---
ARI | 11.1% | 7.6% | 7.5%
RRI | 25.0% | 14.6% | 11.7%
Breastfeeding – Adjusted Analysis

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>ARI</td>
<td>16.3%</td>
<td>11.9%</td>
<td>13.7%</td>
<td>9.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRI</td>
<td>30.8%</td>
<td>19.7%</td>
<td>23.3%</td>
<td>14.0%</td>
<td></td>
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</table>
Smoking – Adjusted Analysis

<table>
<thead>
<tr>
<th></th>
<th>U/DH</th>
<th>High Risk</th>
<th>U/DH</th>
<th>City</th>
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</thead>
<tbody>
<tr>
<td><strong>ARR 2010-2011</strong></td>
<td>-4.0%</td>
<td>-1.6%</td>
<td>-3.0%</td>
<td>-1.5%</td>
</tr>
<tr>
<td><strong>ARR 2012-2018</strong></td>
<td>-1.6%</td>
<td>-1.5%</td>
<td>-1.5%</td>
<td>-1.5%</td>
</tr>
<tr>
<td><strong>RRR 2010-2011</strong></td>
<td>-25.6%</td>
<td>-11.6%</td>
<td>-26.5%</td>
<td>-17.0%</td>
</tr>
<tr>
<td><strong>RRR 2012-2018</strong></td>
<td>-11.6%</td>
<td>-11.6%</td>
<td>-17.0%</td>
<td>-17.0%</td>
</tr>
</tbody>
</table>
Infant Mortality – 5-year trends
Pre-Intervention is 2001-2011 for U/DH & 2001-2015 for Mondawmin
Post-Intervention is 2012-2016 for U/DH & 2016 for Mondawmin
Median Charges for Medicaid, African-American Admission

- 2010: $25,110
- 2011: $24,026
- 2012: $21,933
- 2013: $21,933
- 2014: $24,124
- 2015: $24,124
- 2016: $22,298
- 2017: $17,103
- 2018: $18,452

- 2010: $15,198
- 2011: $15,000
- 2012: $20,000
- 2013: $25,000
- 2014: $30,000
- 2015: $35,000

Lines:
- Blue: All Other
- Red: 21217
B’more for Healthy Babies
Communication

Amber C. Summers, PhD, RDN, CHES
Senior Program Officer
Johns Hopkins
Center for Communication Programs
asummer5@jhu.edu
Breastfeeding is the best thing I could have done for my baby.

If there's a __ or a __ nearby, save the __ for later.

JUST HOLD OFF.
Smoking around pregnant women and babies is harmful.
Happy Holidays from B'more for Healthy Babies! Keep them merry and bright by making sure your baby sleeps alone, on their back, in a crib, and in a smoke-free home.

HEALTHYBABIESBALTIMORE.COM
Keeping Babies Safe During Sleep

52,612
People Reached

79
Engagements
Some people don't believe in heroes, but they haven't met my dad.

#TEAMDAD #BMOREDADS
Communication Campaigns
SLEEP Safe Campaign

• Informed by formative research
• Video featuring three Baltimore Moms who had experienced losses
• Shown at birthing hospitals, the courthouse (jury duty), home visits.
• Citywide media campaign, provider education, community outreach, & birthing hospital policy launched in 2010
Does your baby SLEEP SAFE?

Alone.
Most sleep-related deaths occur when babies sleep with an adult or another child, or in an adult bed or on a sofa. Share your room with your baby, but not your bed.

Back.
The safest position for a baby to sleep is on his or her back. Babies are not more likely to choke while laying on their backs. In fact, when a baby is on its stomach or side, anything spit up can block the air pipe and cause choking or breathing problems.

Crib.
Your baby’s sleeping place should be clean and clear. No blankets, pillows, fluffy toys or stuffed animals. Just a tight-fitting sheet on a firm mattress.

No Exceptions.
Your baby should ALWAYS sleep safe: Alone. On his or her back. In a crib. Every night. Every nap. It's just not worth the risk of your baby dying.

HealthyBabiesBaltimore.com
Sponsored by the Office of Mayor Stephanie Rawlings-Blake, Baltimore City Health Department, The Family League of Baltimore, and CareFirst BlueCross BlueShield 2010 Poster
Expanding the reach and updating materials using data and feedback

Community Champions

My message as a caregiver to other caregivers is the Baby should sleep Alone. back. Crib. No Exceptions.
2015 SLEEP Safe Campaign

**CAMPAIGN IMPRESSIONS:**

<table>
<thead>
<tr>
<th>Ad Type</th>
<th>Impressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus shelters</td>
<td>9,800,000</td>
</tr>
<tr>
<td>Station posters</td>
<td>1,290,000</td>
</tr>
<tr>
<td>92 WERQ video pre-roll (digital)</td>
<td>40,017</td>
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<tr>
<td>95 WWIN video pre-roll (digital)</td>
<td>37,395</td>
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<tr>
<td>92 WERQ/95 WINN video pushdown (digital)</td>
<td>135,108</td>
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<tr>
<td>Pandora radio (digital)</td>
<td>238,663</td>
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<tr>
<td>92Q, static banner (digital)</td>
<td>66,552</td>
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<tr>
<td>104.3 radio</td>
<td>2,242,930</td>
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<tr>
<td>92Q radio</td>
<td>2,389,300</td>
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<tr>
<td>Magic 95 (digital)</td>
<td>51,000</td>
</tr>
<tr>
<td>92Q (digital)</td>
<td>55,000</td>
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<tr>
<td>iHeart (digital)</td>
<td>60,310</td>
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<tr>
<td>Google display (digital)</td>
<td>945,873</td>
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<tr>
<td>YouTube (video, digital)</td>
<td>178,913</td>
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<tr>
<td>Facebook campaign (digital)</td>
<td>70,399</td>
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<tr>
<td>Facebook video (digital)</td>
<td>97,129</td>
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<tr>
<td>Healthybabiesbaltimore.com website</td>
<td>21,448</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,720,037</strong></td>
</tr>
</tbody>
</table>
2020 #SLEEPSAFE

Everything else may look different right now, but a safe sleep environment still looks the same.

From social media toolkit: https://www.healthybabiesbaltimore.com/sleepsafe-socialmedia2020
Communication Needs Assessments & Pretesting
Communication Needs Assessments

Feedback on existing materials

If there’s a _ or a baby nearby, save the _ for later.

JUST HOLD OFF.
Smoking around pregnant women and babies is harmful.

Every time you _ your baby _ smokes too.
Everything changes when you’re pregnant. Now is the time to quit.

If you stop smoking or cut down, your baby will more likely:
- Be born at a healthy weight
- Be easier to calm when crying
- Have stronger lungs and less ear pain

Ready to change?
- Plan a date to quit smoking and work toward it.
- Ask for help. Tell your friends, family, and doctor about your plan to stop smoking.
- Throw away all cigarettes, ashtrays, and lighters.
- Plan how you will deal with stress—listen to music, take a walk, or talk to a friend who doesn’t smoke.
- Reward yourself. Put a quarter in a jar for every cigarette you skip. Use the money to treat yourself.
- Not ready to quit? Try stopping 3 or 4 cigarettes a day.

Babies who breathe in smoke are more likely to die during sleep. Make your home smoke-free.
Supporting Breastfeeding

Pretesting materials with the audience helps understand how they will resonate and deliver a clear message.
Breastfeeding: Spreading the Message

Breastfeeding your baby in public

https://www.youtube.com/watch?v=Rw50jMCd16Q&feature=emb_logo
Digital Presence

B’more for Healthy Babies website

Facebook (>4,300 followers) and other social media accounts

http://www.healthybabiesbaltimore.com/
Reaching the audience with online campaigns

Breastfeeding

- >78,000 people reached (impressions)
- >250 shares
- >40 comments
Precious Purple Sunday: Virtual in 2020

Little Black Lives Matter

In Baltimore, a Black infant is 2x more likely to die than a White infant.

Join us in lifting up our babies.

Annual flagship event of BHB’s Faith-Based Initiative
Precious Purple Sunday: Virtual in 2020

- 40 people attended the live webinar on Zoom
- Reached 400 on Facebook. 192 users watched the Facebook Live/recording
- 350 engagements with posts
- Precious Purple Sunday posts reached nearly 8,000 users and had over 44,000 impressions

In Baltimore, a Black infant is twice as likely to die than a white infant. @BMore_Healthy's @BmoreforBabies initiative is helping reduce those disparities and celebrated Baltimore's progress during the initiative's most recent #PreciousPurpleSunday. Watch:

B’more for Healthy Babies: Precious Purple Sunday 2020
Precious Purple Sunday is an annual event by B’more for Healthy Babies, a Baltimore City Health Department initiativ... 🎥 youtube.com
How important is it for you to be a part of a collective impact strategy?

111 partners representing at least 30 agencies responded to the BHB Strategic Refresh Survey in 2017.
Work in Progress: A Strategic Project to Improve Data Collection
Our Goal

- Based on FY17 data, Baltimore City home visiting programs were falling below the Maryland state average on many of the 11 performance measures.
- Goal: To meet or exceed the statewide average.
So Much Data, So Little Time

YOU GET HFA STANDARDS,

AND YOU GET 19 MIECHV CONSTRUCTS
Phases of Our Data Collection Improvement Project

**Root Cause Analysis**
- Focus group with staff
- Interview with program supervisor
- Feedback from monthly meetings

**Implement Findings**
- Discuss MIECHV constructs at monthly HFA meetings and site team meetings
- 1:1 support with home visitors
- Update Participant Timeline
- Train sites on how to run and interpret reports

**Continuous Improvement**
- Measure progress
- Plan for plateau
### Participant Timeline

<table>
<thead>
<tr>
<th>Visit</th>
<th>Form or Questions</th>
<th>Date Range in which forms may be completed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every visit</td>
<td>Home Visit Information theme questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent Information theme questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHEERS</td>
<td></td>
</tr>
<tr>
<td>Every visit</td>
<td>Parent Health: Prenatal or postpartum visits question</td>
<td></td>
</tr>
<tr>
<td>as needed</td>
<td>Referrals tab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dismissal tab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent Health: Info about PCG's PCP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Health &amp; Safety: Concerns question, doctor/ED visits</td>
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<td>Monthly Contact (not in Maxwell)</td>
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<td>Relationship Assessment Tool</td>
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<tr>
<td>At Enrollment</td>
<td>Participant Information</td>
<td>12/20/2018 - 2/18/2019</td>
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<tr>
<td></td>
<td>Family Stability theme questions</td>
<td>12/20/2018 - 2/18/2019</td>
</tr>
<tr>
<td></td>
<td>Parent Health theme: Prenatal or postpartum visits question</td>
<td>12/20/2018 - 2/18/2019</td>
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<td></td>
<td>Health Habits</td>
<td>12/20/2018 - 2/18/2019</td>
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<td>Family Stability theme questions</td>
<td>12/20/2018 - 2/18/2019</td>
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<tr>
<td>3 Months Post-Enrollment</td>
<td>Relationship Assessment Tool</td>
<td>2/18/2019 - 4/20/2019</td>
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<tr>
<td>6 Months Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>5/21/2019 - 7/20/2019</td>
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<tr>
<td>One-year Post-Enrollment</td>
<td>Health Habits</td>
<td>11/19/2019 - 1/19/2020</td>
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<td>Parent Health theme: Continuous health insurance</td>
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<td>11/19/2019 - 1/19/2020</td>
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<tr>
<td>18 Months Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>5/20/2020 - 7/19/2020</td>
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<tr>
<td>Two-year Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>11/18/2020 - 1/18/2021</td>
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<td>Family Stability theme questions</td>
<td>11/18/2020 - 1/18/2021</td>
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<tr>
<td>30 Months Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>5/20/2021 - 7/19/2021</td>
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<tr>
<td>Three-year Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>11/18/2021 - 1/18/2022</td>
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<td>Family Stability theme questions</td>
<td>11/18/2021 - 1/18/2022</td>
</tr>
<tr>
<td>42 Months Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>5/20/2022 - 7/19/2022</td>
</tr>
<tr>
<td>Four-year Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>11/18/2022 - 1/18/2023</td>
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<td>Family Stability theme questions</td>
<td>11/18/2022 - 1/18/2023</td>
</tr>
<tr>
<td>54 Months Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>5/20/2023 - 7/19/2023</td>
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<tr>
<td>Five-year Post-Enrollment</td>
<td>Parent Health theme: Continuous health insurance</td>
<td>11/18/2023 - 1/18/2024</td>
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<tr>
<td></td>
<td>Family Stability theme questions</td>
<td>11/18/2023 - 1/18/2024</td>
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</tbody>
</table>
Superlatives

Most Likely to Succeed.

Cutest Couple.

Most Likely to Cut his Mouth on a Crouton Bag While Trying to Lick Out all of the Crumbs.

Baltimore City Home Visiting
Biggest Overachiever with the Data of an Underachiever
Reframing: The Big Goal

• To be the best home visiting program in the state of Maryland (as measured by the 11 MIECHV performance measures HV staff have more control over)
How do we get there?

• We’re partially there!
• Participant Timeline
  • Sade from TFT: Review Timeline at the beginning of the month. Print Tools that are due for the month, and place them in the client’s file
• Best practices document...coming soon
• Use those reports (the ones we’ve reviewed)!
  • How often the reports will be run
  • When the reports will be run
  • Who will run the reports
  • Who will follow-up on the reports
  • Who will keep us on track
Single Point of Entry for Pregnant Women and Children

Traci Kodeck, MPH
Goals

- To understand the role of HealthCare Access Maryland’s-Centralized Intake in the larger B’more for Healthy Babies Initiative
- To understand the role of social determinants of health related to health outcomes including healthy birth outcomes
HCAM Overview

- 501 c(3) Nonprofit since 1997
- HCAM plays a critical role in strengthening Maryland’s health care delivery system
- Established as "safety net" for Medicaid recipients in Baltimore City
- Funding from both Public and Private Sector
- 235 Employees/ $18M Budget
- Serve 100-120,000 people per year
- Experienced and Tenured Management Team/Staff
- Experience with health insurance enrollment and system navigation
- Care coordination focused on social determinants of health
Definition(s)

CDC defines SDOH:
• Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes.¹ These conditions are known as social determinants of health (SDOH)

Kaiser Family Foundation
• Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health.
What Goes Into Your Health?

Socioeconomic Factors
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care
- Access to Care
- Quality of Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Purpose: Medicaid provides grants to each of the twenty-four local health departments (LHDs) to support local Administrative Care Coordination-Ombudsman Programs (ACCU).

The ACCU assists the Department (DHMH) to operate the administration of the Maryland Medicaid Program by serving as a local resource for information and consultation for Medicaid recipients and providers through the provision of care coordination, education and outreach.

The purpose of these activities is to provide a safety net for and ensure that individuals who are eligible for Medicaid/HealthChoice access needed health care and Medicaid covered health-related services and that they use the services appropriately.
The Baltimore City ACCU/Ombudsman Program provides:

- care coordination, education and outreach in the local community and serves as the central link between the recipient, managed care organizations (MCOs), health care providers and the Maryland Department of Health.
Priority # 2
Care Coordination Services

Activities may include but are not limited to:
• Assisting recipients in accessing appropriate services
• Navigating through the health care system to promote effective utilization
• Assisting hard to reach or noncompliant recipients to reconnect to care (keep appointments, follow regimen of care)

Referral sources may include, but are not limited to:
• Division of Care Coordination and Complaint Resolution
• Local MCHP Eligibility Unit
• Local Department of Social Services (LDSS)
• Managed Care Organizations (MCO)
• Providers and self-referrals
HCAM’s Role

Our Vision for Baltimore’s Preconception, Pregnancy, and Early Childhood System

Referral Sources
- For pregnant women:
  - Health care providers via the Prenatal Risk Assessment at first prenatal care visit
  - Community organizations
  - Self-referrals
- For women with infants:
  - Hospitals via the Postpartum Infant & Maternal Referral
  - Community organizations
  - Self-referrals

Centralized Intake System
- Central resource database used citywide
- Single point of access
- Referral to appropriate resources
- No duplication of services
- Streamlined communication with providers

BHB home visiting
- In-home support through the city’s network of home visiting programs, including Healthy Start

BHB’s group programs
- Prenatal education (Moms Clubs)
- Grief support (HOPE Project)
- Nutrition/fitness/stress classes (B’more Fit)

Support services
- WIC
- Baltimore Infants & Toddlers Program
- Mental health and substance use services
- Adolescent reproductive health services

Social determinants
- Housing including emergency shelter and lead abatement
- GED & literacy classes
- Job training and mentoring
- Income supports including WIC, SNAP, Earned Income Tax Credit
- Services for families experiencing violence

Health care services
- Navigation of health benefits
- Primary care and specialty care
HCAM’s Central Intake

- Care Coordination Programs serves as the Single Point of Entry and Centralized Intake:
  - Maryland Prenatal Risk Assessments
  - Local Health Service Requests from Managed Care Organizations
  - PIMRs from Hospital Partners
  - Self Referrals
  - Ombudsman Referrals from MDH
  - Pregnancy Engagement Specialists (PES)
  - Safe Sleep Referrals
HCAM Staffing

- Registered Nurses
- Licensed Social Workers
- Care Coordination Associates
- Community Health Workers
- Administrative Support
• FY 20:
  • Number of Maryland Prenatal Risk Assessments Received and Completed
    ◆ **3,340** referrals received/**2,589** successfully outreached/ **78%** success rate
  • 1047 Number of Maternal and Child Health clients referred to Baltimore City Home Visiting Program via the Vulnerability Index
  • 259: Number of Cribs delivered to pregnant/postpartum women

• FY 19
  ◆ 1036: Number of Maternal and Child Health clients referred to Baltimore City Home Visiting Program via the Vulnerability Index
  ◆ 241: Number of cribs delivered to pregnant/postpartum women
Thank You!

Traci Kodeck

tkodeck@hcamaryland.org
Q & A

Click the 👣 button to ask a question
Partnering to Support Healthy Moms and Babies in Baltimore and Beyond
Celebrating 10 Years of B’More for Healthy Babies

Wednesdays in October
5 - 6:30 p.m. ET

Register for the series:

Session 1: Enhancing Local Partnerships: Community Engagement and Impact
October 7, 2020

Session 2: A Decade of Progress: Examining B’More for Healthy Babies Program Outcomes
October 14, 2020

Session 3: Social Mobilization to Drive Change
October 21, 2020

Session 4: The Path Forward: Sustainability for Future Impact
October 28, 2020
Partnering to Support Healthy Moms and Babies in Baltimore and Beyond
Celebrating 10 Years of B’More for Healthy Babies

Session 3: Social Mobilization to Drive Change
October 21, 2020
5 - 6:30 p.m. ET
