HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

Infant Mortality Strategic Planning

Atlanta Perinatal Region

About Healthy Mothers, Healthy Babies

Since 1973, HMHB has worked to improve access to prenatal and preventive healthcare for thousands of women, children and families in Georgia through direct service, collaborative advocacy and community education.

ACCESS	ADVOCACY	EDUCATION
HMHB operates the Maternal and Child Health Referral Line for the Department of Public Health, and the Prevent Child Abuse Georgia Helpline, to provide callers with appropriate referrals and resources across the State.	In a non-partisan role, HMHB engages with legislators as well as medical, business and other community organizations to encourage fiscally responsible policies that promote access to care and improved health outcomes for women and children.	HMHB provides prenatal and breastfeeding education across the State through collaboration with other community organizations and clinicians.

GEORGIA HEALTH POLICY CENTER

Integrating research, policy, and programs to advance health and well-being

- A research center within the Andrew Young School of Policy Studies at Georgia State University in Atlanta
- Provides evidence-based research, program development, and policy guidance locally, statewide, and nationally
- Working in more than 200 communities across the United States to achieve health improvement

PLANNING PROCESS

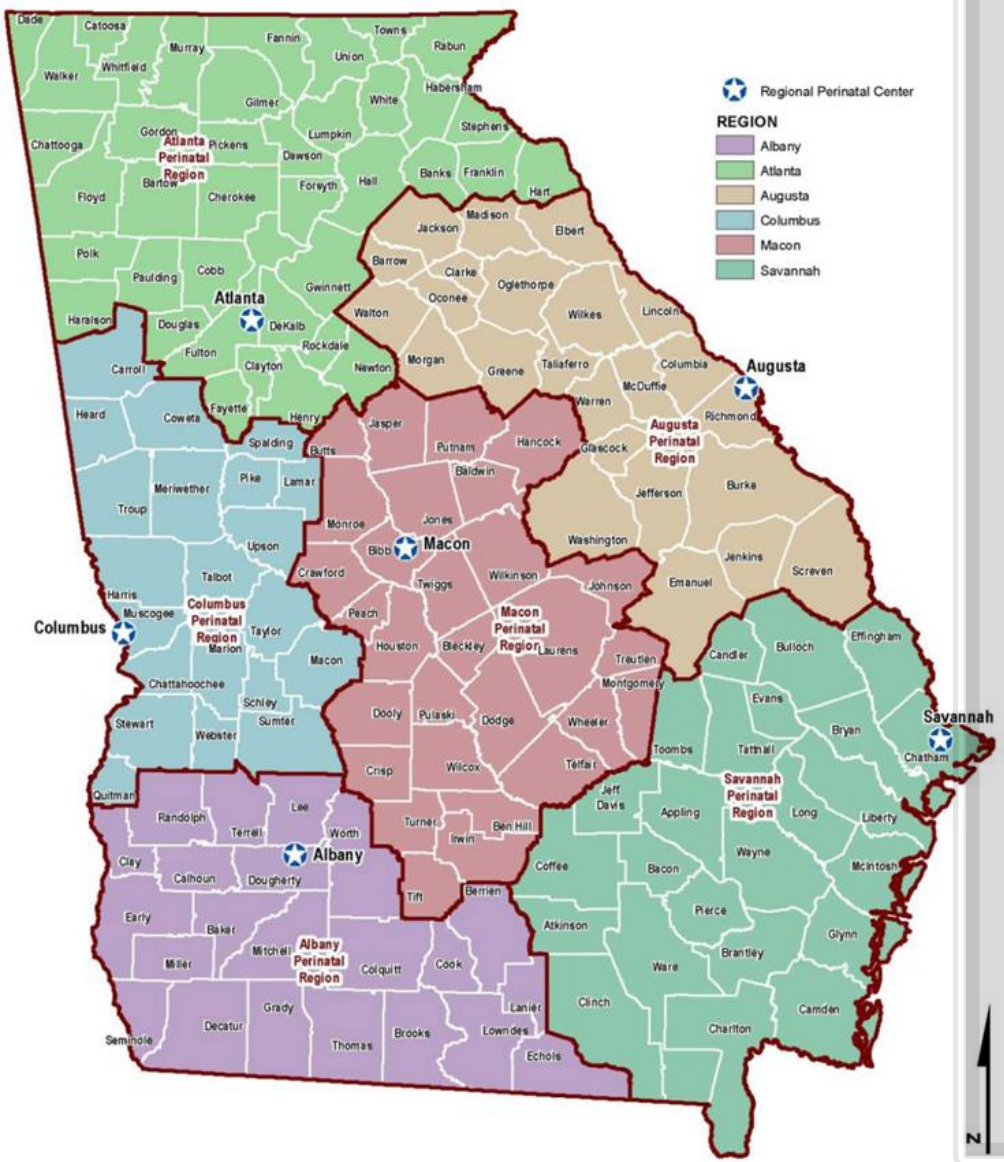
Georgia Health Policy Center

HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

Partner Survey	Secondary Data	Session I	Landscape Scan	Session II	Evidence Informed Intervention	Session III	Strategic Plan
Survey to gauge stakeholder perceptions. 49 surveys collected and analized.	National, State, and regional picture of drivers.	Review available data on Infant Mortality (IM). Group prioritization factors driving IM in the region.	Service Directory sorted and filtered. Areas of abundance identified, mapped, and summarized	Explore available services and service gaps. Identify and prioritize strategic goals.	List of evidence informed interventions generated and summarized	Explore evidence informed strategies. Identify and prioritize objectives.	Public comment period. Final plan published.

Georgia State University Andrew Young School of Policy Studies

Georgia Health Policy Center



PLANNING PROCESS

HMHB identified over **85 organizations** to serve as stakeholders working in or serving the perinatal population within the **39 counties** of the Atlanta Perinatal Region.

Stakeholders were invited to participate in three consecutive planning sessions:

- **Session I** (May 3rd, 2017 in Hall County) - Explored the state of infant mortality: National, State, and regional picture of drivers (Prioritized)
- **Session II** (May 31st, 2017 in Clayton County) - Explored available services and service gaps (Identified and prioritized strategic goals)
- **Session III** (June 21st, 2017) - Explored evidence informed strategies (Identified and prioritized objectives)

PLANNING PROCESS: PARTNER SURVEY

The Georgia Health Policy Center worked with Healthy Mothers, Healthy Babies (HMHB) to design and implement a 25-question stakeholder survey.

- Surveys were administered online (3/20-4/17)
- 49 surveys were submitted
- 50% (17) of respondents represented all 39 counties in the Atlanta Perinatal Region
- There were a variety of organization types represented:
  - 74% represented non-profit/public health service providers (25)
  - 15% represented professional associations (5)
  - 6% represented for-profit health service providers (2)
  - 6% represented research/education (2)
- The survey gathered respondent opinions and insight on the following:
  A. Opinions about the top factors facilitating infant mortality
  B. What more do mothers and babies need and why
  C. Respondent services offered, service area, and planned service expansions
  D. Intervention that have been effective in the past
  E. Recommendations about interventions that could be implemented and what are the challenges to implementation

PLANNING PROCESS: DATA SOURCES

Secondary data related to infant mortality in the U.S., Georgia, and the 39-county Atlanta Perinatal Region were collected and summarized from the following sources:

- The Antenatal and Neonatal Guidelines, Education and Learning Systems (ANGELS)
- Association of Maternal and child health programs (AMCHP)
- The Centering Healthcare Institute
- Centers for Disease Control and Prevention CDC NCHS Data Brief No. 279, March 2017
- The Community Preventive Services Task Force
- Georgia Department Of Public Health (2002-2006): From Preconception To Infant Protection: A Regional Look At Periods Of Risk For Georgia's Newborns
- The Family Resource Network
- Georgia Department Of Public Health
- HMHB State of the State: Maternal & Infant Health in Georgia
- HMHB Public Portal
- The Homeless Prenatal Program (HPP)
- Kids Count Data Center
- March of Dimes
- The Maternity Care Coalition (MCC)
- Mental Health Innovation Network (MHIN)
- Moving Beyond Depression (MBD)
- National Child and Maternal Health Education Program
- The National Institute of Child Health and Human Development
- The National Healthy Start Association (NHSA)
- National Women's Law Center
- Nurse Family Partnership
- OASIS: Department of Public Health, Office of Health Indicators for Planning (OHIP)
- The Preconception Health and Health Care Initiative (PCHHC)
- SmokeFreeWomen
- U.S. Dept. of Health and Human Services
- WellPass (Text4Baby)
- World Health Organization (WHO)

PLANNING PROCESS: LANDSCAPE SCAN

A landscape scan was completed using the resource directory maintained by Healthy Mothers, Healthy Babies (https://www.resourcehouse.com/hmhb/) to assess gaps in services.

- Services were filtered and sorted into four categories (priorities identified by stakeholders):
  - ✓ Access to care,
  - ✓ Maternal health,
  - ✓ Infant outcomes, and
  - ✓ Social determinants of health

- There were 70 unique types of services being provided by 992 agencies across the 39-county perinatal region.

- Areas of abundance and scarcity were identified, mapped, and summarized.

PLANNING PROCESS: EVIDENCE INFORMED INTERVENTIONS

A list of evidence informed interventions was generated in May 2017 to share with stakeholders as they worked to finalize strategic goals and objectives.

- Evidence informed interventions were filtered and sorted into four categories (priorities identified by stakeholders): Access to care, Maternal health, Infant outcomes, and Social determinants of health
- The name, source, target perinatal period(s), evidence rating, and summary of intervention purpose were compiled and presented.
- There were 25 unique interventions identified by HMHB staff and 22 recommended by survey respondents.
  - ✓ All EIP address infant outcomes in some way
  - ✓ Most address more than one goal, measures to address pre-term births, birth defects, and SIDS specifically.
  - ✓ There is no priority that is not addressed through one or more EIP
  - ✓ There was a significant amount of overlap in survey responses (recommendations/current practices) and HMHB EIP research
  - ✓ The majority are national initiatives, in GA most are managed by public health
  - ✓ The majority of current initiatives are either focused on the state/39 county region (broad reach) or focused in Atlanta (targeted geography).

STRATEGIC PRIORITIES

Based on stakeholder input, the following priorities were identified for the APR:

Access to Care:

- Lack of health insurance
- Poor access/inadequate use of prenatal care
- Preconception/interconception care and counseling
- Health inequity

Maternal Health:

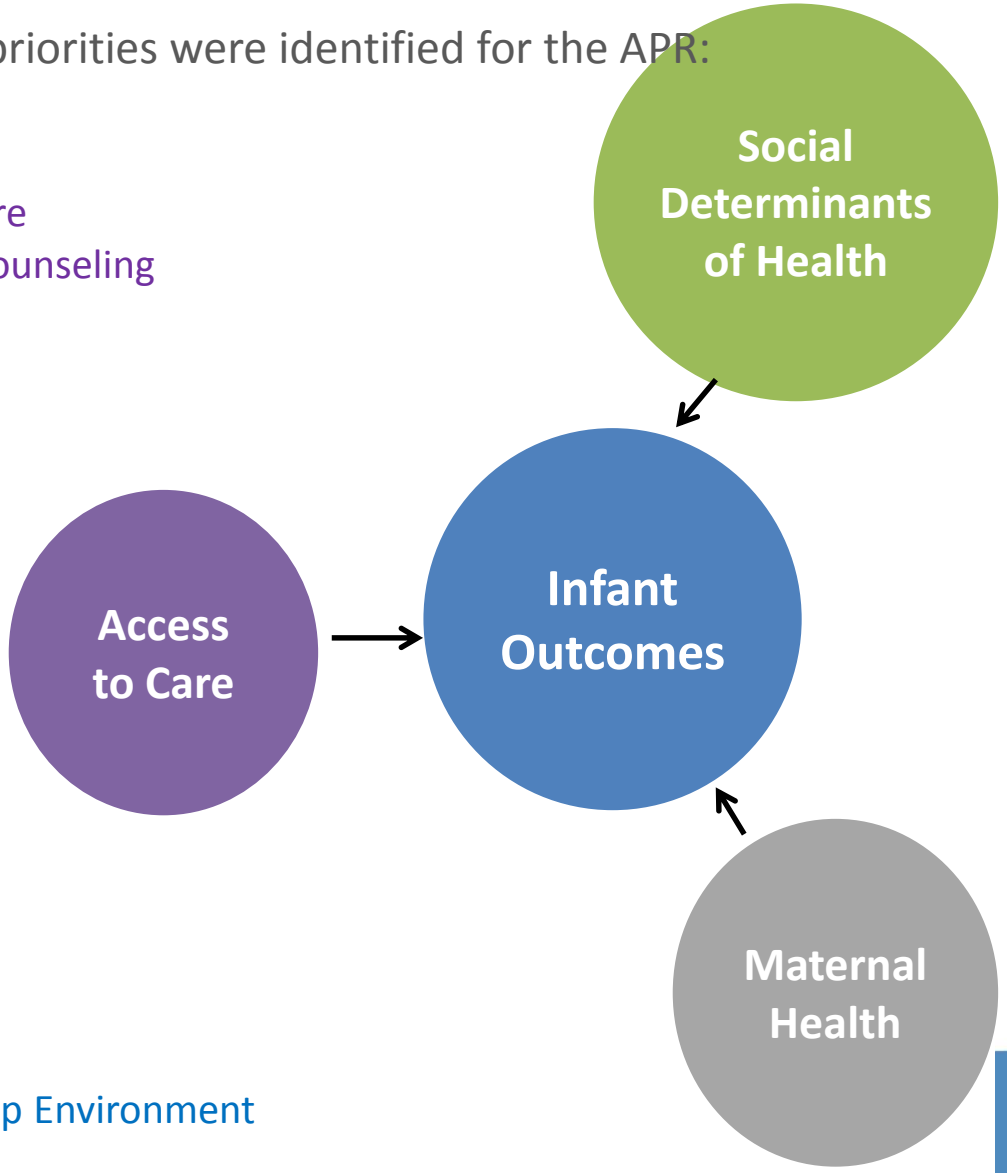
- Substance abuse
- Poor health status
- Obesity
- Poor mental health
- Lack of breastfeeding

Social Determinants of Health:

- Poverty
- Low Educational Attainment
- Stress and Lack of Support
- Lack of housing

Infant Health:

- Low Birth Weight
- Sudden Infant Death Syndrome (SIDS)/Sleep Environment
- Pre-term birth
- Congenital malformation and anomalies



STRATEGIC GOALS & OBJECTIVES

ACCESS TO CARE: *Lack of health insurance, poor access/ inadequate use of prenatal care, preconception/ interconception care and counseling, and health inequity*

Strategic Goal	Objectives
Identify and ensure that women in the Atlanta perinatal region have access to the culturally relevant perinatal education, preconception, interconception, post-partum, and prenatal services they need to improve infant health outcomes (Infant mortality, low birth weight, SIDS, pre-term birth, and congenital malformation and anomalies).	Increase the utilization and number of services in underserved areas across the care continuum that are available to women of child-bearing age regardless of insurance status in the Atlanta Perinatal Region by 2021.
	Increase the access to and use of prenatal care among expecting mothers in the Atlanta Perinatal Region by 2021.
	Increase the access to and use of preconception, interconception, post-partum care and counseling and education among those of childbearing age and their support systems in the APR by 2021.
	By 2021 identify and implement at least one evidence informed practice in the Atlanta Perinatal Region aimed at narrowing racial and geographical disparities in birth outcomes.

STRATEGIC GOALS & OBJECTIVES

MATERNAL HEALTH: *substance abuse (including tobacco and alcohol), poor health status, obesity, poor mental health, and lack of breastfeeding*

Strategic Goal	Objectives
Improve infant outcomes (Infant mortality, low birth weight, SIDS, pre-term birth, and congenital malformation and anomalies) by improving maternal health and wellness in the Atlanta Perinatal Region through culturally appropriate community outreach and investment that provides education and resources related to the pregnancy continuum including assessment and care coordination.	Reduce the use of harmful substances during pregnancy by increasing awareness, knowledge, and support (including provider education) related to the need to abstain from the use of tobacco, illegal substances, certain prescriptions, and alcohol during pregnancy and among women of child bearing age in the Atlanta Perinatal Region by 2021.
	Improve women's health by increasing awareness and behavioral changes regarding healthy choices and risk reduction among women of child bearing age to reduce poor health/obesity outcomes among women in the Atlanta Perinatal Region by 2021.
	Assess communities for need and availability, reduce stigma and increase availability and use of behavioral health services for mothers and expectant mothers in the Atlanta Perinatal Region by 2021.
	Increase breastfeeding initiation and duration in the Atlanta Perinatal Region by increasing awareness, knowledge and support of breastfeeding practices among women, families and providers.

STRATEGIC GOALS & OBJECTIVES

SOCIAL DETERMINANTS OF HEALTH: *including poverty, low educational attainment, stress and lack of support, and lack of housing*

Strategic Goal	Objectives
Increase knowledge, awareness, competence, and create opportunities within systems to reduce the influence of SDOH that affect maternal and infant outcomes (infant mortality, low birth weight, SIDS, pre-term birth, and congenital malformation and anomalies).	Increase the implementation of evidence based practices that aim to improve birth outcomes among socio economically disadvantaged women in the Atlanta Perinatal Region through increased funding and program support by 2021.
	By 2021, increase the number of evidence-based practices implemented in the APR to improve educational attainment among expectant mothers, new mothers, and their families.
	By 2021, increase the number of evidence informed practices implemented in the Atlanta Perinatal Region to improve culturally competent screening and social support structures for expectant and new mothers and their families.
	By 2021, increase the number of evidence informed practices implemented in the Atlanta Perinatal Region to increase access to stable housing for expecting mothers.

THANK YOU

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KEY ACTIONS TO

Improving Birth Outcomes Coalition of SWGA

Birthing a Coalition

Improving Birth Outcomes Coalition of SWGA

IMPORTANT DATES

CHNA

July 16

Pre-Design

Sept

Grant Award

Nov 16

Key Action Planning Starts

December

May 17

Birthing the Coalition

Approves Implementation Strategy

Improving Birth Outcomes Coalition of SWGA

COALTION STRUCTURE

EXECUTIVE SPONSOR: William Sewell, M.D. Medical Director Women & Child

COALITON CHAIR: Jack Owens, M.D. Neonatology/NICU

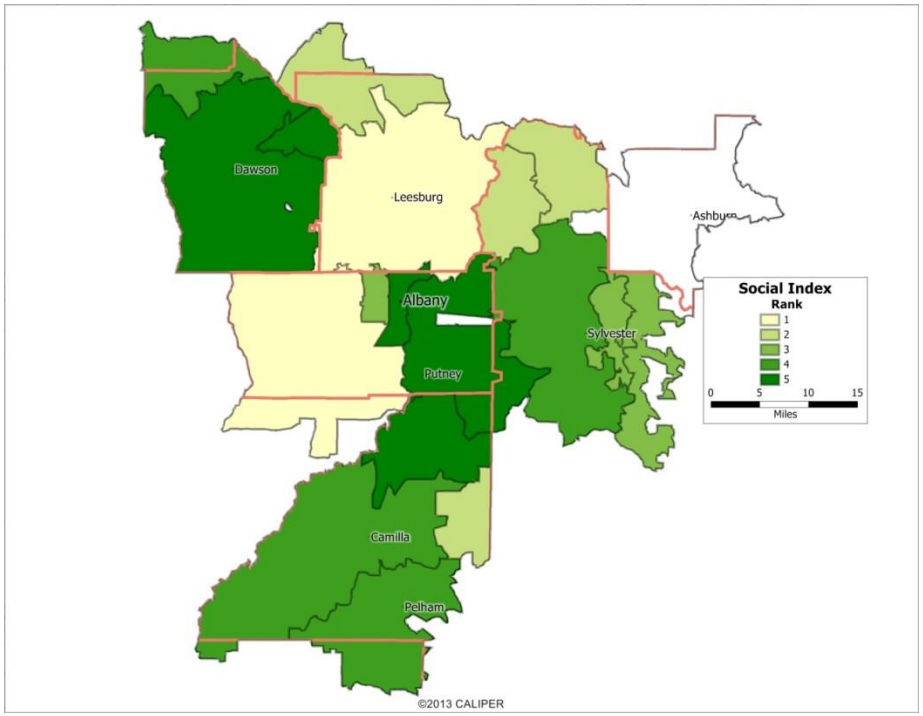
Co-Vice Chairs: Heather Culpepper, Nurse Educator-Women Services
Angie Barber, Director-Network of Trust

PARTNERS

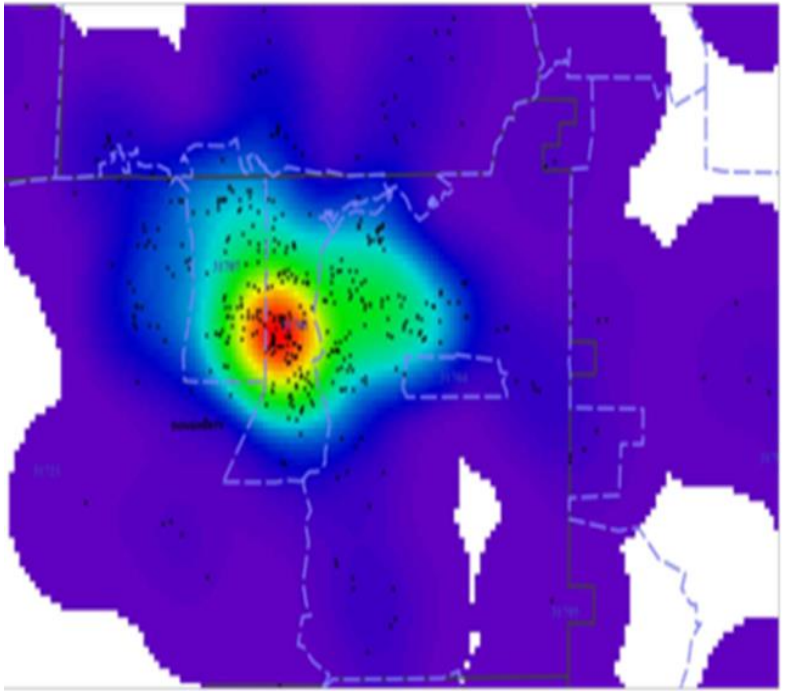
Phoebe Putney [Lead]
Alpha Pregnancy Center
Marian Worthy OB/Gyn Center
Peachstate Medicaid
Advocate-Volunteers
Albany State University
Southwest Georgia Residency Program
District Public Health
Dougherty County Health Department

Improving Birth Outcomes Coalition of SWGA

SocioNeeds Index created by Conduent Community Health Solutions shows high need correlated with poor health outcomes in zip codes in darker green.

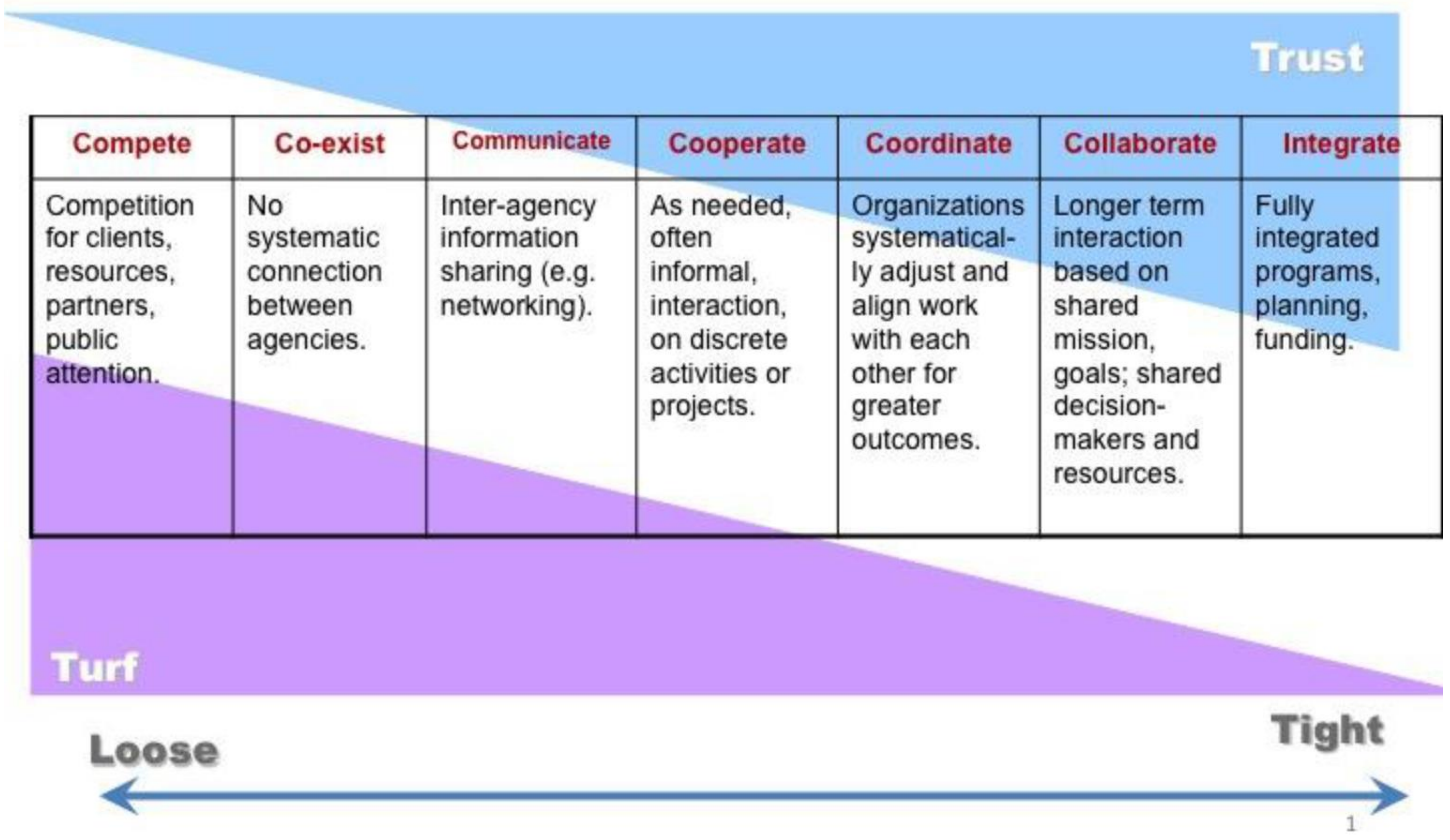


2009 to 2011:
Low and Very Low Birth Weight by Address Hospital Data



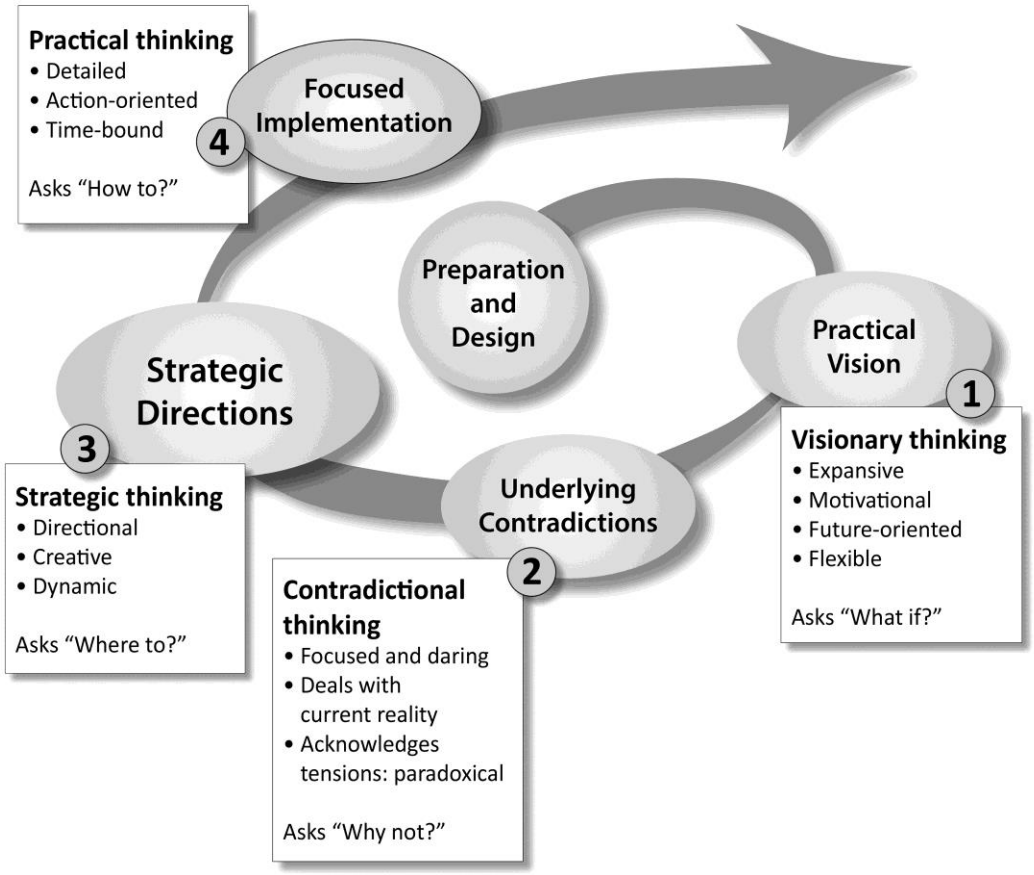
Improving Birth Outcomes Coalition of SWGA

The Collaboration Continuum



STRATEGIC PLANNING MODEL

Improving Birth Outcomes Coalition of SWGA



Enterprise Community Healthy Start

Serving families in Burke and McDuffie Counties

- Rural counties approximately 30 miles from Augusta
- Persistent high poverty, unemployment rates
- Inadequate and diminishing social and health delivery resources
- No public transportation and limited access to Medicaid funded transportation
- Persistent perinatal health disparities
- Health Outcome rankings: (2017)

  Burke Co- 141/159

  McDuffie- 112/159
- Health Factor rankings:

  Burke Co- 123/159

  McDuffie- 127/159

ENTERPRISE
COMMUNITY
HEALTHY START

ECHS Stakeholders

- Prenatal and interconceptional families
- Consumers
- Health System in communities
- Community Leaders
- Community Developers
- Employers
- Education System- K-12 and beyond

Increased IM Awareness Through Community Education and Active Collaboration

Existing Case Management Services

- Prenatal care early entry
- Contraceptive use
- Preconception health, reproductive life planning
- Parenting education
- Father involvement

Related Reported Benchmarks

- Medical home- mom and baby
- Prenatal care
- Family planning
- Father involvement
- Safe Sleep Practices

ENTERPRISE COMMUNITY HEALTHY START

Increased IM Awareness Through Community Education and Active Collaboration

Community Education

- Family Health and Safety Summit
  - Health Insurance,
  - Preconception Health
  - Exercise and Nutrition
  - Home Safety Education
  - Child Safety Seat Education
  - Participant survey
- SafeKids Home Safety Classes
- DOSE

Active Collaboration

- Family Connection
- Early Head Start
- Health Department
- Local physicians
- Extension agencies
- Technical colleges

ENTERPRISE COMMUNITY HEALTHY START

Are we there yet? What's next? Who else?

- Continue to engage partners in the purpose
  - Identify common threads that exist between desired outcomes
  - Don't give up on sharing the message with unexpected partners
- Continue to support out of the box approaches to personal engagement in health practices
- DOSE program has been well received and will continue
- Family Health and Safety Summit
- Support Safe Sleep message from DPH through case management
- Develop streamlined community assessment tool related to infant mortality

“Building Capacity to Address Infant Mortality in Georgia: A Collaborative”

Funding by Health Care Georgia Foundation

Georgia Department of Public Health

Coastal & Southeast Health Districts

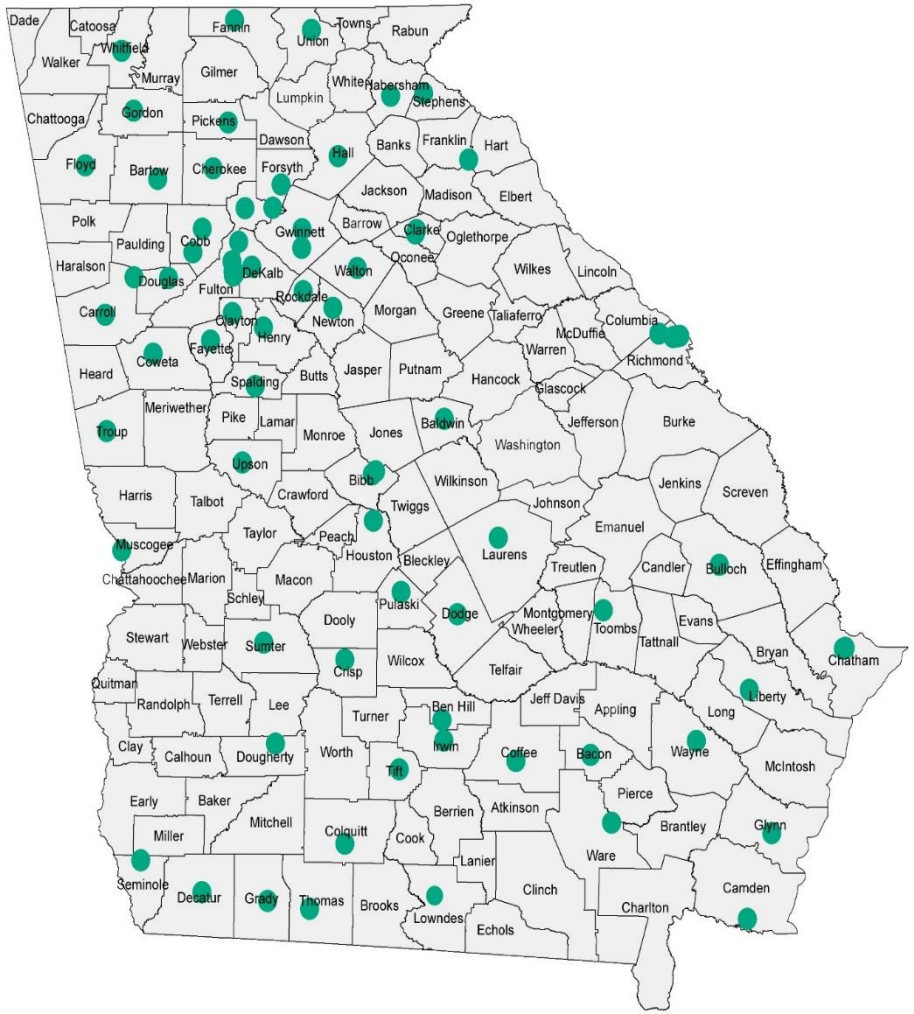
Georgia Southern University, Jiann Ping-Hsu College of Public Health and the Center for Public Health Practice & Research

Georgia Department of Public Health
Coastal Health District

Southeast Health District

Center for PUBLIC HEALTH PRACTICE & RESEARCH
GEORGIA SOUTHERN UNIVERSITY
Jiann-Ping Hsu College of Public Health

Open Labor & Delivery Units, Georgia, 2015



Updated November 15th, 2015

Prepared by the Georgia Maternal and Infant Health Research Group, 2014.
Map Source: U.S. Census 2013 TIGER/Line Shapefile. Accessed on October 22, 2013.
Data supplied by Georgia Board for Physician Workforce (2013), Georgia Ob/Gyn Society (2011) and Georgia Office for Health Indicators and Planning (1994-2008).

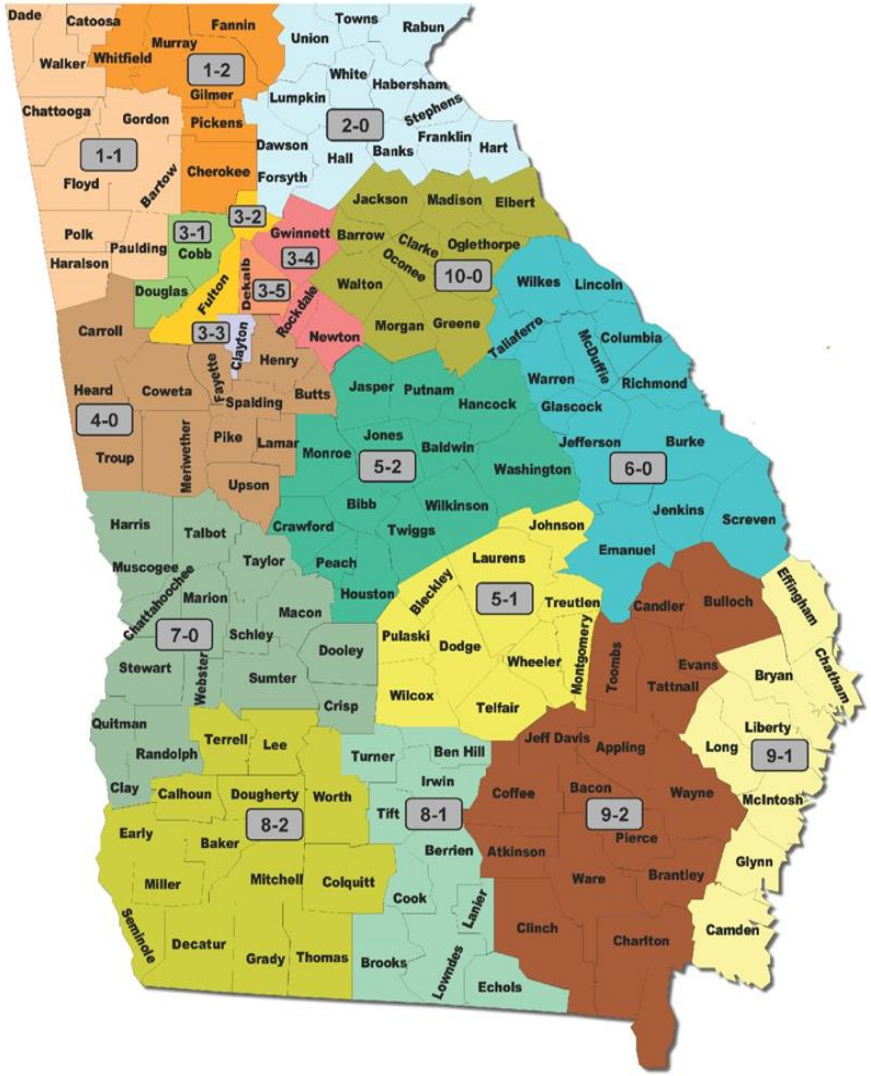
Birthing Hospitals by District

<u>Coastal Health District</u>

Southeast Georgia Health System-Camden
Memorial University Medical Center
St. Joseph's-Candler
Southeast Georgia Health System-Brunswick
Liberty Regional Medical Center

<u>Southeast Health District</u>

Bacon County Hospital
East Georgia Regional Medical Center
Coffee Regional Medical Center
Meadows Regional Medical Center
Mayo Clinic Health System-Waycross
Wayne Memorial Hospital



Approach

- Data collected from OASIS, March of Dimes, etc
- https://oasis.state.ga.us/
- Data for all counties downloaded and studied
  - 2006 – 2015
  - Coastal Health District
  - Southeast Health District
- Discovered *some* of what was available regarding home visiting
- Wrote for and received this mini grant

Issues

- Georgia's infant mortality rate is 20% higher than national average (Chatham County alone has infant mortality rate 2x the national average)
- March of Dimes gave GA a "D" on 2016 premature birth report card
- Chatham County received a "F" in 2014 with 12.3% preterm birth rate

- **(http://www.marchofdimes.org/materials/premature-birth-report-card-georgia.pdf)**

Approach/Evaluation Measures

- Creation of a region wide Infant mortality needs assessment – Completed April 2017
- Completion of a region wide infant needs assessment – Completed Sep 2017
- Completion of an online “resource” book listing programs, services and contact information Completed Sep 2017

Larger Home Visiting Programs in Region

Increase referrals to local home visiting programs by 5%.

Home Visiting Program	CY 2016 Baseline Dataset	CY 2017 Dataset (Goal of + 5%)	CY 2018 Dataset (Goal of + 5%)	CY 2018 Dataset (Goal of + 5%)
A	103	108	-	-
B	176	185		
C	429	450		
D	26	27		
Total	734	770		

Help Mothers deliver at appropriate birth facility

Hospital Identifies	CY 2016 Births <1500gms Baseline Dataset	CY 2017 Births <1500gms Goal is zero	CY 2018 Births <1500gms Goal is zero	
A	7			
B	2			
C	4			
D	1			
Total	14			

Online Resource Book!

Next Steps – Continue to….

Visualize	Discuss	Determine
Visualize trends in perinatal health outcomes • Over time • Within districts	Discuss patterns, influences and approaches based on data	Determine how home visiting programs can continue to work together

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Infant Mortality

Columbus Perinatal Region

Reducing Infant Mortality Using a Collaborative Approach

Collaborative Team

In an effort to reduce infant mortality rates in the District 4 Public Health Services region, The Spalding Collaborative Healthy Children Strategy Team has chosen to engage in a powerful, collective partnership with the following organizations: Wellcare of Georgia, Pike/Upson County Family Connection, Upson Health Connections Council, Lamar and Upson County Health Departments, and the Regional Low Birthweight Prevention Cohort (to be henceforth referred to as the "Infant Mortality Team")

Collaborative Team

Mike Powell, Upson & Pike Family Connection
Sherry Farr, Lamar & Upson DPH County Nurse Manager
Molli Pruitt, LPC, A Better Life Counseling and Coaching
Kellie Mercer, Lamar Family Connection
Regina Abbott, Spalding Family Connection
Annette Jackson, RN-DNS Program Gordon College
Margie Wright, RN-MSN Program Gordon College
Wendy Martin, RN-MSN Program Gordon College
Joy Baker, M.D. Upson Regional Medical Center
Erika Pope, WellCare

Existing Programs Addressing Healthy Pregnancies

Centering Pregnancy-model Program - Prevention In Action
Healthy Children Conference - Prevention in Action
Low Birthweight Prevention - Prevention and Intervention in Action
Pike/Upson Family Connection "Prevent Now"
Pike/Upson - Prevention in Action
WellCare of Georgia - Prevention In Action

Action Plan: Goal 1

Goal: Engage region in an infant mortality assessment and analyze results to guide community education strategy.
Objective: Within 90 days, create and distribute and Infant Mortality Inventory to at least 100 participants in the region.
Measure: Number of completed surveys/inventories received

Action Plan: Goal 2

Goal: Implement accessible and easy-to-grasp communication strategy for the region related to infant mortality.
Objective: Within 6 months, create a comprehensive community education communication plan to implement through at least 3 media avenues (e.g. billboard, social media, print media, etc.).
Measure: Completed community education plan

Action Plan: Goal 3

Goal: Equip Infant Mortality Team with relevant trainings to foster greater infant mortality knowledge.
Objective: Infant Mortality Team will identify 1-2 evidence-based trainings to participate in within 6 months.
Measure: 1-2 identified trainings

Action Plan: Goal 4

Goal: Identify resource and knowledge gaps
Objective: Within 12 months, the Infant Mortality Team will engage one academic institution to assist team with developing a comprehensive resource map related to infant mortality that identifies at least one resource gap.
Measure: Resource map gap identification(s)

Action Plan: Goal 5

Goal: Evaluate efforts of the Infant Mortality Team
Objective: Within 12 months, the Infant Mortality Team will utilize an approved evaluation method to measure impact of at least two grant goals.
Measure: Evaluation Outcomes

Sustainability

Spalding, Pike, Lamar, and Upson Family Connection Coordinators can maintain any printed materials for use by any Family Connection partner in the region including health departments, OBGYNs, pediatricians, early childhood education centers, Early Head Start, hospital personnel, FQHCs, DFCS, behavioral health, law enforcement, etc. The heart of our health district calls for us to go towards a "culture of health." Educating ourselves and comprehensively addressing infant mortality will increase our overall community wellness.

thank you