ATLANTA HEALTHY START

Successful Recruitment and Retention Strategies

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Presentation Overview

- Recruitment Strategies
- Retention Strategies
- Challenges and Solutions
- Next Steps
Approaches and Strategies for Recruitment

- Targeted Recruitment of Pregnant Women
- “Begin with the End in Mind”
  - Establish Internal monthly recruitment and enrollment goals
- Establish Strong Community Partnerships
  - Formal and Informal Partnerships with Clinical and Community Agencies
- Present AHSI participation as a bi-directional relationship
  - Development of the Universal Message
Enrollment Rates (% of recruited clients enrolled)

- 2011: 20%
- 2012: 10%
- 2013: 20%
- 2014: 30%
- 2015: 40%

Graph showing enrollment rates from 2011 to 2015.
Approaches and Strategies for Retention

- Relationship with Family Support Worker
  - Provides Instrumental and Social Support
  - Provides client with one-on-one education
  - Ensures the healthcare needs of mom and baby are met

- Relationships with other Clients
  - Sista Circle (Health Education and Social Support)
  - Sisters with Voices (Consumer Consortium/Leadership)

- Relationships with other Services
  - Internal and External
  - Empower clients to become advocates for themselves and their family
Challenges and Solutions

- Sense of Entitlement Among Clients
  - Development of Universal Message
- Staff Burnout
  - Retreats, Team Building, Shift Program Focus
- Fluid boundaries between clients and staff
  - Boundaries Training
- Inconsistent Program Implementation
  - Utilization of the Partners for Healthy Babies Curriculum
  - Fidelity of Implementation Checklist
Next Steps...

- Develop partnerships with CMOs
- Continue to develop relationships with community partners
- Targeted recruitment with CAN partners
- Additional activities for clients
Questions...
Maintaining Ground Under Changing Circumstances: Recruitment & Retention of Pregnant Clients at Heart of Georgia Healthy Start (Rural Perspective)

Presentation to: Healthy Start Regional Meeting Attendees
Presented by: Tajalyn Woodruff, Case Mgmt./QI Coord.
Date: May 10, 2017
Clearing Ground

• In the late 1990s, Heart of Georgia Healthy Start emerged with a focus on outreach and health education.

• The organization sought out to serve high risk populations and communities within the 10-county South Central Health District.
Getting the Word Out – We want to

Build Something Beautiful!!!

Healthy Mothers & Babies!
Getting the Word Out

<table>
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<tr>
<th>Community Networking</th>
<th>Neighborhood Canvassing</th>
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<tr>
<td>Coalition Meetings</td>
<td>Door-to-Door</td>
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<td>Community Events</td>
<td>Beauty Salons</td>
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<td>Local Councils</td>
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<td>Barber Shops</td>
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<td>Grocery Stores</td>
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Shared Vision. Shared Work

- Healthy Start staff work in 7 local health departments; co-located in 16 middle and high schools

- Majority of prenatal referrals are made by individuals who need services

- Prenatal referrals in surplus of case management capacity

- Nearly 95% of all pregnancy cases are completed
Keep it growing – Priorities for Recruitment & Retention of Pregnant Clients

• Maintain Partner Relationships
  • Reputation
    • “If a woman is pregnant, she needs to go to Healthy Start”
  • No “Silos” – Mutually Beneficial
    • Linking clients to services
    • Providing education and training to providers
    • Keeping partners informed
Keep it growing – Priorities for Recruitment & Retention of Pregnant Clients

• Maintain Client Relationships
  • Reputation
    • “If you are pregnant, you need to go to Healthy Start”
  • Personalized services
  • Incentives for participation
  • Engagement thru activities and consumer training
  • Encounters that help clients feel better

Georgia Division of Family and Children Services

United Way
CJ Foundation for SIDS
WellCare

NACCHO
We Protect Lives.
Breaking New Ground – Healthy Start 3.0

• Loss of 5 counties previously served
• Expansion to 2 new counties in neighboring, North Central Health District
• Serve at least 500 Program Participants (250 Pregnant)
• Collect additional data
• Work with less funding, fewer staff
The Plan Changed

• Identify resources to maintain relationships in counties where Healthy Start is no longer provided
• Implement risk level assignment with tiered case management
• Decrease the number of home visits
• Offer less intensive services (case management vs. actual service provision)
• Revise the incentive program
• Provide additional staff training
• Use new and social media
The Look – Not What We Expected...

What we saw...
- Staff stress
- Client disengagement
- Staff and client discontentment with contact schedules

What we learned...
- Incentive items are only as valuable as you make them
- Not everyone needs or wants prescribed case management
- There is one thing that we’ve always done well that attracted clients and kept them satisfied
Next Steps – Planting Seeds to Last a Lifetime

• Our Hedgehog Concept (from *Good to Great* by Jim Collins)
  • What are we passionate about?
  • What are we the best at?
  • What best drives our recruitment and retention engine?

  **Making Families Feel Good**
Heart of Georgia
Healthy Start
Better health for babies

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We Protect Lives.