

Infant: The **canary** in the coal mine





WHAT FATE BEFALLS THAT TINY INFANT
BEFALLS ALL OF US.

Something to think about.



**GIFT OF LIFE
HEALTHY START**

This is who we are . . .

Where we are from . . .

- Montgomery - the capital city of Alabama
- Close to the center of the state - *about an hour and a half south of here*
- Population - 226,189 (2014)
 - 23% of those are females of reproductive age
 - 6.8% of those are children ages 0-5
 - Racially – 2.1% Asian, 3.6% Hispanic, 38.4 % Caucasian, and 54.5% African-American
 - The population is almost 1:1 male to female

What our county is like . . .

- Montgomery is a county of **contrasts**
- Mostly urban, but has some rural and isolated spots on the county lines
- Has an Air Force Base that trains officers from all over the world in its Air War College
- **Has educational opportunities**
 - 12 institutions of higher learning – public and private, four-year and two year or less (an additional 7 are nearby)
- **Has employment opportunities** in
 - Federal, state, county and city government
 - Three large delivering hospitals , a medical provider network, a VA hospital
 - Multiple nursing homes, assisted living facilities, hospices – among other things

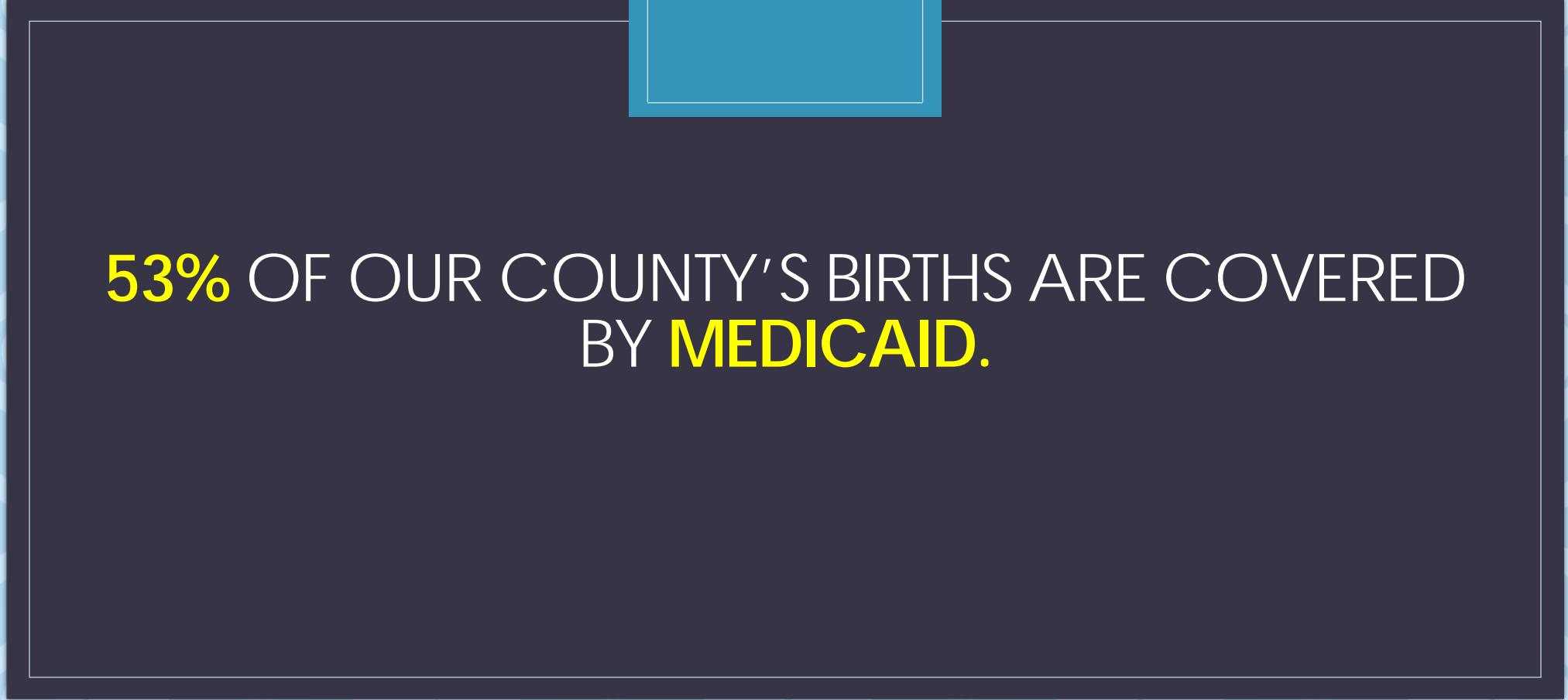
Despite higher educational opportunities

- The Montgomery Public School system has one of the **lowest graduation rates in the state at 76%** (an improvement over the 2015 figure of 64%)
- 20% of the population > 25 years does not have a high school diploma

Despite employment opportunities:

- *Unemployment is at 5.9% (National is 4.7) – for May 2016
- Almost **30% of Montgomery residents live below the FPL** (2013) (Alabama – 25%)
- Over 11% live at 50% below the FPL
- 35% of Montgomery children live below the FPL (AL – 27%)
- More African-Americans in Montgomery live in poverty than any other race.

*Source: City Data.com (Poverty Rates in Montgomery, AL)



53% OF OUR COUNTY'S BIRTHS ARE COVERED
BY **MEDICAID**.



AND OUR 2014

IMR WAS 9.5

B & O - 11.9

WE HAVE A LOT OF WORK TO DO.



GIFT OF LIFE HEALTHY START

This is what we do . . .

We live out our **mission** -

Gift of Life, a non-profit since 1988 in Montgomery, Alabama, is committed to improving the health and well-being of at-risk mothers and babies to build stronger communities.

We stand on our **history**.

- GOL was created as a 501(c) 3 in 1988 as the result of a **COLLECTIVE IMPACT EFFORT**
- A group of businessmen/women, physicians, the county commission and the city came together to address the unacceptably **HIGH INFANT MORTALITY RATE**.
- They **COLLABORATED** with Alabama Medicaid to write an 1115-B waiver so that a Medicaid Maternity Care Program (MMCP) system could be created.
- This system would create a **COORDINATED SYSTEM OF CARE** with a network of providers so that women could access care and have a **CASE MANAGER**.
- In May of 1988, GOL became the first MMCP in the state of Alabama.

- When the HS application was submitted, GOL was the largest MMCP in the state, serving 20 of the state's 67 counties.
- During those 28 plus years, GOL implemented programs to address the **SOCIAL DETERMINANTS** and the **LIFE COURSE FACTORS** that negatively impacted birth outcomes.
 - Pediatric case management
 - Immediate postpartum home visits providing baby checks and family planning counseling
 - Social workers placed in individual physician offices
- In 2008, **Nurse-Family Partnership** was implemented
- In early 2014, **Parents as Teachers** was implemented

And in 2014, we were given an opportunity to do even more . . .

Gift of Life Healthy Start began

- 1. Improve Women's Health**
- 2. Promote Quality Services**
- 3. Strengthen Family Resilience**
- 4. Achieve Collective Impact**
- 5. Increase Accountability through QI, PM, Evaluation**

- **0-60** – Medicaid Maternity Care Case Management that began with prenatal enrollment and ended at 60 days postpartum
- **Nurse Family Partnership** – for 1st time moms who were 28 weeks or less at enrollment
- **Parents as Teachers** – for 2nd time moms or those who enrolled later than 28 weeks

Because we were functioning as the Medicaid Maternity Care system for Montgomery County – **everyone who enrolled in Medicaid Maternity Care was automatically enrolled into Healthy Start!** All had the same screenings prenatally and all HSMES measures were tracked for all levels.

Great for us and Great for the client!!

In the beginning – we had 3 types of case management to address the goals of:

1. **Improve Women's Health**
2. **Promote Quality Services**
3. **Strengthen Family Resilience**

Then, due to client demand, we added -

Mobile Family Coaching



Primarily Telephone Contact



But with some face-to-face meetings

- This method of case management/education uses an evidence-based curriculum (PAT) for parenting education and
- Obtains the same screenings, gathers the same data as the traditional home visitation/ case management programs

And the client makes the choice of location!



Then we took away . . .

- GOL ended the Medicaid Maternity Care contract on 12/31/15 so our **0-60 program ended** along with our constant stream of referrals!



So today – GOL Healthy Start has:

- Nurse Family Partnership
- Parents as Teachers
- Mobile Family Coaching
- We encourage partner/Father involvement with all visits and activities.
- We refer to the local Fatherhood Initiative (Parenting Matters)
- We are considering “Daddy Packs” as a way to encourage even more father participation

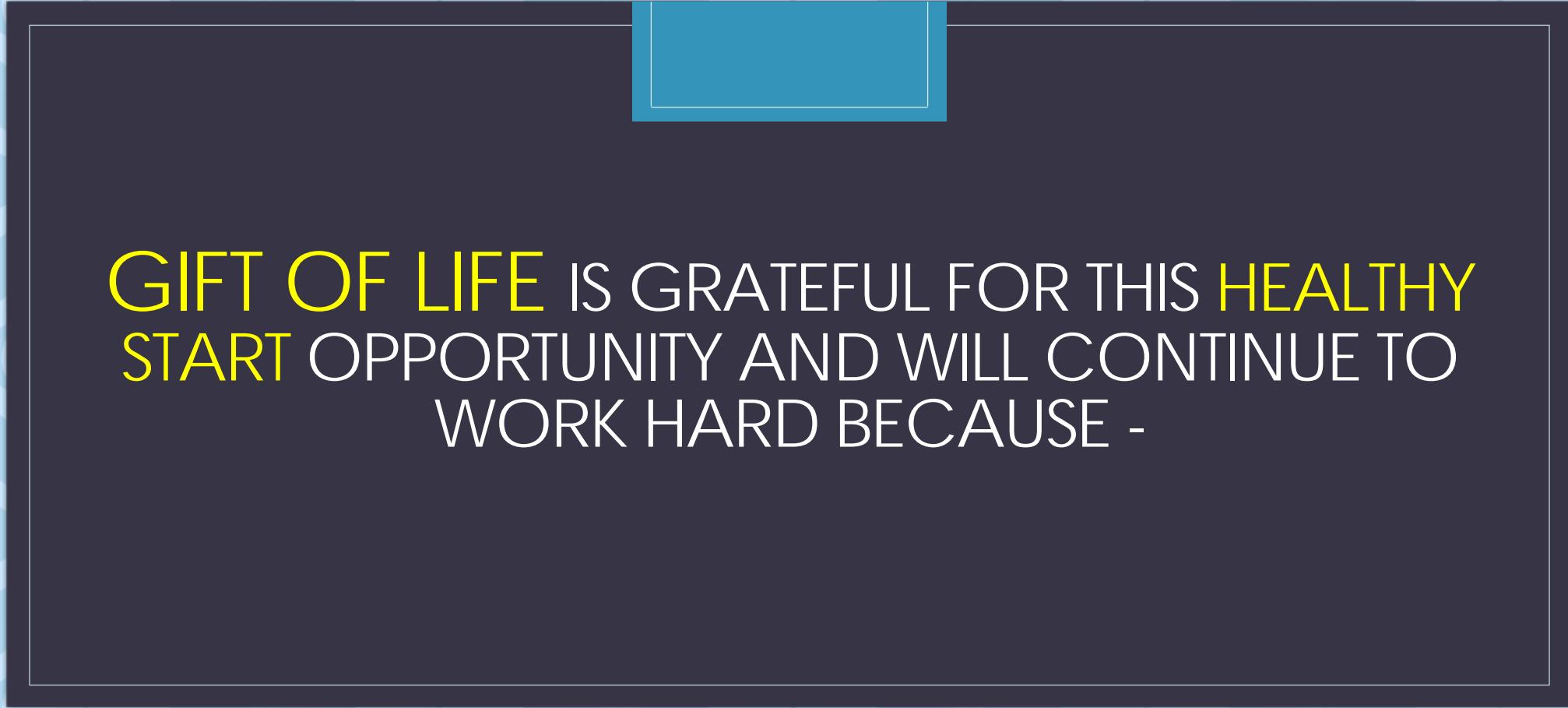
4. Achieve Collective Impact

- We are involved in several collective impact efforts:
 - Help Me Grow
 - IM COIN
 - River Region Healthy Minds Network
 - North Montgomery Alliance
- But we are really excited about the possibility of working with the **March of Dimes** on the - ***Healthy Babies are Worth the Wait*** collective impact effort
- A proposal will be submitted to MOD on 8/12 to fund this effort, asking for the funding of a 0.50 FTE CI coordinator.

As a new Level 1, we have struggled with the idea of leading a CI effort – but this March of Dimes HBWW will provide that leadership opportunity.

5. Increase Accountability through Quality Improvement, Performance Monitoring and Evaluation

- **Paige Elliott, RN, BSN, MSN** was hired December 2015 as the Data Manager, and is now moving into the role of Evaluator. Thus far she has:
 - Worked with Challenger Soft to finalize our new HS specific database and case management record. (Go-Live - Fall/Winter 2016)
 - Created outreach/referral/enrollment, case-load and program volume tracking tools to improve the referral to enrollment conversion rates
 - Assisted with data collection for the recent Performance Report



GIFT OF LIFE IS GRATEFUL FOR THIS **HEALTHY
START** OPPORTUNITY AND WILL CONTINUE TO
WORK HARD BECAUSE -

We want the canaries to SING!!



And the babies to Laugh!!