



Maternal and Child Health Bureau

## Using Local Evaluation Data to Promote & Sustain Your Healthy Start Project

July 29, 2003

Health Resources and Services Administration  
Maternal and Child Health Bureau

---

---

---

---

---

---

---

---



Maternal and Child Health Bureau

## Data and Sustainability

### Ways to Maximize the Power of Data

by Julie Wisniewski  
Worcester Healthy Start Initiative

---

---

---

---

---

---

---

---



Maternal and Child Health Bureau

## Worcester Healthy Start Initiative (WHSI)

- Worcester received a Healthy Start Initiative, Eliminating Disparities grant June 2000
  - Lead agency is Great Brook Valley Health Center
- Objectives
  - Decrease infant mortality rate through creation of system that guarantees 100% access and 0 disparities in health care
  - Implement universal screening using risk assessment model for prenatal care
  - Create & institutionalize permanent changes in system of care




---

---

---

---

---

---

---

---

## WHSI is Citywide

- 12 case managers located at 5 sites in Worcester
  - Family Health Center
  - Great Brook Valley Health Center
  - MSPCC
  - Pernet
  - UMass Memorial Health Care
- Psychosocial Risk Assessment
- Services Provided:
  - Smoking cessation
  - Prenatal education
  - Transportation
  - Stress reduction
  - Insurance eligibility
  - Parenting skills
  - And more!
- Private medical providers refer clients to WHSI case managers as well



---

---

---

---

---

---

---

---

## Concurrency

- Need to gather & analyze data on a concurrent basis
- Prompt decision making to intervene with proven models
- Urgency of problem requires urgent response—must not be haphazard, though



---

---

---

---

---

---

---

---

## Many important uses for data to benefit the program

- Use data to determine needed interventions for client
- Making sure case managers see “big picture” & stay motivated
- Obtain other funding
- Report to community consortium
- Use to help explain infant mortality (IM) problem to other medical & social service providers to get their support & involvement



---

---

---

---

---

---

---

---

## Many important uses for data to benefit the program, *continued*

- Educate community and enlist their support
- Convince media to continue to cover issue of infant mortality (IM)
- Map data to assess geographic trends
- Share data with other cities to help them address their problem of IM
- Make a convincing argument for institutionalization
- Educate Medicaid/insurers about the importance of case management



---

---

---

---

---

---

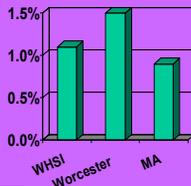
---

---

## Making sure case managers see "big picture" & stay motivated

- Hard work is paying off as evident by LBW data
- See overall psychosocial risks of clients decreases over time client is enrolled
- Helps emphasize importance of collecting accurate, complete data

VLBW Singleton Births 2001



---

---

---

---

---

---

---

---

## Data essential for obtaining additional funding



- Long term benefit of obtaining support beyond HSI funding
- Collaborate with other departments or agencies to help them obtain funding
- Immediate benefit of additional monies to do more



---

---

---

---

---

---

---

---

## Reporting to Community Consortium

- Quarterly data report used to help consortium make informed recommendations about direction of Healthy Start program
- Consortium can use its influence in city to get other organizations/leaders to buy in to HSI model
  - Including to convince agencies to institutionalize model for the long term



---

---

---

---

---

---

---

---

## Influence Providers to Obtain Their Support & Involvement

- Earned respect of physicians who are also collecting data on poor birth outcomes because of our ongoing, extensive data collection—work in collaboration now
- This collaboration led to early recognition of changing demographics in high risk population (increase in African immigrants)
  - This helps us address current needs instead of relying on census data for demographic information



---

---

---

---

---

---

---

---

## Convince Community to Get Involved

- Use data to show pastors of African American & African immigrant churches the racial disparity in Worcester birth outcomes to highlight:
  - There is a problem among their communities in Worcester
  - We are working to address the problem
  - We need to work with them & their congregations



---

---

---

---

---

---

---

---

## Convince media to continue to cover issue of infant mortality

- Even though IM has been problem for decades in our city, need media coverage to:
  - Show what changes are occurring (good & bad)
  - Importance of increasing public awareness to recruit more community involvement



---

---

---

---

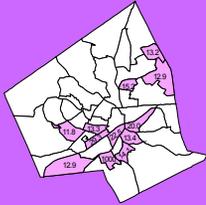
---

---

---

---

## Map Data to Assess Geographic Trends



- This is one approach to take to assess what some of the issues may be
- Look for patterns over time
- *i.e.*, consistently high IMRs in low income areas of city



---

---

---

---

---

---

---

---

## Share data with other cities to help them address their problem of IM

- Other cities have asked us to share our data with them to help them in their process of trying to address IM in their city
- Helps by showing:
  - Problem we have been facing
  - What we've been doing about it
  - How we've been successful so far
  - As well as where we plan to direct future efforts



---

---

---

---

---

---

---

---

## Making a Convincing Argument for Institutionalization

- Given many state budget cuts, we cannot just rely on obtaining more grants for sustainability
- Must institutionalize HSI model
- To be able to convince institutions to adopt HSI model, must show data that shows model's success & that ultimately it could save money



---

---

---

---

---

---

---

---

## Educate Medicaid/Insurers About Importance of Case Management

- Use data to try to convince Medicaid to make case management a wrap around service
  - Would be a matter of obtaining funding for something that is already conceptually in place
  - To institutionalize this service, need to capture real cost of providing these services



---

---

---

---

---

---

---

---

## Educate Medicaid/Insurers About Importance of Case Management, *continued*

- Add Medicaid managed care with a mandated retainment of 3 years commitment
  - Eligibility requirements should not necessitate reassessment every 6 months for Pregnant women
  - Should be locked in for 3 years for fully comprehensive care & structured services



---

---

---

---

---

---

---

---

## Worcester Healthy Start Initiative is directly funded by:

- Project STH-49MC00038-01 from the Healthy Start Initiative, Maternal & Child Health Bureau, Health Resources and Services Administration, Department of Health & Human Services
- Greater Worcester Community Foundation
- March of Dimes



---

---

---

---

---

---

---

---

## Contact Information

Julie Wisniewski, MPH  
Program Coordinator  
Worcester Healthy Start Initiative  
Great Brook Valley Health Center  
19 Tacoma Street, Worcester, MA 01605  
Ph: (508) 854-2124 Fax: (508) 854-2133  
julie\_wisniewski@greatbrook.org



---

---

---

---

---

---

---

---

## Goldie Watkins Bryant, MPH

Central Harlem Healthy Start  
Northern Manhattan Perinatal  
Partnership  
New York City

---

---

---

---

---

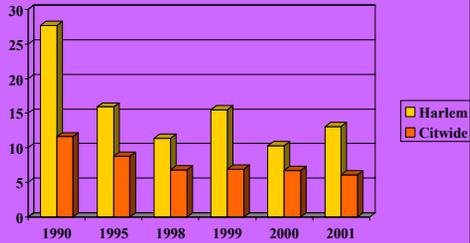
---

---

---



## Infant deaths per 1,000 births



Source: City Health Department



---

---

---

---

---

---

---

---

## Groups at high risk for poor birth outcome

- Low Income African Americans & Latinas
- Teenagers
- Women age 35+
- Substance abusers
- Homeless women
- Formerly incarcerated women
- Victims of domestic violence
- Women with HIV



---

---

---

---

---

---

---

---

## Consortium participation interest points

- Safe & wholesome food
- Housing
- Employment
- Health status



---

---

---

---

---

---

---

---



**Maternal and Child Health Bureau**

Outreach material should be culturally sensitive

**immunization**

---

---

---

---

---

---

---

---

**Maternal and Child Health Bureau**

**CHHS - 2003 LOGIC MODEL – CASE MANAGEMENT**

**Worksheet #7: Evidence of Change & Factors Influencing Change**

Intervention	Evidence of Change	Factors Influencing Change
<ol style="list-style-type: none"> <li>1. Client assessment</li> <li>2. Service referrals</li> <li>3. Follow-up and advocacy</li> <li>4. Staff training</li> </ol>	<ol style="list-style-type: none"> <li>1. Number and types of client service needs. Client satisfaction.</li> <li>2. Client satisfaction.</li> <li>3. Proportion of service plans completed, accomplished.</li> <li>4. Client satisfaction .</li> </ol>	<ol style="list-style-type: none"> <li>1. Degree of worker assessment skills.</li> <li>2. Client discouragement.</li> <li>3. Insurmountable barriers by service providers.</li> <li>4. Knowledge not applied.</li> </ol>

---

---

---

---

---

---

---

---

**Maternal and Child Health Bureau**

**CHHS - 2003 LOGIC MODEL – HEALTH EDUCATION**

**Worksheet #7: Evidence of Change & Factors Influencing Change**

Interventions	Evidence of Change	Factors Influencing Change
<ol style="list-style-type: none"> <li>1. Community presentations</li> <li>2. Legislative forum</li> <li>3. Group sessions for clients</li> <li>4. Client assessment</li> <li>5. Individual sessions for clients</li> </ol>	<ol style="list-style-type: none"> <li>1. Results of survey of participant satisfaction</li> <li>2. Follow-up survey of forum participants</li> <li>3. Pre and Post-test results</li> <li>4. Analysis of client assessment data</li> <li>5. Client satisfaction survey results</li> </ol>	<ol style="list-style-type: none"> <li>1. Ability to contact target audience</li> <li>2. Ability to link political capital with perinatal issues</li> <li>3. Ability to contact target audience</li> <li>4. Client acceptance of services</li> </ol>

---

---

---

---

---

---

---

---

CHHS - 2003 LOGIC MODEL – CONSORTIUM  
Worksheet #2: Inputs to Planned Interventions

Specific Interventions:

1. Consumer participation
2. Provider information sharing
3. Community meeting
4. Community mobilization in response to policy issues
5. System change



---

---

---

---

---

---

---

---

*Reach out and listen to individuals and small groups*



*Sense specifically what interest them around improving health*



*Fashion activities, workshop, newsletter to engage them*



---

---

---

---

---

---

---

---

CHHS Consortium  
Steering Committee Structure

- Outreach Committee
- Case Management Committee
- Health Education Committee
- Male Involvement Consortium
- Consumer Involvement Organization
- Public Health Committee
- Resource Development Committee



---

---

---

---

---

---

---

---



Maternal and Child Health Bureau

**Question and Answer  
Session**

---

---

---

---

---

---

---

---