HEALTHY START IMPACT REPORT

The University of Iowa National Resource Center submitted a final report in July 2001. The following is information covering the sixth month period of July 1, 2001 through December 31, 2001.

I. SERVICE INITIATION

A. Outreach

Outreach Team

The Outreach Specialist Supervisor retired in June 2001. In an effort to serve more participants this position has been renamed as "Team Leader" and assumed additional responsibilities of carrying a direct caseload. This position was filled in September of 2001. She continues to supervise the other outreach specialists as well as direct outreach activities in the community. Since the focus of the new grant is on racial disparities, an African American was recruited as Team Leader.

Currently, Des Moines Healthy Start has 4.50 outreach specialists/interpreters in the Project Area that provide both outreach activities and translation services (an increase of .5 position since the beginning of the fiscal year). An additional outreach specialist was replaced during the year and is currently in training. When the original Healthy Start grant was written, the concept of outreach specialists was to "identify mothers and infants in the community who would benefit from case management services, work with case managers to remove barriers to access prenatal and child health services, and role model appropriate health and parenting behaviors". Over the past four years, the original definition has remained the same. The outreach specialists continue to recruit and work with contracted case managers to retain participants considered to be high risk. With the expansion of the Project Area, all but one of the outreach staff resides in the targeted area.

Members of the Health Care Team

The outreach specialists are considered to be full members of the health care team. In an effort to ensure their full membership of the team, the following activities are promoted:

- Identification of outreach specialists role (written in care plan)
- Multidisciplinary staffing of more difficult and complex cases
- At each case management task force meeting, an outreach specialist presents biographical information about themselves and shares information specific to their culture
- Participation of outreach specialists in all training offered to case managers
- Outreach specialists complete initial screenings on most referrals and makes appropriate referrals to community resources until the participant is assigned to a case manager

Outreach Training

Each outreach specialist:

- Is certified as a "Family Development Specialist" through the University of Iowa's National Resource Center (includes cultural diversity training).
- Completes the training for "Partners for a Healthy Baby" curriculum.

- Attends two additional work related conferences of their choice yearly.
- Participates in the monthly Case Management Task Force Meetings where educational information is shared.
- Is trained in VNS agency policies and procedures relating to staff safety, confidentiality, and transportation of participants, first aide, CPR, and all human resource policies.
- Is trained on functioning as an interpreter in a healthcare setting.
- Completes Mandatory Reporters training
- Is trained as a points manager for Stork's Nest
- Is trained on the immunization schedule

Guidance for Outreach Specialists

The caseload size for outreach specialists varies. Generally each outreach specialist serves approximately 25 participants monthly. Non-English speaking participants require additional time for translation services and paperwork completion. Participants who are non-English speaking automatically have an outreach specialist assigned. Contract case managers are responsible for requesting support from the outreach specialists if needed.

Healthy Start outreach specialists have weekly supervision with the Outreach Team Leader. Supervision includes weekly review of the participants' chart including a review of the Encounter Form that includes a narrative of the outreach specialist's contact with each participant. The encounter form details the activities and support that have been provided to the participant and are shared with contract case managers in an effort to keep them apprised. In the past, issues have risen between the outreach specialists and the contracted case managers regarding the perceived needs of the participants. When these situations arise, Healthy Start administrative staff will attempt to meet with both the outreach specialist and the assigned case manager. The administrative staff can make home visits to assess the needs of the participant and resolve issues relating to the plan of care.

Accomplishments

Since contracting agencies identify a significant percentage of referrals based on their own outreach efforts a quota for the recruitment of new participants has not been set for the outreach team. During the last half of 2001, the outreach specialists identified 41.2% of the new referrals for Healthy Start and Empowerment. Outreach activities included contacts requiring translation. Of all the direct participant contacts, 1,071 were conducted in another language: 210 in Spanish, 425 in Nuer and Arabic and 625 in Vietnamese. The total amount of direct client contact for outreach staff included 1,503 hours for the six-month time frame (3 FTE's). Staff spent approximately 48% of their time with participants. This percentage reflects one new employee in orientation and it is anticipated that the percentage would be higher with those hours not included.

Outreach Strategies

Participant recruitment activities have included:

- **Laundry Days**: Dates have been set to continue "Laundry Days" in the new Project Area. This will be the first offering during this Fiscal Year. Flyers were distributed to various laundromats and businesses in the Project Area. Pregnant women or new mothers

will be offered the opportunity to wash and dry three loads of laundry. Because of past success experienced with this activity, Laundry Days will be implemented on an ongoing basis.

- **Pregnancy Centers:** The outreach specialists make quarterly visits to the three pregnancy centers (Agape, Birthright, Alpha), to talk about Healthy Start services, encourage referrals, and leave brochures. Each of these centers offers free pregnancy testing to women residing in the Project Area. Case managers inform participants of the religious affiliations that each of the centers has.

- **Health Fairs:** The outreach team continues to participate in numerous health and human service resource fairs, conferences, and other activities where pregnant women and new mothers are present.

- **Canvassing the Community:** Outreach specialists distribute Healthy Start brochures to families residing in the Project Area through door-to-door activities and by displaying posters at area churches, grocery stores, laundromats, fast food restaurants, and other businesses.

- **Consumer Group:** Consumer perspective and input remain critical to the Des Moines Healthy Start Project's success. The Consumer Committee was formed in April of 1998 and meets quarterly. Meals, childcare, transportation, and incentives are provided to encourage attendance. Members include Hispanic, African Americans, Sudanese, Vietnamese, and Caucasian participants. Interpreters are utilized during each Consumer Committee meeting. Meeting the needs of a very culturally diverse participant population with complex family situations has posed many challenges for the Consortium facilitator, outreach specialists, and case managers as they attempt to achieve a high turnout of consumers at these meeting. During each meeting, an educational topic is discussed and translated, a meal is provided, hands on activities are included, and consumers have time to socialize with other families and case managers. Consumers identify topics of interest to be addressed at the meetings. During the last six months the educational topics have included:

  - Infant CPR
  - TB education
  - Effects of smoking
  - Perinatal depression

Meetings were held on the following dates:

Date	Adults	Children
6/25/01	21	26
8/27/01	24	16
11/19/01	37	35

B. Facilitating Services

Translation Services

In order to serve the community's growing diverse population, Healthy Start continues to provide translation services for program participants. A refugee population that includes Sudanese, Bosnians, and Vietnamese augments Des Moines' growing Hispanic population. There is a critical shortage of trained interpreters to assist women and families in the community. During the past grant cycle, interpreters have been successful in helping participants access early prenatal care and other needed human resources. Four of the current outreach specialists are bilingual. Languages spoken include Arabic, Neur, Spanish, and Vietnamese. Their dual roles provide additional strength to the outreach program. They help not only with the language barriers of participants, but also guide them through the healthcare system. The interpreters continue to translate all written materials associated with the Healthy Start program as well as provide understanding of cultural differences, values and beliefs. Most of the newer immigrants within the minority participants use translation services. During the past six months, 89 families received translation services through the Healthy Start Program.

Transportation Services

VNS Healthy Start continues to provide transportation to program participants through bus coupons, taxi vouchers and vans. Since May of 1999 two vans have been leased. Vans are used to transport participants to group activities, including Healthy Prenatal and Parenting Classes, Consumer Meetings, WIC, Medical and Prenatal Appointments. During the last six months of calendar year 2001, 89 unduplicated families used the van services and 1,218 trips were made in the two vans. Additional families were transported through taxis and public transportation.

Childcare

The Human Services Planning Alliance contracts with two local childcare providers: Methodist Hill Childcare Center and House of Mercy. Both of these sites are located within the Project Area. Healthy Start has access to childcare slots within each agency to provide drop-in childcare. This contract has been in place since November of 2001. Since that time, 10-12 families received childcare. Utilization continues to be below the anticipated need.

C. Case Management/Care Coordination

Network of Services in Des Moines

Des Moines has an extensive network of perinatal health and social services as a result of active participation by the Polk County Board of Supervisors, Polk County Department of Health, Visiting Nurse Services (VNS), and a broad range of community groups and non-profit organizations. Residents in the Project Area are not always able to access services due to the location of their residence, their type or existence of health insurance, and the transportation available to them.

Listed below is an inventory of all organizations/ entities serving substantial numbers of women, children and families in the Project Area:

Agape
Alpha Women's Center
Birthright
Our Primary Care
Childcare Resource and Referral
Children /Family Services of Iowa
Creative Visions
Department of Human Services
Des Moines Free Clinics
Des Moines Health Center
Des Moines Metropolitan Hospital
Des Moines Public Schools
DM Child and Adolescent Services
East Des Moines Family Care Center
Emergency Assistance Center
Employee and Family Resources
Family Enrichment Center
Generations Incorporated
Hispanic Educational Resources
HOPES
House of Mercy
Iowa Health Systems

Iowa Lutheran Hospital
Lutheran Social Services
Mercy Medical Center
Mercy-Clark Street Clinic
OSACS
Planned Parenthood
Polk County General Relief
Polk County Health Department
Primary Care Center
Red Rock Comm. Action Center
Refugee Services
Salvation Army
St. Vincent de Paul
Success/Way to Grow
Supplemental Foods
Urban Dreams
Visiting Nurse Services
WIC
Young Women's Resource Center
Youth Emergency Services/Shelter
YWCA

Resources for the Hispanic Community
Since 1995, Des Moines has had a Spanish-speaking clinic, La Clinica, for women and children of the Hispanic community. In 2001, the Robert Wood Johnson Foundation awarded a matching grant to the Center for Healthy Communities in Des Moines to expand and relocate the clinic. Hours of operation have increased to 45 per week. The clinic provides Spanish-speaking staff to address basic health care, physicals, immunizations, pediatrics, OB, lab testing, lead screening, prenatal care and family planning. There is no cost for services. The grant's long-term goal is to expand La Clinica's scope of health care by eventually creating a comprehensive neighborhood health center for underrepresented groups including African-Americans, Sudanese, and Asians. About 8,500 patient visits to La Clinica were recorded in 1999.

Healthy Polk Minority Health Taskforce
One objective of Healthy Polk 2010 was to establish a Minority Health Coalition that could examine health disparities and access barriers. A task force was created in 1998 and is comprised of representatives from various ethnic communities. Since its inception, this group has identified barriers to health care, developed areas of interest and a plan of action placing education as a first priority. Paramount to the success of this initiative is the involvement of the minority community, churches, civic organizations and corporate organizations. Strategies to address the determined disparities include prevention education and advocacy, increased access to care and safety measures. Healthy Start staff serve on the Healthy Polk Minority Health Taskforce and support the current collaborative efforts.

Although Polk County is home to a number of free and subsidized medical clinics, over 300 primary health providers, 2 tertiary medical centers, 2 community hospitals, one public hospital, and a veteran's hospital, recent community dialogues raised lack of access to quality and affordable healthcare as a major health concern for all citizens. When focusing on the African-American, Hispanic, and Sudanese populations, there is higher risk for health problems, but limited access to comprehensive healthcare services. There are 138 active general dentists in Polk County, only 4 of who will accept participants with Title XIX. The remaining options for these participants are the county facility (Broadlawns Dental Clinic) and the Des Moines Health Center.

Resources for Substance Abusing Women
Treatment and aftercare of chemically dependent adults (drugs and/or alcohol) is provided by a limited number of treatment facilities:
- Powell Chemical Dependency Center
- Broadlawns Medical Center, Department of Chemical Dependency Services
- First Step Mercy Recovery Center
- United Community Services
- House of Mercy
- Bernie Lorenz Recovery, Inc,
- Cornerstone

- Employee and Family Resources, Inc., (EFR)

Special programs existing exclusively for women with chemical dependencies and their infants or children are extremely limited within the Des Moines area. House of Mercy will accept pregnant women and children and provides inpatient/outpatient services and aftercare. There is generally a waiting list for both inpatient and outpatient services. Des Moines is in critical need of inpatient beds and residential facilities that provide gender specific treatment.

In an effort to coordinate services among provider and standardize approaches to case management, Healthy Start contracts with community agencies to provide services to perinatal women on a per capita basis. This multidisciplinary approach has been effective in meeting the health care needs of the participants. The following depicts the fourteen case management agencies currently contracting with Des Moines Healthy Start and Empowerment. The numbers served indicate those families receiving case management from Healthy Start and Empowerment during the last six months of 2001.

Name	Description	Number Served
Our Primary Care	Located at the county hospital serving low-income families and those with an inability to pay. Broadlawns has a dental clinic, a homeless outreach project, an emergency detoxification center, inpatient and outpatient psychiatric services, a counseling center, an eye clinic and has a Family Health Center. Two full time case managers serve 30/40 Healthy Start and Empowerment families per month.	97
Hispanic Educational Resources	The central location of services for Spanish-speaking families that need childcare, transportation, medical services and case management services. Childcare is provided to 140 children each month.	22
Des Moines Child and Adolescent Services	Provides teaching, psychological, psychiatric, social work and nursing services to children and youth with behavioral or emotional problems and to their parents/families. They provide service on a sliding fee scale and accept Title XIX payment. Currently there are two part-time case managers serving Healthy Start and Empowerment families.	56
Children and Families of Iowa	Provides marriage, family and individual counseling as well as mediation services. In addition, they operate eight child-care centers in the Des Moines Area. They also provide in-home family crisis intervention and operate the Family Violence Center. Services are provided utilizing a sliding fee scale. They also have a contract with the Department of Human Services to provide family centered services to parents involved in the child welfare system. CFI is one of the child-care providers for the Respite Continuum that Healthy Start contracts with. Currently there are two part-time case managers serving Healthy Start and Empowerment families.	51
Family Enrichment Center	Provides intensive case management and supportive services to FIP participants to become educated employed, self-sufficient, and independent of public assistance. Tutoring and special activities are provided for children of participants.	35
Generations, Inc.	Provides homemaker services, home care aides, meals on wheels as well as Family Centered Services. They also have a contract with the Department of Human Services to provide skill-building services to parents involved in the child welfare system.	39
Lutheran Social Service of Iowa	is a statewide social service agency serving families prenatal through services to the elderly. Services include counseling, family preservation, family centered, foster care, respite care and eldercare. They also have a contract with the Department of Human Services to provide family centered services to parents involved in the child welfare system. A sliding fee scale is utilized. Case	58

	management focus is on parenting education. LSSI also provides case management services through HOPES Currently LSSI has three part-time case managers serving Healthy Start and Empowerment participants.	
Mercy Medical Center	is a member of the Mercy Health Network and provides tertiary care to Polk and surrounding counties. Other services available through Mercy's Health Network include inpatient mental health services, outpatient chemical dependency services, home care, and hospice services. Currently Mercy Hospital has the largest number of births in the county. Currently there is one full time and 2 part-time case managers serving 25-30 Healthy Start families.	80
OSACS	Is a program that serves primarily African American inner city women and children. Currently have ESL classes, clothing closet, child care, parent education, Recovery Village, diapers, basic needs closet, hygiene products for women.	New to program FY 01/02
Urban Dreams	is a human service resource center located in the inner city of Des Moines targeting the African-American community. They have an ex-offender advocate program, youth employment training, youth counseling and mentoring, legal education and street outreach. There are two full time case managers serving 30-40 Healthy Start families.	91
Visiting Nurse Services	is the Maternal and Child Health agency in Polk county working closing with the Polk County Health Department and the contracting agencies with Healthy Start and Empowerment. VNS strives to meet the preventive health and educational needs of a diverse population. There is also an Adult Health component. See Section 1.9.1 regarding VNS services. There is a full time case manager as well as 3 part-time case managers serving approximately 30 Healthy Start families.	133
Way to Grow	is a school-based program located in designated schools within Des Moines which provides case management services to families with children 0-6 years of age. Eight part-time case managers from the Elementary and High Schools in Des Moines serve 30 Healthy Start families each month.	92
Young Women's Resource Center	is an agency serving young women 12-21 years of age. In addition, YWRC has a young mom's program that provides weekly parenting and support groups for prenatal and parenting young mothers. Two bilingual case managers provide services to 40 Spanish-speaking Healthy Start families.	80
Creative Visions	Recently signed a contract with Healthy Start. Located in the inner city of Des Moines, this agency focuses on violence prevention working with gangs and ex-offenders. In January of 2001 Creative Visions partnered with Planned Parenthood to provide clinical services to women. One full time Sudanese case manager is serving 10 Healthy Start and Empowerment families.	42

Case Management Case Load

When the Case Management Task Force committee was developing best practices for the fourteen agencies, a decision was made that a full caseload would be 14-20 participants. Currently 30 case managers from the various agencies work with Healthy Start participants. Education for the case managers is discussed in the Health Education section below. Many issues plague the agencies providing case management services. The costs of providing services have risen steadily over the last five years. In an effort to maintain critical relationships with current contracting agencies, a decision was made to increase the monthly case management stipend. This is the first rate increase that the agencies have had since the inception of Healthy Start. The rate was increased to be in line with the rate established for high-need families served with state Empowerment funds.

Accomplishments with Case Management

- **Diversity among Case Managers:** The case managers for Healthy Start are from diverse educational and ethnic backgrounds. At the beginning of Healthy Start, no African American or Hispanic case managers were serving

participants. Over the course of the last two years, three agencies, focusing on the African American community signed contracts with Healthy Start. The program currently has 14 case manager positions from backgrounds other than European White.

Ethnic Background of Case Managers

Site	Number and Ethnic Background of Agency staff	Degree held
Urban Dreams	2 African American (female) case manager	4 year degrees
Creative Visions	1 African Sudanese (male) case manager 1 Position for Sudanese case manager	Nurse
OSACS	2 African American (female)	4 year degrees
Hispanic Educational Resources	1 Hispanic Supervisor/Case manager (female)	4 year degree
Des Moines Public Schools	1 Hispanic case manager (female)	4 year degree
YWRC	1 Hispanic case manager (female)	2 year degree
Way to Grow/Success	2 African American (female)	4 year degrees
Child & Adolescent Guidance	1 African American (female)	4 year degree
Broadlawns Medical Center	1 African American supervisor 1 African American case manager	Masters degree 4 year degree

D. Education

Best Practice Manual

During calendar year 2001, representatives of twelve Healthy Start contracted case management agencies came together to create a "Best Practice Manual". They were driven by the desire to provide a consistent and effective standard of care for all families receiving support through the Visiting Nurse Services Healthy Start Program. However, the manual is not a static document. It will be responsive to the inevitable changes and evolution of ideas and practices.

It is the hope of everyone involved that these "best practices" will be implemented universally throughout the Des Moines community without regard to funding. Above all, it is an effort to ensure quality care for all pregnant women, new mothers and children. This manual will be expanded to include best practices relating to early childhood services. Located in the Best Practice Manual are the Expectations of Healthy Start case managers including coursework, experience and basic training required.

Partners for a Healthy Baby Curriculum

It is a requirement of the contracting case managers to use this curriculum during home visits. The feedback from participants benefiting from this curriculum include the following comments:

- Good information shared on home visits
- Information that can be shared with family and friends
- Handouts are colorful and easy to read
- Written at consumer level
- Available in Spanish

During the fall of 2001, an additional training on "Partners for a Healthy Baby Curriculum" (7-12 months) was provided to over 90 participants from State Empowerment Projects, Title V providers, and Healthy Start/Empowerment case managers. This training completes the plan developed by Title V and Healthy Start with Year 04 partnership funds. The Family and Community Health Division of the Iowa Department of Public Health anticipate that all Title V agencies throughout the State of Iowa will be educated on this curriculum based on available funding. In an effort to sustain use of the curriculum, plans are underway to provide a "Train the Trainer" program that will help to meet this goal at a reduced expense.

Healthy Start Case Management Task Force (CMTF)
Over the course of the last five years, the CMTF has continued to meet monthly. The numbers of case managers attending have increased from 8-9 in the first two years to 30-35 in the past year. The focus of the task force has not changed since last year. During each meeting, educational information is presented to case managers, supervisors and Outreach Specialists on various topics such as smoking cessation, immunizations, lead poisoning, TB, sexually transmitted diseases/HIV prevention, pregnancy spacing, General Relief, transportation services, training on standardized assessment tools, and the educational curriculum.

Educating the Participants
Healthy Start recognizes that successful health education and training programs are based on adapting the delivery style to meet the needs of the Project Area participants. As described below, several methods are utilized to communicate information to participants in a manner that best meets their learning needs.

Parenting and Prenatal classes
The Stork's Nest currently offers prenatal and parenting classes eight times each year at Visiting Nurse Services. The classes run for ten weeks and are approximately ninety minutes in length. Between July1, 2001 and November 1, 2001, 120 Healthy Start and Empowerment participants attended these classes. Healthy Start participants are strongly encouraged to participate along with the general public. Maternal Child Health Nurses provide the instruction for the prenatal classes. Staff from Healthy Start contracting agencies provides the instruction for the parenting classes. During the ten-week prenatal classes, participants learn about pregnancy, relaxation techniques, labor and delivery, postpartum care, newborn care, and infant massage. During the ten-week parenting classes, participants receive instruction on topics relating to parenting techniques, child development, health and safety, and discipline. To encourage healthy behaviors, Stork's Nest participants are able to receive 50 points for attendance at each class to redeem for baby items in the Stork's Nest. The promotion of healthy behaviors and education provided through the Stork's Nest continues to support its mission of improving the health of at-risk pregnant women, infants, and families. The classes are held at House of Mercy, a residential treatment facility for women with substance abuse issues, and are located in the Project Area. Childcare is available on site.

SIDS "Reduce the Risk" Education
VNS Healthy Start continues to place emphasis on educating the public regarding the risk associated with SIDS, which is the largest post-neonatal cause of infant death. Recognizing the health disparity among diverse populations, Case Managers and the Outreach Specialists of Healthy Start make a concentrated effort to distribute SIDS educational material among their participants. Additional brochures and educational materials were purchased along with videotapes available for case manager use.

Infant Equipment Safety
Healthy Start outreach specialists/interpreters work closely with Non-English speaking consumers about the use of infant equipment. In order to ensure infant safety, Case Managers strongly encourage consumers to utilize Stork's Nest points to purchase cribs through the Stork's Nest rather than using second hand equipment.

Educating the Case Managers
The following table illustrates the training that has been provided to Healthy Start and Empowerment contracting agencies. The high numbers noted under education of the new curriculum (Partners for a Healthy Baby) include statewide efforts in collaboration with Title V.

Training	Date	Numbers present
Dr. Chasnoff	6-01	45
Planned Parenthood	9-17-01	25
Partners for Healthy Baby	10-10-01	100
Partners for Healthy Baby	10-11-01	100
Perinatal Depression	10-14-01	32
Bridges Out of Poverty	12-6-01	39
Domestic Violence	12-17-01	19
Perinatal Depression	1-16-01	7
Tuberculosis	1-28-01	26
Working With Interpreters	2-25-01	34
Total participants		**427**

II. Service Accomplishment

See **Attachment A** Service Implementation Table for model strategies, goals and accomplishments. The Table includes progress for the year 2001. It is crucial to note that the boundaries of the Project Area changed July 1, 2001. The Table in Attachment A is not representative of the new Project Area due to participants still in service under the old Project Area.

A. Prenatal Care

It is exciting to note that during the second half of Calendar Year 2001, 84.70% of Healthy Start participants began prenatal care either preconception or during their first trimester. There has been a steady increase in early prenatal care since 1998 (63.8% receiving care during preconception or during first trimester). This is particularly encouraging based on the geographic change of the Project Area. Only 13.65% began prenatal care during the second or third trimester and one participant received no prenatal care. When looking at only those new pregnant participants where English is the second language, 48/51 (94%) entered care before their second trimester of pregnancy.

B. Smoking

Smoking during pregnancy continues to be a major problem in Des Moines. Data from Iowa Kids Count shows that 24 percent of babies born in the city in 1998 were born to smokers, higher than 40 other cities surveyed and greater than the 19 percent statewide. The connection of smoking during pregnancy and delivering low birth weight babies is obvious. Infants born to women who smoke weigh an average of 140 to 300 grams less than those born to nonsmokers. In 1997, 26 percent of mothers of low birth-weight Iowa babies smoked during their pregnancies. The percentage of low birth weight babies born in Iowa has increased every year from 1993 through 1997. Information obtained from the Healthy Start Support Assessment completed at intake during year 2001indicates that 23.6 percent of the current participants smoke. This number decreased to 18 percent as of December 31, 2001. The goal for next year is to have less than 14 percent self-reporting smoking.

C. EPDS Screening

Des Moines Healthy Start began use of the Edinburgh Postnatal Depression Scale (EPDS) after the first training session with staff from the University of Iowa. This screening tool is a widely used 10-item measure that was designed to screen for postpartum depression. It is equally useful for depression during pregnancy. The scale has good internal consistency and test-retest reliability. Numerous validation studies in the United States, the United Kingdom, Europe, and many other countries around the world have been conducted. These studies have found that the EPDS is a relatively sensitive and specific instrument for identifying depressed women during pregnancy and the postpartum period. Another desirable characteristic of the EPDS is that it has been translated into many languages successfully.

All Healthy Start participants are now screened during the first 30 days after enrollment and the information will be tracked in the Support Assessment (under data revision). Women will be screened according to the time frames when they are routinely assessed: during each trimester, childbirth, 3,6,9,12,18, and 24 months. The women who screen positive on the EPDS (12 or greater) are referred for further assessment and treatment. Instead of hiring an assessment clinician as identified in the previous plan, Healthy Start contracted with Clinical Assessment and Treatment Services (CATS-PC). This agency is comprised of licensed bilingual social workers,

clinical psychologists, and mental health clinicians. The agency works primarily with the Hispanic community and is a Title XIX and RTS provider under contract with the Iowa Department of Human Services. All billing resources are exhausted before this agency bills Healthy Start for participant mental health services. Over 20% of program participants are uninsured (possibly related to immigration status). The CATS agency is willing to provide services to these women and are willing to go into the home if needed.

D. Interconceptional Care

In an effort to address repeat pregnancies, Healthy Start continues to work closely with the Iowa Department of Public Health's Division of Family and Community Health on strategies to address the issue of pregnancy spacing. The Maternal Child Health Consultant for IDPH presented information on pregnancy spacing at one of the CMTF meetings. The group brainstormed possible interventions that could be used with participants. The group decided that contract case managers would make a concerted effort to address family planning issues throughout pregnancy. In addition, contracted case managers requested that Healthy Start purchase condoms that would be made available to women postpartum. Of the 5,000 purchased, 4,000 have been dispensed to date.

During the last half of fiscal year 2001, 62.75% of participants received postpartum care within eight weeks after the birth of their infant. This is a dramatic increase from overall postpartum care for Healthy Start participants (29.73%). During the reporting period 122/148 (77%) women either came into the Healthy Start Program on some type of birth control or were placed on birth control.

E. Low Birth Weight and Preterm Infants

Even though reducing racial disparities in health status was one of Healthy People 2000's overall goals, Iowa has not kept up with other states in this area. Healthy People 2000 also set an overall low birth weight rate of no more than 5.0% by the year 2000. Iowa's trend has been in the opposite direction. Polk County's low birth weight percent for 1997 was 7.0, clearly above the national goal and above the state average of 6.4 % for the same year. Data on Des Moines Healthy Start participants actively enrolled in the last six months of 2001, revealed 17.86% with birth weights less than 2500 grams. This exceeded the goal of 6.2 and continues to be a focus of Healthy Start. These results are similar to those of infants born to Healthy Start participants that were preterm (23%). Again, this information included old and new Project Area information, thus it is difficult to accurately analyze the impact of the program. See the strategies and activities identified in **Attachment A** to address these issues.

F. Immunizations

In1993, the Iowa Department of Public Health, Bureau of Immunization, measured the immunization rates of two-year old children who had received their vaccinations in public sector clinics. It was found that only 50 % of these children were receiving the appropriate number of immunizations by their second birthday. One huge cause for this serious under-vaccination was the unavailability of immunization records. As a solution to this dilemma, the Iowa Statewide Immunization Information System (ISIIS) is utilized to track immunization rates across Iowa. All Public Health Clinics are required to use ISIIS if they administer vaccines. On a voluntary basis, vaccination providers can enroll in ISIIS and be able to enter vaccination records for their participants as well as search for the records from other providers for their participants to determine their immunization status.

The Iowa Health Indicator Tracking System (IHITS) provides the immunization rates for all the counties and the state but does not track for individual zip coded areas. During 1998, 89 percent of Iowa's children were immunized by age 2 with the "basic series". In Polk County that percentage is 91. These data do not reflect all of Iowa's children because it does not include reporting from private providers. During the prior grant period 1997-2000, a dramatic improvement was seen in the percentage of infants appropriately immunized by the age of one in the Project Area. In 1998, none of the one-year olds completed their immunizations. By the end of calendar year 2000, 66.7% of one-year olds that remained in the program received the full schedule of age-appropriate immunizations. That percentage has decreased to 62.3 % for calendar year 2001. Healthy Start project staff question the accuracy of these statistics due to the current manner in which data are collected and reported. Revisions are being made to the current data tracking system to help resolve these issues.

G. Special Needs

During the last six months of 2001, only six children active in the program were identified as needing special health care needs. Nine of the 19 referrals made were completed (47.4%). The goal of 60% was not achieved yet it is expected that more referrals were completed and not documented as such. Changes in collection of data regarding referrals should help to alleviate this issue.

H. Infant Needs

Current data indicates that the Healthy Start Program is not meeting the goal of 70% completed referrals for infants. Of 85 new and ongoing referrals made, 52 (61%) were completed. As discussed in the Special Needs section above, it is anticipated that changes in collection of these data may show a significant increase in these results.

I. Consumer Satisfaction

A random phone survey was completed to establish satisfaction with program services. In addition, outreach specialists made home visits and assisted the non-English speaking women in completing the survey. Thirty women participated. Overall, participants are satisfied with the care they have received. Based on the information below, some participants were not aware of childcare assistance (27%). In general, 100 % of the participants stated they were satisfied with their Healthy Start program services.

Participant Satisfaction Survey

Participant Satisfaction Survey Questions	Yes	No	N/A
Case manager treated me with respect and showed concern	29	1	0
Outreach specialist treated me with respect and showed concern	16	1	13
The HS office was helpful when I called	20	1	8
Case manager was on time or called to let me know if late	30	0	0
Outreach specialist was on time or called to let me know if late	17	0	13
Recommend HS to others	29	1	0
Aware of childcare to help with appointments	21	8	0
Aware of transportation available	30	0	0

In addition to the random survey, 77 surveys on transportation, translation, and childcare services were completed. Of these, 95.4% voiced satisfied with these services, meeting the goal of 90%.

J. Consortium

During the last six months of calendar year 2001, two Consortium meetings were held. Healthy Start is in the process of revising the instrument used for evaluation of the educational component. This data will be gathered during the last six months of Calendar Year 02.

K. Consumer Participation on Committees

The Consumer Committee was formed in April of 1998 and meets quarterly. Meals, childcare, transportation, and incentives are provided to encourage attendance. Members include Hispanic, African Americans, Sudanese, Vietnamese, and Caucasian participants. Interpreters are utilized during each Consumer Committee meeting. Meeting the needs of a very culturally diverse participation population with complex family situations has posed many challenges for the Healthy Start staff as they attempt to achieve a high turnout of consumers at these meetings and other Healthy Start subcommittees.

In an effort to recruit additional minority consumers for membership on the subcommittees a strategy involving consumer coffees was initiated. Since the change in the geographical Project Area, new recruiting efforts are in place. See strategies and activities in **Attachment A.**

III. Mentoring

Not applicable for this time period.

IV. Consortium/Collaboration

A. Consortium Highlights

The Des Moines Healthy Start Consortium originated through the Iowa Infant Mortality Prevention Center and has been in place since December 1992. This community-based Consortium, through its designated Steering Committee, has broad responsibilities in advising on policy related issues. Members of the Consortium recognize and respond to the complex issues surrounding infant mortality. The Consortium continues to meet quarterly and continues to include representatives that reflect a partnership of public and private groups, community leaders, consumers, case managers, health and human service agencies, schools, early intervention programs, state agencies, hospitals, community organizations, health centers, faith communities, and the state and local public health departments. The members are diverse in nature in terms of race, ethnicity, and education. This last year, a strong effort has been made to include mental health providers on the Consortium.

B. Working Structure of the Consortium

Representatives of the Consortium reflect a partnership of public and private groups, community leaders, consumers, case managers, health and human service agencies, schools, early intervention programs, state agencies, hospitals, community organizations, health centers, faith communities, and the state and local public health departments. The members are diverse in nature in terms of race, ethnicity, and education. See **Attachment D** for a current composition of the Consortium. Continuous efforts are underway to recruit consumer members. Further attempts to distinguish members by race and gender will be made during the next Calendar Year.

Several committees formed from the larger Consortium in an effort to focus on different aspects of the Healthy Start Program. These subcommittees of the Consortium act as advisory bodies, providing direction to Healthy Start and providing local participation in decision-making to ensure positive maternal child outcomes. A brief description follows:

Consortium Subcommittees

- **Steering Committee:** The Steering Committee is comprised of representatives from the larger Consortium. Steering committee members include the following: Director of the Polk County Health Department, Service Area Administrator from the Iowa Department of Human Services, Director of Nursing for Des Moines Public Schools, Title V Director, Director of Nursing at Mercy Hospital Medical Center, Vice President of United Way and representatives from the Immigrant Rights Project and the Religious Community. Consumer representatives also

serve on the committee. The committee continues to meet on a quarterly basis. Steering committee members are charged with the following responsibilities: monitoring the service delivery process, providing input for the grant application, assisting with program evaluation and reviewing fiscal issues.

- **Sustainability Committee:** The Sustainability Committee is comprised of representatives from local community foundations, businesses, consumer representatives, insurance companies, and local and state government. The Chair of this committee is a Maternal Health Nurse Consultant for the Iowa Department of Public Health. During the last fiscal year, committee members have continued to work on a business plan that is integrated into other community initiatives such as the "Early Childhood Partnership Project". Committee members are committed to the idea of programs working together to reduce service duplication and maximize resources so that all families have access to needed services and resources.

- **Evaluation Committee:** In the past the Healthy Start project has had a committee that focused primarily on evaluation. The committee met a couple of times throughout the course of the year to assist with program evaluation activities. Since the VNS Healthy Start program is well established within the community and evaluation of the project has been ongoing over the course of the last 4.5 years, review and support from a separate committee is no longer viewed as necessary. The steering committee has been charged with supporting the Project Director and the Local Evaluator with any issues relating to program evaluation.

- **Consumer Committee:** The Consumer Committee continues to meet every 2-3 months. Meals, childcare, transportation, and incentives are provided to encourage attendance. Interpreters are utilized during each Consumer Committee meeting. During each meeting, an educational topic is discussed and translated, a meal is provided, hands on activities are included, and consumers have time to socialize with other families and case managers. These committee settings offer an avenue to meet and discuss with consumers participation on Steering, Sustainability, and Consortium Committees.

C. Collaborative Activities

Through the networking with other agencies during the Consortium meetings, Healthy Start staff have opportunities to enhance relationships and collaborate on other projects and issues in the community. Involving various organizations and agencies in the Consortium provides a medium for the presentation of education and issues impacting maternal child health. Consortium members periodically complete a survey to identify educational needs of the members as well as to identify community issues. The meetings are structured to include progress of the Project, an educational segment, and open forums to discuss the issues. Community initiatives and educational topics addressed the last six months of calendar year 2001 included:

- Worsening economic conditions/ impact on families served
- Perinatal Depression
- African American Infant Mortality Initiative in Polk County
- Poverty in Des Moines: Revisited

An increased effort has been made to involve local participation in decision making to ensure positive maternal child outcomes. The Project Director provides a written and verbal update of Healthy Start activities to the Consortium on a quarterly basis. The identification of ongoing needs, lack of community resources, and establishing priorities for allocation of resources are accomplished through consumer coffees and meetings, individual staffings, feedback from supervisory staff within agencies, and during the Case Management Task Force monthly meetings.

D. Enhancing Consortium Development

VNS has a long history of interagency cooperation and coordination on perinatal issues. This has resulted from widespread interest and action by health and human service agencies, consumers, community volunteers, churches, businesses and philanthropic groups, which created a wide range of perinatal services and networks. The Consortium has been in place since 1992 and continues to be a strong force in the community. The collaborative efforts described above in Section C also enhance the Consortium's development.

E. Barriers

It continues to be a struggle to have adequate consumer participation at the Consortium and subcommittee meetings. Healthy Start staff has identified the following issues that may affect participation:

- Time of Consortium meeting: it is unrealistic for participants to attend meetings during day hours
- Comfort level: participants may be reluctant to communicate in an environment that is primarily professional
- Language barriers: the environment of the meeting is not conducive to multiple outreach staff providing interpretation
-

Healthy Start staff is exploring ways to address the above issues. One suggestion is to have Steering Committee members attend the Consumer Group meetings. The larger Consortium could be viewed as serving in an advisory capacity. This may allow greater input from the participants regarding service delivery. Steering Committee members have been invited to attend the fall 2002 Consumer Group meeting to pilot this initiative.

Two other areas that need to be addressed during this grant cycle include the lack of representation by the African American business community and by the African American religious community. The Minority Health Task Force members are

encouraged to attend and be active members of the Consortium. Additional efforts will be addressed during the 2003 Calendar Year.

F. Consumer Participation

Healthy Start recognized early on that consumer involvement is paramount to success of the program. This past year Healthy Start developed a plan to further increase consumer involvement in the Healthy Start program. Because of the low participation of consumers in the Consortium and the various committees, Healthy Start implemented a new strategy "Consumer Coffees". This strategy had a two-fold purpose, which included obtaining consumer input about program services and to recruit new participants for the program. The "Coffees" are held in the homes of a consumer representative who has agreed to invite pregnant women or women parenting a child under two years of age from the neighborhood. The Outreach Specialist Supervisor and an Outreach Specialist/Interpreter assist the consumer representative with planning and purchasing the items needed to prepare a meal that will be served during the meeting. The meal provides the women with an opportunity to share something with their guests and to ensure that the meeting has a more relaxed atmosphere so women will open up and share what is important to them about their health, families and the community.

This strategy has been used primarily with new immigrant groups in an effort to provide a smaller forum for them to share their thoughts and ideas. Two "Consumer Coffees" were held during the time period 7-1-01 through 12-31-01. Additional coffees have been scheduled for 2002. Stork's Nest points offered as an incentive for participating in the focus group development process. Renewed efforts are now in place to encourage participation on all committees by consumers living in the new geographic Project Area that was identified in 2001.

G. Consumer Input

A series of consumer coffees have been held throughout the course of calendar year 2001 in an effort to obtain consumer input into the service delivery process and to encourage their participation in the various committees and consortium. During these coffees, consumers were given information about new grant opportunities and were encouraged to share information about the services they have received, the effectiveness in meeting their unique needs and whether changes need to be made to address unmet needs. These meetings gave participants an opportunity to network with their peers, and develop a connection that will empower them to become leaders within their community. In February 2001, the following themes emerged from the neighborhood "coffee":

- Satisfaction with the case management services
- Transportation and translation services are essential
- Stork's Nest provides a strong incentive

- Childcare services do not meet the needs of participants that work

H. Consumer Suggestions

Consumer suggestions give direction to the Des Moines Healthy Start Program. In 2000, participants requested a newsletter that would contain birth announcements, educational items, and other Healthy Start information. See Attachment E for an example of consumer newsletters. In addition, consumers periodically complete a needs assessment and identify topics of interest to be addressed during the Consumer Meetings. Past topics have included:

- Infant CPR and First Aide
- Car Seat Safety
- Sexually Transmitted Diseases and Birth Control Options
- Nutrition Education
- Perinatal Depression

Opportunities are made available to consumers to participate in the educational presentations. Various ethnic groups are now taking turns preparing the meals for the Consumer Meetings.

V. Consortium Program Impact

A. Systems of Care

1. Enhancing Collaboration

Visiting Nurse Services is the designated maternal/child health (Title V) agency for Polk County. Programming funded through Title V enables the agency to offer the maternal/child population a variety of services including EPSDT, Maternal and Child Outreach and Case Management. Visiting Nurse Services Des Moines Healthy Start Program has built strong linkages with statewide maternal and child health programs. The project continues to focus its efforts on collaboration with other initiatives and providers to make the system more efficient and effective for women of childbearing age, pregnant women, and families with young children.

A representative from the Family Services Bureau of the Iowa Department of Public Health is actively involved on the Steering Committee and chairs the Sustainability Committee. Frequent communication via telephone and electronic mail (weekly) is utilized to seek input from the State Title V Director and MCH Consultant for the State of Iowa. In addition, the Bureau Chief of the Family Services Bureau is kept apprised of current changes within the Healthy Start Program. In an effort to enhance collaboration with Title V and community organizations, the Healthy Start Program has focused on the following three goals

originally developed by the Family Services Bureau of the Iowa Department of Public Health:

- Assure the availability of health education, case management, and care coordination that is family-centered and community-based
- Increase integration of community services to women and children to decrease duplication and fill gaps
- Partner with the community to understand and address the needs of immigrating populations, while respecting their differences and strengths

2. Structured Changes

Best Practice Manual

The Des Moines Case Management Model serves as a strategy to develop an integrated system of perinatal care in the Project Area and throughout Polk County. The case management approach strengthens the formal and informal social support systems available to pregnant and parenting women and families. During the third and fourth years of the grant cycle, representatives of the fourteen contracted case management agencies came together to create a "Best Practice Manual" that provides standards of care for all families receiving support through VNS Healthy Start. The Manual has been in use since July 2001. Members of the Case Management Task Force will continue to revise the manual yearly. It is the hope of everyone involved that these "best practices" will be implemented universally throughout the Des Moines community without regard to funding. Above all, it is an effort to ensure quality care for all pregnant women, new mothers and children. This manual will be expanded to include best practices relating to early childhood services.

Universal Database

The Universal Database was designed to gather maternal health data that has been collected by contracted Title V maternal and child health agencies. The database system provided through the Des Moines Healthy Start Project is used by all Title V funded agencies across the state of Iowa. This database provides an opportunity to develop and implement common performance measures across all maternal health programs. The information obtained allows state and local health agencies an opportunity to monitor the health status of women and infants throughout the state and to set priorities for community and state planning efforts. This database is beginning its second year of data collection from the 26 Title V maternal health centers across the state. The dataset has already provided pregnancy outcome data, pregnancy risk data and newborn information that have been used in grant writing, policy development, and needs assessments.

With the assistance of Title V and Healthy Start funds, the HOPES/Healthy Families Iowa Program is in the final stages of completing a data collection system that will be used statewide for their program. Currently, the HOPES sites

are in various stages of implementing the new database. The Healthy Start Project Director has mentored the HOPES Director in these efforts.

3. Key Relationships

VNS has a long history of interagency cooperation and coordination on perinatal issues. This has resulted from widespread interest and action by health and human service agencies, consumers, community volunteers, churches, businesses and philanthropic groups, which created a wide range of perinatal services and networks. Over the past few years, Healthy Start has enhanced those collaborative relationships with community providers through the case management approach. Agencies have rich heritage of providing resources based on areas of expertise. The following agencies contract to provide case management services to Healthy Start Participants:

Broadlawns
Child & Adolescent Guidance Center
Children and Families of Iowa
Creative Visions
Family Enrichment Center
Generations
Hispanic Educational Resource
Lutheran Social Services
Mercy Hospital
OSACS
Urban Dreams
Visiting Nurse Services
Way to Grow/SUCCESS
Young Women's Resource Center

The following activities depict VNS Healthy Start's active role in the development of a local health system plan of care for women and children:

- Completion and editing of a data system for Healthy Start, Empowerment, and Title V that is tracking maternal health demographics and outcomes. The information obtained allows state and local agencies an opportunity to monitor the health status of women and infants throughout the state and to set priorities for community and state planning efforts.
- The completion of a "Best Practice" Standard of Care manual focusing on family-centered case management by representatives from the Case Management Task Force members.
- Successful efforts to market the Healthy Start Program to existing funders - United Way of Central Iowa and the Human Service Planning Alliance
- Visiting Nurse Services works with others in the county to implement the core public health functions of assessment, assurance, and policy development.
- As a part of the Title V grant, VNS receives Medicaid funding to provide informing and care coordination services to Medicaid eligible children.

Informing involves educating families with Medicaid eligible children about EPSDT services available to them under the Medicaid program. Care coordination involves linking families to a medical home and providing care coordination.

Visiting Nurse Services continues to be the recipient of several grants and contracts. Among those this fiscal year are the following:

- Iowa Department of Public Health Maternal and Child Health Grant (Title V)
- Iowa Department of Public Health Immunization Grant
- Iowa Department of Public Health Community Services Grant for Public Health Nursing, Senior Health, and Health Maintenance Clinics
- Polk County Health Department contract for public health nursing including school nursing services
- Polk County Health Department contract for clinics and youth shelter
- United Way Contract for home visiting and case management services to pregnant teens in the public school system
- Polk County Contract for health services to day care centers in a multi-county area
- Head Start contract for nursing services
- Contract with Human Service Alliance for administration of Empowerment Case Management/Care Coordination Services for Polk County
- Contract with Polk County Health Department to prevent lead poisoning, breast and cervical cancer prevention, and HIV testing.

4. Impact on Comprehensiveness of services

Medicaid Population

Visiting Nurse Services has been identified as a maternal health center for Polk County and as such is able to bill for Medicaid enhanced services. In addition, VNS provides targeted case management services for the Iowa Medicaid Program in Polk County (linking participants with medical homes and signing up for health insurance when eligible). Each month VNS receives a listing of all newly eligible Medicaid children in Polk County. VNS social workers inform each family of the health services for which their children are eligible for Medicaid EPSDT. If children do not have a medical home, social workers attempt to link families with a medical home for preventive and ongoing health care services. If there are barriers to obtaining health services such as transportation, social workers offer families case management/care coordination services to obtain health care. VNS receives between 600 and 800 referrals a month under this program to remove barriers to obtaining EPSDT services.

Empowerment

VNS is the central point of coordination for family support services funded with State Empowerment monies. Healthy Start is recognized in the Des Moines

community as a national model for case management services for pregnant women and new mothers. The case management approach utilized by Empowerment replicates the Healthy Start model by contracting with the same case management agencies and two additional agencies. This early child initiative has provided additional funding to further enhance family support services to include a larger geographical area. Additionally, the focus for the Empowerment participants centers on ensuring that the family provides a safe and nurturing environment for infants and children up to the age of six.

Case Management Task Force

Over the course of the first four years, the Case Management Task Force has continued to meet monthly. The numbers of case managers attending have increased from 8-9 in the first two years to 30-35 in the past year. During each meeting, educational information is presented to case managers, supervisors and Outreach Specialists on various topics such as smoking cessation, lead poisoning, TB, sexually transmitted diseases/HIV prevention, pregnancy spacing, general relief funds, transportation services, training on standardized assessment tools, and the educational curriculum. An hour before each meeting, time is set aside for consultation with Dr. Scott Schaefer, Clinical Psychologist from Des Moines Child and Adolescent Guidance, to meet with case managers and discuss more complex cases. An additional Clinical Psychologist, Ana Lopez-Dawson, from Clinical Assessment and Treatment Services, provides consultation to case managers serving the Hispanic clients. Meetings are held bi-monthly with supervisors and case managers providing services to Hispanic Healthy Start clients.

Data Base System

The data base created during the first two years of the grant cycle allow for an efficient method of obtaining information from all agencies providing case management through the Healthy Start Program. Because of obvious confidentiality issues, information is not released between agencies without a release of information. Each agency is only allowed to see information that has been added to the database from their agency. This system has been proven effective in decreasing duplication of maternal child services within the community.

During the last two years of the grant cycle, a Universal Database was created to gather maternal health data collected by contracted Title V maternal and child health agencies. The database system provided through the Des Moines Healthy Start Project is used by all Title V funded agencies across the state of Iowa. This database provides an opportunity to develop and implement common performance measures across all maternal health programs. The information obtained allows state and local health agencies an opportunity to monitor the health status of women and infants throughout the state and to set priorities for community and state planning efforts. This database is in its second year of data collection from the 26 Title V maternal health centers across the state. The dataset has already

provided pregnancy outcome data, pregnancy risk data and newborn information that have been used in grant writing, policy development, and needs assessments.

National Training Institute (NTI) Leadership Team

During this past year VNS Healthy Start was involved in a community initiative to address and prioritize issues relating to substance abuse and the impact it has on pregnant women and children. The two priority areas are 1) screening and treatment and 2) addressing the needs of chemically exposed children. The Iowa Department of Human Services took the lead in identifying substance abuse as an issue and obtained funds to form a community team. Team members include representatives from the United Way, Juvenile Justice System, VNS, Employee and Family Resources, House of Mercy, Des Moines Healthy Start, and the Iowa Department of Human Services. The overall goal for the initiative was to enhance the safety and permanency for children in the child welfare system whose parents abuse alcohol and other drugs. The objectives include the following:

- To build collaborative working relationships between substance/alcohol abuse treatment, child protective services systems, Juvenile Court, and Juvenile Drug Court.
- To enhance risk assessment, needs assessment and referral capacity for families with substance abuse problems who come to the attention of the child protective system.
- To identify and intervene effectively with families by strengthening training and identification skills.
- To develop effective preventive approach to addressing substance abuse among parents and its harmful effects on children.

This team traveled to Chicago and participated in the Leadership Institute through the Children's Research Triangle. Dr. Ira Chaznoff led the training and assisted the team in developing a community plan. The plan contains "three guiding concerns":

- Health and well- being of children who have been exposed to drugs and their mothers
- Success of the care providers
- Responsible stewardship of resources at the service of enhanced quality of life

This team meets monthly to review progress on the plan. One of the objectives included VNS piloting a screening identified as the 4P's that will be used to routinely screen pregnant women. As part of a site visit for Healthy Start, Dr. Chasnoff presented information on this screening tool to case managers and other community providers. Implementation of the tool will begin in April 2002.[1] Visiting Nurse Services case managers were educated by staff from Employee and Family Resources on resources available to address substance abuse issues.

[1] IDPH and Healthy Start purchased use of the 4'Ps for Polk County during the year 2002.

5. Impact on Enhancing Participation in Evaluation

Partners for a Healthy Baby Curriculum

The Des Moines Healthy Start Program believes that the case managers make a significant difference in the lives of the participants. It is challenging for even the most experienced case manager to meet the individual needs of multiple families in various stages of pregnancy or infancy. Research indicates that what case managers' talk about during home visits makes a difference to families. The more often the case manager talks about specific topics, such as breastfeeding, family planning, and smoking cessation, the better lifestyle choices families make. Based on this premise, the case managers adopted "Partners for a Healthy Baby Curriculum" to be used universally by all case managers in the Healthy Start and Empowerment Programs. This curriculum has been in place since the fall of 2000. All contracting agency case managers have been trained on the use of this curriculum. It provides monthly guidance for case managers, outreach specialists and others working with pregnant women and their families. It offers guidance for case managers in areas of promoting strategies to help maximize baby's brain development and capabilities. The curriculum is divided into three distinct time periods: prenatal, birth to 6 months, and 7-12 months. Four main topics include family development, caring for baby, mother's needs and baby's development. Florida State visited the Des Moines Healthy Start in the spring of 2001 and trained the case managers on the "Prenatal" and "Birth to 6 Months" curriculum. Another training was conducted via ICN from Florida State University staff over the "Seven to Twelve Months" curriculum in the fall of 2001.

Best Practice Manual

The Des Moines Case Management Model serves as a strategy to develop an integrated system of perinatal care in the Project Area and throughout Polk County. The case management approach strengthens the formal and informal social support systems available to pregnant and parenting women and families. During the third and fourth years of the grant cycle, representatives of the fourteen contracted case management agencies came together to create a "Best Practice Manual" that provides standards of care for all families receiving support through VNS Healthy Start. The Manual clearly defines the level of expertise and training necessary to provide case management to Healthy Start participants. It also clearly defines the standards by which case managers provide sensitivity to cultural, linguistic, and gender needs of the participants.

Case Manager Survey

A survey was completed by 25 of 30 Healthy Start contracting case managers to gather demographic data, educational background, and work experience. In addition, information was solicited to determine if case managers were aware of

program goals and services. Overall, comments were positive. The following results were noted:

- 16 case managers had Bachelor's degrees in various fields and 8 had Master's degrees
- The average years of experience was 9.2 years
- The average length in agency was 3.1 years
- 25/26 stated they were aware of Healthy Start program goals
- 23/25 stated they were familiar with Healthy Start facilitating services
- 24/26 knew what was expected of them as a Healthy Start case manager
- 13/23 believed communication among Healthy Start agencies was fair or poor
- 23/25 were comfortable working with providers of facilitating services
- 23/23 believed that facilitating services helped their clients
- 20/24 felt the number of Healthy Start cases assigned was reasonable

B. Impact to the Community

1. Community knowledge of resources

Healthy Start participants become aware of community resources through several avenues. Case managers making in-home visits provide a wealth of information about resource and service availability dependent on participant needs. General Relief funds and the Marilyn Russell Emergency Supply Center are both examples of resources that are frequently utilized in the community.

2. Consumer participation

Attempts continue to be made to involve consumers in establishing and changing policies within the community and local government through the following efforts:

- Consumer meetings on a bi-monthly basis
- Consumer coffees focusing on different ethnic groups
- Consumer participation on Consortium, Steering, and Sustainability committees

3. Community experiences

This past year, several adhoc committees have sprung from the Case Management Task Force meetings to address specific issues raised at the meetings. One committee gathered to examine how the General Relief Funds were allocated to participants. Another developed to look specifically at the needs of the Hispanic community. An additional committee met on a regular basis to make changes to the data collection tools. These committee structures offer an opportunity for case managers to work as a team on common issues as well as empower members to manage conflict and promote positive change.

4. Creation of jobs

Healthy Start is committed to hiring and maintaining outreach workers and interpreters that live in the communities being served. Contracting agencies are required to hire staff with four-year degrees and work experience in maternal/child health for the case management positions. Healthy Start outreach workers help to support the case managers' efforts in meeting participants needs. Because of the budget reduction in the last grant year, hiring additional outreach workers or interpreters is not possible.

C. Impact on the State

Curriculum Implementation
During the fall of 2001, an additional training on "Partners for a Healthy Baby Curriculum" was provided to over 90 participants from State Empowerment Projects, Title V providers, and Healthy Start/Empowerment case managers. The Family and Community Health Division of the Iowa Department of Public Health anticipate that all Title V agencies throughout the State of Iowa will be educated on this curriculum based on available funding. Plans are underway to provide a "Train the Trainer" program that will help to meet this goal at a reduced expense.

Mentoring HOPES Project
With the assistance of Title V and Healthy Start funds, the HOPES/Healthy Families Iowa Program is in the final stages of completing a data collection system that will be used statewide for their program. Currently, the HOPES sites are in various stages of implementing the new database. The Healthy Start Project Director has mentored the HOPES Director in these efforts.

Maternal and Child Health Data Use Academy
Visiting Nurse Services, as the Title V contractor for Polk County is leading a team that is participating in a yearlong Maternal and Child Health Data Use Academy (DUA). Magda Peck, ScD, of the University of Nebraska Department of Pediatrics and William Sappenfield, MD, MPH, a CDC Medical Epidemiologist direct the Academy. The team is learning how to strengthen the community's capacity to use data to make a difference in the health and well being of women, children, and families. Clarice Lowe, Project Director for Healthy Start was asked to participate on the subcommittee. One aspect of the academy experience was to select a local project to which the team could apply the information learned. The Polk County team chose the African American infant mortality rate disparity issue and gathered qualitative data from community residents through the use of focus groups about barriers to receiving appropriate health care and support during pregnancy and postpartum. These results were shared with the DUA committee, the Healthy Start Consortium, and interested members in the community. This information can be used to direct services and guide the community and state in continued efforts to decrease black infant mortality.

VI. Other Healthy Start Components

A. Management and Governance

Structure of Project Management

Visiting Nurse Services (VNS) was incorporated in 1908 and has been providing public health services to the community since that time. The mission of VNS is to provide quality service while creatively meeting the current and emerging health related needs of Iowans. VNS has a long history of interagency cooperation and coordination on perinatal issues. A voluntary board of directors that are representative of the community governs the agency. The agency's president reports to the Board and has overall responsibility for operations. Visiting Nurse Services is the designated maternal/child health agency for Polk County. Programming funded through Title V enables the agency to offer the maternal/child population a variety of services including EPSDT, Maternal and Child Outreach and Case Management.

Essential Resources

Healthy Start Project staff continues to be comprised of individuals from diverse educational backgrounds, work experience and racial and ethnic groups. Nine full-time and seven part-time staff carry out project activities. During fiscal year 01/02, an outreach supervisor was hired to oversee the Outreach Specialists and to provide direct service. An additional half time Hispanic outreach specialist has been added to staff to meet the needs of the growing Hispanic population. A new Transportation Coordinator (former outreach specialist) began her new duties in the summer of 2001.

Two positions within Healthy Start are funded with a combination of State Empowerment dollars and Federal Healthy Start dollars. Positions funded include a Secretarial/Clerical position & Case Management Consultant. Since the Case Management Consultant works closely with the 14 contracting agencies, it provides consistency in the communication that goes back to the agencies around quality assurance, data collection, supervision, and billing across both programs. (State empowerment funds helped to address the $100,000 reduction in federal Healthy Start funds.)

Changes in Management

The Healthy Start Project Director now reports to the Vice-President of VNS instead of reporting directly to the CEO.

Appropriate Distribution of Funds

Budgets are prepared annually by the Project Director, in accordance with VNS policies and procedures. The Healthy Start budget is reviewed by the Comptroller for the agency and a final signoff is completed by Gary Bargstadt, the VNS Chief Executive Officer. Financial reports are shared with the Steering and Sustainability Committee Members annually and at other designated quarterly meetings if requests to re-budget funds are needed. An

annual audit by a private firm is completed and submitted with each grant application.

Additional Resources
Quality assurance issues are monitored by a licensed clinical social worker that is funded by both the Healthy Start and Empowerment monies. An additional licensed clinical social worker (Ana Lopez Dawson) contracts (through partnership funds) to provide consultation and support to agencies serving the Hispanic community.

Cultural Competency
Cultural competency was identified early on as an issue for contract case managers and supervisory staff within the 14 contracting agencies. Strategies to deal with this issue included the contract with Ana Lopez-Dawson, and an 8-hour training session provided by John Paul Chaisson, staff person from the University of Iowa's National Resource Center with approximately 50 people attending.
Please pull the piece from the grant application that addresses the diversity of contract case managers and agencies contracting with VNS/Healthy Start. In particular highlight the fact that we have three agencies (OSAC's, Creative Visions & Urban Dreams) which are located in the targeted area and serve primarily African American females. These three agencies have African American leadership and African American staff. Also highlight Hispanic Educational Resources as our premier agency serving the Latino community. They have Latino leadership (Andria Costillo) and Latino staff, all of whom speak Spanish. Benefits - our minority participants continue to increase which should indicate that we are doing something right!

B. Sustainability

Empowerment Project
Polk County continues to move closer to a comprehensive system of perinatal care through collaborations with the Early Childhood Initiative and the state's Maternal and Child Services Bureau. This system of care addresses gaps in access to and quality of maternal child services. Healthy Start is a critical link between Title V and the Early Childhood Initiative (local empowerment initiatives). The empowerment initiative for Polk County center on the following three priority areas:

- Increased high quality preschool capacity and increased utilization by at-risk children
- Coordinate and streamline access to an expanded network of family support, parent education programs and health services
- Ensure the availability of and streamline accessibility to high quality childcare for low-income, subsidized children

The Empowerment Project in Polk County is divided into four broad categories of service. One of those categories is Family Support that is modeled after the Des Moines Healthy Start Project. Referrals are made to Empowerment when the participant falls outside of the Healthy Start Project Area or if the child is over the age of two. Visiting Nurse Services is the grantee for the Family Support funds that are received in Polk County. The fourteen agencies that contract for Healthy Start federal funds also contract for Empowerment funding. The population served includes prenatal women and families with children 0-5 years residing in Polk County.

Over the course of the last two years VNS Healthy Start was successful in negotiating a contract with the local Human Service Planning Alliance (HSPA) to receive state empowerment funds for additional family support services. VNS was identified as the central point of coordination for all family support services provided in Polk County to pregnant women and children up through age five. This approach replicates the Healthy Start model by providing case management services through a contracting process with 14 local agencies. During fiscal year July 1, 2001 through June 30, 2002, $500,000 was allocated by the HSPA for these services. This monetary amount was utilized to serve additional women and children in need of family support services throughout Polk County, far surpassing the targeted Healthy Start area. The focus for services provided through the Empowerment funding centers on ensuring that the family provides a safe and nurturing environment for infants and children up through age five. VNS is hopeful that the contract will be renewed during the next fiscal year.

United Way

Visiting Nurse Services (VNS) has a long-standing positive relationship with United Way of Central Iowa. The relationship with United Way is multifaceted in that it has provided VNS with numerous opportunities to benefit from funding, joint training, opportunities to participate in community planning with other private non-profit agencies, shared group benefits including a pension plan and co-locating in the same building. VNS currently receives funding from United Way for several programs including adult health and maternal child health services. The maternal child health programs include Home Visiting and Connections. These programs were designed to meet the needs of pregnant women including teens enrolled in school and older women not involved in the educational system. Nursing case management services are the core service provided through both programs.

Community Awareness

Key local, city, county and state representatives, the religious and business communities, and the hospitals and churches are contacted periodically to discuss current issues and needs of women and children. Each year we seek letters of support from the following:

Congress:

Senator Charles Grassley

Senator Tom Harkin
Representative Greg Ganske
State:
Governor Thomas Vilsack
Iowa Department of Public Health, Title V Director, Jane Borst
Iowa Department of Human Services, Director, Jessie Rasmussen
State Neonatologist, Dr. Herman Hein
HOPES, State Program Manager, Joyce Poore Berkenes
Iowa SIDS Alliance, Executive Director, Stephanie Pettit
County
Iowa Department of Human Services, Dale Schmitz
Mayor, Preston Daniels
City
Des Moines Public Schools, Success/Way to Grow, Margaret Jensen Connett
Des Moines Public Schools, Department of Health Services, Jean Phillips
Early Head Start, Director, Georgia Sheriff
Metro Transit Authority, General Manager, Stephen Spade
Civic Organizations
United Way of Central Iowa, Vice President, Maureen Tiffany
Human Services Planning Alliance, Executive Director, Ginny Hancock
Salvation Army, Director of Family Services, Chris Frosheiser
Community-based Organizations
Creative Visions, CEO/Founder, Ako Abdul-Samad
Children and Families of Iowa, Director, Gloria Gray
Hispanic Educational Resources, Director, Andrea Castillo
Urban Dreams, Executive Director, Wayne Ford
Planned Parenthood of Greater Iowa, President, Jill June
Des Moines Child and Adolescent Guidance Center, Director, Scott Shafer
Employee Family Relations, Chief Operating Officer, Margaret Altmix
OSACS, Director, Kim Carr-Irving
Hospitals
Mercy Hospital, Vice President, Jack Frost-Kunnen
Faith Community
Des Moines Area Religious Council, Executive Director, Forrest Harms

Deficiencies of Current Local Perinatal System

The needs and deficiencies of the current local perinatal system are discussed throughout this continuation grant. Two major areas of deficiencies of the current local perinatal system include:

- Inability to successfully track immunization status of infants

This issue will be partially resolved as Healthy Start revises the data tracking system and is allowed to serve children up to the age of two. Contracted case managers will be updated on the new data tracking system and will be updated on the importance of timely immunization. It is anticipated that improved documentation of immunization rates will occur during the next reporting period.

- Lack of access to mental health services for the undocumented population
Healthy Start has contracted with Clinical Assessment and Treatment Services (CATS-PC), an agency working primarily with the Hispanic community and undocumented women and families. CAT's PC accepts Title #19 and has a contract with the Iowa Department of Human Services (IDHS) to provide an array of services to women and their families who are involved with the Child Welfare System. CATS's PC will utilize other payment sources when women are eligible. If their immigration status is an issue VNS Healthy Start will pay for needed services. The contract with CATS will be renewed May 2002 for an additional year. The Healthy Start Project Director will continue to meet with local, county and state, and community representatives to find alternative sources of revenue to provide mental health services for this population.

C. Local Government Role

Visiting Nurse Services Des Moines Healthy Start Project is proud of the activities/relationships that have been sustained and nurtured during the first grant cycle. Below are highlights of those activities. Further descriptions can be found in Section 5 of this report.

- A representative from the Family Services Bureau of the Iowa Department of Public Health is actively involved on the Steering Committee and chairs the Sustainability Committee. Frequent communication via telephone and electronic mail (weekly) is utilized to seek input from the State Title V Director and MCH Consultant for the State of Iowa.

- Successful efforts to market the Healthy Start Program to existing funders - United Way of Central Iowa and the Human Service Planning Alliance for Empowerment dollars

- Completion and editing of a data system for Healthy Start, Empowerment, and Title V that is tracking maternal health demographics and outcomes. The information obtained allows state and local agencies an opportunity to monitor the health status of women and infants throughout the state and to set priorities for community and state planning efforts.

- Involvement with the Healthy Polk Minority Health Taskforce. The Consortium coordinator for Healthy Start is a member of the newly formed Minority Health Coalition that examines health disparities and access barriers.

- Visiting Nurse Services is the designated maternal/child health (Title V) agency for Polk County. Programming funded through Title V enables the agency to offer the maternal/child population a variety of services including EPSDT, Maternal and Child Outreach and Case Management.

- The Universal Database was designed to gather maternal health data that has been collected by contracted Title V maternal and child health agencies. The database

system provided through the Des Moines Healthy Start Project is used by all Title V funded agencies across the state of Iowa.

D. Local Evaluation

Visiting Nurse Services is firmly committed to monitoring the progress of the Des Moines Healthy Start Project. During the past four years, the Evaluation Committee has reviewed the information compiled in draft by the evaluator and has given recommendations regarding data cleaning, data collection, monitoring, and evaluation. This subcommittee is comprised of professionals from various service areas, with attention to diversity and representative knowledge of the service areas. They have advised Healthy Start regarding issues ranging from survey design to benchmarks to data collection and interpretation.

Beginning July 1, 2001, a new local evaluator has been in place. This evaluator is educated in the area of maternal child health and has been actively involved in Healthy Start efforts over the past four years. She is a Professor of Nursing at Grand View College in Des Moines with areas of expertise in community health and administrative services.

By its history, the evaluation has examined the fundamental questions which concern progress of VNS/Des Moines Healthy Start toward the goals of reducing infant mortality, improving perinatal outcomes, strengthening family structure and case management delivery, and identifying changes in outcomes attributable to program components. The evaluation includes a focus on both processes and outcomes, providing both qualitative descriptive data on program operations and impacts on clients and providers as well as quantitative data measuring the achievement of key outcomes in the Project Area.

Process Evaluation

The process evaluation is the mechanism for assessing implementation of the program model and the degree to which the consortium is collaborating effectively to achieve the project's objectives. To address these issues, the following activities will be undertaken:

Involvement of stakeholders in developing key evaluation questions and methods: The evaluator will collaborate with the Consortium and the Steering subcommittees to review current evaluation questions and methods—to ensure that the evaluation addresses the concerns of stakeholders and that the methods are appropriate to the community.

Conduct interviews and/or focus groups with key informants: The evaluator will conduct interviews and focus groups with consumers and providers to obtain in-depth information on how the program is operating and how the case management model is meeting consumer needs. The methods will be agreed upon through collaboration with the Consortium and Steering Subcommittees.

Participation in Consortium and Steering Subcommittees: The evaluator will participate in meetings of the Healthy Start Consortium and Steering Sub-committee to document program strengths, challenges, and problem-solving strategies. These meetings will serve as opportunities for the evaluator to report and interpret results from the evaluation.

Outcome Evaluation

The outcome evaluation has as its primary purpose evaluating the degree to which the desired outcomes will be achieved, along with the provision of required performance measures. The design will focus on outcomes of case management at the individual participant level, changes in key health indicators at the community level (Project Area), and compare then to extant data available through vital records and other government agencies. The following depict the key outcomes described in the proposal:

Outcomes of required core services (case management, outreach services, and health education)-individual participant level:
This aspect of the evaluation will consist of tracking individual clients on demographic variables, key health indicators, and level of participation and satisfaction with services received through the Project Area. The evaluator will work collaboratively with the Consortium to identify data elements of interest. The evaluator will also work closely with Healthy Start's computer consultants to further develop mechanisms for electronic transfer of data files.

Community level outcomes: At the community level, the evaluation will examine the extent to which key health indicators in the Project Area change over time. The sole source of these geographically disaggregated data is the Iowa Department of Public Health. The evaluator will work with the Department to develop a plan for obtaining annual measures on identified health indicators, so that these data can be plotted over time and assessed for project impact.

The evaluator will prepare an evaluation report for each year of the four years of the project. The report will address both processes and outcomes of the project. Drafts will be submitted for review prior to final submission and discussed with the Consortium and Steering Sub-committees. With committee approval, the final evaluation report will be disseminated through written reports, conference presentations, and newsletters.

Sufficient data are not currently available to establish baseline measurements for all Healthy Start program outcome objectives. Therefore, these objectives will be targeted during the first year for the development of valid, reliable, and functional data collection mechanisms. At the family level, the evaluation process will examine whether and to what extent the program has increased knowledge in the areas of parenting, child care, safety, personal development, improved family functioning and increased participation in Healthy Start and community agencies. Efforts at the

system level will be monitored for reduction in barriers, improved outreach, and changing roles of provider participants.

E. Fetal and Infant Mortality Review

Not applicable to our Healthy Start site.

F. Project Data

See Major Services Data Table in Attachment F.
See Performance Data Table in Attachment G.