

NARRATIVE

I. Project Identifier Information

Project Title: Healthy Tomorrows/Project HOPE

Project Number: H17MC08972

Project Director: LaRhonda Parker Coleman

Grantee Organization: North Louisiana Area Health Education Center

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Project Period: 03/01/2008-02/28/2013

Grant Awarded: \$250,000 (5 year total)

1. PURPOSE OF PROJECT & RELATIONSHIP TO SSA TITLE V MATERNAL CHILD HEALTH (MCH) PROGRAM:

Healthy Tomorrow's Project HOPE program was designed in response to the high infant mortality rates, low birth weight babies, and inadequate health care resources for women of child bearing age and their families in Ouachita Parish. The core services provide direct outreach, home visitation, parenting education, preconception services, interconceptional care, case management/care coordination, health education, and depression screenings. Various outreach strategies were utilized in an effort to reach the target population including community canvassing, participation in health fairs, out stationing at neighborhood venues, collaborating with hospitals labor & delivery and infant intensive care units to refer patients

who have had a poor birth outcome. Risk assessments were conducted on all clients. The outreach worker, along with input from the family, worked to develop a personalized service plan. The service plan was a monitoring tool to ensure clients are receiving the services. The target population for the Project was women of childbearing age, mothers, fathers, grandparents, and other caregivers of children who are at risk for poor parenting outcomes residing in Ouachita Parish.

The community based FIMR initiatives is an activity of the Title V MCH Program. Project HOPE staff is actively engaged in the functions of the FIMR in Region 8. The Region 8 FIMR continues to function. The Region 8 FIMR has a current campaign that is addressing the policy that coroners follow for infant death scenes, aiming to impact sleep environment protocol, investigation and reporting.

North Louisiana AHEC, Project HOPE's parent organization and Title V MCH partners, in the facilitation of the State Home Visitation program. North Louisiana AHEC is the contract administrator for NW Louisiana. Currently there is no shared data. The MCH division of Louisiana has plans to expand the NFP program. To further strengthen our health education, the NFP staff provides in-service training for staff.

Project HOPE has worked to forge a relationship with the Louisiana Chapter of American Academy of Pediatrics. That has been a challenge since there is little known cohesive activity by the AAP in the service area. The project uses AAP publications as references materials and educational brochures for clients.

2. GOALS AND OBJECTIVES:

3. A. Progress on Specific Goal and Objectives

Goal 1: Improve the health status of low income families in Ouachita Parish.

Objective 1: By Feb 2013, 90% of all eligible clients will be enrolled on the Louisiana (Take Charge), Family Planning Waiver Programs.

Progress: As of Feb 2013, 89% of all eligible clients have enrolled in the Louisiana (Take Charge), Family Planning Waiver Program. Staff will continually work with eligible clients to address barriers that impede participation the Louisiana's Take Charge program.

Objective 2: By Feb 2013, 90% of all eligible clients will be enrolled in Medicaid or the LaCHIP.

Progress: As of Feb 2013, 100% of all eligible children who qualify with LaChip are enrolled.
Goal Met

Objective 3: By Feb 2013, 90% of all program participants will have an established medical home.

Progress: As of Feb 2013, 87% of all program participants have a medical home. Staff will continually work with clients to address barriers that impede linkage to a medical home.

Goal 2: Improve the well-being and safety of children in Ouachita Parish.

Objective 1: By Feb 2013, an individual service plan for each mother will be formulated by the Project Coordinator as well as needed referrals to community providers during intensive home visitation using appropriate educational materials.

Progress: 100% of program participants have individualized service plans.
Goal Met

Objective 2: By Feb 2013, 80% of all moms will receive home visitation that will focus on family issues such as; family values, positive discipline, anger management, conflict resolution and

domestic violence.

Progress: As of Feb 2013, 93% of all moms has received home visitation that focused on family values, positive discipline, anger management, conflict resolution and domestic violence.

Conflict resolution has not been addressed with prenatal moms.

Goal Met

Objective 3: By Feb 2013, 80% of infant participants will be on target with immunization schedules and well-child visits.

Progress: As of Feb 2013, 91% of infant participants are up to date with immunization schedules and well-child visits. Staff will continually work with eligible clients to address barriers that impede well child visits and compliance with the immunization schedule.

Goal Met

Goal 3: Promote the development of an integrated service system that focuses on the family as a whole, is building on partnerships with families and communities streamlines and coordinates access, and is highly collaborative.

Objective 1: By Feb 2013, Project HOPE will develop and offer two (2) multidisciplinary professional development opportunities focused on early childhood social emotional development including workshops, in-services trainings and conferences.

Progress: Project Hope staff has provided in-services for nursing students at University of Louisiana-Monroe and the staff of Monroe Head Start.

Goal Met

Goal 4: Encourage community ownership, design and implementation of strategies to address maternal child health issues.

Objective 1: By Feb 2013, Project HOPE staff will participate in or host 12 community events that spotlight family wellness.

Progress: Project HOPE has met this objective bi-weekly participation in parenting classes at Ouachita Parish Health Unit, several community health fairs.

Goal Met

Objective 2: By Feb 2013, will develop family support activities that build on family strengths, use peer-to-peer-models, and increase families' capacity to self advocate.

Progress: We are still working on strategies to encourage family participation. Work on this objective is on-going.

Objective 3: By Feb 2013, Project HOPE and its collaborative partners will develop a standardized referral protocol that all agencies can use to refer families to appropriate programs and coordinated services.

Progress: A referral form was drafted. It can be reviewed in the appendix.

Goal 5: Project HOPE will receive ongoing training on issues related to maternal child health. Healthy Tomorrows staff will be cultural and linguistically competent and responsive to the needs of client in order to assist clients to become independent, healthy and safe.

Objective 1: By Feb 2013, all Project HOPE staff will receive twenty continuing education hours on issues pertinent to family's issues.

Progress: As of Feb 2013, more than twenty continuing education hours on issues pertinent to family issues has been acquired.

Objective 2: By Feb 2013, all staff will be trained to conduct developmental screening for young children and adequately trained on referring positive results for assessment, treatment and other services as necessary.

Goal Met

Progress: Project HOPE staff has received training to conduct developmental screening for young children and is adequately trained on referring positive result for further assessment, treatment and other services as necessary.

Objective 3: By Feb 2013, Project HOPE staff will host 4 community stakeholders meeting.

Progress: As of Feb 2013, Project HOPE has hosted 2 community stakeholders meeting.

3. METHODOLOGY:

North Louisiana Area Health Education Center was the lead administrative, coordinating and fiscal agency for Project HOPE. The North Louisiana Area Health Education Center (NLAHEC) is a 501 c 3 nonprofit organization established in 1989 and serves a 21-parish region. The mission of NLAHEC is to provide health care resources and services to the rural and underserved communities in North Louisiana. NLAHEC is governed by a volunteer Board of Directors that serves as an advisory board to the organization. The BoD is made up of members of local communities. These individuals represent the population of the areas served including providers, health care professionals, business and industry, and also educators. The Board of Directors offers a resource of experience and innovation from which NLAHEC and

Project HOPE relies on regarding programming and assessments.

Project HOPE has a long history of extensive coordination with public and private agencies and organizations serving women of reproductive age and children. From the design of the project, services have been integrated with existing Louisiana Office of Public Health-Parish Health Unit services to ensure service integration without duplication. This has proven to be a very effective method for maintaining collaboration. This has also provided a means of maximizing resources, as they provide in-kind space, supplies, and supervision. In turn, program staff provides case management, marketing, outreach and recruitment of patrons. Project HOPE works in partnership with the Title V entities such as the Nurse Family Partnership. Project HOPE has a highly collaborative relationship with Louisiana's MCH Title V Program.

Since its inception, Project HOPE has placed a high priority on collaboration. There has always been a working relationship with the State Title V MCH agency. NLAHEC works simultaneously with the Louisiana Title V MCH Program to address the health status of women and children in north Louisiana. The relationship with the Louisiana Title V MCH Program is a highly collaborative effort since they provide funding for programming, technical assistance, training and guidance for all NLAHEC's Maternal Child Health Programs. In turn, NLAHEC provides staff to assist with local and state initiatives, data and feedback to guide program development and implementation of strategies and initiatives. Louisiana Title V MCH Program and NLAHEC will continue to pool resources to improve perinatal health.

Project HOPE vision was to support families in providing opportunities where children are safe, nurtured, educated and encouraged to live fulfilling and successful lives. The project was staffed by a

Project Coordinator (Social Worker) and Community Outreach Worker (Paraprofessional).

Project HOPE direct service staff provided; home visitation, breastfeeding education, emotional support and stress management, risk assessments, parenting support and education, depression screening, smoking cessation interventions, nutritional guidance, grief counseling, and interconceptional referrals. The Project promotes early entry into prenatal care, as well as informs and educates women, families, and communities on issues related to infant death, healthy choices for families and perinatal health. The goal of Project HOPE is to improve birth outcomes and reduce infant mortality rates through guidance, education and care coordination services. Their efforts are supported by the Data Manager and Administrative Assistant. The program services are given guidance by the Director of Maternal Child Services and the Program Evaluator. North Louisiana AHEC's Executive Director provides oversight to assure sound fiduciary practices, policy decisions and strategic directions.

The project maintained an advisory board. The advisory board consisted of healthcare providers, school board members, representatives of local municipality and parish governments and program participants. Project HOPE staff was active in several local community networks, such as March of Dimes and Northeast Louisiana Children's Coalitions. The advisory board members donated their time and expertise to ensure that the program is operating efficiently and meeting the community needs. The advisory board often took on an advocacy role in promoting Project HOPE services and supports for families with young children. We encouraged people from varying age, education, ethnicity, and experience to further augment the membership of the advisory board.

The primary staff person for the project activities was a Community Outreach Worker. Staff turnover presented a challenge for the project. There was other staff such as the Project Director, Project Coordinator, Data Manager, and Evaluator to support program functions. However, the Community Outreach Worker was key to activities. Retaining the services of a Community Outreach Worker was a challenge for the project. The requirements for the Community Outreach Worker were stringent. The project sought to attract a candidate identified as a long-standing contributor to the communities' well being. That staffer networked with the local schools, churches, civic organizations, municipal and parish agencies and service organizations. The Community Outreach Worker would frequent local gathering places and community meetings.

Project HOPE used several referral sources to identify potential families in the target area who are in need of parenting, case management, and home visitation services. Self referral and referrals from family members were taken. Referrals are received by phone, fax, mail and in-person from the following sources, examples include: Parish Public Health Unit, Office of Family Support, Head Start, School Counselors, etc.

Project HOPE is a home visitation program for new and expectant parents. Comprehensive home visiting is a strategy to improve family functioning to promote child health, safety, and development, and prevent child abuse and neglect. Project HOPE worked in partnership with other community based organizations to address the medical, behavioral, and cultural needs of women in the Ouachita Parish. The goal was to ensure every woman in the program receives comprehensive services through the baby's second year of life. Client recruitment and outreach is the center point of the project, both proactive and reactive referral

strategies are employed. Many referrals come from the health unit and other community partners, grass roots, self referrals and word of mouth referrals.

The project placed special emphasis on identifying, selecting, recruiting and retaining clients for the program. Project HOPE has extensive experience with families in the target population. In our observation, participant mobility and inability to locate are the two primary reasons for the discontinuation of services. We have found that people prefer to say yes to individuals they can relate to. Therefore the project strategically selects staffers that the participants can identify with and require all workers to use a strength-based approach and positive reinforcement when dealing with families. Also, to aid in retaining participants the project distributes incentives such as children books and diapers.

Outreach was the chief practice in recruiting and retaining clients. In order to identify clients most in need, we will employ respectful outreach to isolated and otherwise hard-to-reach families. Outreach affords the opportunity to engage participants from both a passive and assertive stance, furthermore allowing for a constant presence in the community. Our outreach includes various levels and approaches: 1) individual and family recruitment that includes word of mouth, door to door community canvassing, and self-referrals, 2) a community level approach by staffing tables at fairs, speaking at faith based community settings, 3) organizational level, by hosting meetings with other agencies.

Home Visitation services were provided in Ouachita Parish. Home visits typically began during pregnancy and last until the child reaches two. The program targeted diverse areas of infant nutrition, parenting skills, home safety and maternal health. Additionally the program provided parents with: social support, case management, linkage to community resources,

education about child development and parenting. Our home visiting model provided a variety of informational, educational, developmental, referral, linkage and other direct intervention and support services for families. Our home visiting services identified risk factors early and support caregivers to access and advocate for themselves and their children, and refer with families with formal and informal community services.

The roles of the Community Outreach Worker was to establish a trusting relationship with the client, providing social support, linking the family to needed resources and working with them to develop a plan that will address ongoing needs over the short and long term. Typical home visits are conducted monthly and have duration of one hour. Beginning at intake new clients completes a series of screening measures to identify potential areas of risk. These areas include indices of social support, parenting skills, and smoking, all of which are based on client self reporting in structured questionnaires.

Outreach is the strategy the program used to reach potential program participants and the community at large. The program utilized various outreach strategies in an effort to reach the target population. Strategies include community canvassing, participation at health fairs, out stationing at neighborhood clinics, collaborating with labor and delivery, and infant intensive care units for referral of patients with poor birth outcomes. All program staff is trained and supported to reach out to families. The program utilizes the talents and relationships of staff and program participants so that the outreach net is cast as widely and effectively as possible in the community.

Referral and Linkage to Services-The project staff is accustomed to using relationships/linkages to connect their clients to services. We used referrals as a mechanism by

which clients with immediate needs are connected to services to best address identified needs.

We have found that often at-risk families need assistance in accessing services. Many times families avoid reaching out for help because they don't want to be assigned a "worker."

Therefore all staff is trained to provide minimally invasive case management that is limited to information about accessing services and referrals. Referral and linkages to services will be provided as needed.

Parenting Education was provided. These services were offered to all program participants. Parenting education materials were provided in individual and group settings. The goals of the parent education offerings are to support positive parent-child bonding and relationships, promote optimal child health and development, enhance parental self-sufficiency and prevent child abuse and neglect. Including parenting education in this intervention, helps to address the region's high rates of teen pregnancy, abuse and neglect. In order to address the parenting issues specific to the target population, the Project Director is certified by the Center for the Improvement of Child Caring (CICC) in the *Effective Black Parenting* curriculum. This cognitive-behavioral program is designed to foster effective family communication, healthy African-American identity, extended family values, child growth and development, and healthy self-esteem. It is designed to facilitate community efforts to combat child abuse, substance abuse, and juvenile delinquency, violence, learning disorders, behavior problems and emotional disturbances. Additionally, *Right From Birth* is used with program participants. The curriculum leads parents and caregivers through the stages of early childhood development from birth to 18 months and gives step-by-step advice on how adults can prepare their children for a lifetime of learning from the day they are born. The nationally acclaimed, Triple P Parenting curriculum

was added. The Project Director is a Triple P provider.

4. EVALUATION:

Project HOPE is extremely cautious about the strenuous conditions that many women of reproductive age are facing, and the *Project* is working diligently to ensure that all of its programming is tailored in such a way that promotes a multi-dimensional approach to wellness for all of its participants. The evaluator provides comments and suggestions upon various strengths and weaknesses that the *Project* can utilize to optimize its design and outcomes.

The goals and objectives were implemented using; Case Management, Health Education, Screening and Assessment, Outreach, Home Visitation, Community Development, and Parenting Education. Evaluations of these efforts were an ongoing process. The Project Director oversaw all components of the evaluation process in collaboration with an independent evaluator. The Evaluator was a contractor with a background in research and data management and interpretation.

Both process (procedures and the efficiency of implementing procedures) and product (increased knowledge of information presented in the utilized curriculums) will be the evaluation described here focused on the following goals:

1. To promote learning by documenting the processes and activities employed to integrate protective factors into local strategies to strengthen families and promote positive child development.
2. To document changes that occurs in participating families.

3. To capture lessons learned, benefits, and challenges of the project and provide insight about how best to replicate the project in other communities.

Process measures used documentation of participation in planned events and activities.

The staff person implementing the event will complete an **Activity Report**. Participants will use **Sign-In sheets** to indicate attendance. **Client Satisfaction** at the end of an event will be maintained and tabulated on a monthly basis. This process measure will allow for a thorough review and monitoring of cost-effectiveness of inputs and activities.

5. RESULTS/OUTCOMES:

Project HOPE staff provided necessary information to program participants and community residents through one-on-one contact, small classes, advisory meetings and health fairs, depending on the topic and number of current similarly situated clients. Written materials and/or videos are utilized along with all methods. Preterm birth, safe sleep, home safety, and breastfeeding education are recurrent themes.

Many of the participants had little experience navigating the healthcare system. Through our interventions a medical home moved from a foreign concept to a reality. Also, Project HOPE promoted the use of several tools and curriculums, such as the Edinburgh Depression Screen, 5 A's Smoking Cessation and Triple P Parenting, to improve the health and wellness of women, infants, and children. We are still documenting our findings and plan to share best practice with community stakeholders. Examples of other impact experienced by Project HOPE during the 5 year program period are detailed below.

Macro (System) Level Impact:

Aim: Enhanced workforce capacity to address maternal child health issues.

Strategy/Activity: Provided continuing education opportunities on Maternal Child Health issues.

Outcome: More than 500 healthcare and social service providers received training.

Meso (Community) Level:

Aim: Increased public awareness of the importance of comprehensive maternal child health.

Strategy/Activity: Conducted education classes and seminars in the public health units, public hospital, head start, and other venues.

Outcome: More than 5,000 person received health education materials.

Micro (Individuals) Level:

Aim: Participants know how to access formal support systems in their community.

Strategy/Activity: The Community Outreach Worker conducted needs assessments and made appropriate referrals.

Outcome: The majority of the program participants could list 3 primary service providers in the community.

Recruitment approaches include but are not limited to community awareness and education campaigns; grassroots efforts; presentations to community agencies, civic organizations and churches; word of mouth; placing written materials in various community locations; and recruitment. Project HOPE participated in 47 community health fairs and resource fairs. More than 5,000 community patrons benefitted from information presents at various fairs. Of the more than 5,000, 67% were African American, 31% were Caucasian, and less than 2% were Hispanic.

Program staff has conducted approximately 1,000 home visits in Ouachita Parish. Home visitation has emerged as a cornerstone of comprehensive human service efforts to promote healthy child development and family functioning. Project HOPE is rooted in the common belief that learning begins intrauterine and parents play a critical role in influencing their child's health and well-being. Project HOPE provided frequent, family centered, strength-based services in the home over time.

6. PUBLICATION/PRODUCTS: The project authors a monthly newsletter that reaches the homes of 600 plus women of child bearing age residing in north Louisiana. The newsletter is developed and mailed monthly and contains information relevant to women, infants, and children. Signs of preterm labor, immunization, and child safety are some examples of the topics addressed in the newsletters.

See Appendix-There was several data collection forms designed during the span of the project.

7. DISSEMINATION/UTILIZATION OF RESULTS: The project has been chronicling the experiences of Project HOPE for the 5 year funding period. Staff turnover has presented a challenge to assuring the validity of all information. However, the most pervasive lesson learned is Community Partnership and Collaboration is essential to service delivery and continuity of services. The project's service area has a complex and diversified health care system, which includes many separate public health entities, health systems and hospitals, medical/service providers, and medical training institutions. Project HOPE was able to serve as a conduit to facilitate services from an unbiased prospective. The project plans to share the

results with community partners in an upcoming meeting.

8. FUTURE PLANS/SUSTAINABILITY:

Project HOPE's resources center will be open to community partners, parent educators, and parents. The goal of the Resource Center will be to provide emotional and educational support for parents in nurturing and guiding their children through the critical formative years of a child's life. Patrons will have access to educational materials. We have meeting space available for parent educators.

As a result of the funding loss, the Community Outreach Worker position was phased out. Project HOPE's management team is working to secure funds to support the Community Outreach Worker(s). The Community Outreach Worker is critical to direct service delivery. The project has identified local foundations and charitable groups as possible funders. Data demonstrates a great need for a community-based initiative to improve care coordination for at risk women. The project will continue to build collaborative relationships with organizations that are already addressing disparate populations.

The Louisiana Department of Children and Family Services (DCFS) would like to continue their partnership with Project HOPE. Project HOPE has been working with DCFS for a number of years. However, due to decreased funding, Project HOPE or DCFS can no longer support these activities. Home Visitation and Parenting Education was provided to at-risk families identified by the Department of Children and Family Services. The Community Outreach Worker would meet with the families every two week and maintained a caseload of approximately eight families at a given time. Our home visiting component offered family support that recognizes and respects the special role that parents play in shaping the lives of their children. We shared

that parents have the greatest impact on their child's development and success, but may need support in learning how to nurture and teach their child. We are seeking funds to support the salary of the Community Outreach Worker, travel to the homes and supplies for the home visit. Both entities are looking for creative avenues to restore this partnership.

Project HOPE has a long history of extensive coordination with public and private agencies and organizations serving women of reproductive age and children. From the design of the project, services have been integrated with existing Louisiana Office of Public Health-Parish Health Unit services to ensure service integration without duplication. This has proven to be a very effective method for maintaining collaboration. This has also provided a means of maximizing resources, as they provide in-kind space, supplies, and supervision. Project HOPE works in partnership with the Title V entities such as the Nurse Family Partnership. Project HOPE has a highly collaborative relationship with Louisiana's MCH Title V Program.

A shrinking economy and budget cuts have significantly impacted our programs and placed a heavy burden on our program to identify new funding streams for sustainability. Project HOPE is one of the few programs providing home visitation, case management, health education and parenting education to the residents in our service area. Many of our community partners have been cut significantly leading to a reducing and/or an elimination of services.

Sustainability and furtherance of the gains made during the 5 year funding period has been on the radar of the grantee organization, board of directors, HT advisory board, and all project staff, since the beginning. The importance of sustainability has been emphasized in all components of the project. The project has sought to further diversify its funding stream. The

project will continue to create linkages with local, city, and state governmental agencies who serve the same population.

The Louisiana Children's Trust Fund (LCTF) has been a long supporter of Project HOPE. An application for funding was submitted for the July 1, 2013-June 30, 2014, program year. The funds will be used to enhance Parenting Education and Home Visitation Services. Project HOPE is looking forward to working with LCTF during upcoming years. There upcoming project is "Think Before You Lock." This child safety initiative intends to address the issue of parents forgetting their children in cars. There were several instances in the state, where parents hastily hurried to the workplace and left their children in the car, resulting child fatalities. At this time, we are unsure if our application will be approved for funding.

Passport Label or Identifying Info

Infant Encounter Form-Birth-6 Months

Overall Assessment

During Visit: Sleep Wake & Active Wake & Quiet Wake & Fussy

Position: Back Side Tummy Arms of Mother Arm of Loved One

Location: Crib/Bassinet/Play Yard Car Seat/Carrier Bed Sofa Floor Swing Other

Does the baby sleep through the night? Yes No

Where does the infant sleep most often?

Crib/Bassinet/Play Yard Car Seat/Carrier Bed Sofa Floor Swing Other

Cord Assessment: Good Fair Poor Healed

Did you engage the child during the visit? Yes No

Does the child appear to be thriving, in regards to weight and height? Yes No

Where there any visible physical ailments? Yes No

Has the child been treated for any illness in the last 30 days? Yes No

Circle Any:

Common Cold Jaundice Ringworm Diaper Rash Mumps Measles Lice Pneumonia Flu
Chicken Pops Lice Scabies Strep Throat Diarrhea Ear Infection Pink Eye Other:

Was there anything that alarmed you about the baby? Yes No

Explain:

Feeding

Formula Breastfeeding Both

Breastfeeding

Do you plan to BF until 6 months? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you feel you produce enough milk? <input type="checkbox"/> Y <input type="checkbox"/> N		
Are you regularly speaking with a PC? <input type="checkbox"/> Y <input type="checkbox"/> N	Does your baby take to the breast easily? <input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have a breast pump? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you experience discomfort during BF? <input type="checkbox"/> Y <input type="checkbox"/> N		
In the last month, have you experienced any of the following?			
Plugged Milk Duct	Mastitis	Nipples Issues (Sore/Cracked/Bleeding)	Engorgement
Personal Embarrassment	Partner/Family Discouragement	Other:	

Bottle Feeding: Do you have any questions about mixing or feeding formula? Yes No

Bottle Feeding: Approximate number of ounces in a feeding: ____ Total ounces in a 24 hour period: ____

Both: Diaper Per Day: Wet Soiled Have you introduced cereal? Yes No

Have you introduced solid food? Yes No

Assessment

Did the mother demonstrate attachment to the baby? Yes No

Holding Cuddling Eye Contact Other

Did the mother simulate the baby? Yes No

Talk To Stroke Sing Read

Did the mother appear comfortable in her care giving role? Yes No

Summary:

Passport Label

Name:

Smoking-Brief Intervention: 5 A's

Age: Race: Setting: HV OV

Ask	<p>Ask Which of the following best describes your smoking habits?</p> <p>A. I have never smoked or have smoked fewer than 100 cigarettes in my lifetime</p> <p>B. I stopped smoking before I found out I was pregnant and I am not smoking now.</p> <p>C. I stopped smoking after I found out I was pregnant, and I am not smoking now.</p> <p>D. I smoke some now, but I have CUT DOWN on how much I smoke since I found out I was pregnant (amount currently smoking: ___/day)</p> <p>E. I smoke regularly now, about the same as before I found out I was pregnant (amount currently smoking: ___/day)</p> <p>If B or C, reinforce her decision to quit, congratulate her on her success, and encourage her to stay smoke free.</p> <p>If D or E, proceed below</p>											
Advise	<p>Advise ___ Personalized Message To Quit Say: "As your Healthcare Advocate, my best advice for you and your baby is for you to quit smoking. I need you to know that quitting smoking is the most important thing you can do to protect your baby and improve your own health."</p>											
Assess	<p>Assess Ask: "How willing are you to quit smoking in the next 30 days?"</p> <table border="1" data-bbox="516 1081 1123 1121"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table> <p>Not Willing Moderately Willing Extremely Willing</p> <p>ASK: What would it take to make you more willing to quit or to move your score to 3 points or higher on the scale?</p> <p>Identify Factors (check all that apply):</p> <p>___ More Information</p> <p>___ Better Understanding of Health Risks</p> <p>___ Few Barriers</p> <p>___ More Confidence in Ability to Quit</p> <p>___ Greater Level of Support</p>	0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10		
Assist	<p>Assist Will patient set a quit date? ___No ___Yes (___/___/___)</p> <p>Assistance Offered:</p> <p>___ Educational Materials</p> <p>___ Discussed Alternative Ways to Cope/Manage Stress</p> <p>___ Provide Quit Line Info</p> <p>___ Provide motivational invention-The 5 R's</p> <p>___ Made Referral Local Smoking to Cessation Clinic</p> <p>___ Other:</p>											
Arrange	<p>Arrange</p> <p>___ Inform participant that you will talk more about smoking cessation at next visit.</p> <p>___ Encourage cessation for women who smoke</p>											

How receptive was the participant to the intervention attempt? ___ Not at all ___ Somewhat ___ Very

HCA: _____ Date: _____

Name: _____ Phone Number: _____ Date of Birth: _____

Address: _____ Expected Due Date: _____ Today's Date: _____

Risk	Scoring Options					Score	Notes
1. Maternal Age	<15=10	16-19=5	20-35=0	35-44=5			
2. Education	GED or 12=0		<11=5	<8=10			
3. Marital Status	Married=0		Single, Divorced, Separated=5	Complicated=10			
4. Race	White=3		Black=10	Other=5			
5. Permanent Residence	Yes=0			No=5			
6. Adequate Food Source	Yes=0			No=5			
7. Employment	None=0		School/Desk Work=1	Heavy Work=5			
8. Initial Prenatal Visit	< 16 wks 0			> 16 wks 5			
9. Pregnancy Disposition	Planned=0	Unplanned but Accepting=2	Unplanned and Disappointed=5	Denying or rejecting pregnancy=10			
10. Prior Fetal Loss	Yes=10			No=0			
11. Prior Infant Loss	Yes=10			No=0			
12. Poor Social Situation	Yes=10			No=0			
13. Cigarette Use/per day	1-1/2 pack per day=10			>1/2 pack per day=5			
14. Illicit Drug Use	Yes=10			No=0			
15. Alcohol Use	Yes=10			No=0			
16. Diabetes (Prior to Pregnancy)	Yes=10			No=0			
17. Gestational Diabetes	Yes=10			No=0			
18. Hypertension	Yes=10			No=0			
19. Preeclampsia	Yes=10			No=0			
20. Previous Caesarean Section	Yes=10			No=0			
21. Weight	Normal=0	Underweight=4	Overweight=4	Obese=6	Extremely Obese=10		

22. Fibroids	Yes=10	No=0		
23. HIV/AIDS	Yes=10	No=0		
24. Treatment for STD during pregnancy	Yes=10	No=0		
25. Emotional Health In the last 3 months have you experienced a significant life change?	Yes=10	No=0		
26. Violence Are you currently in a relationship where you are threatened, controlled, physically hurt, or made to feel afraid?	Yes=10	No=0		
27. Stress Reduction I am idle, disengaged, and inactive most days?	Yes=10	No=0		
28. Last pregnancy within 1 year of present pregnancy.	Yes=5	No=0		
29. Other:				
30. Other:				

Score: _____

Very high 30 & up

High 29-20

Moderate 19-11

Minimal 10 and below

I. Project Identifier Information

Project Title: Healthy Tomorrows/Project HOPE
Project Number: H17MC08972
Project Director: LaRhonda Parker Coleman
Grantee Organization: North Louisiana Area Health Education Center
Address: 1513 Doctors Drive, Suite 2, Bossier City, LA 71111
Phone Number: 318-746-4644
E-mail Address: rcoleman@nlahec.org
Home Page: www.nlahec.org
Project Period: 03/01/2008-02/28/2013
Grant Awarded: \$250,000 (5 year total)

ABSTRACT OF FINAL REPORT

1. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MCH PROGRAMS: Project HOPE is in place to identify and develop community-based system approaches that reduce the cases of and disparities within infant mortality and to improve the health and well-being of women, infants, children, and their families. In addition the programs promote positive prenatal health behaviors, reduce barriers to health access, and enable consumer empowerment. Project HOPE is a great complement to Title V MCH Program. Project HOPE and Title V have similar goals and objects, therefore joint ventures, data sharing, and resource pooling is common.

2. GOALS AND OBJECTIVES: Project HOPE provided; home visitation, breastfeeding education, emotional support and stress management, risk assessments, parenting support and education, depression screening, smoking cessation, nutritional guidance, and referrals. Project HOPE promotes early entry into prenatal care and inform and educate women, families, and communities on issues related to infant death, infant, child and perinatal health. Furthermore,

Project HOPE planned to: 1.) improve the health status of low income families, 2.) improve the well-being and safety of children, 3) promote the development of an integrated service system that focuses on the family as a whole, is build on partnerships with families and communities, streamlines and coordinates access, and is highly collaborative, 4.) encourage community ownership, design and implementation of strategies to address maternal child health issues.

3. METHODOLOGY: The recruitment of pregnant and parenting women is major focus of program efforts. All pregnant women, women parenting children under two, and children under two who receive WIC and/or Medicaid can participate in Project HOPE activities. The Community Outreach Worker works individually with clients to develop a personalized service plan and monitors the plan to ensure clients are receiving the services. Project HOPE concentrated heavily on risk reduction and health promotion education. Project HOPE offers several types of education and health promotion services. The parenting and prenatal curriculum includes education surrounding harmful effects during and around pregnancy, such as smoking, substance abuse, and domestic violence.

4. EVALUATION: Eliminating racial and ethnic disparities in health requires enhanced efforts at preventing disease, promoting health, and delivering appropriate care. This also necessitates improved collection and use of standardized data to correctly identify all high risk populations and monitor the effectiveness of health interventions targeting these groups.

5. RESULTS/OUTCOMES: Measuring the impact of our program efforts is a complicated process. Project HOPE goals and objectives are highly correlated to MCH Title V initiatives. The

success in achieving effectiveness is highly dependent on the cooperation and contribution of our partners. Our intended outcomes were to:

- Enhance cultural competence in health care delivery.
- Design specific health education messages.
- Improved access and utilization of health care.
- Reduced disparities in SIDS, low birth weight, and birth defects; and
- Reduced disparities in infant mortality rates.

6. PUBLICATION/PRODUCTS: Project HOPE published a monthly newsletter. Also, several screening tools and forms were developed. More information can be found in the appendix.

7. DISSEMINATION/UTILIZATION OF RESULTS: Project HOPE is a model program and with proper staffing, funding, training and support, can be replicated in other communities. The lesson learned by Project HOPE has been shared informally with community partners. Many community based organizations have taken cues from Project HOPE resulting in changes. Those noted changes include; hiring paraprofessionals and consumer involvement in program planning. Project HOPE plans to continue to share results and best practices.

8. FUTURE PLAN/SUSTAINABILITY: Project HOPE will continue to operate, but at a reduced capacity. Resource and educational materials will be available to the community. We have a practical approach to sustainability that incorporates traditional grant writing strategies, establishing contractual relationship with State programs (Medicaid, MCH) and/or foundations. The approach includes public relations and marketing strategies building on our successes, highlighting gaps and need for funding.