Des Moines Healthy Start Project Impact Report

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Healthy Start Four Year Project Period: June 1, 2001 to May 31, 2005
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HEALTHY START IMPACT REPORT

I. Overview of Racial And Ethnic Disparity Focused On By Project

The Visiting Nurse Services’ Des Moines Healthy Start Project provides services for participants identified as “high-risk” for poor perinatal (maternal and child) outcomes. The program’s focus is on eliminating disparities in health with an emphasis on eliminating ethnic and racial disparities for all minorities, but particularly for African Americans, Hispanic/Latinos and Non-English Speaking Immigrants or Refugees.

From January 1, 2001 through May 31, 2005, 1,132 participants and their families were served by the Des Moines Healthy Start Project. Of these 1,132 participants, 96.1% had incomes below 185% of the Federal Poverty Guidelines (72.2% with incomes below 100% of the FPL and 23.9% between 100% and 185% of the FPL) and 88.5% were minorities by ethnicity. Of the three groups more specifically targeted by the project, 40.4% were identified as African/African American, 28.7% were identified as Hispanic/Latino, and 79.6% had a primary language other than English. Diagram 1 depicts the breakdown of participants by ethnicity. During the four-year project period from January 1, 2001 through May 31, 2005, 100% of participants were part of the target population due to ethnicity, race and/or identified risk factors related to poor perinatal outcomes and health disparities. Table 1 shows the ethnicity of Healthy Start participants in percentages for calendar years from 2001 through 2004 and January 1, 2005 through May 31, 2005. In total, 69.1% of participants were African/African American or Hispanic/Latino and 56.8% were Non-English Speaking Immigrants/Refugees and, therefore, among the groups focused on by the project.

Diagram 1: Healthy Start Participants by Ethnicity
Calendar Years 2001-2004 and January 1, 2005-May 31, 2005 (%)
Table 1. Ethnicity of Participants by Calendar Year (%)

<table>
<thead>
<tr>
<th>Year/Ethnicity</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005*</th>
<th>2001-2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>14.9%</td>
<td>15.8%</td>
<td>18.7%</td>
<td>21.6%</td>
<td>27.0%</td>
<td>19.1%</td>
</tr>
<tr>
<td>African American</td>
<td>17.5%</td>
<td>23.5%</td>
<td>22.4%</td>
<td>22.8%</td>
<td>19.1%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.9%</td>
<td>0.5%</td>
<td>2.0%</td>
<td>2.2%</td>
<td>2.6%</td>
<td>1.6%</td>
</tr>
<tr>
<td>European American</td>
<td>15.4%</td>
<td>11.3%</td>
<td>12.7%</td>
<td>9.0%</td>
<td>7.2%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>25.4%</td>
<td>26.7%</td>
<td>30.1%</td>
<td>30.2%</td>
<td>31.6%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>23.7%</td>
<td>17.7%</td>
<td>13.4%</td>
<td>12.9%</td>
<td>9.9%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Other**</td>
<td>2.2%</td>
<td>4.5%</td>
<td>0.7%</td>
<td>1.3%</td>
<td>2.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Totals</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*2005 is a partial year from January 1, 2005 to May 31, 2005.
**Other includes other ethnicities not categorized.

Diagram 2 provides a breakdown of participants by race and Table 2 depicts Healthy Start participants by race in percentages for Calendar Years from 2001 through 2004 and January 1, 2005 through May 31, 2005. Of the 1,132 Healthy Start participants during this four-year project period, 71.6% were minorities according to race while only 28.4% were White/Caucasian. The largest group of Healthy Start participants according to race were black (41.6%) with a noted increase each project year.

Table 2. Race of Participants by Calendar Year (Percent)

<table>
<thead>
<tr>
<th>Year/Race</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>25%</td>
<td>19%</td>
<td>16%</td>
<td>15%</td>
<td>13%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Black</td>
<td>33%</td>
<td>41%</td>
<td>41%</td>
<td>47%</td>
<td>49%</td>
<td>41.6%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>30%</td>
<td>27%</td>
<td>28%</td>
<td>27%</td>
<td>30%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Other**</td>
<td>12%</td>
<td>12%</td>
<td>15%</td>
<td>11%</td>
<td>8%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

*2005 is a partial year from January 1, 2005 to May 31, 2005.
**Other includes participants identified as bi-racial and other races not categorized.
According to the United States Census in 2000, the population in Polk County consisted of 16.1% minorities. Comparatively the population in Des Moines consisted of 24.3% minorities. In contrast to the population of Polk County and Des Moines, the Healthy Start Project Area is a very diverse community. The residents living in the Healthy Start Project Area were 36.5% minorities according to the 2000 US Census. With this diversity comes a richness of traditions and experiences as well as a variety of challenges that result from varying cultural practices, disparities and language barriers. As previously stated, from January 1, 2001 through May 31, 2005, 71.6% of Healthy Start participants were minorities as identified by race. Table 3 and Diagram 3 provide a comparison of the size of minority populations across Polk County, Des Moines, the Healthy Start Project Area and among Healthy Start participants. Table 3 also shows a significant increase in the minority population in the county and the city to Healthy Start Project Area and among Healthy Start participants. (Note: Data on race and ethnicity in Polk County, Des Moines and the Healthy Start Project Area do not include the actual numbers of undocumented immigrants residing in the county, city or project area.)

**Diagram 3: Race/Ethnicity of Population in Polk County, Des Moines, Healthy Start Project Area verses Race/Ethnicity of Healthy Start Participants**

**Calendar Years 2001 to 2004 and January 1, 2005-May 31, 2005 (%)**

<table>
<thead>
<tr>
<th>Area</th>
<th>White/Caucasian</th>
<th>Black</th>
<th>Hispanic/Latino</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polk County</td>
<td>88.3%</td>
<td>4.8%</td>
<td>4.4%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Des Moines</td>
<td>82.3%</td>
<td>8.1%</td>
<td>6.6%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Healthy Start Project Area</td>
<td>71.1%</td>
<td>13.5%</td>
<td>7.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Healthy Start Participants 2001-2005</td>
<td>28.4%</td>
<td>41.6%</td>
<td>28.7%</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

*Other is comprised of American Indian/Native Alaskan, and Asian.

In the Des Moines Healthy Start Project, the majority of participants did not speak English and had another primary language such as Arabic, Spanish, Vietnamese, or a tribal dialect. Table 4 shows that more than seven different languages were spoken by Healthy Start participants during Calendar Years 2001 through 2004 and January 1, 2005 through May 31, 2005. Table 4 also shows the
primary language spoken by Healthy Start participants in percentages.

Table 4. Primary Languages of Healthy Start Participants

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005*</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>52.7%</td>
<td>47.9%</td>
<td>44.6%</td>
<td>41.5%</td>
<td>36.8%</td>
</tr>
<tr>
<td>Spanish</td>
<td>22.8%</td>
<td>24.9%</td>
<td>21.1%</td>
<td>21.7%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>13.7%</td>
<td>11.9%</td>
<td>11.1%</td>
<td>10.7%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Arabic</td>
<td>0.4%</td>
<td>1.7%</td>
<td>7.5%</td>
<td>11.0%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Nuer</td>
<td>5.1%</td>
<td>7.4%</td>
<td>7.5%</td>
<td>6.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.3%</td>
<td>6.2%</td>
<td>8.2%</td>
<td>8.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Non-English Speaking Total</td>
<td>47.3%</td>
<td>52.1%</td>
<td>55.4%</td>
<td>58.5%</td>
<td>63.2%</td>
</tr>
</tbody>
</table>

*Other is comprised of Mabaan, Somali, Dinka, Shillik or other Tribal Language.

Diagram 4 shows the breakdown of the primary languages of participants totaled across the four-year project period in percentages. During the four year project period, 56.8% of Healthy Start participants did not speak English as their primary language.

Diagram 4: Primary Language of Participants
Calendar Years 2001-2004 and January 1, 2005 to May 31, 2005 (%)

The Des Moines Healthy Start Project Community Needs Assessment, as prepared for the Grant Application for 2001-2005, supported the project plan to work with women, young children and their families identified as “high-risk” for poor perinatal outcomes and, in particular—African Americans, Hispanics/Latinos and Immigrants/Refugees.

In Polk County, a variety of physical, economic, social, financial, institutional and related risk factors impact the well being of young children and their families. Factors such as infant mortality, teen pregnancy, unemployment, employment benefits, childcare, health and safety needs, homelessness, diversity and community resources were cited in the Healthy Start Community
Assessment for the 2001-2005 Grant Application. The Des Moines Community Needs Assessment provides information on the issues and challenges facing the women, men, children and families in the community. The following highlights from the 2001-2005 Healthy Start Grant Application identify some of the data, outcomes and trends indicative of significant risks to the well-being of the pregnant women, infants, toddlers and their families as well as several vulnerable populations living in Polk County:

- African Americans in Iowa had an infant mortality rate three times higher than whites according to a Child & Family Policy Center 2000 Report.

- A review of all African American infant deaths between 1996 and 1998 by Dr. Herman Hein, Neonatologist with the University of Iowa, determined that 40% of the babies who died were exposed to toxic substances such as nicotine, alcohol and other drugs during intrauterine life. Additionally, immaturity, lethal congenital malformations and SIDS were identified as the causes in 78% of the deaths.

- A Healthy Polk Vulnerable Populations Study (December 1998), as part of a community-wide effort based on the National Healthy People Initiative, identifying the primary healthcare concerns of specific populations in Polk County found that Hispanics and African Americans were at highest risk for having unmet health needs and lacking access to healthcare.

- In Iowa, based on the Child & Family Policy Center Report (2000), African Americans had a child abuse rate four times greater, a juvenile detention rate 10 times higher and a juvenile incarceration rate more than 25 times greater than whites.

- In a 1999 Iowa Department of Public Health study, black infants were twice as likely to be of low birth weight and three times more likely to be of very low birth weight than white infants.

- Black mothers were more likely to be younger (23.6 years vs. 27 years), unmarried at time of delivery (73.9% vs. 24.7%), to have medical problems (33.1% vs. 23.7%) and have less adequate prenatal care based on the Kotelchuk Index (55.7% vs. 71.1%) than whites according to the 1999 Iowa Department of Public Health study.

- In Des Moines, Iowa, there were consistently higher black infant mortality rates in contrast with low and declining white infant mortality rates. In 1998, the death rate for black infants was 18.5 deaths per 1,000 live births, while the death rate for all other infants was 6.1 deaths per 1,000 live births.

- According to Polk County Iowa Health Information Tracking System data (1995), 29.7% of African Americans lived in poverty compared to 7.9% of the White/Caucasian population.

- The differences in the rates of low birth weight account for the majority of the disparity in infant mortality between blacks and whites in Iowa.

- African American children in Iowa are three to four times more likely to live in poverty and to be raised by a single parent.
In Des Moines, there was a growth in the African American population of nearly 25% since 1990 with over 43% located in the federally designated Enterprise Community.

According to the 1990 Census, the Enterprise Community in Des Moines consists of 32.9% African Americans and 9.5% Hispanics with 54% of the families living in this area below the Federal Poverty Guidelines compared to 12% for the entirety of Polk County. Unemployment in this area exceeds 12% and nearly 70% of the families live in Section 8 subsidized housing.

Data from the Iowa Department of Public Health Study (1999) shows that White women enter prenatal care earlier in pregnancy than Black, Hispanic or other minority women.

The 1998 Iowa Barriers Data revealed that desirability of pregnancy varied as a function of race/ethnicity. Two-thirds of White and Asians were likely to desire pregnancy (66%) compared to 33% of African Americans, 42% of Native Americans and 52% of Hispanics.

Between 1990 and 2000, there was nearly a 155% increase in the number of Hispanic children in Iowa, the fastest growing child population group in the state.

There was an increase in Hispanic immigrants comprising the largest growth of any minority in the state with an increase of 67% from 1990 to 1998.

Number of births to Hispanics more than tripled from 1990 to 1998 in Des Moines.

The Healthy Polk Study (1998) noted that all vulnerable populations in Polk County were reluctant to discuss “personal issues” based on cultural norms and to access needed mental health support services.

A lack of providers able to communicate in the language or within the cultural expectations of patients was also noted in the Healthy Polk Vulnerable Populations Study (December 1998).

A lack of understanding on the part of individuals and/or families regarding the value of preventive health services or fear that accessing services will jeopardize their family in other ways was further noted in the Healthy Polk Vulnerable Populations Study (December 1998).

Birth control use varied as a function of race/ethnicity according to the 1998 Barriers Data with Native American mothers having the lowest rate of birth control use (25%) and whites having the highest (39%).

According to the Iowa Bureau of Refugee Services, there have been more than 25,515 refugee arrivals in Iowa since 1990 not including secondary immigration as others join a family member resettled in Des Moines. In the late 1990’s alone, more than 1,400 Sudanese refugees and nearly 1,200 refugees from other ethnic groups in Africa were resettled in the city of Des Moines.

An increase in number of refugees and immigrants speaking languages other than English (Des Moines Register, April 4, 2000).
• A lack of the availability of interpreters or services in needed languages (Des Moines Public Schools Intercultural Affairs Department, 2001)

• The second highest rate of lead poisoning in the Des Moines area with 62.5% of homes built before 1950 was the 50314 zip code area.

• According to Healthy Polk 2000 Report, 21% of pregnant women reported drinking during pregnancy during 1994-1996.

• Data from Iowa Kids Count shows that 24% of babies born in Des Moines in 1998 were born to smokers, higher than 40 other cities surveyed.

• An almost threefold increase in the number of domestic abuse cases in Iowa in 1998 and 63% of homelessness resulted from domestic violence.

• In 2000, according to the Iowa Department of Human Services, a ten year high in the number of child-abuse allegations and confirmed abuse in 14 of every 1,000 Iowa children.

• According to the Iowa Department of Public Health, Bureau of Immunizations, only 50% of children were fully immunized for age in Iowa in 1993.

• A survey of 410 women delivering a baby in Polk County between 1996 and 1997 conducted by the Iowa Depression and Clinical Research Center at the University of Iowa showed that 20% of the women surveyed met the criteria for depression.

II. Project Implementation

The Des Moines Healthy Start Project provides early, intensive and comprehensive family support, health education and child development services through the Healthy Start Core Services. Through recruitment, outreach, case management, health education, interconceptional care, and depression screening/referral—Healthy Start participants have the following opportunities during their involvement in the program:

• Home visits;
• Information on and linkages to community resources;
• Community referrals and assistance accessing community services congruent with identified family strengths, goals and needs;
• Interpretation and translation services in Spanish, Vietnamese, Arabic, Nuer and other identified languages;
• Transportation to all Healthy Start Program activities if needed;
• Transportation to health, dental and mental health appointments to improve access;
• Transportation to community agencies as needed to support family and child goals;
• Enrollment in the Stork’s Nest & Family Nest Incentive Programs;
• Prenatal & parenting classes;
• Perinatal depression screening, education, referral and treatment;
• Mental Health Counseling: both individual & support group therapy;
• Support groups offered in four different languages (English, Spanish, Vietnamese & Arabic);
• Child care for program activities including support groups;
• Drop-in child care for health care/other community appointments related to participant/family goals;
• Child development screenings;
• Child growth and development information including activities during home visits;
• Parent education based on the Partners for Healthy Babies and/or Growing Great Kids curricula;
• Parenting support and education;
• Consultation services with a nurse;
• Consumer Leadership Groups; and
• Consumer and Community Consortium Meetings.

A. Approach

1. Healthy Start Core Services

Approach to Outreach & Client Recruitment: The Des Moines Healthy Start Project utilizes recruitment, outreach efforts and community connections or collaborations to identify and engage pregnant women, infants and their families with the greatest needs and among the target populations as identified in the community needs assessment. Recruitment and outreach approaches are also used to address barriers limiting or prohibiting access to services such as prenatal or postpartum care, well-child care, medical home and/or community resources.

Three additional approaches have been employed as part of facilitating services to improve access and utilization of community health and social services. The three approaches to facilitate services include interpretation and translation; transportation; and child care. The Outreach Team provides culturally-appropriate guidance to Healthy Start staff; supports culturally-sensitive service provision; provides interpretation and translation services; and assists case managers in the provision of case management services. During the 2001-2005 project period 56.8% of Healthy Start participants did not speak English as their primary language and required interpretation and translation services to facilitate participation in the Healthy Start Program and to utilize health care and community support systems (See Diagram 4 and Table 4 for specific data).

The Des Moines Healthy Start Project provides transportation services to address access to health, mental health and dental care and other community services for families with no or limited access to transportation. Drop-in child care has also been provided for the children of Healthy Start participants as needed for health care and social service appointments.

Approach to Case Management Services: In the 1996 Healthy Start Grant Application submitted by Visiting Nurse Services, the Community Needs Assessment noted a significant need for an organized community approach to case management services to address the following factors:
- The lack of systematic, standardized process for a total community approach to care management in the identified target area.

- The lack of sufficient funds to provide consistent and long-term case management services for pregnant women, infants through one-year of age and their families in the identified target area.

- The lack of an effective method of case finding high-risk women and children in need of case management services.

- The lack of affordable housing as a basic need for low-income families.

- The lack of affordable, quality child care for working families in the community.

- A number of significant risk factors for infant mortality including but not limited to poverty, drug abuse, late entry into prenatal care, child abuse and neglect as well as missed appointments for which outreach and case management services have demonstrated an impact.

Based on the community needs assessment and with consideration for the community factors identified above, the Des Moines Healthy Start Project was designed to provide standardized home-based case management services by contracting with a variety of community agencies (a total of 14 agencies in 2001, 2002 and 2003; 11 agencies in 2004 and 2005) to serve pregnant women, interconceptional women, infants and their families. Visiting Nurse Services, as the Healthy Start Grantee, provides the project infrastructure including but not limited to management, training, recruitment, intake, outreach, transportation, data collection, monitoring, evaluation and community collaboration to support and coordinate case management services as contracted.

**Approach to Health Education:** During pregnancy and the first years of life—proper nutrition, routine health care, timely immunizations, safe environments and healthy behaviors are critical to support optimal growth and development and are impacted positively by health education. The Des Moines Healthy Start Project provided health education services for participants through individualized case management services and during groups such as consumer meetings and other program activities. During home visits, outreach specialists and Case Managers provided health education on topics identified by the program and based on a participant or family’s interests, needs and/or goals. Healthy education topics identified by the Des Moines Healthy Start Project stem from Healthy Start Program requirements, the community needs assessment, use of curricula, current research and best practices.

**Approach to Interconceptional Care:** The Des Moines Healthy Start Project was designed to provide standardized home-based case management services by contracting with a variety of community agencies to serve interconceptional women, infants and their families. Interconceptional care and case management services focus on family planning; postpartum and newborn care; optimizing child health, growth and development; and family support
services and linkages to community resources.

During the 2001-2005 project period, the Des Moines Healthy Start Project worked with Dr. Isabel Stabile from Florida State University to provide training on interconceptional issues in care and to facilitate a community effort to coordinate referrals for prenatal, postpartum and interconceptual services. The Partners for Pregnant and Parenting Families (PPPF) as a referral network, process and community partnership was a direct result of the consultation with Dr. Stabile.

**Approach to Depression Screening & Referral:** The Des Moines Healthy Start Project developed a project plan to systematically screen for depression and to address gaps in skilled assessment/evaluation and therapeutic services for women. More specifically, the following approaches have been employed by the project to enhance community-based screening and intervention services for depression:

- **Screening:** The Des Moines Healthy Start Project established training for Outreach Specialists and Case Managers on perinatal depression and in the administration of the Edinburgh Postnatal Depression Scale (EPDS) with pregnant and postpartum women. All Healthy Start participants were screened within 30 days of enrollment in the program and at regular intervals thereafter. Participants with a positive screen for depression on the EPDS were further assessed using the Structured Clinical Interview for DSM-IV (SCID).

- **Referral & Follow-Up:** The Des Moines Healthy Start Project established a protocol for providing referrals to community resources for support and mental health services and following-up with women with elevated EPDS scores.

- **Interpersonal Psychotherapy (IPT) Training:** A series of training sessions were conducted through the Iowa Depression and Clinical Research Center for mental health clinicians interested in certification in Interpersonal Psychotherapy. The purpose of this training and approach was to increase the number of clinicians adequately trained to provide Interpersonal Psychotherapy to treat depression in women in the project area, Polk County and Iowa.

- **Interpretation Services:** Outreach Specialists provided interpretation services for non-English speaking Healthy Start participants to ensure appropriate and accurate screening and to provide a link between a therapist and the participant.

- **Support Groups:** Support groups were developed, facilitated and conducted in multiple languages for women participating in Healthy Start to provide education, support and opportunities to develop an informal support network for peers. Support groups included transportation and child care as needed.

- **Perinatal Depression Education:** All project staff participated in trainings related to perinatal depression, screening, referral and follow-up. Case Managers utilized educational materials and hand-outs on depression during pregnancy and postpartum
to increase awareness, understanding, reduce stigma and promote utilization of mental health services by Healthy Start participants.

- **Mental Health Professionals Involved in the Community Consortium:** With no representation from the mental health community on the Community Consortium as of the 2000-2001 program year, one intervention strategy was to identify and encourage mental health professionals to become actively involved in the Consortium.

- **Community Awareness:** In order to increase community awareness of the incidence and impact of perinatal depression, the project implemented the following strategies: awareness campaigns using billboards and the distribution of written materials; community-based trainings; and quarterly presentations on depression during Consortium meetings. Additionally, trainings on perinatal depression were offered to a variety of community professionals including health care providers.

- **Coordination of Healthy Start Services with Community Mental Health Providers:** In order to enhance collaboration, the Des Moines Healthy Start Project invited key mental health providers to an informational forum to explain the Des Moines Healthy Start Project’s approach to addressing perinatal depression services. In addition, mental health providers in the Des Moines community were invited to participate in trainings on perinatal depression and Interpersonal Psychotherapy.

- **Counseling in Spanish:** The Des Moines Healthy Start Project contracted with Spanish-speaking clinical psychologist and mental health counselor to provide therapy services to Spanish-speaking participants with elevated EPDS scores.

- **Depression Counseling Training for Health & Home Visitors:** In May 2005, the Des Moines Healthy Start Project staff participated in a training on depression counseling for health and home visitors utilizing the British Counseling Intervention Model as facilitated by Sheelah Seeley, Master Teacher of Health Visitor Counseling and Research Associate of the Winnicott Research Unit, University of Reading in the U.K. This training spearheaded an effort to implement an innovative strategy (called Supportive Listening Visits) to address untreated depression and corresponding research efforts to evaluate the impact of this approach. See Attachment C for an report on this training and corresponding research project.

2. Core Systems-Building Efforts

**Local Health System Action Plan:** The development and implementation of a Local Health Systems Action Plan involved input from a variety of sources including Des Moines Healthy Start staff and committees, community groups and committees as well as various professionals and experts in the fields of public health, mental health, child development and human services. The Local Health System Action Plan for the 2001-2005 period for the Des
Moines Healthy Start Program involved building systems related to data management; best practices; screening; resource identification and development for immigrants and non-English speaking immigrants/refugees living in Polk County; consumer input; male involvement; and the development of support systems for minority women.

**Consortium:** The Des Moines Healthy Start Project Consortium was originally established in 1992 as part of the Iowa Infant Mortality Prevention Center. The Consortium, as a community-based action group, includes representatives that reflect a coordinated effort on behalf of public and private entities, community leaders, consumers, health and human services agencies, local school systems, early intervention programs, public health, state agencies, hospitals and health centers, community organizations, faith community, and interested individuals. The Consortium continues to have broad responsibilities for providing community-wide education on pertinent issues related to infant mortality, maternal and child well-being and best practices, trends and issues related to prevention, early detection and intervention. Additionally, the Consortium provides venues to oversee Healthy Start Program planning at the community level; to provide local participation in decisions; ensure local assets and challenges are at the forefront; and to enhance community-based partnerships and collaborative efforts.

**Collaboration and Coordination with State Title V & Other Agencies:** Visiting Nurse Services is designated as the Title V agency for maternal and child health in Polk County. As the Title V Agency, Visiting Nurse Services coordinates a variety of maternal and child services including Early Periodic Screening, Diagnosis and Treatment (EPSDT), and Maternal and Child Outreach/Case Management with the Des Moines Healthy Start Project services. Additionally, the Des Moines Healthy Start Project has created opportunities to further collaborative efforts and build strong linkages with statewide maternal and child health programs. The project continues to focus efforts on collaboration with other initiatives and providers to increase the reach, efficiency and effectiveness of services for women of childbearing age, pregnant and interconceptual women, and families with very young children.

**Sustainability:** Through the work of the Des Moines Healthy Start Project, community partnerships and committees have been developed to continue efforts to secure funding and cost-effective strategies for services to address the needs of pregnant/postpartum women, infants and children in the Healthy Start Project Area and the community as a whole. As a result of the Des Moines Healthy Start Project funding, community-based approach and program outcomes—Visiting Nurse Services was able to leverage two million dollars in State Empowerment funding from 2001 to 2005 to expand the capacity of the Healthy Start Program to provide additional case management and support services.

**Assets/Challenges to Core Services & Core System-Building Efforts**

**Assets of the Community Service System:** The following assets have had an impact on the program approaches, core services and core system-building efforts by Visiting Nurse Services and the Des Moines Healthy Start Project over the past four years:
A Consortium focused on infant mortality, maternal and child well-being established and integrated in the community prior to the Healthy Start Project.

A grantee that also serves as Polk County’s Title V Agency.

A diverse community in the project area rich with cultural and familial customs, practices, beliefs, and languages.

Individuals and community agencies willing to collaborate and coordinate efforts to provide services to expectant and parenting families.

Individuals and community agencies with a willingness to partner, collaborate and support the Healthy Start Initiative.

Community-based agencies established in the project area and throughout the community.

Agencies established in the community with a focus on working with one or more of the populations targeted by the Healthy Start Program.

**Challenges of the Community Service System:** The following challenges have had an impact on and provided guidance for the program approaches, core services and core system-building efforts by Visiting Nurse Services and the Des Moines Healthy Start Project over the past four years:

- High infant mortality rates in the project area.
- Over 38 different languages spoken in the community creating language barriers.
- Public transportation system with limited hours and routes.
- One cab company in operation for the entire county limiting the quantity, quality and cost of transportation services provided through private transportation system.
- Lack of quality child care.
- Lack of a systematic approach to identify individuals and families in need of services.
- Lack of a systematic and standardized approach to family support, child development and case management services.
- Lack of case management services for all eligible pregnant/postpartum women, infants and their families in the identified target area and the community.
- Lack of long-term case management services as needed to support “at-risk” pregnant/postpartum women, infants and their families in the identified target area and
the community.

- Lack of child development and literacy-based services to support infants and young children from birth through five years of age to ensure school readiness and academic success.

- Lack of an effective, systematic and coordinated method of case finding high-risk women and children in need of case management services across community programs and providers.

- Lack of mental health providers in Polk County that are willing to accept Title XIX as a method of payment for services.

- Very few mental health professionals and clinicians in Des Moines trained to provide psychological and psychopharmacological services to perinatal women.

- Many risk factors for infant mortality including but not limited to drug abuse, late entry into prenatal care, child abuse and neglect as well as missed appointments.

- Lack of a systematic, community-wide approach in the Des Moines area and in Iowa to actively screen for depression.

- Lack of culturally and linguistically appropriate mental health services in the community.

- Lack of health care providers and other community programs in Polk County that screen and address perinatal depression.

- Lack of affordable and accessible mental health services to diagnose and treat perinatal depression and other mental health conditions.

- Difficulty obtaining and analyzing input from a wide variety of sources including individuals, consumers, work groups, task forces, committees and community agencies for use in developing and implementing a local health systems action plan.

- Difficulty obtaining input from a large number of non-English speaking consumers.

B. Intervention Components & Resources

**Intervention/Resources for Outreach & Client Recruitment:** The Des Moines Healthy Start Project employs an Outreach Team to work in the community and specifically the project area to recruit families for the Healthy Start Program and to provide support services to help retain and encourage families’ participation in the program. The Outreach Specialists/Interpreters are full members of the health care team assisting in the provision of family support, health education and child development services. The components of outreach and recruitment interventions, strategies and resources used by the Des Moines Healthy Start Program include the following:
Recruitment: The recruitment of pregnant and interconceptual women, infants and their families is focused within the Healthy Start Project area. All Healthy Start and contracted agency staff have responsibilities for the recruitment of potential participants with an emphasis on African Americans, Hispanic/Latinos and non-English speakers as well as unserved and under-served women and families. A variety of different approaches were implemented primarily by program staff and Case Managers from contracting agencies. Staff members from other community agencies and current/past participants also assist in the recruitment and referral of women and their families. Recruitment approaches include but are not limited to community awareness and education campaigns; grassroots efforts; contact with agencies providing services to the target population; health fairs and other community events; presentations to community agencies, civic organizations and churches; word of mouth; placing written materials (such as posters, brochures) in various community locations; recruitment materials and efforts in other languages; follow-up on self-interest and referrals; canvassing the community and door-to-door contacts to project area businesses and churches; regular clinic days for outreach at WIC and pregnancy centers; and participant involvement.

During the 2001-2005 project period, the following activities were implemented to increase awareness of the Des Moines Healthy Start Project and the importance of perinatal care and child safety:

- Between 2,200 and 2,500 marketing materials/items were distributed with Visiting Nurse Services Des Moines Healthy Start Program and program telephone number in the community annually.

- Program brochures and posters were distributed to public health and human services agencies and health care clinics providing prenatal, postpartum and pediatric care.

- Over 15 resource fairs were participated in annually.

- Outreach Specialists/Interpreters bi-lingual in English and Spanish and other Healthy Start Project staff participated in a monthly health, social service and legal clinic through Our Lady of Americas and the HOLA Center.

- Three Consumer Coffees were hosted in January, April and October of 2003 as a forum for Healthy Start participants to bring potentially eligible family and friends to learn about Healthy Start services and to obtain input from participants about the Des Moines Healthy Start project.

- Recruitment efforts during cultural celebrations such as the Juneteenth Celebration in the African American community and Cinco de Mayo Celebration in the Hispanic/Latino Community annually.
✓ Program awareness and recognition among local churches with a high membership from one or more target populations such African Americans and Hispanic/Latinos. (target populations for the Des Moines Healthy Start Project).

✓ Sponsored community education events on topics such as perinatal or adult depression, SIDS, prematurity, and smoking cessation.

✓ Conducted a Billboard Campaign which included three public service messages on perinatal depression, Sudden Infant Death Syndrome (SIDS) and the harmful effects of smoking located in and around the Des Moines Healthy Start Project Area during the 2003 Calendar Year.

✓ Sponsored recruitment events at Laundromats in the Des Moines Healthy Start Project Area offering laundry tokens for two to three loads of laundry for eligible participants.

✓ Distributed over 14,750 coupons with public health messages on perinatal depression, Sudden Infant Death Syndrome (SIDS) and the harmful effects of smoking during pregnancy to customers of grocery stores and stores selling infant products in the Des Moines Healthy Start Project Area.

✓ Developed and distributed infant t-shirts with a “Back to Sleep” Campaign message in English and Spanish. The infant shirts had “This Side Up” on the front as designed by Des Moines Public School students as part of an Invention Convention assignment. Students working on the project and Invention Convention patrons received SIDS education and information.

✓ Public service announcements (PSAs) were developed and aired by local radio stations during the Calendar Year 2003. The PSA’s included Healthy Start staff and models hired to read scripts about perinatal depression and SIDS. These messages were developed during CY 03 and began airing on several of the radio channels in Des Moines metro area targeted at reaching the minority communities and increasing program awareness.

✓ Produced a SIDS video targeting African American families. This video was produced locally with local leaders from the African American community to enhance the credibility and interest in this video. The purpose was to provide culturally-appropriate SIDS education.

**Selection & Enrollment:** An Intake & Access Coordinator, a Registered Nurse with Visiting Nurse Services, receives referrals, completes a risk assessment and manages the intake, selection and enrollment process for Visiting Nurse Services and the Des Moines Healthy Start Project. As a nurse, the Intake & Access Coordinator can provide immediate linkages to health care for pregnant women not in prenatal care or for emergent medical needs for women and/or young children. The Intake & Access Coordinator, Outreach Specialists or Healthy Start Case Managers conduct home visits.
as part of the intake process to obtain consent to release information necessary and to better match a family’s interests, eligibility and needs most appropriately with program services. The intake information and risk assessment is compiled into an eligibility score that correlates with the severity of needs and the need for supportive services. Women with a high eligibility score with critical and time-sensitive needs are assigned to a Case Manager with one of the contracting agencies within 24 hours of the referral based on the availability of enrollment opportunities. Program applicants with low risk assessment/eligibility scores and a primary need for health education are referred to the Student Nurse Program with Visiting Nurse Services. Referrals for women and infants living outside of the Healthy Start Project Area are referred to other programs with Visiting Nurse Services such as Empowerment or the Title V Maternal Child Health Nurse Visiting Program. If there are no enrollment opportunities with the Des Moines Healthy Start Program or another Visiting Nurse Services program, then the applicants are referred to another program in the community in accordance with the family’s needs and the eligibility requirements of the other community programs. The Intake & Access Coordinator enters all intake information into the Visiting Nurse Services/Healthy Start database and assigns a participant identification number.

Intake Meetings are conducted weekly and facilitated by the Intake & Access Coordinator with the Healthy Start staff, staff from contracting agencies and staff from agencies involved in the Partners for Pregnant & Parenting Families Collaboration. The Healthy Start Case Management Consultant and Outreach Team Leader participate in Intake Meetings to ensure that referrals are assigned appropriately. New referrals are assigned to a Healthy Start Case Manager or identified for another VNS program or for referral to another community program. African American and Hispanic/Latino women and their young children are given priority in Healthy Start. Women in the Des Moines Healthy Start Project Area and women with a high risk assessment score with both medical and psychosocial needs are also given priority.

- **Partners for Pregnant & Parenting Families (PPPF):** Fifteen community agencies have come together and formed the Partners for Pregnant & Parenting Families (PPPF) collaboration and developed a formal agreement and procedures to coordinate access to home-based prenatal, child and family support services to eligible clients in Polk County. Some of the agencies participating in the PPPF include but are not limited to Healthy Families/HOPES projects, Early ACCESS, Early Head Start/Head Start and the Des Moines Public Schools. All women and young children identified for services through the PPPF are processed through the Healthy Start intake process. The purpose of the PPPF is to ensure the effective and efficient initiation of the most appropriate services for the client, coordinate resource and prevent the duplication of services. The PPPF also developed a letter of understanding for organizations that are potential referral sources to establish the PPPF as a centralized referral source. Organizations and agencies signing the letter of understanding acknowledge the PPPF and agree to:

1. Identify clients eligible and expected to benefit from a home-based prenatal, child and family support services for referral;
2. Provide referrals in writing or PPPF members attend weekly Healthy Start Intake Meetings;

3. Notify PPPF if specific referral follow-up information is requested by the agency.

**Intervention/Resources for Case Management & Interconceptual Care:** The Des Moines Healthy Start Project offers intensive, integrated, comprehensive home-based support to pregnant women and interconceptual women, infants and/or toddlers less than two-years old and their families living in the Healthy Start Project Area. Healthy Start case management and other program activities offer:

- Linkages to medical homes and primary health care providers;
- Prenatal and/or postpartum support and education;
- Physical, dental and mental health, nutrition education and support services;
- Newborn care education;
- Child development screenings;
- Referrals and linkages to child development services as needed;
- Use of a prenatal and/or child development curricula with parent involvement activities;
- Assistance with individual/family goals and social service needs;
- Information on infant/toddler development and parenting;
- Leadership and program governance activities for consumers; and
- Referrals to community resources as appropriate to family strengths, needs and goals.

Case management and interconceptual care services are provided through the following approaches and strategies:

- **Home Visits:** Healthy Start case management and education services are provided primarily through home visits with families. The home is a natural environment for the family. Adults and children react and interact best in a setting that, to them, is both familiar and secure. The home also provides the best opportunity for Outreach Specialists and Case Managers to see familial interactions and for Case Managers to observe and impact the interactions that routinely occur in families. Familial interactions and the activities of the home provide a rich source of information and a multitude of opportunities for prevention and intervention in regard to maternal, child and family health, growth and well-being.
- **Goals & Strategies for Identifying & Attaining Family Goals for Participants:** The Des Moines Healthy Start Project uses a family-centered approach with individualized support that reflects each family’s values, beliefs and chosen level of involvement. Strategies are implemented and services are engaged to bring about a family’s desired outcomes as a result of identifying and reviewing the family’s resources, sources of support, strengths, challenges, needs, identifying goals/priorities and the development of a care plan. The care plan documents participant/family goals, action plans or strategies identified to attain these goals. Outreach specialists and Case Managers provide support and resources including but not limited to:

- Linking people to formal and informal support systems;
- Mobilizing resources and support;
- Facilitating the development of new support structures;
- Facilitating exchanges among members of the family’s informal and formal network;
- Consulting with families about issues, concerns and progress;
- Identification of goals and strategies to achieve goals.

Healthy Start participants actively participate in the process of planning strategies used to address their family’s priorities and concerns. While Case Managers may present options, information, resources, support and referral information—the family’s preferences and priorities ultimately guide the family’s choice of services, educational opportunities, the referral process and the utilization of community resources. In order to ensure the successful use of external services initiated through the referral process, Case Managers provide support for engaging new services, facilitating access to services and promoting the development of strong linkages between the family and other agencies/resources in the community to foster self-sufficiency. Outreach Specialists and/or Case Managers also attend appointments and visit other agencies with participants to facilitate access, address language barriers, ensure the appropriate provision of services and to provide support (with the ultimate aim of teaching and equipping participants to access and utilize services effectively on their own).

- **Child Development Screenings:** During home visits, Case Managers and parents/legal guardians work together with children to complete child development screenings using the Ages & Stages Questionnaire (Squires, Potter & Bricker, 1999). The Ages & Stages Questionnaire (ASQ) is implemented at regular intervals beginning at four-months of age and throughout a child’s participation in the Healthy Start program. The Spanish version of the ASQ is used with Spanish-speaking families. The ASQ is used to observe and screen a young child's developmental progress; teach parents about their child's development and appropriate expectations; and individualize the use of child development curricula during home visits. The family-friendly nature of the ASQ encourages parental understanding of child development and suggests developmentally appropriate activities for parent and child beyond the context of the home visit. An infant or toddler performing below the developmental cut-off in at least one developmental domain and/or with concerns identified by the Case Manager or parent/legal guardian is referred to Early ACCESS for further evaluation.
Prenatal, Child Development & Parenting Curricula: The Des Moines Healthy Start Project Outreach Specialists and Case Managers have a variety of curricula (and the corresponding initial and on-going training) to draw upon to plan and conduct home visits and education. The curricula utilized in the Des Moines Healthy Start Project include Partners for a Healthy Baby (Florida State University, 1999) and Growing Great Kids and/or other curricula as approved by the Healthy Start Project Director. These curricula serve as resources and visit planning guides for Case Managers. Using these curricula, Case Managers provide individualized child development education addressing a child’s developmental strengths or challenges. In addition, these curricula are used to address parenting issues and needs. These curricula provide a map of infancy and early child development for staff to present to parents; target specific topics or developmental milestones; help parents understand their child’s behavior and developmental needs; and encourage positive parent and child interactions. The way in which these curricula are utilized and support child growth and development programs are detailed below.

Partners for a Healthy Baby – Home Visiting Curriculum for Expectant Families: The Partners for a Healthy Baby Home Visiting Curriculum for Expectant Families (Florida State University, 1999) helps Case Managers present important topics during each trimester of pregnancy. This curriculum is used as a strategy to help reduce infant mortality through education on topics such as prenatal care, health, safety, nutrition, planning for baby, family planning, psychological changes, labor and delivery.

Partners for a Healthy Baby – Home Visiting Curriculum for New Families: The Partners for a Healthy Baby Home Visiting Curriculum for New Families (Florida State University, 1999) provides information for Case Managers to utilize during each of the first twelve months of an infant’s life. The curriculum covers topics such as newborn and infant care, health and safety, mother’s needs, parent-child interactions, child development and family development. These materials offer guides for Case Managers to provide learning experiences that enhance parent’s knowledge of child growth and development and positive parent-child interactions that support child development and school readiness.

Growing Great Kids: The Growing Great Kids Curriculum by Great Kids, Inc. is an interactive, strength-based family support, parenting and child development curriculum designed for use by home visitors. Beginning prenatally, Growing Great Kids is a comprehensive curriculum that supports the development of nurturing and empathetic parent-child relationships from birth to 36 months of age. The curriculum focuses on child development, child health, care, parenting concerns, and dynamics of parent-child and family relationships. Growing Great Kids offers child development activities and family enhancement modules to build strong family foundations. The curriculum is father friendly and offers specialized strategies for motivating overburdened parents to nurture their infants and young children and to support early learning and child development. There are also modules focused on helping families to identify and to work toward realizing their values, cultural heritage and dreams for their children. For
every 3 months of a child’s development, there are six modules addressing basic care; social and emotional development; cues and communication; physical and brain development; play and stimulation; and parenting. Curriculum materials also focus on raising children who are self confident, respectful and capable as adults. All of the information imparted by the curriculum is anchored in activities and interactive discussions with the purpose of integrating learning into parental practices and behaviors.

The Growing Great Kids Curriculum Training has a two year staff development program and a component for supervisors to learn to build staff competence and confidence in the six areas. This curriculum has been field tested with English Language Learners (ELL) and is Medicaid certified in a number of states. The curriculum may also be used for group learning experiences and the Stork’s Nest Coordinator and Mental Health Counselor with the Des Moines Healthy Start Project have been trained to utilize the curriculum in prenatal and parenting classes and support groups respectively. The curriculum and all hand-outs are available in Spanish.

- **Services to Pregnant & Postpartum Women and their Families:** In an effort to impact the high infant mortality and morbidity rates in the project area, the Des Moines Healthy Start Project provides perinatal support and education as well as linkages to perinatal health care and community resources. Home visits for pregnant women and their families are opportunities to use prenatal curricula and to focus primarily on prenatal care and education, fetal development, labor and delivery, preparation for the new baby and social services as the basis for promoting optimal child development.

- **Health Care for Women, Infants & Toddlers:** A priority for the Des Moines Healthy Start Project is to connect pregnant/postpartum/interconceptual women, infants and toddlers to an appropriate medical home if not already established with a health care provider and/or a dental health provider. Information on health services such as well-child examinations, immunizations, health tests, and dental examinations are provided according the Iowa Department of Human Services Early Periodic Screening & Diagnostic Testing (EPSDT) standards.

- **Dental Health:** Access to dental health providers is limited and challenging in the community especially for children under 3 years of age. Outreach Specialists and Case Managers work with parents to provide education regarding the importance of early and regular dental exams as well as work with other community partners to promote access to dental health care for very young children.

- **Mental Health Services for Pregnant, Postpartum & Interconceputal Women & Their Families:** The following services and programming are offered to address mental health for pregnant, postpartum and interconceptual women and their families:

  ✓ Four Support Groups facilitated in Spanish, Arabic, Vietnamese and English respectively are offered every other week.
✓ Individual or Family Counseling by a Mental Health Counselor with Visiting Nurse Services and the Des Moines Healthy Start Project.

- **Interpretation & Translation:** Four Outreach Specialists also function as Interpreters for the primary languages of Healthy Start participants including English, Spanish, Arabic, Nuer, Vietnamese, Dinka and Hebang. Additional interpreters are sourced from the community as needed for participants speaking other languages infrequently encountered by the Healthy Start Project. The number of non-English-speaking participants has continued to rise over the four-year project period. Interpretation services are used as necessary during recruitment activities; home visits and other contact by Case Managers; Healthy Start program activities; health and human service appointments; and during other activities or appointments related to participant goals. Materials utilized by the program are purchased in other languages whenever possible or translated by Outreach Specialists as needed.

- **Stork’s Nest & Family Nest:** The Stork’s Nest is an incentive program operated through Visiting Nurse Services that provides high risk women with car seats, cribs, diapers, breast pumps, formula, and children’s books through a point system. Pregnant and postpartum women earn points for their participation in case management services, engaging in healthy behaviors and activities, maternal and child health care appointments, breastfeeding, childhood immunizations and community services to be exchanged for items needed to care for their infants through the first year of life. Women meet 100% of the Federal Low Income Guidelines and are enrolled in the Stork’s Nest as early in pregnancy as possible and continue to participate until their infants first birthday. There are 131 individuals working with different agencies in the community trained and registered as Stork’s Nest Point Managers to approve points and help families benefit from the Stork’s Nest Program. From January 1, 2001 and May 31, 2005, 3,527 women were enrolled in the Stork’s Nest Program. Over 2,035 Stork’s Nest participants have redeemed points for items from the Stork’s Nest Store during the 2001-2005 project period. A high percentage of Stork’s Nest points were redeemed for cribs and car seats, with diapers as the most “purchased” item during this same time period.

The Family Nest is an incentive program for interconceptual women participating in the Healthy Start & Empowerment Projects and operates much like the Stork’s Nest. Interconceptual women earn points for program participation and healthy behaviors such as Healthy Start case management and other community services, smoking cessation, family planning, breastfeeding, attending child health care appointments, and childhood immunizations. Family Nest points may be redeemed for infant care items such as cribs and car seats and other needed items to support the well-being of women and their families such as diapers, feminine hygiene products, household cleaners, or safety items for child proofing. The Outreach Team Leader, Stork’s Nest Coordinator and volunteers maintain the Stork’s Nest and Family Nest Programs. From January 1, 2001 and May 31, 2005, 405 Healthy Start participants were enrolled.
in the Family Nest Program. The top two items that Family Nest points were redeemed for during this same time period were diapers and laundry detergent.

- **Transportation**: The Des Moines Healthy Start Project uses several strategies to provide transportation assistance for participants without other transportation resources. Transportation is a barrier to accessing health care and other needed services to promote the self-sufficiency and well-being of families. Many families do not have a car, lack reliable transportation or often do not have enough money to pay for gas, routine maintenance or needed repairs to keep their vehicle functional. During the Calendar Years of 2001 through May 31, 2005, 291 different families utilized the transportation services as provided by Healthy Start. Visiting Nurse Services and the Des Moines Healthy Start Project provides transportation with agency vehicles and drivers (2.0 FTEs) and maintains a contract with a local cab company to transport families as needed to health care appointments and human services related to participant goals. In addition, bus tickets are made available to participants to encourage knowledge and use of the public transportation system as appropriate for health and social services. The Des Moines Healthy Start Project has a contract with the Metro Transit Authority in Polk County to obtain reduced bus fares and to have access to Paratransit Services for participants with special needs. Outreach Specialists and Case Managers provide information and assistance on how to ride buses and how to use a bus schedule for participants receiving bus passes. Additionally, Outreach Specialists and Case Managers work with families to develop plans to identify transportation resources in situations where a family does not have access to personal transportation. Transportation services are also provided to pregnant and interconceptual women living in the Healthy Start Project area as part of facilitating services to remove transportation as a barrier to critical health care appointments for prenatal, postpartum and well-child or sick-child health care. Transportation provided for pregnant women or postpartum women and their young children under the auspices of facilitating services also creates an opportunity for program awareness and client recruitment as these women and their children are eligible for Healthy Start Project services.

- **Child Care**: Healthy Start participants often lack quality childcare resources especially in regard to intermittent or drop-in care and/or the lack the financial resources needed to pay for childcare. The inability to find or pay for childcare is often a barrier to accessing health care and community services. To address childcare barriers, the Des Moines Healthy Start Project provides childcare for all Healthy Start activities and secured four childcare slots with the Evelyn Davis Early Learning Center in the Healthy Start Project Area for drop-in care for prenatal, postpartum or well woman health care appointments; sick or well child appointments for one child in the family; and mental health care appointments or other appointments for community services. Healthy Start Outreach Specialists and Case Managers provide information to parents about the importance of quality childcare, how to identify quality childcare and the ways to develop informal and formal childcare options as needed by the family.

**Intervention/Resources for Health Education**: The Des Moines Healthy Start Project
provides health education to the community-at-large through awareness campaigns, training and Community Consortium meetings. Consumer health education is provided to individual participants and in groups. Outreach Specialists and Case Managers provide individualized information and support through general health teaching on pertinent topics as identified by the project, use of curricula or through participant goals and needs. Health education is also provided during Consumer Consortium Meetings, Consumer Leadership Group Meetings, Support Group Meetings and Stork’s Nest Prenatal and Parenting Classes. In addition, health education regarding a specific health need of a pregnant woman, infant and/or toddler may be provided through direct teaching; curricula activities and materials; nurse consultation; referrals to other agencies and/or collaborative efforts with community health providers. As part of the individualization of health education for participants, Case Managers provide a list of educational topics to review with participants to identify areas of interest and need.

Health education topics typically addressed with participants include but are not limited to topics such as:

- Back to Sleep/Safe Sleeping
- Sudden Infant Death Syndrome (SIDS)/SIDS Prevention
- Effects of Smoking and Second-Hand Smoke/Smoking Cessation
- Drugs and Alcohol
- Pregnancy
- Fetal Development
- Prenatal Care
- Preterm Labor and Other Complications in Pregnancy
- Birth Plans
- Childbirth/Labor and Delivery
- Nutrition in Pregnancy, Infancy and Toddlerhood
- Breastfeeding
- Newborn care
- Medical Homes
- Reasons to Call Your Health Care Provider
- Immunizations
- Child Development
- Parenting
- Family Planning
- Safety
- Lead Poisoning
- Car Seats/Seat Belt Usage
- Well-Child Care
- Dental Health/Dental Homes
- Perinatal Depression
- Domestic Violence
- School Readiness
Health education is also promoted for Healthy Start Project staff and contracted Case Managers through required training at the onset of employment and at least annually thereafter. Training is provided but not limited to identified curricula; mandatory child abuse reporting, well-child exams and immunizations; safety; domestic violence; perinatal depression; SIDS; substance use and abuse; smoking cessation; lead poisoning; child development; and use of the Healthy Start Best Practices Manual in case management services. Case Manager Task Force Meetings are held monthly for Outreach Specialists, Supervisors and Case Managers to provide educational information on pertinent topics in such as health, community resources, curricula and best practices.

**Intervention/Resources for Depression Screening & Referral:** The following interventions and/or resources were utilized by the Des Moines Healthy Start Project in the area of perinatal depression screening and referral:

- Education for program staff, community partners, health care providers and consumers/participants.
- Referral to mental health services and corresponding follow-up based on screening outcomes.
- Interpersonal Psychotherapy (IPT) training for mental health professionals in the Des Moines Metro area.
- Collaboration with the Iowa Depression & Clinical Research Center including Dr. Michael O’Hara and Dr. Lisa Segre.
- Mental health counseling provided through the Des Moines Healthy Start Project by Spanish-speaking therapists.
- Support groups for Healthy Start participants.

**Core Systems-Building Efforts**

**Local Health System Action Plan:** The following activities of the Des Moines Healthy Start Project were planned to support the development of a local health system plan of care for women and very young children:

- The provision of a data system to be utilized by Healthy Start, Empowerment and Title V programs to track maternal and child health demographics and outcomes to monitor maternal and child well-being; and to set state and community priorities and planning.
- The development of a Best Practices Manual in effort to establish a standard for care and case management services specific to the local community.
- The involvement in grant seeking efforts in collaboration with the American Lung Association and the American Cancer Society to provide smoking hazard awareness,
smoking cessation, education and intervention programs in the community.

- Collaboration with the Polk County Health Department to develop approaches to prevent and reduce lead and smoke related illnesses in individuals and families in the community and specifically in the Healthy Start Project Area.

- Continued efforts to identify other funding for additional programming and services to impact women, infant, toddlers and their families in the Healthy Start Project Area.

- The assessment and development of recommendation related to the efficacy of substance abuse screening and associated referral for services.

- The assessment of the continuity and consistency of Healthy Start case management services across different contracting agencies.

- The provision of additional educational opportunities for project staff and contracted Case Managers particularly related to depression and suicide.

- The development of approaches to increase the involvement of fathers and significant others in families.

- The establishment of support groups specifically designed to meet the cultural, health disparities and linguistic issues of minority women.

**Infant Mortality/Health Start or Community Consortium:** The Community Consortium is a focal point of the Des Moines Healthy Start Initiative. A Consortium Coordinator (1.0 FTE) facilitates Community Consortium meetings and the activities of the Community Consortium. The Community Consortium is comprised of individuals, consumers and organizations with commitments and programming to improve maternal and child health in the community; to improve maternal and child well-being and ultimately to reduce the incidence of low birth weight infants as well as infant mortality and morbidity. The Community Consortium provides an open forum to discuss emerging issues related to maternal and child health, continuing education and draws attention to important maternal and child issues to the community at large. Additionally, the Community Consortium provides a forum for community involvement in the identification of gaps in services and potential solutions. The Community Consortium provides an infrastructure to build from and to implement strategies identified to address gaps and community needs. Moreover, the Community Consortium provides opportunities for collaboration as new community needs arise. The Community Consortium, through the by-laws and the Steering & Sustainability Committee, also provides program guidance and governance for the Des Moines Healthy Start Project.

**Collaboration and Coordination with State Title V & Other Agencies:** The project continues to focus its efforts on collaboration with other initiatives and providers to improve services and systems for women of childbearing age, pregnant women, and families with young children. A representative from the Family Services Bureau of the Iowa Department
Visiting Nurse Services Des Moines Healthy Start Project Impact Report for 2001-2005

of Public Health has been actively involved on the Steering Committee and chaired the Sustainability Committee during the 2001-2005 project period. Regular communication with the State Title V Director and MCH Consultant for the State of Iowa also supports efforts to collaborate and coordinate with State Title V and other State entities. The Family Services Bureau Chief was also kept apprised of Healthy Start Project efforts and changes.

The Maternal Health Community Health Consultant coordinated activities with the Healthy Start Project during the 2001-2005 project period. As a consultant, Kim Piper, worked with the Bureau of Family Health, Women’s Health Team to provide direction, oversight, and monitoring for the 26 local maternal health contract agencies in Iowa. A Maternal Child Health Consultant and Neonatologist, Dr. Herman Hein, under contract with the Iowa Department of Public Health, provided consultation to the Des Moines Healthy Start Project.

The Iowa Title V performance measures are related to a priority need determined by one or more needs assessments in Iowa such as parenting. The Visiting Nurse Services Healthy Start focused on the priority of parenting education in Iowa by:

- Developed culturally-appropriate messages about Sudden Infant Death Syndrome and smoking cessation.

- Coordinated with Community Empowerment and Child Care Resource & Referral to offer parenting education opportunities in the community.

- Coordinated with Child Care Resource & Referral to collaborate and provide culturally appropriate information on Sudden Infant Death Syndrome to local child care providers and parents with children in child care.

- Provided information to project staff and contracting Case Managers to increase knowledge of parenting education opportunities in the community.

- Provided a representative of the Family Services Bureau at an Annual Healthy Start Grantee Meeting in Washington D.C.

- Included representative from the Family Services Bureau on the Healthy Start Steering Committee over the project period.

- Maintained collaboration with the Iowa Department of Public Health for needed data.

- Identified collaborative activities between the Des Moines Healthy Start Project and the Human Service Planning Alliance Literacy Project established within the last year. The new literacy program is being offered to Healthy Start participants in coordination with the Sudanese Support Group with plans to incorporate this program into the other three support groups. Additionally, outreach specialists with Healthy Start have assisted with the translation of children’s literature utilized by the literacy project into Arabic and Vietnamese.

- Conducted a presentation on collaborative efforts between the Des Moines Healthy Start
Project and Title V at the National Healthy Start Association’s Regional Conference in Chicago on May 7-8, 2004.

Summary of Program Changes & Design Modifications

Program changes and program design modifications to the Healthy Start Project that have been implemented over the four-year project period from 2001 to 2005 are summarized as follows:

- **Geographic Service Area**: In 2001, the geographic area targeted for services by Des Moines Healthy Start Project changed from seven census tracts in Polk County to five zip coded areas (including 50309, 50310, 50311, 50314 and 50316) in the Des Moines Metro Area. The change in the project area resulted from high infant mortality rates, racial/ethnic disparities and maternal and child health outcomes for women and children in these five zip coded areas. See Appendix A for a map of the original and modified geographic service areas.

- **Database**: In September of 2002, the Healthy Start database, project documentation and data reports were modified to include participant data from case management services provided to pregnant/postpartum women and young children under the age of two through State Empowerment Funding.

- **Case Management Stipend**: In order to keep pace with the costs incurred by contracted agencies to provide case management services and to improve the retention of Case Managers, the case management stipend was increased from $233 per participant per month to $275 effective for the 2003-2004 Fiscal Year.

- **Partners for Pregnant & Parenting Families (PPPF)**: The PPPF collaboration was established and integrated into the Healthy Start Project referral and intake process to integrate and centralize the Healthy Start intake process for all maternal child health programs in the community and to systematically utilize program resources.

- **Best Practice Manual**: The Best Practice Manual in use since July 2001 was updated in keeping current research and in response to feedback from Healthy Start Project staff and contracted Case Managers and consumers during the 2004-2005 program year. The Best Practices Manual was also expanded to Early Childhood Services. The Updated Best Practice Manual was redistributed to Healthy Start contracting agencies and other community providers. Additionally, a training plan was developed and implemented to provide orientation to the revised manual and to provide on-going educational opportunities referencing the Updated Best Practice Manual. A copy of the Updated Best Practice Manual is located in Appendix B.

- **Eligibility for Stork’s Nest**: The income eligibility guideline to enroll into the Stork’s Nest Program was changed from 200% to 100% of the Federal Low Income Guidelines. This change was precipitated by the enrollment and utilization of the Stork’s Nest in contrast to decreased funding for incentives. Lowering the income guideline to 100% of
poverty ensured that families with the greatest need would benefit from participation in the Stork’s Nest Program.

**Sustainability:** The Des Moines Healthy Start Project has promoted collaborative efforts, developed partnerships and engaged in efforts to secure funding to ensure that services are available to support women and young children in the community identified as “at-risk”. Sustainability efforts have resulted in the following outcomes during the 2001-2005 project period:

- **Human Service Planning Alliance/State Empowerment Funding:** State Empowerment Funding was originally awarded to Visiting Nurse Services in Year as a result of the services and case management contracts/collaborations established as part of the Des Moines Healthy Start Project as well as recognition of the Healthy Start model nationally. The State Empowerment funds are used to replicate case management services established through the Healthy Start Project. These funds expanded services to all of Polk County, ensured that additional families are served and provided opportunities for services to young children up to six years of age. As a result of the Des Moines Healthy Start Project, at least 114 families received case management services each month through State Empowerment dollars. The amount of this funding has grown to over $600,000 for the 2005-2006 program year and includes an increase in the scope of core services, sustainability and expansion of the local health system.

- **State EPSDT Care for Kids Program:** Through program modifications and service coordination between the Des Moines Healthy Start Project and the EPSDT Care for Kids Program in Polk County, Title XIX reimbursement pays for transportation and mental health services (including individual/family therapy and support groups) for Healthy Start participants on Title XIX.

- **Title XIX:** See section II. Project Implementation, subsection E.

**C. Factors Strengthening or Challenging Intervention Initiation & Implementation**

Table 5 identifies factors that have strengthened and/or challenged the successful initiation and implementation of interventions used by the Healthy Start Project during the 2001-2005 project period.

<table>
<thead>
<tr>
<th>Factor/Resource/Event</th>
<th>Strength/Challenge</th>
<th>Interventions Impacted by Core Services/System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Start Perinatal Depression Grant</td>
<td>Strength</td>
<td>Depression Screening &amp; Referral</td>
</tr>
<tr>
<td>State Empowerment Funding designated to provide expanded Healthy Start services throughout Polk County</td>
<td>Strength</td>
<td>Outreach &amp; Client Recruitment, Case Management Services, Interconceptional Care, Depression Screening &amp; Referral, Local Health Systems Action Plan</td>
</tr>
</tbody>
</table>
D. Consortium

1. Establishing the Consortium

Polk County had an active group or consortium that was established in 1992 which was then known as the Infant Mortality Review Panel. In 1996, the Infant Mortality Review Panel changed its’ name and became known as the Infant Mortality/Healthy Start Consortium (or Community Consortium) and expanded the focus to involve consumers as part of the first Healthy Start Grant Application for the Des Moines area.

The Infant Mortality Review Panel was an established consortium in Polk County. Therefore, no barriers were encountered in the development of a consortium for the Healthy Start Project. The name of the group was changed to incorporate the Healthy Start Initiative and consumers were included as participants in meetings and decision-making.

2. Consortium Structure

The Infant Mortality/Healthy Start (IM/HS) Consortium (or Community Consortium) has been facilitated by the Healthy Start Consortium Coordinator (0.5 FTE) for the entire four-year project period. The Healthy Start Project Director has given a quarterly report/update on the Healthy Start Project at each consortium meeting. The Director of the Infant Mortality Prevention Center, a Neonatologist with the University of Iowa, has assisted with the facilitation of the Community Consortium meetings and served as an advisor/consultant.
to the membership on pertinent issues during meetings and in agenda planning.

The membership is comprised of community partners and leaders, program participants or consumers, service providers and other interested individuals/organizations committed to improving maternal and child health and well-being in Polk County. A Healthy Start Steering Committee and a Sustainability Committee, initially formed out of the Community Consortium, serves in an advisory capacity for issues related to program governance and sustainability. Additionally, a separate Consumer Consortium was formed to encourage consumer involvement in the program; to meet the educational interests and needs of program participants; and to increase opportunities for input by consumers. Healthy Start participants attend both the Community and Consumer Consortia meetings.

The Consumer Consortium membership is comprised of 100% program participants. The IM/HS Consortium or Community Consortium membership is comprised of approximately 90 individuals (63% active or having attended more than half of the Community Consortium meetings annually) from the following sectors (also see Diagram 5):

- 15% Consumers/program participants
- 6% Community participants
- 9% Private agencies and organizations
- 12% Visiting Nurse Services staff/evaluators
- 23% Community-based organizations
- 8% State or local government officials
- 15% Des Moines Healthy Start contracted providers
- 12% Other Providers

### Diagram 5: Infant Mortality/Healthy Start Consortium Members by Sector 2004-2005 Program Year

![Pie chart showing membership distribution](image)

The current racial/ethnic composition of the Community Consortium members (also see Diagram 6) is 63% White/Caucasian, 24% African American/Black, 12% Hispanic/Latino and 1% Asian.

### Diagram 6: Infant Mortality/Healthy Start Consortium Membership
The current composition of the Community Consortium by gender (also see Diagram 7) is 83% female and 17% male/

**Diagram 7: Infant Mortality/Healthy Start Consortium Membership by Gender 2004-2005 Program Year**

3. Needs Assessment, Resource Identification & Priorities

Needs assessments are conducted regularly to obtain data/information to drive program planning or quality improvement and as appropriate for grant applications or reports. Needs assessments involve collaboration and coordination with community resources and projects for data and input utilized in planning and quality improvement efforts. The identification of resources is continuous and related to all aspects of project development, implementation and service provision for participants. The Steering Committee, Sustainability Committee,
Infant Mortality/Healthy Start Consortium, Consumers and Healthy Start Project staff work together to establish priorities and determine the allocation of program resources.

Currently, there are no other consortia in existence for the purpose of serving the same population as the Des Moines Healthy Start Project. The IM/HS Consortium provides a forum to update the community on Healthy Start program activities, obtain community input into program planning and focus on current issues pertinent to maternal and child health and well-being.

4. Major Community Strengths for Consortium Development

The ability of the community to organize and form a consortium independent of a specific funding initiative such as Healthy Start is significant community strength. The sustained focus on maternal child health and the widespread concern regarding high infant mortality rates in Polk County are also major strengths of the community that have supported the development of the consortium.

5. Weaknesses & Barriers

The IM/HS or Community Consortium has focused on the following challenges and/or barriers to facilitate the role of the consortium in the community:

- **Increasing Diversity Among Community Consortium Participants**: The need to increase the diversity of the membership to better reflect the diversity in the project area and among Healthy Start participants has been an ongoing challenge that is continually addressed by the project.

- **Maintaining and Increasing Participation in the Consortium**: The project has worked to continue to find new and innovative ways to encourage continued participation in the IM/HS Consortium. Existing and potential members have increasingly demanding schedules and responsibilities that may conflict with consortium participation.

6. Activities & Strategies to Increase Consumer Participation

Two specific strategies were employed to increase consumer participation in the IM/HS Consortium. First, a separate Consumer Consortium was established and has continued to date. The Consumer Consortium meetings have been dedicated solely to the interests and needs of consumers and provided a venue to share program information and obtain consumer input. The Consumer Consortium has increased consumer comfort with meeting participation and increased consumer involvement in the program. Second, a Consumer Leadership Group was formed and has been facilitated to date. The Consumer Leadership Group has met every other week to provide leadership education and skill development for consumers. Healthy Start participants involved in the Consumer Leadership Group participate in Steering and Sustainability Committee meetings and IM/HS or Community Consortium meetings representing consumer interests and feedback. The Consumer Leadership Groups plan Consumer Consortium meetings utilizing ideas and input from other
Healthy Start participants. Additionally, participants in the Consumer Leadership Group have been consulted regarding programming issues. Originally, the Consumer Leadership Group and the Consumer Consortium were not part of the structure of the consortium for Healthy Start and were developed to increase resident/consumer participation in the project. Moreover, the bylaws have been revised to enhance consumer participation by identifying that a Healthy Start participant will co-facilitate the Consumer and Community Consortia with Healthy Start Project staff.

7. Consumer Input in Decision-Making Process

Consumers are encouraged to provide input into the program in a variety of ways. The Healthy Start Director, Case Management Consultant, Outreach Team Leader and other project staff create opportunities for Healthy Start participants to share their ideas, experiences and feedback regarding issues and program services. Some of the strategies used by the Des Moines Healthy Start Project to obtain consumer input on issues and as part of the decision-making process during the 2001-2005 project period include but are not limited to:

- Surveys are distributed to participants regularly to solicit feedback from participants on program services and issues pertinent to the program.
- Special events or meetings such as a Consumer Coffee or a Consumer Dinner for the main purpose of bringing participants together for discussion around questions, issues, or program planning.
- Consumer Leadership Groups have provided an opportunity to have on-going dialogue with Healthy Start participants.
- Consumer Leadership Groups are also designed to help participants develop and enhance their communication and leadership skills and to utilize these skills in the Healthy Start Program during Steering and Sustainability Meetings as well as Consumer and Community Consortia Meetings. Through increased consumer communication and leadership skills, there is a corresponding increase in the ability of consumers to provide input and to participate in program planning.
- Healthy Start Participants have had opportunities during home visits to share their ideas and give input into planning home visits that meet their needs, identifying suitable resources and program activities.
- Healthy Start Participants may be consulted through individual or group contact on a variety of issues as needed ranging from the identification of strengths, challenges or gaps in community services to plans for programming.
- As the process of updating the consortium bylaws was initiated, planning included mechanisms to obtain consumer input especially for plans for bylaws to support increased consumer involvement.
Healthy Start participants have attended and participated in local, state and federal meetings during the project period.

8. Utilization of Suggestions by Consumers

Suggestions made by consumers have been utilized in the following ways:

- Consumers work with their Case Manager and give input into the planning of home visit activities and drive the identification of educational topics, resources and referrals.

- Consumers provided input into the Healthy Start Brochure.

- Consumers plan the Consumer Consortium Meetings including but not limited to ideas for educational topics and presenters.

- During Healthy Start Steering & Sustainability Committee meetings, participants have offered their ideas, input and feedback on various issues addressed during meetings.

- A suggestion by a Healthy Start Participant was the impetus for the Hispanic/Latina Support Group to be established and conducted in Spanish to provide support, education/information and opportunities for Hispanic/Latina women to develop informal networks with peers. Subsequently, support groups have been established and conducted regularly in Arabic, English and Vietnamese. Child care and transportation are also offered to facilitate participation in these groups.

- Through the Participant Satisfaction Survey and the Discharge Survey, Healthy Start participants expressed the need for English as a Second Language (ESL) classes with child care and transportation provided. Funding was secured through State Empowerment and ESL classes were established for Healthy Start and Empowerment participants receiving case management services. Classes are offered weekly on Wednesday night and Saturday afternoon.

E. Sustainability

1. Efforts with Managed Care Organizations & Third Party Billing

The Des Moines Healthy Start Project staff have engaged in the following efforts to work with managed care organizations and third party billing as a means of program sustainability:

- A series of meetings were conducted over an eight month period to explore the feasibility of billing for care coordination as provided as a part of case management services through the Healthy Start and Empowerment Projects in coordination with the Iowa Early, Periodic Screening Diagnosis & Treatment (EPSDT) Program under Title XIX. Meetings were held with the administrative staff for the State of Iowa EPSDT Program and with one agency (Des Moines Public Schools) contracting with Healthy Start. All of
the Case Managers with the Des Moines Public Schools SUCCESS & Way to Grow Programs were trained in the provision of care coordination services and the use of the Care for Kids electronic database. A pilot was conducted with Des Moines Public School Case Managers utilizing tracking and documenting care coordination services on forms to assess the feasibility and cost for required documentation of services versus the reimbursement rate. There were also meetings held to identify mechanisms to coordinate services between EPSDT providers and Case Managers. Additionally, the state regulations for the provision of Title V and EPSDT services were reviewed and determined to be incongruent with billing for care coordination services when Healthy Start or Empowerment contracted with another agency.

Visiting Nurse Services has trained a Case Manager with experience working in the EPSDT Program and trained the Stork’s Nest Coordinator in the provision of EPSDT informing and care coordination services to implement billing for informing and care coordination services as appropriate for Healthy Start, Empowerment and/or Stork’s Nest participants. Since Visiting Nurse Services is the Title V agency in Polk County, the problems encountered during the pilot for EPSDT reimbursement services and a Healthy Start contracting agency are not a factor. The benefits are dual-fold. First, families that are traditionally difficult to reach for informing and care coordination services as part of Title XIX are able to receive these services and more fully utilize the benefits. Second, billing for informing and care coordination and the subsequent reimbursement assists with the sustainability of case management services for Healthy Start.

- Visiting Nurse Services and the Des Moines Healthy Start Project have established a subcontract with Mid-Iowa Family Therapy, Inc. and established procedures to bill Title XIX for individual and group counseling by the Mental Health Counselor with Title XIX recipients.

- The Des Moines Healthy Start Project has established a system coordinating transportation services with the EPSDT program so that all transportation for Title XIX recipients is billed to Title XIX. These funds have helped to sustain and expand the transportation services provided through Visiting Nurse Services and the Des Moines Healthy Start Project. As a result, Visiting Nurse Services has been able to expand the capacity to provide transportation services to meet the increased need for transportation and address increased costs.

2. **Major Factors Associated with Identification & Development of Resources**

The major factors associated with the identification and development of resources to continue key components of the Healthy Start intervention without HS funding include but are not limited to:

- The partnership between the Empowerment Administration for Polk County, Visiting Nurse Services and the Des Moines Healthy Start Project has identified and allocated funding to increase the capacity to provide Healthy Start case management services in the Healthy Start Project Area and in Polk County. Additional funds have been secured
to provide programming and services that support and enhance the Des Moines Healthy Start Projects ability to provide Healthy Start intervention services and additional services benefiting Healthy Start participants. Empowerment funds secured have provided for Healthy Start case management services for at least 114 participants per month in Polk County; salary for half of the Healthy Start Administrative Assistant, Case Management Consultant and Outreach Team Leader positions; and assistance with the cost of nutritional supplements, child care and support group facilitation.

- Visiting Nurse Services is the Grantee for the Des Moines Healthy Start Project and the Title V Agency for Polk County. With Visiting Nurse Services as the Healthy Start Grantee and Title V Agency, there are opportunities for reimbursement for coordination of services for participants with Case Managers employed by Visiting Nurse Services and appropriate transportation services for Healthy Start participants and as a means of program sustainability that would not exist if the responsibility for these programs were within two different agencies.

- Identifying other funding and efforts to establish transportation services as part of VNS and as applicable to the EPSDT Care for Kids Program and not solely as a part of the Des Moines Healthy Start Project so that the ability to provide transportation services was not solely dependent upon Healthy Start funding. The goal is to move toward a transportation department sustained with only limited funding from the Healthy Start Program. Transportation arrangements for Healthy Start participants are now made through the EPSDT Care for Kids Program. As transportation requests are received for Healthy Start participants, EPSDT staff verify Title XIX status; ensure the participant has been informed of the benefits of Title XIX; and bill for transportation services as appropriate for participants receiving Title XIX. Additionally, Visiting Nurse Services was able to secure agency funds to purchase two vans for transportation services rather than leasing vans with Healthy Start funding.

3. Barriers to Overcome or Reduction of Negative Impact

The negative impact of the following barriers have been decreased as described below:

- There has been a reduction in language barriers through the availability of interpreters as part of the Healthy Start Project staff.

- There has been a reduction in barriers limiting access through the provision of transportation and child care for participants.

III. Project Management and Governance

A. Project Management

Over the last eight years, the Healthy Start Project Director has reported to either the Vice President or the President of Visiting Nurse Services (VNS). For the last two years, the Healthy Start Director has reported to the President and CEO of VNS. The President and
CEO of VNS reports directly to the Board of Directors.

**B. Resources Essential for Fiscal & Program Management**

The following resources secured by the project have proven to be essential for fiscal and program management:

- State Empowerment Funding for Polk County
- Title XIX Reimbursement
- A variety of local grants and foundations funding for Stork’s Nest Incentives

**C. Changes in Management & Governance**

**Change in Project Director:** Clarice Lowe was the Healthy Start Project Director until May 2004. Ms. Lowe resigned as she relocated to Arizona. Kari Lebeda Townsend was subsequently hired and started as the Project Director in July 2004.

**Change in the Steering and Sustainability Committees’ Structure:** The Steering Committee and the Sustainability Committee functioned as two separate committees until September 2004. Originally, the Steering Committee had advisory and program governance responsibilities while the Sustainability Committee reviewed mechanisms to sustain the program outside of Federal funding. An analysis of the role, responsibilities and activities of these committees by the new Project Director in the Fall of 2004 showed a great deal of overlap. Both of these groups were consulted and agreed to merge in December of 2004.

**By-Law Update:** As a result of the combination of the Steering and Sustainability Committees, the by-laws were updated to reflect the changes in committee structure as well as updated to better reflect current program practices and increase consumer involvement. A final draft of the revised by-laws was reviewed by the Steering & Sustainability Committee in September 2005 and will be adopted before the end of 2005. See Appendix C for the by-laws as revised.

**D. Process Developed to Assure Appropriate Distribution of Funds**

Budgets are prepared and monitored by the Healthy Start Project Director in accordance with the policies and procedures established by Visiting Nurse Services. The Healthy Start budget is reviewed by the President/Chief Executive Officer (CEO) and the Chief Financial Officer (CFO). Expenditures are approved by the Healthy Start Director and the President/CEO. Financial reports are prepared by the CFO and reviewed monthly with the Visiting Nurse Services Board of Directors and at least annually with Steering & Sustainability Committee members and as needed for re-budgeting. An annual audit is conducted by a private firm and submitted with grant applications.

**E. Additional Resources**

The following additional resources were important to the Des Moines Healthy Start Project
for quality assurance, program monitoring, service utilization and/or technical assistance:

- Additional Healthy Start case management services and corresponding evaluation of services to these participants are provided through Empowerment funds to serve at least an additional 114 participants each month in Polk County.

- The Case Management Consultant, as supported through a combination of Healthy Start and Empowerment funds, provides quality assurance facilitating training for Case Managers with all contracting agencies, by monitoring case management services as provided through contracting agencies.

- Dr. Michael O’Hara and Dr. Lisa Segre, with the Iowa Depression Research Center at the University of Iowa, have agreed to provide training, consultation and technical assistance related to perinatal depression and the implementation of Supportive Listening Visits on an in-kind basis during the 2005-2009 project period.

F. Cultural Competency of Contractors & Project Staff

Cultural competency is an important issue for the Des Moines Healthy Start Project because of the program’s focus on eliminating ethnic and racial disparities in perinatal health. The benefits of the various strategies employed include enrollment and retention of participants from different ethnic and/or racial groups; recognition as a community provider of culturally sensitive and linguistically appropriate services; and increased linkages of participants to community services. The following strategies have been employed to address cultural competency among contractors and project staff:

- The Des Moines Healthy Start Project has established and maintained contractors for case management services with expertise and services targeted to specific populations identified for Healthy Start services. Two contracting agencies (Creative Visions and Urban Dreams) provide community-based services specifically for African Americans and inner city residents. One contracting agency (Hispanic Educational Resources) works specifically with Hispanic/Latino families in the county. Two contracting agencies have bi-lingual Healthy Start case managers in English and Spanish, to provide case management services to Spanish-speaking women, infants and their families. One contracting agency has a case manager who is African, trained as a nurse and multi-lingual in English and several tribal dialects (Creative Visions). Program efforts are underway to identify additional Empowerment funding to secure a case management services contract with the HOLA Center which is a new center designed to provide services and bring community services together for Spanish-Speaking families.

- Agencies contracting with Visiting Nurse Services and the Des Moines Healthy Start Project to provide case management services are encouraged to employ qualified Case Managers that are bi-lingual and/or bi-cultural. Two contractors (Des Moines Public Schools and Generations) currently employ African American Case Managers. Three agencies (Des Moines Public Schools, Family Enrichment Center and Young Women’s
Resource Center) employ Spanish-speaking Case Managers.

- The Des Moines Healthy Start project employs four outreach specialists that are bi-lingual and bi-cultural to engage in recruitment efforts, provide interpretation for participants working with Case Managers and engage outreach activities to support retention of participants in the program and corresponding access to services.

- The majority of the contracts for case management services have been placed with agencies located in the Healthy Start Project Area. Agencies with services targeted to a specific population identified by the Healthy Start Project were engaged as case management services contractors even if the agency was located outside of the project area because of the agency’s cultural competence.

- The Visiting Nurse Services-Des Moines Healthy Start Outreach Team Leader is African American and resides in the project area.

- The Des Moines Healthy Start Project provides training for project staff, contractors and Case Managers on cultural practices, customs and beliefs as well as cultural sensitivity.

- The Des Moines Healthy Start Project utilizes a female interpreter in situations where the issue or circumstance may be culturally sensitive or inappropriate for a male to be involved in the discussion or exchange of information.

- Materials used by the Des Moines Healthy Start Project are translated into multiple languages (typically Arabic, Spanish and Vietnamese).

- The Des Moines Healthy Start Project makes a concerted effort to develop or purchase materials utilizing photographs or graphics with diversity.

- The Des Moines Healthy Start Project participants are able to participate in ESL classes supported by Visiting Nurse Services and State Empowerment funding.

IV. Project Accomplishments

A. Major Strategies, Goals, Objectives & Project Accomplishments

See Attachment A for major strategies implemented as well as goals, objectives and accomplishments for the project period.

The on-going program objectives and program strategies identified for the Des Moines Healthy Start Project are based on community strengths, needs and gaps in services. In addition, the Early Periodic Screening Diagnosis and Treatment Standards (EPSDT), State of Iowa Licensing Standards, theoretical constructs, best practices and research proposed from experts, experienced staff and community partners were utilized to develop objectives and strategies. The results and benefits are outlined with related program strategies, goals, objectives, and measurement data in the Project Accomplishments Tables in Attachment A.
B. Lessons Learned through Mentoring or Technical Assistance

Not applicable. The Des Moines Healthy Start Project did not receive mentoring or technical assistance from another site during the project period.

V. Project Impact

A. Systems of Care

1. Approaches Used to Enhance Collaboration: The following approaches have been utilized during the project period to enhance collaborative interaction among community organizations and services involved in promoting maternal and infant health and social support services:

- Case management services through the Des Moines Healthy Start Project were designed to be provided by community agencies on a contracted basis to increase community involvement in the project, to offer diverse expertise and perspectives, and to extend the reach of services in the community.

- Case Management Task Force Meetings are held monthly to bring outreach specialists and Case Managers together for training on program implementation, pertinent issues and community resources.

- Group trainings offered by the Des Moines Healthy Start Project are open to other community agency staff.

- Community Consortium meetings bring a variety of individuals together from various community agencies and the private and public sectors. These meetings serve as a forum for education and information exchange to promote shared perspectives and expertise, collaboration among organizations and coordination of services.

- The Des Moines Healthy Start Project spearheaded efforts to develop and periodically update a Best Practices Manual to be used as a guide for comprehensive, intensive case management services according to identified best practices for coordination of consistent services across contractors and Case Managers. The development and periodic updates of this manual includes input from a team consisting of Healthy Start Project staff and community partners.

- The Steering & Sustainability Committee and Empowerment Family Support Advisory Committee meetings provide opportunities for community partners to provide input on programming and services as well as explore further mechanisms for collaboration and coordination of community services.

- The involvement of Visiting Nurse Services and the Des Moines Healthy Start
Project with the local Human Service Planning Alliance (HSPA) has resulted in the coordination of Empowerment efforts for family support with the Healthy Start initiative in Polk County.

- Through on-going program and community assessment, Des Moines Healthy Start Project staff work together to identify and develop program-wide training needs, goals and/or plans. Similarly, the Des Moines Healthy Start Project works closely with contracting agencies and other agencies to identify joint training needs, goals and opportunities. As Visiting Nurse Services and the Des Moines Healthy Start Project arranges training for staff, community partners are often invited to participate in the training as well. Likewise, community partners invite Visiting Nurse Services and Des Moines Healthy Start Project staff to participate in training offered through their agency.

- The Des Moines Healthy Start Project works with a variety of state and local entities to identify of community needs for Healthy Start grant applications and other fund-seeking efforts.

- The long-standing relationship between Visiting Nurse Services and the United Way has offered opportunities for joint training, participation in community planning efforts, shared group benefits and co-location of program offices in the same building.

2. Structural Changes for Systems Integration: The Best Practices Manual was developed for the purpose of systems integration and to provide a consistent, effective standard of care and case management services for all families participating in family support and child development services through the Des Moines Healthy Start Project. The expectations and qualifications of Healthy Start Case Managers are outlined in the Best Practices Manual. The Best Practices Manual also serves as a universal guide to case management services that may be utilized by agencies throughout the community without regard to funding level or source.

3. Key Relationships: Visiting Nurse Services has enjoyed a long history of interagency collaboration and coordination on issues and services related to perinatal and child health. The Des Moines Healthy Start Project was rooted in the relationships established by Visiting Nurse Services and initiated new collaborative relationships to develop services and programming to benefit pregnant women, infants and their families.

a. The following agencies were coordinating efforts to provide contracted case management services for Healthy Start participants as of the 2004-2005 program year:

- Creative Visions
- Des Moines Child Guidance Center
- Des Moines Public Schools (SUCCESS and Way to Grow Programs)
- Family Enrichment Center
b. The following agencies or organizations have relationships with Visiting Nurse Services and the Des Moines Healthy Start Project to focus on the involvement of consumers and/or the involvement of community leaders but are not with any of the agencies/organizations listed above:

- Black Ministerial Alliance
- Broadlawns Medical Center
- Child & Family Policy Center
- Child Care Resource & Referral
- Children’s Health Center
- Clinical Assessment & Treatment Services, P.C.
- Iowa Department of Human Services
- Des Moines Area Religious Council
- Des Moines University
- Healthy Polk Minority Health Taskforce
- Human Service Planning Alliance
- Eyerly Ball (Mental Health Organization)
- Infant Mortality Prevention Center
- Iowa Department of Public Health Division of Family & Community Health
- Iowa Depression Clinical Research Center
- Iowa Methodist Medical Center
- Iowa SIDS Alliance
- Mid-Iowa Health Foundation
- Mid-Iowa Family Therapy Clinics, Inc.
- Minority Health Coalition
- Moving On Out (Aging Out of the Foster Care System) Program
- Park Medical Center
- Polk County Decategorization Project
- Polk County Health Department
- Prairie Meadows Foundation
- United Way of Central Iowa
- WIC Iowa

4. Impact on Comprehensiveness of Services: The Des Moines Healthy Start Project has been responsible for programming and community efforts that impact the comprehensiveness of services in the community particularly in the areas of intake, case management services and training. The Des Moines Healthy Start Project has built upon existing community-based services and offered opportunities for shared training,
identifying best practices and data management.

**a. Eligibility and/or Intake Requirements for Health or Social Services:**

The Des Moines Healthy Start Project utilizes a centralized intake and assessment process for all agency, outreach and self-interest referrals for Maternal Child Health Title V, Healthy Start and Empowerment services. All referrals are received and assessed by the Visiting Nurse Services Intake and Access Coordinator and are subsequently assigned to the appropriate program and corresponding Case Manager based on identified family needs or goals and/or type of support/assistance requested. Intake Meetings are facilitated weekly by the Intake and Access Coordinator with the Healthy Start and contracting agency staff. The Project Director, Case Management Consultant and Outreach Team Leader for Healthy Start participate in Intake Meetings to ensure that referrals are processed timely and are referred to the appropriate Visiting Nurse Services program and/or Healthy Start contracting agency. Referrals that exceed the service capacity in the Des Moines Healthy Start Project or other Visiting Nurse Services program are referred to another community agency/program as determined appropriate based on eligibility factors and/or need for services.

The Des Moines Healthy Start Project spearheaded efforts to provide continuity and a systematic approach to referral exchange among and across community agencies and programs. As a result, the Partners for Pregnant & Parenting Families was formed to establish a referral system and formal agreement for agencies providing home visitation services for pregnant women and families with children five years old and younger.

**b. Barriers to Access/Service Utilization & Community Awareness of Services:**

The Des Moines Healthy Start Project has had an impact on barriers to access and service utilization in Polk County by providing the following services and showing the importance of these services to overcoming barriers to access and service utilization:

- Providing culturally and linguistically appropriate staff to identify and engage families in case management services.

- Providing transportation to health care appointments and to social services appointments related to identified family goals to increase access and utilization of health care and other community services.

- Providing a mechanism to arrange transportation services for participants through the EPSDT Care for Kids Program which includes educating participants on the use of this program as an on-going source of transportation for Title XIX recipients.
- Providing child care for all Healthy Start Program activities and meetings for participants and drop-in child care for maternal health care, mental health and goal-related social service appointments.

- Providing interpretation for participants for program activities/services, health care and social service appointments as well as materials in languages other than English.

- Providing training opportunities for Healthy Start and contracting agency staff as well as other community members on cultural awareness and sensitivity related to working with low-income, at-risk, immigrant and non-English speaking women and families.

- Providing linkages to insurance outreach programs to assist families in enrolling in Title XIX or hawk-i to provide financial assistance with health, dental health, mental health and vision care.

- Providing support groups, Supportive Listening Visits and mental health counseling to provide opportunities for participants to engage in counseling services and to encourage participants to accept and utilize other community services for mental health concerns as appropriate.

c. **Care Coordination:** The Des Moines Healthy Start Project has had an impact on care coordination in the following ways:

- Identified and established standards for care coordination and case management services for Healthy Start participants.

- Developed a Best Practices Manual with input from contracting agencies and other community agencies to document and communicate established standards for care and case management services.

- Provided a process to update the established standards and the corresponding Best Practices Manual in keeping with program changes, newly identified best practices as well as program improvement or expansion efforts.

- Identified minimum qualifications and training requirements for all Case Managers.

- Provided trainings for Case Managers including perinatal and child development curriculum.

- Initiated the use of the Edinburgh Postnatal Depression Screening (EPDS) and corresponding training on perinatal depression, detection and referral.
• Provided a mechanism for monitoring service provision and data collection.

• Provided a centralized system for intake of referrals.

d. **Record Systems & Data**: In 2000, a database was designed for the Des Moines Healthy Start Project and database software was made available for use by 26 Title V Maternal Child Health Centers across Iowa. The use of the same database system allows universal data collection and reporting to support the development and implementation of common performance measures across all Healthy Start services and contracting agencies as well as other maternal child health programs in Iowa. Data is used by the Des Moines Healthy Start Project, state and local programs to monitor the health status of women and infants participating in services and to set priorities for Healthy Start programming as well as community and state planning efforts.

Within Visiting Nurse Services, the following measures have been implemented to ensure the confidentiality of participant records and data:

• Project Directors and/or managers have access only to their programs data and records.

• Healthy Start contracting agencies have access only to the data and records for participants served by their agency.

• Appropriate consent(s) to release information between Visiting Nurse Services and contracting agency are obtained for the purposes of participant intake and admission into Healthy Start.

• Data is compacted and an identification number replaces any information identifying a participant (for example, name, address, etc.) so aggregate data may be reviewed and analyzed by an evaluator.

The Intake and Access Coordinator and Quality Assurance Coordinator have access to IRIS, the State of Iowa Database for Immunization Records, to verify immunization records on participant children as applicable to increase the accuracy of immunization records and to reduce the need for repetition in data collection.

5. **Impact Enhancing Client Participation in Evaluation**

   a. **Provider Responsibility in Maintaining Client Participation**: The Des Moines Healthy Start Project offers professional development activities for project staff and trainings for community partners to increase staff/provider sensitivity to the cultural, linguistic and gender in work with program participants and their families. Formal and informal trainings have focused on diversity; cultural traditions, customs, beliefs and practices; and cultural sensitivity and competency to increase the working knowledge of service providers/staff and
to infuse culturally-appropriate approaches into program services.

b. **Consumer Participation in Assessment/Intervention Development:** The input of consumers is obtained through a variety of mechanisms (such as participant surveys, community and consumer meetings, interviews, discussions with case managers) for use in developing programming approaches and activities as well as assessing tools and materials for participant use. Consumer input fuels investigations into programming alternatives and efforts to identify new services and/or improve existing services to better meet the needs of participants/families.

B. Impact to the Community

1. **Residents Knowledge of Resource/Service Availability:** Awareness campaigns addressing important issues such as sudden infant death syndrome, harmful effects of smoking, perinatal depression and other issues pertinent to maternal/child health have been conducted using a variety of modalities. A major focus of the awareness campaigns has been to reach a variety of audiences, increase specific knowledge of important health concerns, and concurrently increase awareness of the Healthy Start project. Education and training has been provided to increase the knowledge and competency of project staff and other service providers to improve the quality and scope of health and human services. Additionally, training efforts have also targeted consumers and the general public to enhance self-advocacy skills for consumers of health care. Key local, city, county and state representatives; religious and business leaders; community organizations, hospitals and local churches have been contacted periodically to address current issues and needs of participants as well as promote awareness of the Healthy Start program and services.

2. **Consumer Participation in Establishing or Changing Standards:** See Section 5b. which is entitled Consumer Participation in Assessment/Intervention Development for information on consumer participation and input related to program development and program changes.

3. **Community Experience with Conflict Resolution and Team Building:** By contracting with community agencies for the provision of case management services and engaging in collaborative endeavors, the Des Moines Healthy Start Project staff interfaces with many community partners and providers. Team building efforts of the project include but are not limited to the integration of advisory committees, regular forums for education and information exchange such as consortium meetings, Case Management Task Force meetings, the Steering and Sustainability Committee, site visits, focus groups, meetings facilitated by experts as well as individualized meetings with specific providers as needed. Some of the most successful strategies to community-building efforts employed by the Des Moines Healthy Start Project involve listening to and considering the opinions of others; increasing the knowledge of providers/partners through joint training and shared expertise; and maintaining a focus on the strengths and needs of clients, families and the community.
4. **Creation of Jobs within the Community**: The Des Moines Healthy Start Project has created a number of jobs in the community from outreach workers to case managers to mental health counselors to management staff. Visiting Nurse Services is committed to employing outreach specialists/interpreters who live in the communities served by the Healthy Start Project. Additionally, Visiting Nurse Services has maintained the commitment to providing case management services through contracts with ten to fourteen agencies in the community. These agencies employ case managers which increases and enhances their staff and provides increased expertise for their agencies. As a result of the project, there are more employment opportunities encouraging and supporting diversity. Moreover, the Healthy Start Project has provided leverage to secure additional funds for case manager positions as well as some new initiatives that will begin in the 2005-2006 program year thereby increasing jobs within the community. Another funding request has been submitted by the Des Moines Healthy Start Project that would create peer helper positions and provide training for past Healthy Start participants to provide needed and culturally appropriate services for African American participants also in the 2005-2006 program year.

C. **Impact on the State**

Visiting Nurse Services is the Title V Grantee for Polk County and the Healthy Start Grantee. The co-location of these initiatives within Visiting Nurse Services has enhanced the ability to coordinate Title V and Healthy Start services and decreased the barriers typically experienced by community-based and state programs/agencies. Visiting Nurse Services and Des Moines Healthy Start Project staff have established an effective relationships with the Iowa Department of Public Health as well as other state programs and agencies. The regular dialogue between project staff and state providers has created opportunities for increased coordination of services.

D. **Local Government Role**

Visiting Nurse Services and the Des Moines Healthy Start Project has engaged in coordinated efforts and fostered collaborative relationships with local government which have resulted but are not limited to the following activities:

- A representative from the Family Services Bureau of the Iowa Department of Public Health has been actively involved in the consortium as well as steering and sustainability committees through the four year project period.

- Due to collaborative relationships and increased awareness of the effectiveness of the Healthy Start model VNS has secured additional funding from the United Way of Central Iowa, the Human Service Planning Alliance and local Empowerment Initiatives.

- The development of a single database system that is utilized across the Healthy Start and Empowerment Projects as well Title V programs promotes monitoring and
coordination of outcomes across state and local agencies.

- A representative from the Healthy Start Project is involved in the Healthy Polk Minority Taskforce addressing health disparities and access barriers in Polk County.

E. Lessons Learned

The benefits and lessons learned from the project are discussed throughout this impact report and in attached evaluation reports and summaries.

VI. Local Evaluation

In the past, the Des Moines Healthy Start Project has had an Evaluation Committee focused on program evaluation. The Evaluation Committee met several times over several years to assist with program evaluation activities. As the Healthy Start Project was well established in the community and evaluation activities were ongoing, the Evaluation Committee was determined to be unnecessary as the program continued. The Steering Committee was charged with the responsibility to support the Healthy Start Project Director and Local Evaluator with issues and activities related to program evaluation.

See the following reports in Attachment B for the Healthy Start Local Evaluation Reports:

- Des Moines Healthy Start Project Evaluation – First Four Year Project Period
- Perinatal Depression Project Program Description and Evaluation Report

Other evaluation efforts were detailed in Healthy Start Grant Applications submitted during the project period as previously submitted to the Division of Healthy Start and Perinatal Services (DHSPS).

VII. Fetal and Infant Mortality Review (FIMR)

The State of Iowa has a Fetal and Infant Mortality Review (FIMR), Child Mortality Review and a Maternal Mortality Review. Dr. Hermann Hein, consultant to the Infant Mortality/Healthy Start Consortium, developed the statewide Perinatal Program. Dr. Hein visits each hospital in the state and reviews records pertaining to all fetal and infant deaths. Any deaths that are not reviewed at the hospital are reviewed individually. A summary of all deaths in Iowa is shared with public health agencies for use in maternal and child health planning. Dr. Hein shares the results of fetal and infant death reviews with the Infant Mortality/Healthy Start Consortium allowing the Des Moines Healthy Start Project and other community agencies to explore ways to better target services to the specific issues and specific populations identified through the fetal and infant mortality review process. Dr. Hein has also been a member of the Child Mortality Review since its inception nearly a decade ago. The Maternal Mortality Review is a joint effort between the Iowa Department of Public Health and the Iowa Medical Society.
VIII. Products

See Attachment B for the following materials produced under the Healthy Start Grant funding including the Healthy Start Brochure – English and Spanish; Healthy, Healthwise Book – English and Spanish and the Stork’s Nest Brochure.

IX. Project Data

Please see Appendix D for the forms listed below to delineate the project data for each year of the four-year project period:

- Form 1: MCH Budget Details
- Form 5: Variables Describing Healthy Start Participants
- Form 9: Common Performance Measures & Intervention Specific Performance Measures
- Section A: Characteristics of Program Participants
- Table B: Risk Reduction/Prevention Services
- Table C: Major Service Table
Appendix A

Des Moines Healthy Start Project Area Map
Project Period: June 1, 2001 – May 31, 2005
Appendix B

Best Practices Manual

See Binder labeled Best Practices Manual
Appendix C

BYLAWS of Infant Mortality – Healthy Start Community Consortium
And Healthy Start Steering & Sustainability Committee
Appendix D

Project Data

Form 1: MCH Budget Details – Eliminating Disparities (H49 MC 00052) FY 2001-2002
Form 1: MCH Budget Details – Eliminating Disparities (H49 MC 00052) FY 2002-2003
Form 1: MCH Budget Details – Eliminating Disparities (H49 MC 00052) FY 2003-2004
Form 1: MCH Budget Details – Eliminating Disparities (H49 MC 00052) FY 2004-2005

Form 1: MCH Budget Details – Perinatal Depression (H49 MC 00025) FY 2001-2002
Form 1: MCH Budget Details – Perinatal Depression (H49 MC 00025) FY 2002-2003
Form 1: MCH Budget Details – Perinatal Depression (H49 MC 00025) FY 2003-2004
Form 1: MCH Budget Details – Perinatal Depression (H49 MC 00025) FY 2004-2005

Form 5: Variables Describing Healthy Start Participants – CY 2001
Form 5: Variables Describing Healthy Start Participants – CY 2002
Form 5: Variables Describing Healthy Start Participants – CY 2003
Form 5: Variables Describing Healthy Start Participants – CY 2004

Form 9: Common Performance & Intervention Specific Performance Measures CY 2001-2004

Section A: Characteristics of Program Participants – CY 2001
Section A: Characteristics of Program Participants – CY 2002
Section A: Characteristics of Program Participants – CY 2003
Section A: Characteristics of Program Participants – CY 2004

Section B: Risk Reduction/Prevention Services – CY 2001
Section B: Risk Reduction/Prevention Services – CY 2002
Section B: Risk Reduction/Prevention Services – CY 2003
Section B: Risk Reduction/Prevention Services – CY 2004

Section C: Major Service Table – CY 2001
Section C: Major Service Table – CY 2002
Section C: Major Service Table – CY 2003
Section C: Major Service Table – CY 2004
Attachment A

Project accomplishments – Goals, objectives & strategies
Attachment B

Local Evaluation Report
Attachment C

Depression Counseling for Case Managers Progress Report
August 2005 Update

See Binder labeled Depression Counseling for Case Manager Progress Report
Attachment D

Products