My Healthy Baby
Connecting Indiana Families to Pregnancy & Infant Support

2021 Annual Report

Indiana
Department
of
Health

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
FSSA

INDIANA
DEPARTMENT OF
CHILD
SERVICES

Introduction

In 2019, Governor Holcomb issued a challenge to Indiana to be the best in the Midwest for infant mortality by 2024. This challenge emerged from a review of data that showed for many years, Indiana's infant mortality had been higher than the national rate and the rate of its Midwest neighbors. For more data on infant mortality in Indiana, including the disparities experienced across racial and ethnic groups, see Appendix 1.

My Healthy Baby is a cross-agency initiative between the Indiana Department of Health (IDOH), Family and Social Services Administration (FSSA) and the Department of Child Services (DCS), and is being developed and implemented as a response to this challenge. My Healthy Baby seeks to reach out to women as early in their pregnancy as possible and offer a connection to local home visiting programs that will provide one-on-one guidance and support during and beyond pregnancy. Research and information show that early connection to these services can address family needs and factors contributing to poor birth outcomes.

My Healthy Baby was active in 22 counties as of June 30, 2021, and is expected to launch in every Indiana county by June 30, 2023. For an overview of the implementation schedule, see Appendix 2.

Overall, the My Healthy Baby initiative focuses on three areas to achieve its goal of saving an additional 200 babies each year. The three areas of focus include:

1. **Early identification**: My Healthy Baby identifies or finds pregnant women as early as possible in their pregnancies.
2. **Referral system**: My Healthy Baby informs women about available resources and assists in connecting them to home visiting providers in their communities.
3. **Home visiting**: Home visiting programs provide support, education and services that promote a healthy pregnancy, birth and postpartum care for both mom and baby.

The data below are presented in sections aligning with these three focus areas. Unless otherwise noted, the time period for all data is July 1, 2020 through June 30, 2021.

Early identification

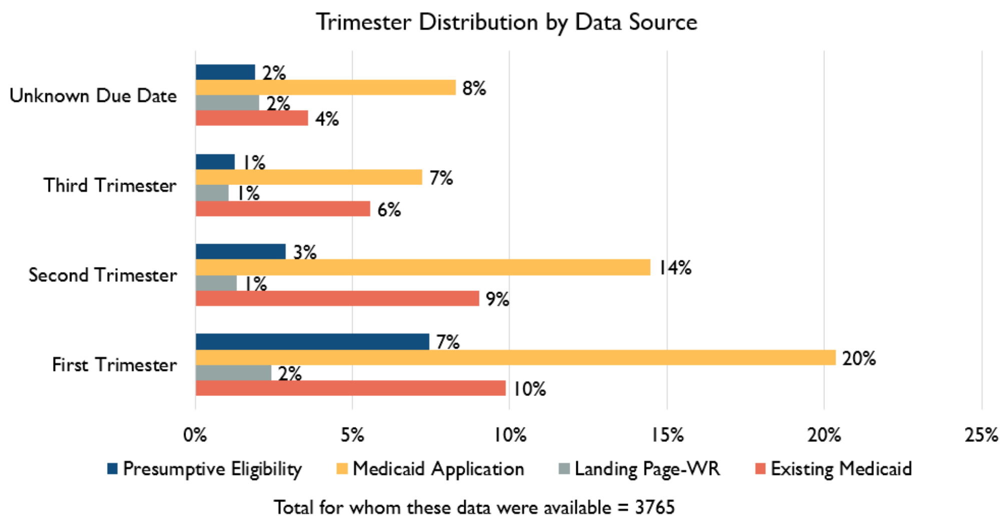
Connecting pregnant women to home visiting as early in their pregnancy as possible is an important component of My Healthy Baby as studies have indicated better outcomes when interventions are provided early in pregnancy. For the following analyses, as for general infant mortality analyses, early in pregnancy is considered the first trimester (first 13 weeks of pregnancy).

Women are currently identified through one or more data sources at FSSA: women who have just been approved for Presumptive Eligibility for Pregnant Women, pregnant women who have just submitted a Medicaid application, women already insured by Medicaid whose status changes to pregnant and women insured by Medicaid who have a positive pregnancy indicator in the IHIE data set (IHIE data were added in March of 2021). FSSA transfers demographic and contact information for these potential clients to IDOH daily.

In addition, women may self-identify or be referred by a provider. In October 2020, the program launched an outreach campaign that included online and social media marketing, as well as out-of-home marketing, such as billboards. Self-referrals typically come in via this campaign's landing page.[1] Providers can refer women via the online referral form,[2] which was released in March of 2021.

Figure 1 below indicates the trimester distribution of women identified for My Healthy Baby between July 1, 2020, and June 30, 2021. (Note that the numbers for IHIE data and provider referrals were too small to include.)

Figure 1: Trimester Distribution of Clients Screened, July 1, 2020 - June 30, 2021



Referral system

Figure 2 below shows the process from identification to client enrolling in a home visiting program.

Figure 2: My Healthy Baby Process Steps from Identification to Enrollment in Home Visiting Program

[1] MyHealthyBabyIndiana.com
[2] MyHealthyBabyIndiana.com/referral

After receiving contact information for potential clients, communication specialists at IDOH initiate contact attempts. Two call attempts are made for those clients with a working phone number and letters are mailed for those clients who do not answer the phone or who do not have a working phone number. It is important to note that during contact and screening, there are many clients that IDOH is unable to successfully contact.

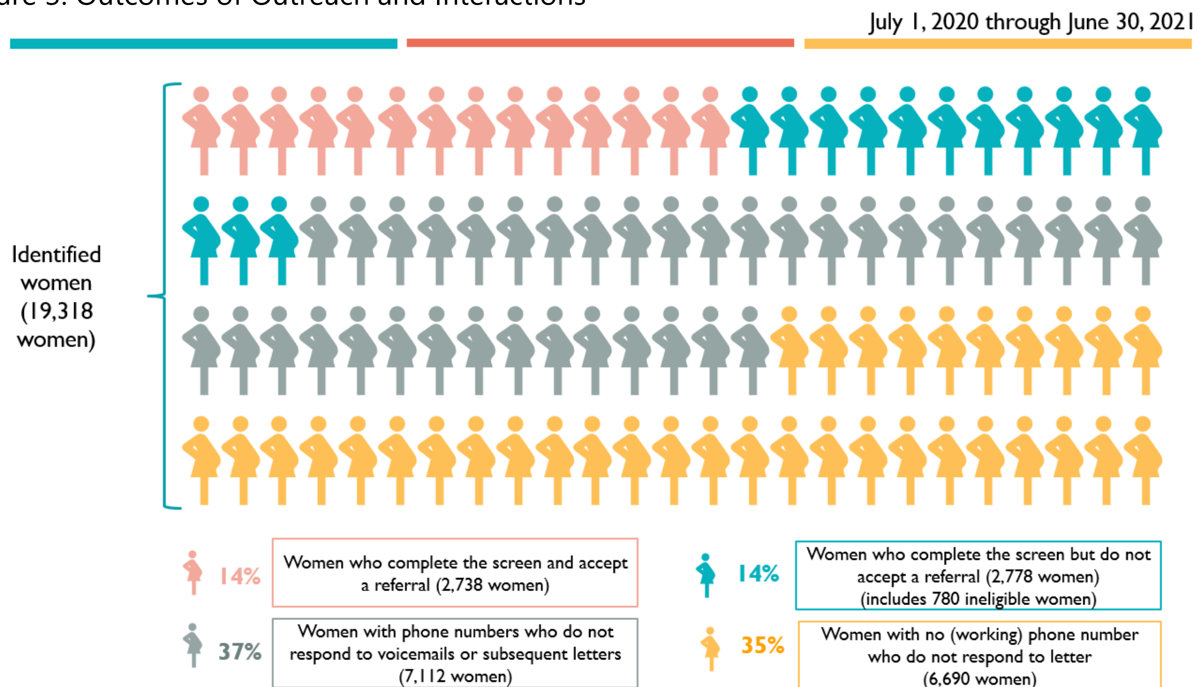
Successful contact occurs when the communication specialist is able to complete a screen with the client. Since participation is voluntary, a client may decline to proceed with the screening process. Clients that agree to continue with the screening process are asked basic questions that assist in assessing the clients' needs and determining eligibility for My Healthy Baby and for the home visiting programs available in each client's county.

To be eligible for My Healthy Baby, a woman must be pregnant or have recently delivered and live in one of the counties where the program has launched. The home visiting programs also have eligibility criteria that vary from program to program and from county to county. My Healthy Baby makes every effort to refer clients to programs for which they are eligible, but occasionally a local program may subsequently determine that a referred client is not eligible for their services.

Based on the screen results, eligible clients are offered a referral to a home visiting program in their own community. The client responds by accepting the home visiting referral, opting out or requesting information only. All screened clients are also offered one-on-one assistance with health insurance navigation and other local resources, including specifically assistance in finding a prenatal care provider.

Figure 3 below shows the outcomes of outreach attempts and interactions between July 1, 2020 and June 30, 2021.

Figure 3: Outcomes of Outreach and Interactions

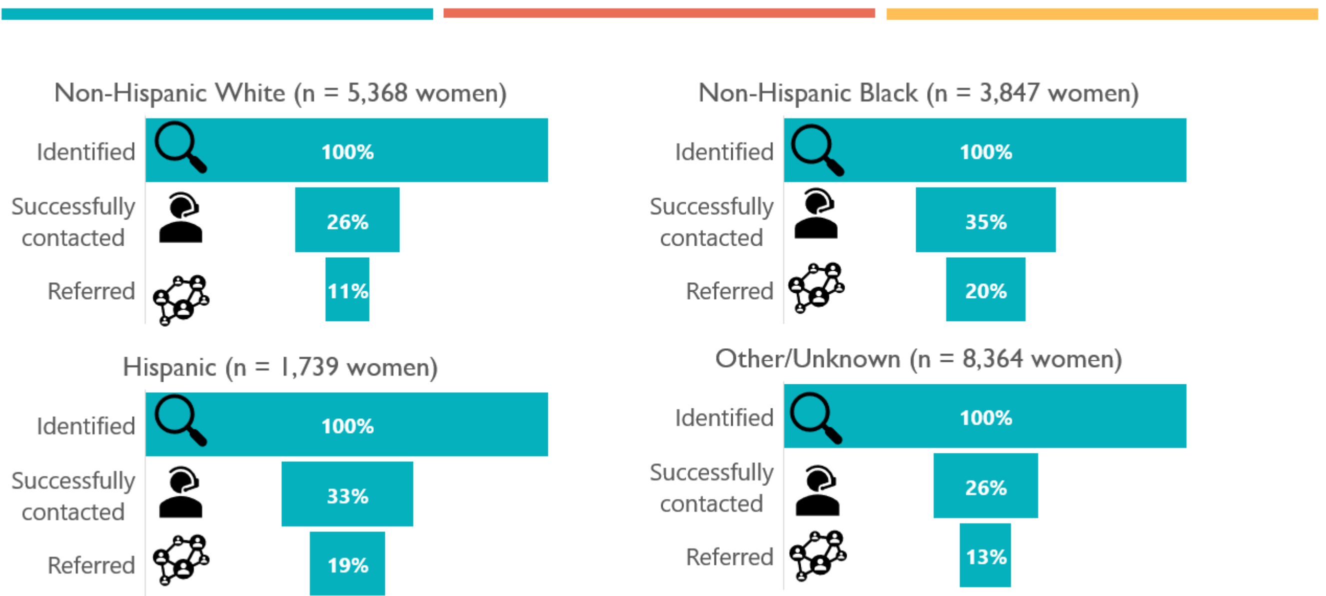


Of the 19,318 women identified as potential clients for My Healthy Baby between July 1, 2020 to June 30, 2021, 28% were Non-Hispanic (NH) White, 20% were NH Black, 9% were Hispanic and 43% were in the Other/Unknown category. Other/Unknown includes clients that are Non-Hispanic Native Hawaiian, Non-Hispanic Asian, Non-Hispanic American Indian or Alaska Native. These groups have low counts and have been combined for that reason. Clients for whom race/ethnicity data were missing or who declined to identify race or ethnicity, and clients who indicated "unsure" are also included in the Other/Unknown category.

During this period, 26% of NH White clients, 35% of NH Black clients, 33% of Hispanic clients and 25% of Other/Unknown clients were successfully reached and screened.

Of the NH White clients who were screened, 41% (11 % of identified potential clients) accepted a referral while 45% declined the referral. Of the NH Black clients who were screened, 55% (20% of identified potential clients) accepted a referral while 29% declined the referral. Of the Hispanic clients who were screened, 57% (19% of identified potential clients) accepted a referral for My Healthy Baby home visiting and 31% declined a referral. Of Other/Unknown clients who were screened, 50% (13% of identified potential clients) accepted a referral for My Healthy Baby home visiting and 34% declined a referral. (See Figure 4)

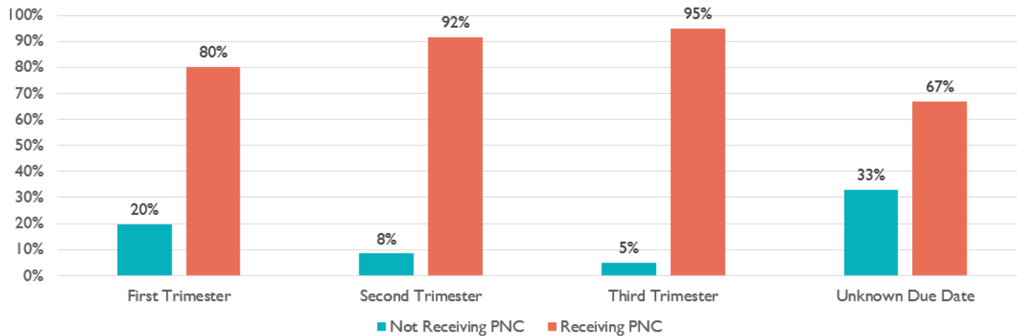
Figure 4: Outcome by Race/Ethnicity



Prenatal Care Utilization

In addition to making referrals for home visiting, the communication specialists at IDOH assess prenatal care utilization and offer to assist in finding a prenatal care provider. Out of the 3699 clients asked about prenatal care utilization, 3093 clients indicated they were currently receiving prenatal care. Figure 5 below provides the percentage breakdown of prenatal care utilization by clients' trimester of pregnancy at the time of the call.

Figure 5: Prenatal Care Utilization by Trimester



Notes:
These data points represent the 3699 clients that have been screened and provided information for both trimester and prenatal care access (out of 5516 total screened clients).

Home visiting

My Healthy Baby refers women to perinatal home visiting programs that partner with pregnant women and families to provide voluntary, individualized services during pregnancy and for at least the first year after the baby is born. Home visiting services take place in a setting that is natural and comfortable for the family, such as the home, childcare program or library.

Areas of support offered may include positive parenting, child development, maternal and child health, access to resources and social supports and family economic self-sufficiency.

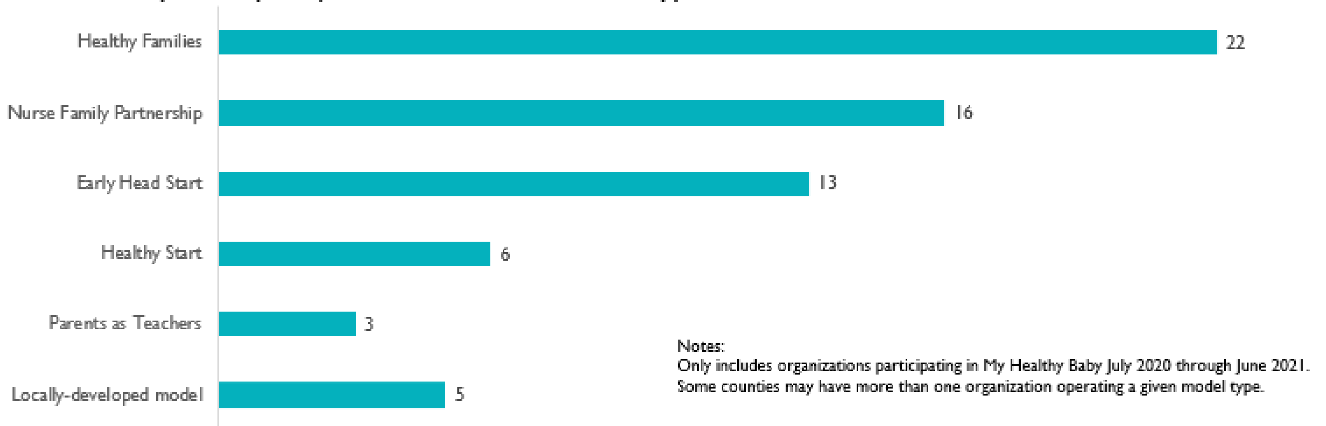
Participating home visiting program types

My Healthy Baby refers clients to a variety of home visiting organizations. Some of the organizations implement national models (Healthy Families, Nurse Family Partnership, Early Head Start, Healthy Start and Parents as Teachers), while others utilize locally-developed models; a few organizations offer more than one type of model. In collaboration with an advisory committee made up of home visiting representatives from all models and from across the state, My Healthy Baby developed a set of home visiting standards.[3] These standards identify and define commonalities across model types, and lay out core expectations for home visiting

[3] The My Healthy Baby Home Visiting Standards are available at https://www.in.gov/myhealthybaby/files/Indiana-My-Healthy-Baby-Standards.pdf

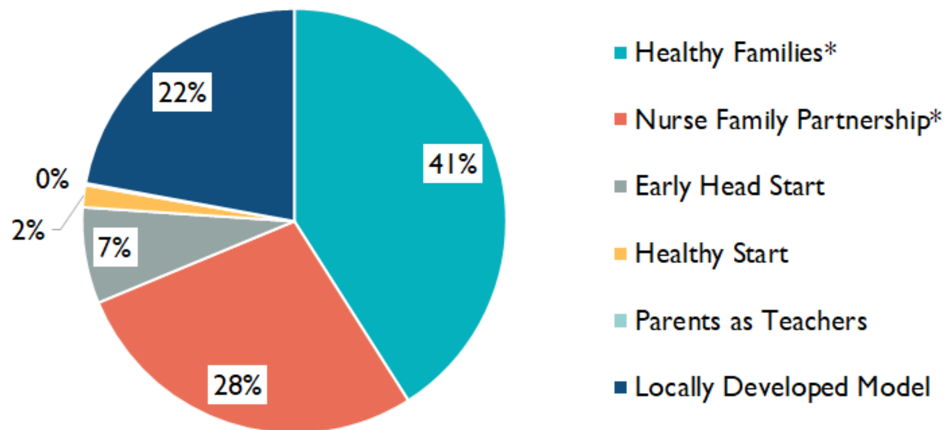
organizations that participate in My Healthy Baby. This ensures that clients referred by My Healthy Baby will have access to a core set of resources and support, regardless of what model the participating organization follows. Figure 6 below highlights the breadth of model types in the 22 counties where My Healthy Baby was active during the report period.

Figure 6: Breadth of Model Types



As indicated above, My Healthy Baby referred 2,738 clients to home visiting programs during the 12-month period from July 1, 2020 through June 30, 2021. The referral distribution by home visiting program type is shown in Figure 7.

Figure 7: Referral Distribution by Home Visiting Program Type



* This category includes home visiting programs that provide service based on more than one model. For example, Healthier Moms and Babies (HMB) provides both Healthy Start (HS) and Nurse Family Partnership (NFP) models. Mental Health America (MHA) also provides services based on Healthy Families (HF) and Parents as Teachers (PAT) models. HMB has been categorized within NFP and MHA has been included in HF category.

Enrollment in home visiting

After referral, the next step in the process is client enrollment into the home visiting program. There are several considerations to note when looking at enrollment, or conversion, data, including:

- Given the voluntary nature of the programs, clients are not obligated to engage and/or enroll.
- My Healthy Baby data analysis shows that the target population faces many challenges (such as unreliable access to phone service), sometimes making it more difficult for home visiting programs to successfully reach a referred client.
- Some My Healthy Baby referrals are duplicates of referrals that were already received by the home visiting program from another entity. These clients will typically not be counted as My Healthy Baby enrollments.
- After a home visiting program receives a referral, the program contacts the client and conducts an eligibility screening. As noted earlier, eligibility varies by home visiting program and some clients may not meet the national and/or local eligibility criteria, which can result in some clients not enrolling.
- The referrals represented in the data below may enroll in the program after the reporting period used for this report. Thus, conversion rate calculations show a higher percentage when data is analyzed over a longer period of time. In addition, program sites can report higher number of clients screened in a reporting period if clients referred in the previous period were only contacted during the current period.

The data required for conversion rate analysis are provided by the home visiting programs. For the My Healthy Baby project, conversion rate is assessed using two formulas, as shown in Figure 8. The first analysis looks at the percentage of clients who enrolled out of all My Healthy Baby referrals. The second looks at the percentage of clients who enrolled out of those the home visiting program was able to contact and found eligible.

Figure 8: Conversion Rate Formulas

Conversion Rate Calculation 1

$$\frac{\text{(Total Number of Clients Enrolled by Program Site)}}{\text{(Total Number of Referrals Reported by Program Site)}}$$

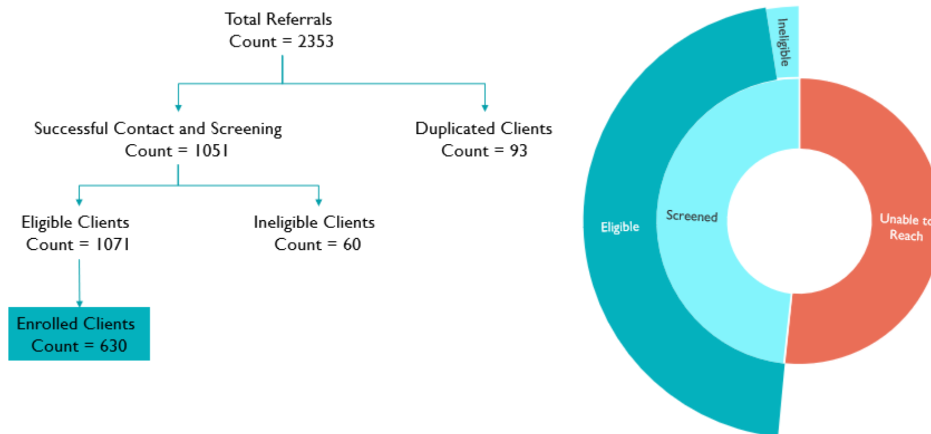
Conversion Rate Calculation 2

$$\frac{\text{(Total Number of Clients Enrolled by Program Site)}}{\text{(Total Number of Referrals Screened Eligible by Program Site)}}$$

In the period from July 1, 2020, to June 30, 2021, program sites reported 2,353 referrals received and 630 clients as enrolled. This represents a 27% conversion rate using calculation 1. Out of the total referrals, program sites reported 1,051 clients they were able to successfully contact and find eligible. When this is factored in to the calculation, it indicates a 59% conversion rate using calculation 2. See Figure 9.

It should be noted that there is a gap of 385 clients between the total number of outgoing referrals documented and the referral count reported by home visiting programs combined. My Healthy Baby is working both with home visiting programs and with the team contacting and referring clients to figure out the source of the gap.

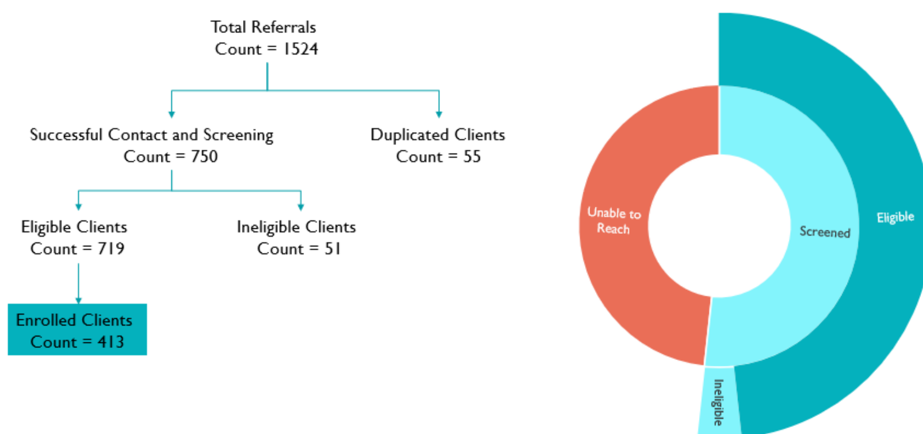
Figure 9: My Healthy Baby Enrollments in All Programs, July 2020 – June 2021



Programs with a pre-existing data-sharing relationship with a state agency: July 2020 - June 2021.

Some home visiting programs in Indiana have pre-existing data-sharing relationships with a state agency. Specifically, the Department of Child Services maintains the data for Healthy Families Indiana and the Indiana Department of Health has access to the data for Nurse Family Partnership in Indiana. These programs were able to add a flag to indicate referrals from My Healthy Baby, and My Healthy Baby accesses de-identified data through these existing relationships. These programs combined reported 27% conversion rate of the total number of referrals received (calculation 1) and 57% of the total number of clients screened eligible (calculation 2). For a graphic representation of My Healthy Baby enrollments into these programs, see Figure 10.

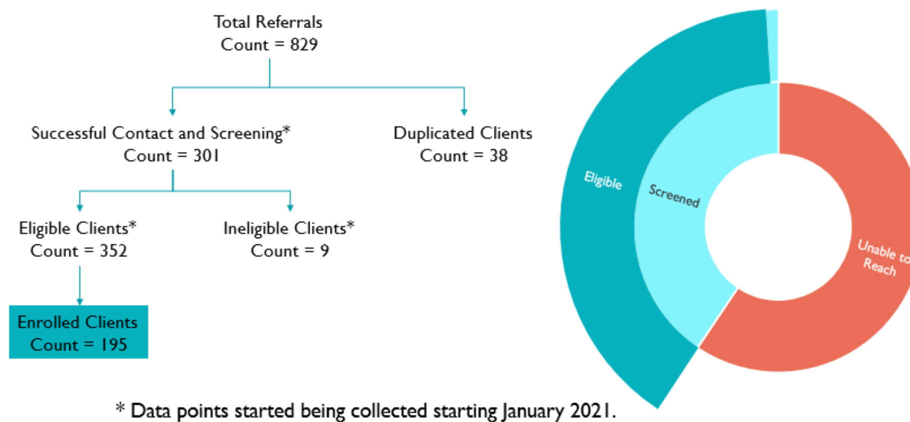
Figure 10: My Healthy Baby Enrollments in Programs with Existing Data Sharing, July 2020 through June 2021



Programs with a new data-sharing relationship with My Healthy Baby

Programs other than Healthy Families and Nurse Family Partnership are asked to submit monthly data related to enrollment of My Healthy Baby referrals. Out of 25 participating home visiting programs included in this category, an average of 19 programs submitted conversion rate data each month. According to the data obtained from July 1, 2020 through June 30, 2021, these sites received 829 referrals, with a 26% conversion rate of the total number of referrals received and 62% of the total number of clients screened eligible during this time period; Figure 11 below indicates the outcomes of these referrals.

Figure 11: Referral outcome for home visiting programs that are not state administered, July 2020 through June 2021



Ongoing improvement work

During this reporting period (July 1, 2020 through June 30, 2021), My Healthy Baby worked to enhance data analysis and evaluation of the initiative with the goals of supporting data informed decisions, identifying areas for improvement, and developing and testing improvement strategies. Access to data has been a key factor in these efforts.

Because contact and referral data are collected and stored entirely within the Indiana Department of Health, the My Healthy Baby team has had full access to these data. Moreover, following launch of the program in the original 22 counties, contact and referral data have been relatively stable. These data have informed ongoing improvement efforts focused on increasing the percent of identified women who are successfully reached and the percent of women who accept a referral. The program hopes to be able to report outcomes of these efforts by the next reporting period.

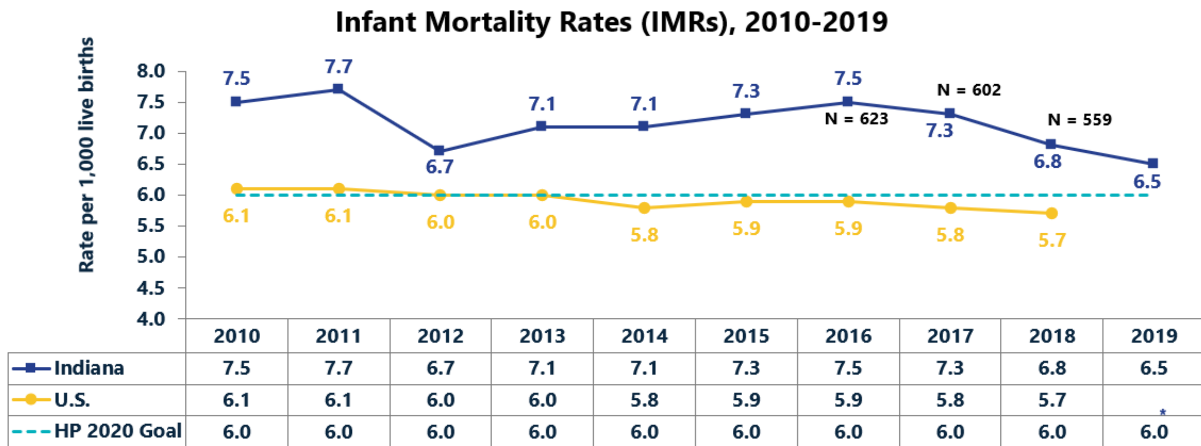
Related to home visiting data, access to the data has presented a major limitation and the program continues to work on ways to improve this access. Additionally, in order to establish uniform measurement across programs while still factoring in the uniqueness of the different programs, My Healthy Baby has sought to devise an approach to data collection and

analysis that meets the needs of all parties. One example of this is the use of two formulas for the calculation of conversion rate.

For home visiting data the program can access (related to conversion), collection is multifaceted because of the diversity of the home visiting programs and gaps still occur as noted previously. My Healthy Baby is working to develop advanced data sharing processes to help reduce data gaps in the future.

Appendix 1

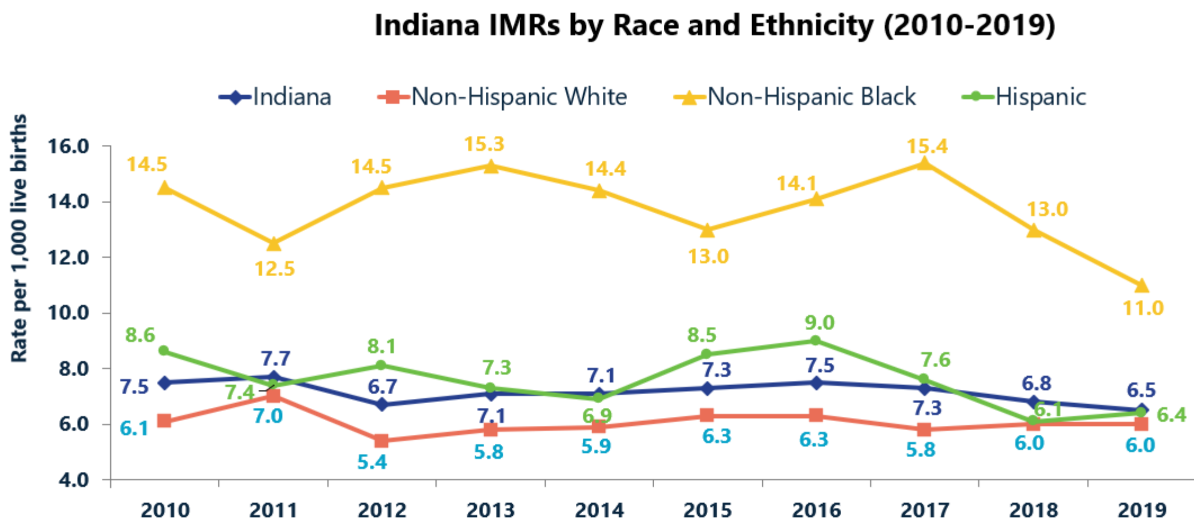
Figure 1: Infant Mortality Rates (2010 – 2019)



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Indiana	7.5	7.7	6.7	7.1	7.1	7.3	7.5	7.3	6.8	6.5
U.S.	6.1	6.1	6.0	6.0	5.8	5.9	5.9	5.8	5.7	*
HP 2020 Goal	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0

Birth outcomes, including infant death, are influenced by many factors including biological, social, environmental and physical. As a result, the IMR differs among races and ethnicities, regions, counties, zip codes, maternal age, levels of income and more. The many factors that influence the health of infants and mothers highlight the complexity and long-term nature inherent in the goal of reducing infant mortality and promoting healthier families.

Figure 2: Indiana Infant Mortality Rate by Race and Ethnicity (2010-2019)



Appendix 2 – Implementation Schedule for My Healthy Baby