My Healthy Baby

Connecting Indiana Families to Pregnancy & Infant Support

2022 Annual Report

Indiana Department of Health

Indiana Family & Social Services Administration

Indiana Department of Child Services

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Executive Summary

Established in 2019 by House Enrolled Act 1007, My Healthy Baby seeks to reach out to women as early as possible in their pregnancy and offer a connection to local home visiting programs that will provide one-on-one guidance and support during and beyond pregnancy. The ultimate goal is to improve birth outcomes in the state of Indiana.

The My Healthy Baby 2022 Annual Report is intended to provide stakeholders, decision-makers, and interested parties at all levels an understanding of how My Healthy Baby operates, its reach and potential impact, and improvement opportunities and efforts. 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). Data analyses were completed by the Indiana Department of Health Maternal and Child Health Division's epidemiology team, covering the period of July 1, 2021, through June 30, 2022; staff from all three agencies contributed to this report.

During the year covered by this report:

- My Healthy Baby expanded from 22 Indiana counties to 75 (see Appendix 2 for detail).
- My Healthy Baby identified and attempted to reach 31,651 potential clients.
- 10,742 women (34% of potential clients) completed a phone screen with a My Healthy Baby communication specialist.
- 5,129 women (16% of all potential clients, 48% of women who completed a phone screen) accepted a referral.
- At least 1,100 (21% of referred clients) went on to enroll in home visiting services.
- Of note, during this year, My Healthy Baby increased both the number of counties reached and the percentage of clients who agreed to a referral.

Areas of focus for improvement include:

- Increasing access to post-referral data
- Increasing percentage of women who are reached and who accept a referral
- Supporting home visiting programs to increase the percentage of referred women who enroll

Compared to previous year:

Grew from

22 to 75

Indiana counties

87% increase

in number of women referred

Introduction

My Healthy Baby was created in response to a challenge from Governor Holcomb to improve birth outcomes in Indiana. 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.

Implemented as a response to this challenge, My Healthy Baby seeks to reach out to women as early as possible in pregnancy 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 formally launched in Allen County in January 2020. My Healthy Baby was active in 75 counties as of June 30, 2022, and is expected to launch in every Indiana county by June 30, 2023. (For an overview of the implementation schedule, see Appendix 2.) While the ultimate goal is that My Healthy Baby will support all pregnant women in Indiana, the current focus is on reaching women insured by or eligible for Medicaid.

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, 2021, through June 30, 2022.

Early identification

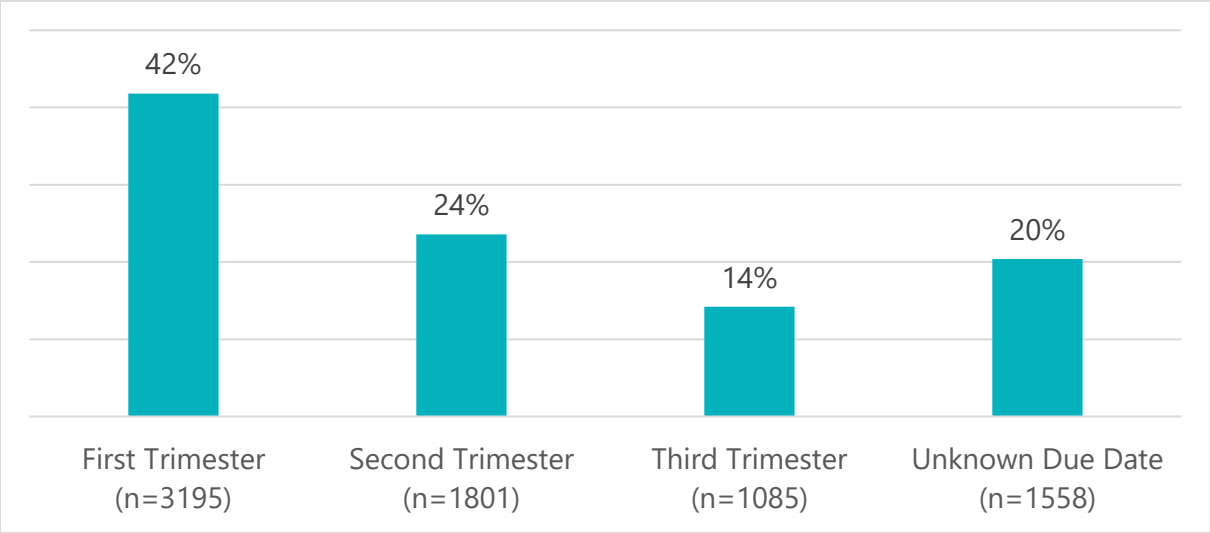
Connecting pregnant women to home visiting as early as possible in pregnancy is an important component of My Healthy Baby, as studies have indicated better outcomes when interventions are provided early in pregnancy. For the following analyses, as for general infant mortality analyses, early in pregnancy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

Most potential clients for My Healthy Baby are identified at FSSA. To improve the likelihood of reaching women early in pregnancy, FSSA monitors multiple data sources for pregnant women: 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 Indiana Health Information Exchange data set. FSSA transfers demographic and contact information for these potential clients to IDOH daily.

In addition, women may self-identify via the My Healthy Baby website.[1] Approximately 12 percent of potential referrals are self-referrals. Finally, clients can be referred by a provider or someone else in the community, via a simple online form.[2]

Figure 1 below indicates the trimester distribution of women identified for My Healthy Baby between July 1, 2021, and June 30, 2022.

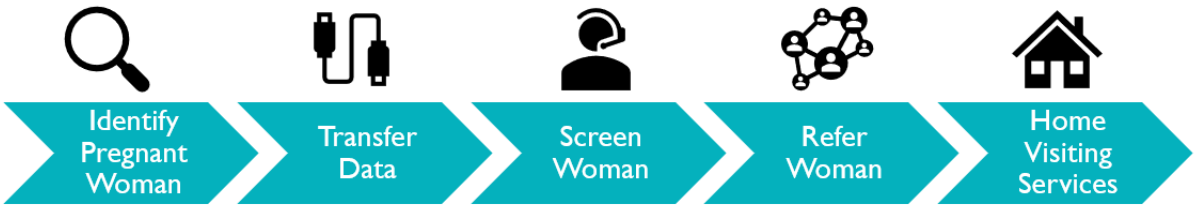
Figure 1: Trimester Distribution of Clients Screened, July 1, 2021 - June 30, 2022



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



After receiving contact information for potential clients, communication specialists at IDOH initiate contact attempts. Two call attempts are made for clients with a working phone number, and letters are mailed to clients who do not answer the phone or do not have a working phone number. It is important to note that making successful contact with clients is one of the biggest challenges of the program.

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

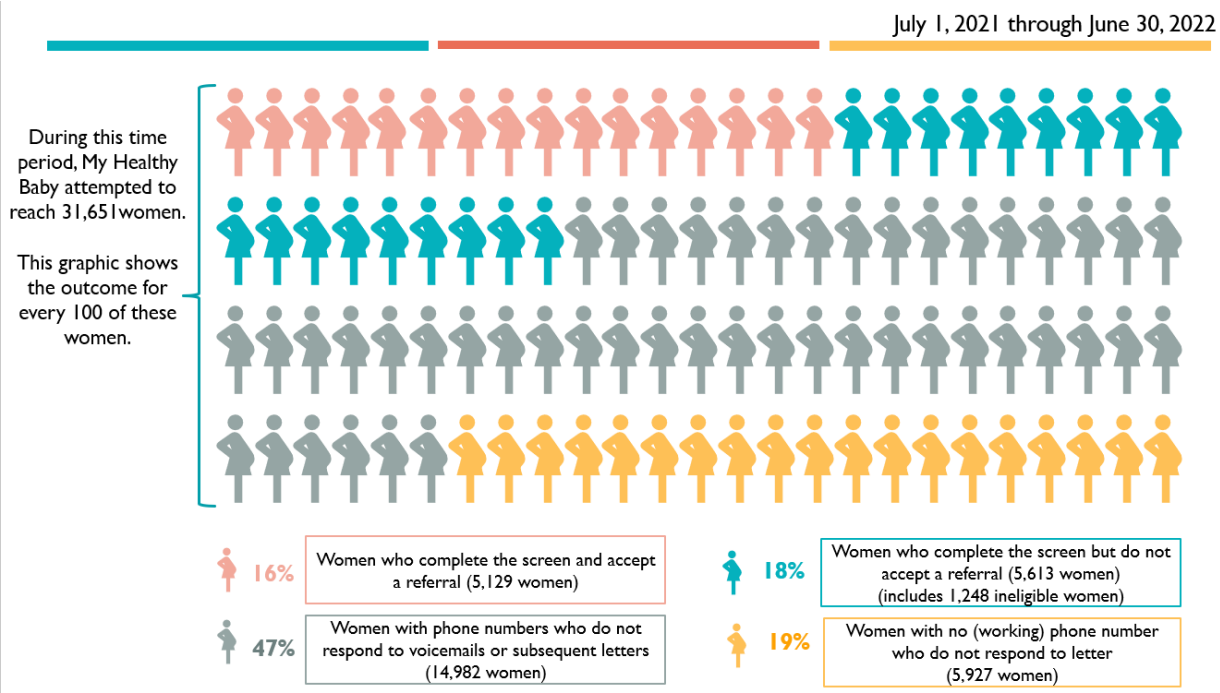
Successful contact occurs when the communication specialist completes a screen with the client. Since participation is voluntary, a client may decline to proceed with the screening process. Clients who agree to continue with the screening process are asked basic questions that assist in assessing the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

To be a candidate 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. For more information about eligibility for home visiting programs, see Appendix 3.

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 assistance in finding a prenatal care provider.

Figure 3 below shows the outcomes of outreach attempts and interactions between July 1, 2021, and June 30, 2021. During this period, My Healthy Baby referred 5,129 women to home visiting programs, compared with 2,738 women during the previous 12-month period; this represents an 87% increase.

Figure 3: Outcomes of Outreach and Interactions

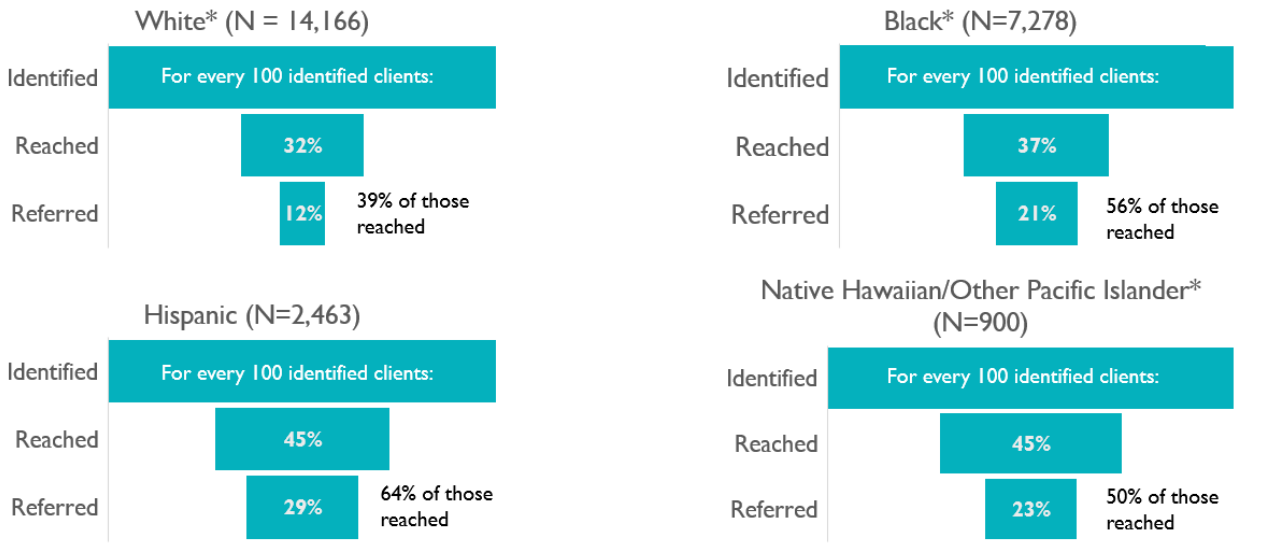


Of the 31,651 women identified as potential clients for My Healthy Baby between July 1, 2021, and June 30, 2022, 45% were White, 23% were Black, 8% were Hispanic, 3% were Native Hawaiian or Other Pacific Islander and 22% were in the Other/Unknown category. The Black, White, and Native Hawaiian or Other Pacific Islander category are clients who have selected Non-Hispanic or Other for Ethnicity. Other/Unknown includes clients who are Asian and American Indian or Alaska Native, which have been combined because of low counts. 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, 32% of White clients, 37% of Black clients, 45% of Hispanic clients and 30% of Other/Unknown clients were successfully reached and screened.

Of the White clients who were screened, 39% (12% of identified potential clients) accepted a referral, while 48% declined the referral. Of the Black clients who were screened, 56% (21% of identified potential clients) accepted a referral, while 31% declined the referral. Of the Hispanic clients who were screened, 64% (29% of identified potential clients) accepted a referral for My Healthy Baby home visiting and 28% declined a referral. Of the Native Hawaiian/Other Pacific Islander clients who were screened, 50% (23% of identified potential clients) accepted a referral for My Healthy Baby home visiting and 37% declined a referral. Of Other/Unknown clients who were screened, 47% (14% of identified potential clients) accepted a referral for My Healthy Baby home visiting and 37% declined a referral. (See Figure 4)

Figure 4: Outcome by Race/Ethnicity



Not shown: 6,844 of other/unknown race, of whom 14% accepted a referral.

* Includes clients that selected "Non-Hispanic" or "other" for ethnicity.

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 the My Healthy Baby 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 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. (For more information on the home visiting programs that receive referrals from My Healthy Baby, as well as the referral distribution by program type, see Appendix 3.)

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.

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

- 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. 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, but there are recognized gaps in the processes by which this data sharing currently occurs. During the period covered by this report, the home visiting programs reported enrolling 1,100 clients referred by My Healthy Baby, which would represent 21% of all My Healthy Baby referrals. Because of the gaps in data sharing, this is likely an underestimate of the number and percentage of enrollments. Addressing these gaps is a priority for My Healthy Baby, as described below.

Ongoing improvement work

My Healthy Baby continually seeks to improve processes and outcomes. Some key areas of focus during this reporting period (July 2021 through June 2022) are highlighted below.

Improving data collection and analysis

During this reporting period, My Healthy Baby continued its work 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.

From the beginning, My Healthy Baby has had full access to contact and referral data, because these data are collected and stored entirely within the Indiana Department of Health. These data have informed ongoing improvement efforts focused on increasing the percentage of identified women who are successfully reached and the percentage of women who accept a referral.

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. This year, a major focus has been developing the legal foundations (data-sharing agreements and client consents) with major referral partners to enable My Healthy Baby to access the data needed for more comprehensive analyses. Throughout this process, My Healthy Baby has continued to collaborate closely with home visiting partners throughout the state, both through the My Healthy Baby Advisory Committee, and one-on-one with individual programs.

Reaching and referring more women

During this reporting period, a high priority was placed on increasing the percentage of women reached by phone or letter. Work in this area included conducting focus groups and subsequently modifying phone scripts and other materials based on the focus group feedback, altering algorithms so more client records from FSSA include a phone number, and seeking updated phone numbers through online search engines when a number is incorrect or missing.

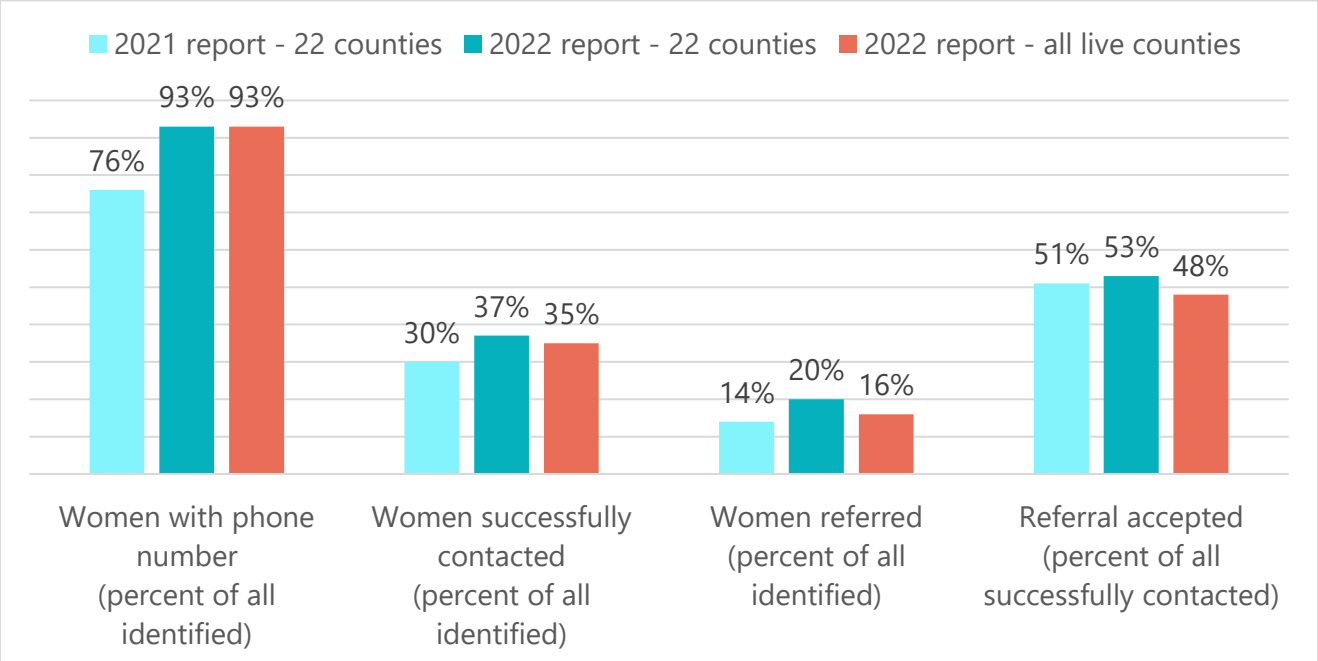
To date, these efforts have resulted in a modest improvement in the percentage of women reached and referred, especially in the original 22 counties, which include the highest-risk ZIP codes. Figure 5 shows outcome results for the 22 counties where My Healthy Baby was active from July 2020-June 2021, as well as the outcomes for those counties and all active counties in July 2021-June 2022. Notably, the outcomes in the original counties (which include the largest urban areas of the state) have been slightly better than those that include more recent (and more rural) counties. Future work includes expanding the hours the outreach team is available, exploring texting options, and increasing the use of email as additional means to contact potential clients.

Enrolling more women

In addition to reaching and referring more women, My Healthy Baby has collaborated with home visiting partners to explore how to increase the number of referred women who go on to enroll in home visiting. As noted above, several considerations come into play when looking at whether clients move from referral to enrollment. My Healthy Baby is currently providing financial support for a learning collaborative with seven home visiting programs in which each program is completing quality improvement projects related to enrollment and sharing their learnings with the other programs.

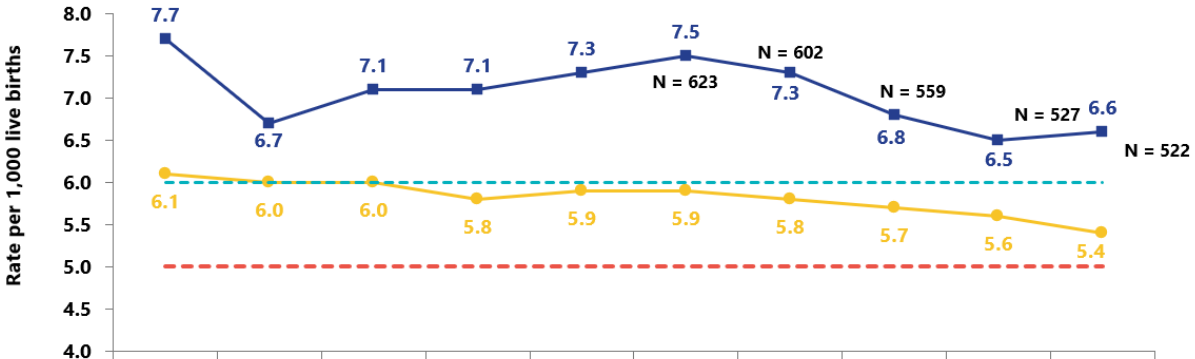
A major challenge for home visiting programs that has impacted both overall enrollment and early enrollment has been capacity. Some programs have had to temporarily stop accepting referrals due to capacity issues, while other programs have implemented waitlists that results in enrolling clients later in pregnancy. My Healthy Baby, together with leaders at all three agencies and across the state, is seeking ways to increase home visiting capacity so that every eligible woman who desires to participate can enroll as early as possible in her pregnancy.

Figure 5: Outcomes Year over Year



Appendix 1

Figure 1: Infant Mortality Rates (2011 – 2020)

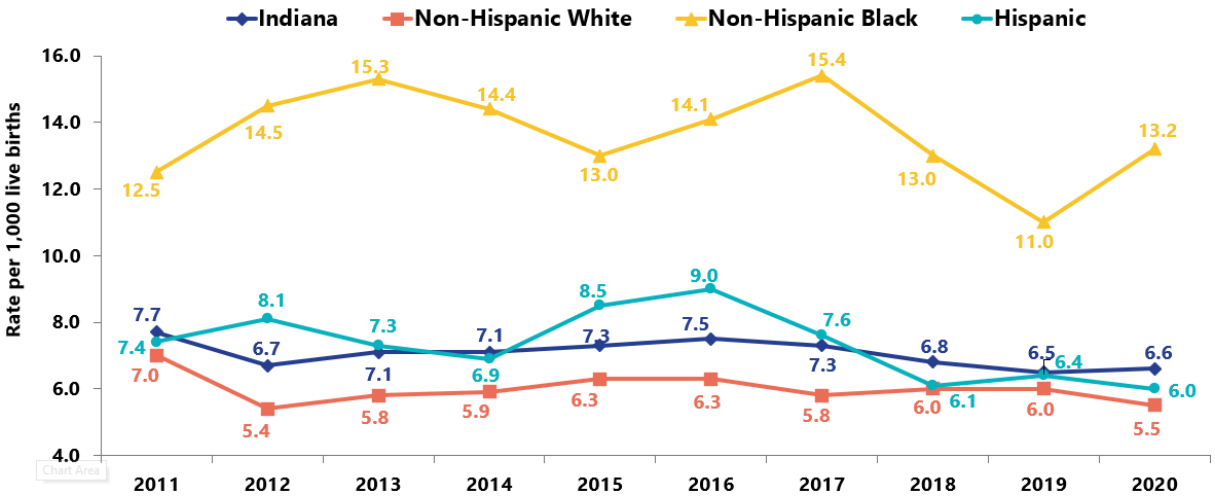


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Indiana	7.7	6.7	7.1	7.1	7.3	7.5	7.3	6.8	6.5	6.6
U.S.	6.1	6.0	6.0	5.8	5.9	5.9	5.8	5.7	5.6	5.4
HP 2020 Goal	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
HP 2030 Goal	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [January 11, 2022]
United States Original Source: Centers for Disease Control and Prevention National Center for Health Statistics
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, DAT

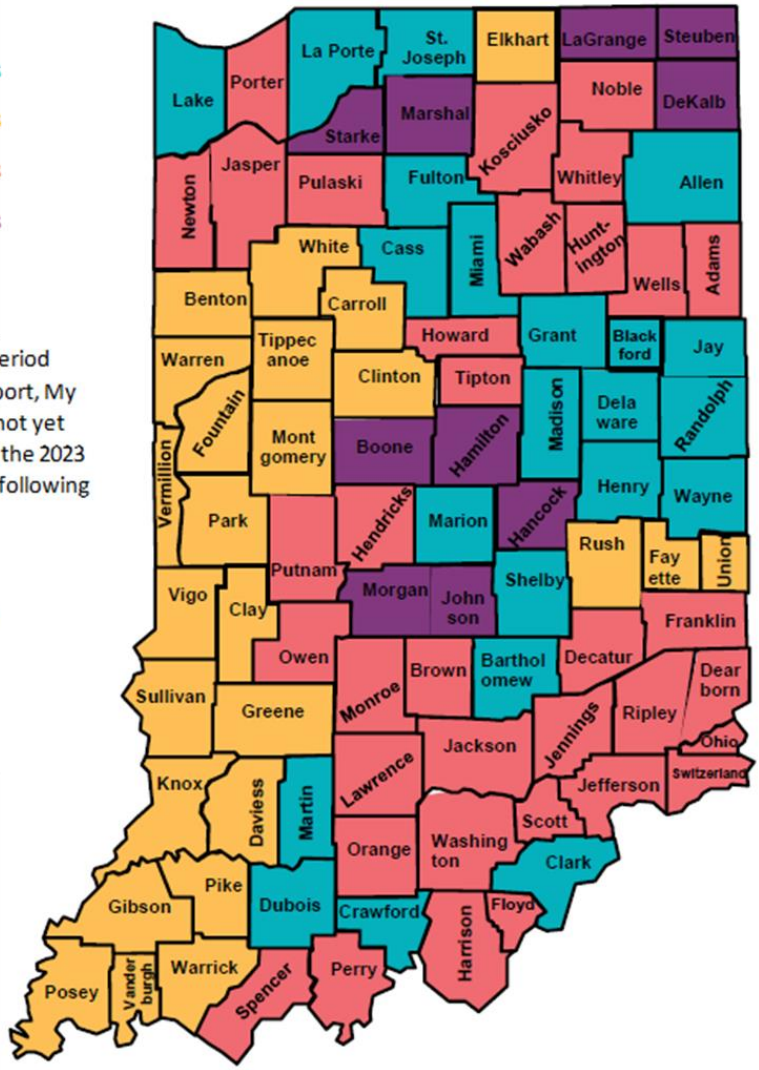
Birth outcomes, including infant death, are influenced by many factors including biological, social, environmental and physical. As a result, the IMR differs among races and ethnicities, regions, counties, zip codes, maternal age, levels of income and more. The many factors that influence the health 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 (2011-2020)



Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [October 13, 2021]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, DAT

Appendix 2 – Implementation Schedule for My Healthy Baby



Note: During the period covered by this report, My Healthy Baby had not yet launched in any of the 2023 counties, or in the following 2022 counties:

- Floyd
- Harrison
- Hendricks
- Perry
- Porter
- Putnam
- Spencer

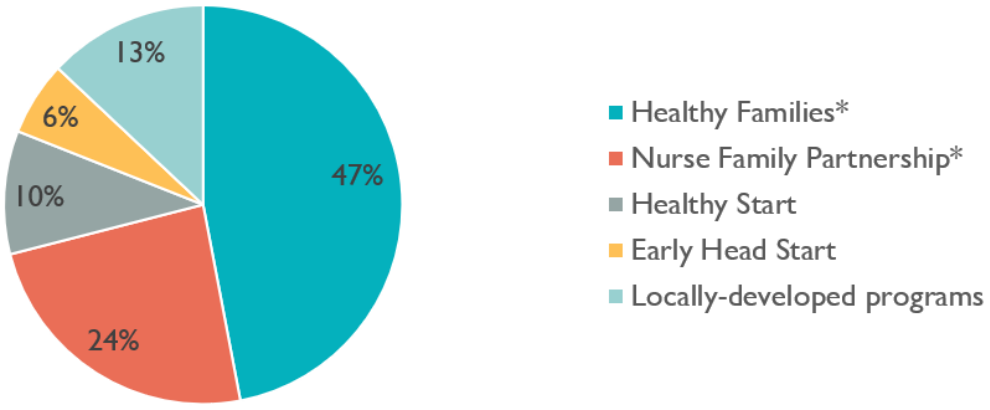
Appendix 3

The table below provides high-level information about the major home visiting programs to which My Healthy Baby refers clients. It should be noted that there may be some variation between eligibility requirements from one county to another, even within each program type.

Early Head Start	Prenatal-age 3	For pregnant women who or infants who are below 100% of the federal poverty level
Healthy Families	Prenatal-age 3	For pregnant women and new moms (up to 3 months postpartum) who are assessed to be at high risk and are below 250% of the federal poverty level
Healthy Start	Prenatal-18 months	For pregnant women and new moms up to 18 months postpartum
Nurse Family Partnership	Prenatal-age 2	For pregnant women who are expecting their first child and are <28 weeks' gestation
Other Programs	varies: Prenatal-at least age 1	For pregnant women; other eligibility criteria vary by program

My Healthy Baby referred 5,129 clients to home visiting programs during the 12-month period from July 1, 2021, through June 30, 2022. The referral distribution by home visiting program type is shown in Figure 10 below.

Figure 10: 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.