Promising Approaches To Improved Infant Health
Time Frame

2011 - Environmental Scan

2012 - Commissioned Report - “From Preconception to Infant Protection”
- Phase 1 Grants – 10 - $681,000

2014 - Launch of Grant making Initiative
- Phase 2 Grants – 5 - $2,000,000
From Preconception
A Regional Look at Periods of Risk for Georgia's Newborns
To Infant Protection
Infant Mortality- Georgia

- Between 2002-2006:
  - An infant died in Georgia every 7 hours and 36 minutes
  - 5,743 Georgia babies died before their first birthday
  - Georgia’s IMR remained 15-20% higher than the national average (8.4/1,000)
  - Georgia’s IMR was 42% higher than the HP 2010 goal
African-American woman in Georgia have twice the rate of LBW and 3-4 times the rate of VLBW delivery compared to Caucasian woman, resulting in twice the rate of infant mortality.
Significant Clusters

- Georgia’s IMR 8.4 PER 1,000 live births
- Atlanta
- Augusta
- Columbus
- Macon
- Savannah
- Valdosta
2012 Grants

- Lowndes County–Valdosta  "Baby Luv"
- Southwest Public Health District-Albany  "Centering Pregnancy"
- Clayton County Board of Health  "Perinatal Case Management/Home Visitation"
- Emory/Grady Health System  "Evaluation of Prenatal Care"
- Richmond County  "Safe Sleep and Resource Mothers"
- Macon/ Bibb County  "Safe Sleep"
2012 Grants

● Porter Novelli/Georgia Department of Public Health “From Preconception to Infant Protection” Publication

● Georgia Department of Public Health “Georgia Perinatal Health Meeting”

● Infant Mortality Task Force

● Georgia Perinatal Quality Collaborative
2012 Grants

● Emory University “Evaluation of Promising Approaches”

● Porter Novelli “Community-Based Social Marketing Strategies”

● Georgia Chapter of American Pediatric Association “Safe Sleep”
Promising Approaches

- Prenatal Care
- Smoking Cessation
- Disease Management
- Resource Mothers
- Home Visitation
- Early Elective Deliveries
- Presumptive Eligibility
- Safe Sleep
- Breast Feeding
- Family Planning
- Women's Health
Promising Approaches to Improved Infant Health

**INPUTS:**
- The resources or support you provide to carry out the program (e.g., time, expertise, technology, funding, partners, information)

**WHAT YOU HAVE**
- HRF Grants
- Technical Support
  - Webinars
  - Convenings
  - Communications
- Evaluation
- Advocacy
- Tools/Publications
- Learning Community

**WHAT YOU DO** (i.e., the specific activities you will engage in)
- Women's Health
- Family Planning
- Prenatal Care
- Maternal Care
- Patient Education
- Provider Education & Training
- Case Management
- Home Visitation
- Disease Management
- Eligibility Determination
- Enrollment
- Social Services
- Social Support
- Public Education
- Advocacy
- DATA
- Social Marketing

**WHO WILL PARTICIPATE OR BE REACHED** (i.e., who the people are that you are trying to reach)
- High Risk Mothers
  - Albany
  - Valdosta
  - Clayton
  - Grady
- Public Health
  - Albany
  - Valdosta
  - Clayton
- Resource Mothers
  - Albany
  - Valdosta
  - Clayton
- Perinatal Centers
  - Macon
  - Albany
  - Valdosta
  - Grady
- Providers
  - Hospital
  - OB/GYN
  - Pediatrics
- Advocacy Community

**OUTCOMES:**
- **WHAT HAPPENS OR CHANGES** as a result of what you do (i.e., what will be different in the short, intermediate, and long terms if you are successful?)

**short-term (e.g., 1 yr.)**
- Contraceptive use
- Intendedness of family planning
- Prenatal visits & time of onset
- Appropriateness of care location
- Elective voluntary deliveries
- Breastfeeding
- Smoking cessation
- Oral health
- Patient knowledge/behavior
- Provider knowledge/behavior
- Patient transfers
- Coverage/Enrollment
- Site of delivery
- Prenatal vitamins
- Immunizations
- Fitness
- Lactation Community

**Intermediate (e.g., 2-5 yrs.)**
- Pre-term births—race, maternal age, history of pre-term birth
- Low-birth weight—race, maternal age, history of low birth weight

**Long-term (e.g., >5 yrs.)**
- Reductions in Infant Mortality/IMR
- Reductions in disparities—black/white IMR
- Reductions in specific causes of infant mortality (disorders related to gestation, congenital anomalies, SIDS, respiratory diseases, etc.)
Evaluation ?’s

- What evidence is there that the activities reached the target audience?
- What was the actual “dose” of the intervention delivered?
- What was the actual “dose” of the intervention received?
- What evidence is there that the activities were delivered as planned?
- What barriers to the intervention exist?
Evaluation ?’s

● What factors influenced service providers’ uptake of recommended practices?
● What factors influenced clients’ uptake of recommend behaviors?
● What are the cost, time, facility, and staffing needed associated with implementation?
● What are client barriers to changing health behaviors?
Future Plans - 2014

● Evidence-Based Practices

● Health Equity Lens

● 3-5 Year Investment at $2,000,000

● Client, Provider, Organization Outcomes