

# Healthcare Georgia Foundation grantmaking for health



# 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**



Healthcare Georgia Foundation grantmaking for health

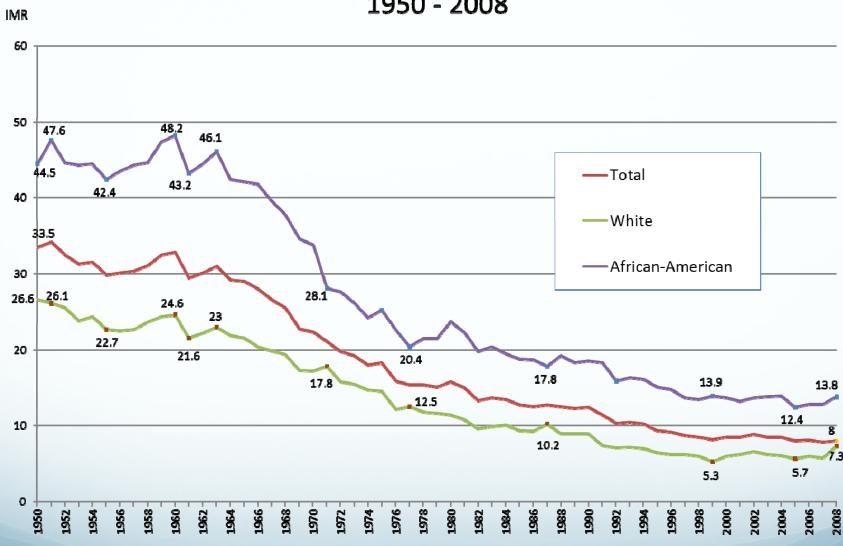


# **Infant Mortality- Georgia**

- 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



# Infant Mortality in Georgia 1950 - 2008







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
- Disease Management
- Resource Mothers
- Home Visitation
- Early Elective Deliveries

- Presumptive Eligibility
- Smoking CessationSafe Sleep
  - Breast Feeding
  - Family Planning
  - Women's Health



# Promising Approaches to Improved Infant Health

# INPUTS:

The resources or WHAT YOU HAVE to carry out the

program (e.g., time, expertise, technology, funding, partners, information)

- HGF Grants
- Technical Support
- Webinars
- Convenings
- Communications
- 3. Evaluation
- 4. Advocacy
- 5. Tools/Publications
- 6. Learning Community

# OUTPUTS:

WHAT YOU DO (i.e., the specific activities you will undertake like meetings, press releases, training, direct services) and

WHO WILL PARTICIPATE OR BE REACHED (i.e., for each activity, the people you are trying to reach)

# Activities

Women's Health

Family Planning

Prenatal Care

Maternal Care

Patient Education

Provider Education

& Training

Case Management

Home Visitation

Dise ase

Management

Eligibility-

Determination

Enrollment

Social Services

Social Support

Public Education

Advocacy

DATA

Social Marketing

# Participation

- Grady

- Albany
- Valdosta
- Clayton

- Clayton

- Valdosta

# High Risk Mothers

- Albany
- Valdosta
- Clayton

## Public Health

# Resource Mothers

- Albany
- Valdosta
- Grady

# Perinatal Centers

- Macon
- Albany
- Grady

# Providers

- Hospital
- OBGYN
- 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/ carelocation

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 birthsrace, maternal age, history of pre-term births

Low-birth weightrace, maternal age, history of low-birth we ight

# Long-term (e.g.,

>5 yrs.)

Reductions in Infant Mortality/ IMR

Reductions in disparitiesblack/white IMR

Reductions in Specific Causes of Infant Mortality (disorders related to gestation. congenital malformations. sids, respiratory diseases, etc)

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# **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

