

HW HBs Zones MINI GRANT INITIATIVE

Working to reduce infant mortality in Delaware

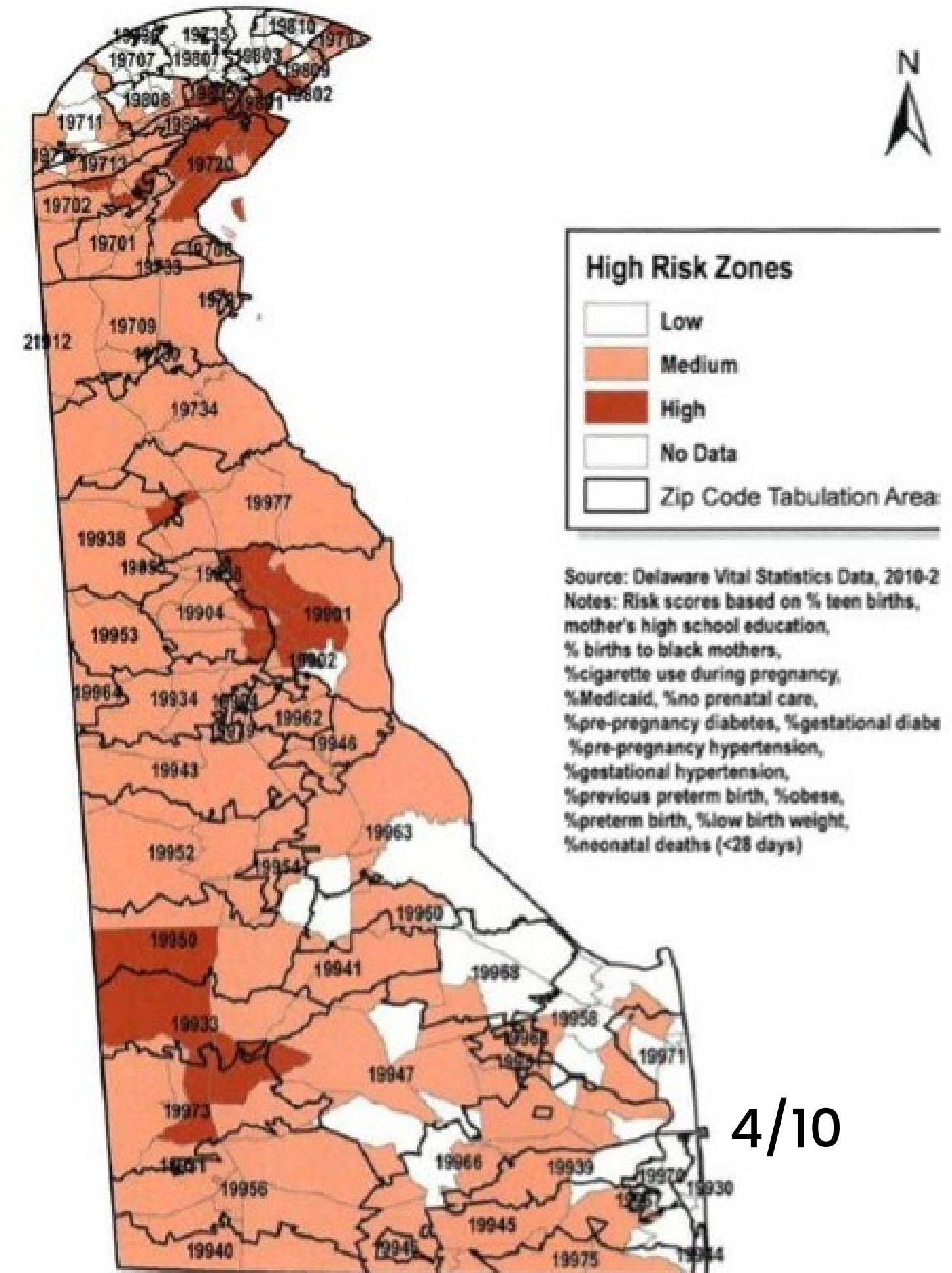


OUR STRATEGY

The strategy has been to identify women, in the Healthy Women Healthy Babies Zones, at the highest risk of poor birth outcomes and to address any underlying health conditions that predispose them for poor outcomes before they get pregnant or if they are already pregnant, to work with them to mitigate their risk. The success of this effort lies in the fact that since its inception over a decade ago, our infant mortality rate has dropped by almost 25%.

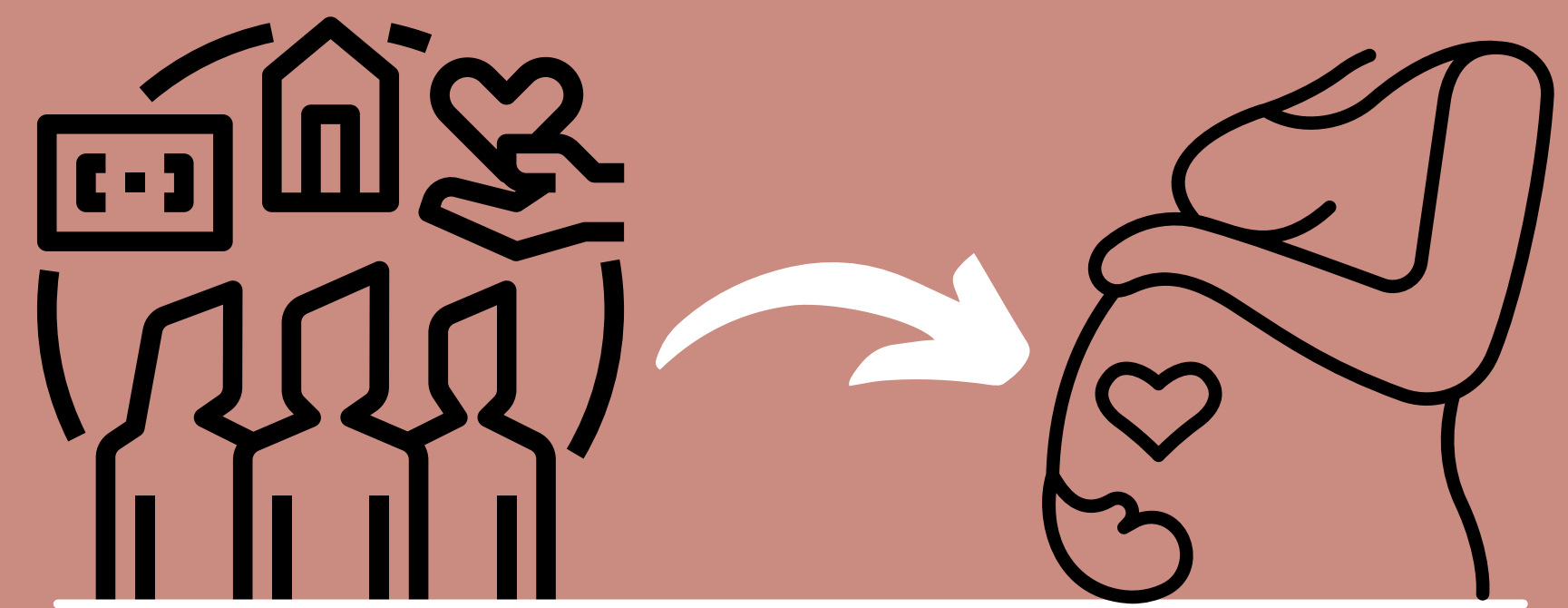


High Risk Healthy Women Healthy Babies Zone, Delaware, 2010-2017

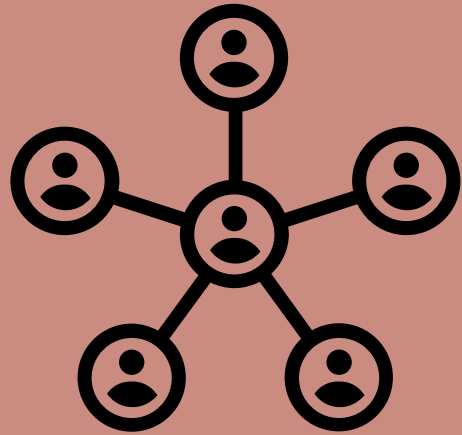


BUILDING LOCAL CAPACITY

The aim of the Healthy Women Healthy Baby Zones, as part of the Infant Mortality reduction work in Delaware, is to build state and local capacity, and test small scale innovative strategies in the community to shift the impact of social determinants of health tied to root causes related to infant mortality.



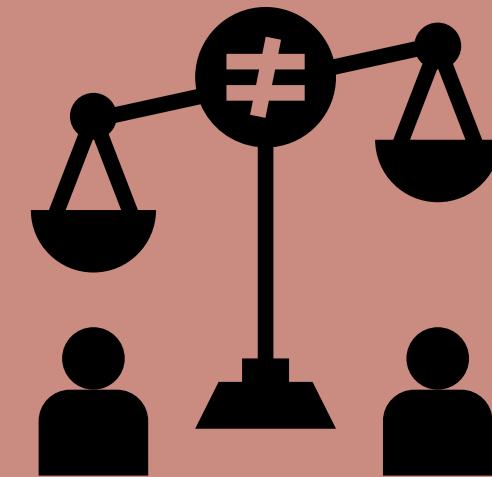
KEY PRINCIPLES



Through this process, we were seeking to engage a broad-based group of nonprofit organizations as potential mini-grantees to implement place-based, programmatic strategies to improve maternal and child health outcomes



Recognizing that community input and buy-in is critical, we have included opportunities for selected community members to weigh in as part of our process



Based on historical system inequities, we required applicants to focus on reducing racial/ethnic disparities related to maternal and child health in HWHB Zones



PRIORITY AREAS



Social Networking for Empowerment



Toxic Stress/Adverse Childhood Experiences



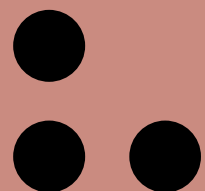
Father/partner involvement and engagement



Financial Empowerment & Self Sufficiency



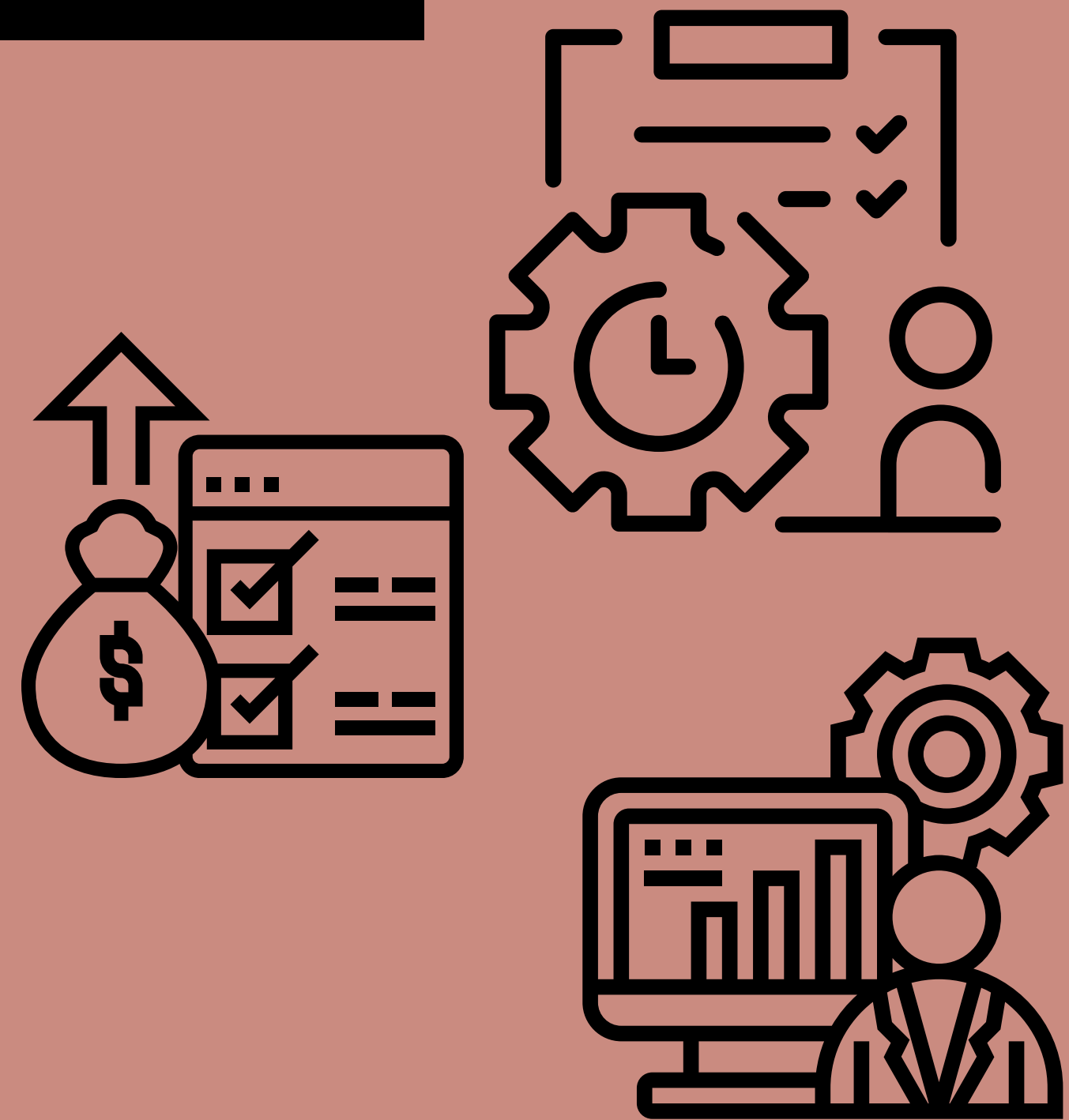
Housing



BACKBONE ORGANIZATION

The Division of Public Health through a competitive request for proposal process contracted with HMA to be the backbone organization for this initiative. HMA's Responsibilities under this initiative and related to mini grant recipients include:

- Overall Project management and oversight
- Fiscal Oversight of Mini grant funds
- Technical Assistance to Mini Grantees
- Evaluation – both collectively and by mini grant



HW HB MINI GRANTEES

1. Delaware Adolescent Program Inc. (DAPI)
2. Delaware Multicultural and Civic Organization (DEMCO)
3. Delaware Coalition Against Domestic Violence (DCADV)
4. Hispanic American Association of Delaware (HAAD)
5. Rose Hill Community Center (Rose Hill) (with one new program)
6. Parent Information Center (PIC)
7. Black Mothers in Power (BMIP)
8. Breastfeeding Coalition of Delaware (BCD)
9. Kingswood Community Center (Only for Grant Cycle 1)



COACHING AND TECHNICAL ASSISTANCE

- Capacity Building
- Budgeting
- Data Collection and Reporting
- Evaluation
- Training on Social Media
- Marketing materials assistance
- Meeting Facilitation Training for CEOs of the mini grant organizations
- Accounting and bookkeeping
- Client management software selection
- Grant funding opportunities
- HR Best practices



LEARNING COLLABORATIVE APPROACH

HMA provides mandatory learning collaboratives to migrants. The learning collaboratives are great opportunities for organizations to network as well as to learn about best practices or to learn or improve on different areas such as data collection, evaluation, budgeting, social media, etc.



EVALUATION

As part of their application and as a condition of funding, each mini-grantee developed an evaluation plan designed to collect data that would be helpful to the mini-grantee for continuous quality improvement and that would contribute to understanding the collective impact of all of the mini-grantees. Additionally, these evaluation plans were designed to help assess the extent to which the state can and should continue funding these community efforts.



PAY FOR PERFORMANCE

Cycles 1 & 2

- Collection and use of process and outcome data for CQI

Cycle 3

- Continued data collection and use
- Addition of Pay for Performance measures with very small risk

Cycle 4

- Continued data collection and use
- More rigorous P4P measures with incentive payment and alignment with national measures



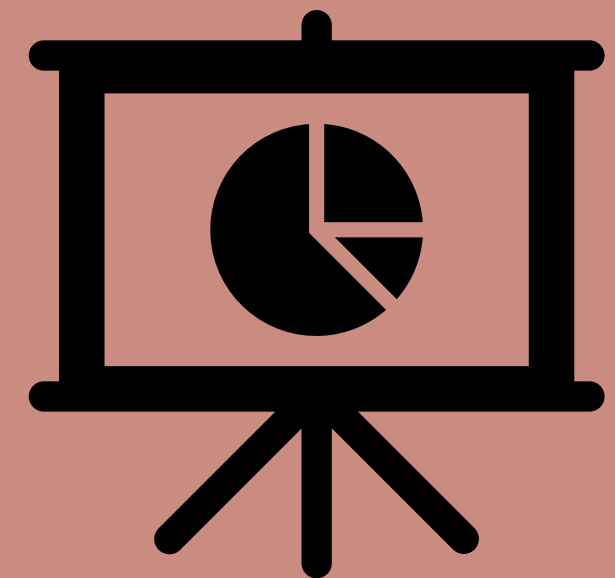
INITIAL DATA

Mini - Grantee	Number of Women and Girls Served Cycle 3	Number of Women and Girls Served Cycles 1 and 2
BCD	73	N/A
BMIP	10	N/A
DAPI	84	79
DCADV	159	108
DEMCO	55	81
HAAD	53	82
PIC	19	N/A
Rose Hill (two programs)	81	81
Kingswood	N/A	39
Total	534	470



HIGHLIGHTS

- Implementation is going well
 - 534 women and girls served already in this cycle
 - 62% African American; 27% Latinx/Hispanic
- Data collection is going well
 - Process data are being collected and submitted
 - Outcome data on track to be collected
- Evaluation evolution is ongoing
 - Using data to inform program changes
 - Shifting evaluation as appropriate



MEASURES

Process Measures

- Targets for number of women and girls served
- Targets for ZIP Codes, race/ethnicity, and ages of women and girls served

Outcome Measures

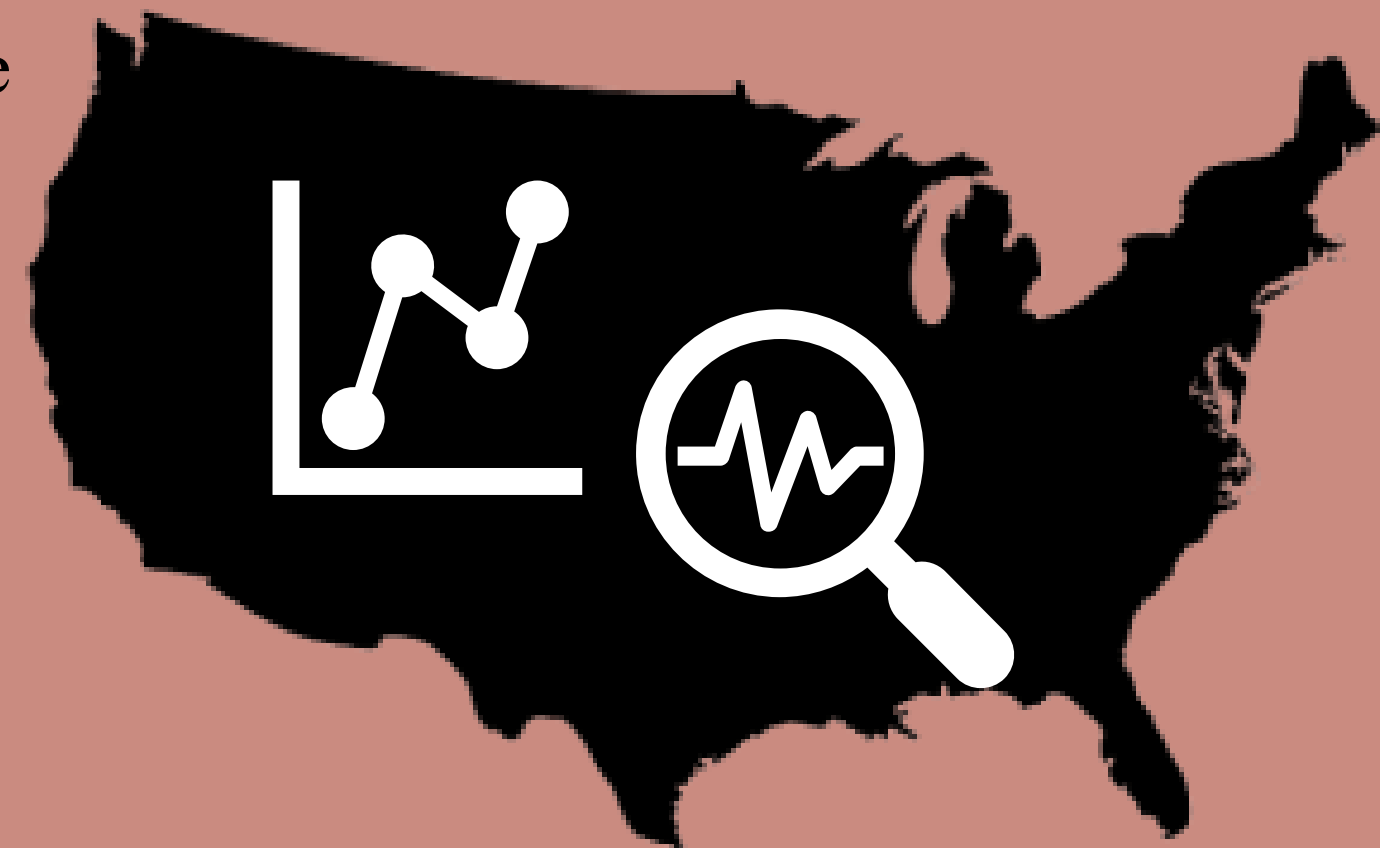
- Mental Health (including Stress, Depression, Wellness)
- Physical Health
- Healthy Lifestyles
- Financial Stability
- Father Involvement
- Social Networking
- Longer Term Outcomes for Mom and Baby



ALIGNING TO NATIONAL BENCHMARKS

Working with mini-grantees to have more alignment with national measures where possible. For example, the following may be relevant for some mini-grantees:

- birth weight
- whether pregnancy went full term
- birth complications for the mother or baby
- physical health of mother and baby
- initiation of breastfeeding
- Healthy Days questions (CDC)
- Perceived Stress Scale (already in use by two mini-grantees)



SOME LESSONS LEARNED

Fatherhood/partner engagement:

Kingswood Community Center had staffing challenges and was not able to continue working on this focus area and decided not to apply for Grant Cycle 2. We are focusing on engaging current mini grantees or additional mini grantees to work on this area during Grant Cycle 4 which starts July 1, 2022. One of the strategies is to collaborate with organizations currently working on this area or allow current mini grantees to expand programs focusing father/partner engagement.





THANK
YOU

