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Guidance

EACH Mom and Baby Collaborative

The EACH Collaborative is a partnership whose goal is to support the expansion and replication of perinatal community health worker (CHW) models in South Carolina through information sharing, technical support, funding opportunities and, perinatal specialty training for Community Health Workers.

Cutting-Edge | Emerging | Promising | Best

Location	Topic Area	Setting
South Carolina	Health Equity, Health Screening/Promotion, Preconception/Reproductive Health	Community

Population Focus	NPM	Date Added
Prenatal/Infant Health, Women's/Maternal Health, Health Care Providers	NPM 1: Well-Woman Visit; NPM 2: Low-Risk Cesarean Delivery; NPM3: Risk-Appropriate Perinatal Care; NPM 4: Breastfeeding; NPM 5: Safe Sleep; NPM 6: Developmental Screening; NPM11: Medical Home	December 2022

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PRACTICE DESCRIPTION

Leaders of four perinatal community health worker (CHW) programs in South Carolina came together in the summer of 2019 to form the EACH Mom and Baby Collaborative. The collaborative includes:

- Center for Community Health Alignment at the University of South Carolina's Arnold School of Public Health (CCHA), which convenes the Collaborative
- BirthMatters, a community-based doula program in Spartanburg
- The SC Office of Rural Health / Family Solutions, a program supporting African-American families in rural areas with high infant mortality (four counties in the low country region)
- PASOs, a Latin@ CHW program that reaches families in 23 counties

The Collaborative's goals are:

- Build awareness of the contribution of community-based perinatal health programs to birth outcomes statewide
- Improve the quality and evaluation of perinatal CHW programs by:
  - ~ Creating and disseminating a toolkit of best practices, lessons learned, and real-life case studies from collaborative members and their organizations.
  - ~ Co-developing a perinatal specialty training curriculum with experienced perinatal CHWs.
- Raising funds and offering technical support to help other organizations and communities implement one of the perinatal CHW models.

CORE COMPONENTS & PRACTICE ACTIVITES

In the EACH Collaborative's toolkit, we described the program-level components with process indicators. At the collaborative level, core components include:

1. Collective identification of common or overarching best practices, CHW training curricula content, replication indicators, and evaluation measures.
2. A trusting partnership of leaders that provides opportunities for learning, growth, and advocacy.
3. A unified strategy to expand community-based perinatal health programs to more communities statewide through joint funding, technical assistance, training, and mentorship.

The binding feature of the EACH Collaborative is grounding in the community health worker (CHW) approach to perinatal health. The C3 Project (https://www.c3project.org/) elaborated the CHW core qualities, skills, and roles, which the National Association of CHWs (NACHW) has endorsed. The EACH Collaborative focuses on applying the CHW model to the perinatal period.

Core Components & Practice Activities

Core Component	Activities	Operational Details
Quality improvement and evaluation	Collective identification of best practices, curriculum content, and evaluation measures	• Collaboratively create a toolkit with best practices, process indicators, and evaluation measures. • Co-develop (with perinatal CHWs in SC) a training curriculum for CHWs who work with families during the perinatal period.
A trusting partnership of leaders that provides opportunities for learning, growth, and advocacy	Creation and evaluation of processes that foster trust and common goals	• Regular meetings with frank, open discussions support shared decision-making and learning processes. • Represent community-based perinatal health programs with a common voice and strategy at statewide meetings, symposia, task forces, etc.
Expansion	Increase the availability of perinatal CHWs statewide.	• Raise funds to replicate Perinatal CHW programs with partners in new communities. • Provide technical support, training, and coaching to new replication sites.

HEALTH EQUITY

The EACH Collaborative is firmly committed to addressing inequities in birth outcomes in South Carolina in the following ways:

1. Supporting the replication of perinatal programs that have community-based CHWs with shared, lived experience at their core. The most important quality of a CHW, according to C3 Project and NACHW, is their identification with or close connection to the community served. This means CHWs are more likely to have experienced health inequities themselves, due to their race or experiences (formerly incarcerated, recovering from substance misuse, immigration statuses, etc). The power of the CHW is to pull from that experience, and other cultural and resilience-based strengths, to help build bridges between communities and services, and serve as a liaison or voice towards needed systems changes.

2. Bringing social determinants of health (SDOH) and CHWs with lived experience into decision-making spheres in South Carolina. Part of EACH's mission is to advocate for healthcare organizations, insurance payors, government institutions, and more, to recognize importance of SDOH and the value of perinatal CHWs to help address them. We cultivate opportunities to bring perinatal CHWs' voices to discussions about policy, funding, and care systems.

3. Focused efforts – All of the perinatal CHW programs in the EACH Collaborative focus on priority communities experiencing inequities. As identified in the toolkit, these include:
   • Areas of persistent need – areas designated as medically underserved or with high infant mortality, such as the four rural counties that Family Solutions currently serves.
   • Where pregnant people lack continuity of care, such as patients of medical teaching services, where BirthMatters works.
   • Particularly vulnerable populations, such as the uninsured immigrant families that PASOs serves.

EVIDENCE OF EFFECTIVENESS

Our evaluation is designed to gather both process and outcome data from partners, staff, and participants throughout the Collaborative to tell the full story of the initiative.

1. **Process evaluation** – The EACH Collaborative Manager and Evaluator gathered qualitative data through structured interviews with collaborative members at the beginning of the project to determine the content of the toolkit and structure of Collaborative processes and activities. They have also collected qualitative data from staff at the sites that are replicating the models, including PCHWs, on the implementation process and how it can be improved. This information feeds the continuous improvement of the toolkit, replication process, and other collaborative activities.

   In addition, all of the EACH Collaborative members have identified process evaluation indicators which are in the toolkit. They include:
   1. 100% of perinatal CHWs (PCHWs) are trained and certified through a standardized curriculum (SC CHW Association's accredited training and examination, or HealthConnect One)
   2. 100% of PCHWs can identify their shared lived experience with their participants
   3. PCHW organizations provide regularly scheduled supportive supervision and professional development for PCHWs

2. **Quantitative outcomes** – Each of the collaborative member organizations has identified their baseline and target indicators of success in the toolkit. In common, each of the collaborative organizations have chosen to focus on increasing rates of breastfeeding and ensuring that participants have established a Reproductive Life Plan.

   As a Collaborative, our quantitative outcomes are:
   - QI and evaluation: # of CHWs attending perinatal training; % of perinatal CHWs who have stronger skills and enhanced knowledge after training; quantitative outcomes of member organizations and replication sites
   - Advocacy: # of presentations, % increase new activities or resources generated by network engagement
   - Expansion: # of replication sites, # of families served by the replication sites, amount of funds passed through to replication sites, quantitative outcomes of each replication site

3. **Qualitative outcomes** – The evaluator is conducting a brief structured interview with perinatal CHW participants six months after their interaction with the CHW. This interview is based on the Results-Based Accountability principles, with questions that cover "What did we do," "How well did we do it," and "Are you better off because of our help?" We also ask for their input on how we can improve our services.

QI and evaluation

- 25 CHWs have attended one of two Perinatal CHW Workshops during its pilot development phase; over 90% of them were African-American, Latina, or persons of color. On evaluations, 93% rated the training "Excellent" overall, with the same percentage saying that the workshop made them a better perinatal CHW.
- Quantitative outcomes from replication sites - We do not have this data yet. However, we have positive feedback from Collaborative members that the process of establishing replication indicators and outcome measures was helpful for both them and their expansion sites to clarify their measurement strategies.

<u>Advocacy</u>
The EACH Collaborative, over the first 18 months together, has accomplished the following:

- Presenting three times at the Birth Outcomes Initiative (BOI), South Carolina's state perinatal quality collaborative. As a result, expanding access to perinatal CHWs is one of the goals of BOI's Birth Equity Work Group.
- Maternal-Child Health was included as an emphasis area in the SC Department of Health and Human Services' CHW budget allocation for 2022-2023.
- BirthMatters trained the Family Solutions' perinatal CHW team to become community-based doulas. This led directly to Family Solutions receiving Healthy Start funding to expand into doula care.

<u>Expansion</u>
Our collaboration has so far raised $450,000 and granted it to three organizations to replicate one of the perinatal CHW models of the Collaborative:

- One year of funding for the Shifa Clinic, a free clinic, to hire and integrate a PASOs Latinx CHW for their pregnant patients.
- Two years of funding for the Medical University of SC's Women's Reproductive Behavioral Health to train Certified Peer Support Specialists (CPSS) as community-based doulas. These CPSS are women with a history of substance misuse who provide support to families with similar experiences. As doulas, they will help their participants navigate their pregnancies and deliveries with sensitivity to their history of addiction. They have identified provider stigma as a major concern for them.
- One year of funding for the SC Department of Health and Environmental Control to transition two of their award-winning team of CHWs from COVID response to perinatal health in the Midlands region. They have identified two counties that are maternity care deserts to expand into perinatal services.

In addition, the SC Department of Health and Human Services has renewed CHW funding for a second year (2022-2023). Based on the EACH Collaborative's work, the funding will now include a targeted focus on Perinatal CHWs with potential to sustain and expand funding for these CHWS beyond the pilot funding years.

COLLABORATORS AND PARTNERS

Partnership and collective action are the heart of the EACH Collaborative – sharing information, lessons learned, and resources. This partnership emerged from common interests and goals among leaders in the perinatal CHW space in South Carolina, and expands with these partners through building trusting relationships.

Practice Collaborators and Partners		
Partner/Collaborator	**How are they involved in decision-making throughout practice processes?**	**Does this stakeholder have lived experience/come from a community impacted by the practice?**
Perinatal Community Health Workers (PCHWs)	1. A panel of four experienced PCHWs co-designed the training curriculum 2. PCHWs provided lessons learned, best practice case studies, and input on the toolkit	All PCHWs can describe their lived experience with the communities they serve (racial congruence, experience as a low-income parent, or bilingual/bicultural Latina, for examples)
Myriam Torres	Dr. Torres is our evaluator, and attends all collaborative meeting and contributes to the decision-making.	She is a Latina immigrant who has worked with PASOs for years.
Shifa Clinic	This is a free prenatal care clinic that serves predominantly Latinx families in Mt Pleasant. They designed a process to integrate a PASOs PCHW into their setting and received our first replication grant for this purpose in January 2022.	The perinatal CHW they hired has shared lived experience with the population of focus, in that she's a Latina immigrant with three children. Most of the staff at Shifa Clinic are Latinx, or immigrants from another country, so they understand the acculturation process.
Medical University of South Carolina – Women's Reproductive Behavioral Health Department	This is a statewide perinatal mental health initiative that designed an initiative to cross-train Certified Peer Support Specialists as community-based	100% of the Certified Peer Support Specialists all share the lived experience of substance misuse and recovery

	doulas with BirthMatters. They received our second replication grant.	
South Carolina Department of Health and Environmental Control	The Midlands region of our state health department will be replicating the Family Solutions model in Fairfield and Chester Counties, which are both "maternity care deserts."	Their CHWs share lived experience with priority populations in Fairfield and Chester Counties, being from the area and racially congruent with their participants.

REPLICATION

Replicating the initial three perinatal CHW models is one of the main goals of our partnership. Other CHW program models that utilize similar best practices may be added into the replication focuses if the collaborative determines they are a good fit. The publicly available toolkit contains both overarching and program-specific indicators to implement and evaluate replication.

So far, the EACH Collaborative has funded three replication sites across South Carolina. The main lesson we've learned so far is to be specific about defining "replication," including indicators that assist organizations to understand in what ways we expect model fidelity. Upon reflection, the EACH members found that there were some of their model components that are adaptable to a particular context, and some that are essential to fulfill. Therefore, we went through several months of examining and developing indicators for how we will define and measure replication. These are in our current online toolkit.

INTERNAL CAPACITY

The EACH Collaborative had a convening backbone organization, CCHA, and a full-time Program Manager to ensure accomplishment of our goals. We also secured funding to support the time and effort of the Directors of each of the Collaborative member programs to contribute to deliverables and mentor expansion sites.

The most important internal capacities that contributed to our success were:

1. Engaging Managers and Directors with extensive experience implementing and leading their programs. Their perspectives and knowledge have been critical to examining and making collaborative decisions.

2. Having pre-existing trusting relationships between Collaborative members. We have been working in parallel and networking with each other for years, and admire each other's work. It has been a positive experience for us to have a structured opportunity to collaborate.

PRACTICE TIMELINE

There hasn't been a relevant or critical timeline to this Collaborative. For more information on this practice's

timeline and how it may relate to other initiatives, please contact Sarah Covington-Kolb directly at sc77@mailbox.sc.edu.

PRACTICE COST

The practice budget can vary depending on the size and location of a replication. If you have any questions bout the practice cost, please feel free to reach out to Sarah Covington-Kolb at sc77@mailbox.sc.edu. Below is a generalized estimate of annual costs for the EACH Collaborative, in South Carolina:

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Program Manager salary/benefits	Convene and lead activities	1	Approximately $90,000 / year = $270,000
Backbone organization	Provide office space, materials, and administrative support	1	Approximately 10% of budget = $100,000
Travel	Site visits, networking meetings, trainings	Monthly	Approximately $300 / month for mileage (will be different in a larger state or if there is public transit available) - $4,000 annually = $12,000
Evaluator	Assist with process evaluation and outcomes evaluation (qualitative and quantitative)	At least 1	Approximately 20% of total budget cost = $200,000
Collaborative members	Subsidize each Collaborative members' time and effort	Approximately 0.2 FTE for each member organization's participant/year	$150,000

Replication funds	Grants to organizations that want to replicate one of the Collaborative programs	We made 2 two-year awards of $175,000 and 1 one-year award of $100,000	$450,000
		Total Amount:	**$1,182,000**

LESSONS LEARNED

Each of the collaborative members have years of experience implementing their practices, and have used that experience to address challenges in the collaborative's replication program. Having support and perspective from the other collaborative members has helped a great deal. For examples:

1. PASOs has strong, well-established values, training, and structure for their program, but has less experience with quantifying their program outcomes and results. Through the iterative process of developing and reporting on the replication indicators in the toolkit, they have better described the results of their program for sites and funders.
2. There were many independent doulas who were interested in applying for funding to replicate BirthMatters' community-based doula program. The collaborative had to explore whether or not this was appropriate logistically as well as programmatically. We ultimately determined that, due to funding restrictions as well as best practices, it was important to establish community-based doulas as a salaried employee of a home organization.
3. Family Solutions has received multiple requests for expansion over their 25 year history. Their experience has been that potential expansion sites wanted unsustainable levels of oversight and administration from the Family Solutions team. By collaborating with PASOs, they learned about their successful structure of a Central Office and affiliate sites. PASOs shared how they establish expectations for local oversight and funding sustainability, which addresses Family Solutions' previous needs.

NEXT STEPS

We will continue seeking funding opportunities to support additional expansion and replication of models. However, the most important next step will be to identify opportunities for sustainable funding sources for perinatal CHWs. These include:

- Seeking opportunities for further research and evaluation to identify the value of perinatal CHWs to families' health, as well as return on investment for payer organizations.
- Partnering with South Carolina Medicaid to develop a CHW payment mechanism for families served by perinatal CHWs.
- Advocating that Medicaid Managed Care Organizations contract directly with EACH Collaborative members to provide perinatal CHW services to their pregnant or parenting members.

RESOURCES PROVIDED

https://communityhealthalignment.org/capacity/perinatal-chw-toolkit/