

ANNUAL REPORT

2018



Connections
for a Healthy
Pregnancy

Development

As a leader in innovative and whole-person health care in South-Central Pennsylvania, Family First Health consistently seeks new opportunities to impact the health of residents in our communities. We value our trusted relationship within the communities we serve and have a strong history of collaboration with our neighbors during our nearly 50 years of service - in the York community. It is this history and our commitment to caring forward that made the Connections for a Healthy Pregnancy program a natural fit for the efforts of Family First Health.

In reviewing population health data, a disparity in birth outcomes was evident between the City of York and the County of York, specifically in birth weight and gestational age. In 2012, the rate of low birth rate for the entire county was 8% while the rate was 11.5% in the City of York, a clear and concerning disparity. Family First Health saw an opportunity for intervention made possible with the support from the York County Community Foundation Memorial Health Fund. In addition to the York City Bureau of Health, collaboration on this project was initiated with WellSpan Health and the Women's Health Care Group to determine an intervention based on the deployment of community health workers (CHWs). The Penn Medicine Center for Community Health Workers was consulted on program design and structure, assisting with the development of the blueprint of the model in 2017. We focused our efforts in the following zip codes: 17401, 17403, and 17404.

Program Goals Identified

The following metrics of impact were identified for Connections for a Healthy Pregnancy:

PROCESS OUTCOMES

- # patients served (total) in a calendar year
- # patients actively engaged with the Connections team
- # patients engaged in prenatal care (# prenatal visits)
- # patients attending 6-week postnatal checkup for child
- # patients attending their own primary care visits
- # patients selecting a mechanism for family planning postnatally

SHORT TERM OUTCOMES

- Patients have children born within the normal range of birth weight: 2500-4200 grams (5 lbs. 8 oz. to 9 lbs. 4 oz.)
- Patients have children born after 37 weeks gestation
- For patients with substance use, patients have a reduction in addictive substance use
 - Abstinent from presenting substance at 8 months in the program for greater than 90 days
- Days of stay in NICU for patient's children
- Maternal depression is identified pre- and postnatally

LONG TERM OUTCOMES

- Less than 5% of patients in program experience the following:
 - Premature birth (*before 37 weeks*)
 - Very preterm birth (*before 32 weeks*)
 - Extremely preterm birth (*before 25 weeks*)
- Less than 5% of patients in program have children in the following categories:
 - Low Birth Weight (*less than 2499 grams*)
 - Very Low Birth Weight (*less than 1500 g- 3 lbs. 5 oz.*)
 - Extremely Low Birth Weight (*less than 1000 g- 2 lbs. 3 oz.*)

Implementation

Connections for a Healthy Pregnancy launched in York City in December 2017 to support women during pregnancy, connecting them to community resources that can mitigate or remove barriers to good health increasing the likelihood of healthy pregnancy outcomes. CHWs meet with expectant mothers at their prenatal visit with the obstetric care provider and then continue to check in on a regular basis by phone and home visits to assess needs, provide peer support, and information about local community resources. Family First Health employs four community health workers, specifically recruited due to their familiarity with the York City community and their engagement skills. All team members have been specifically trained for their work by the Pennsylvania Area Health Education Center (PA-AHEC), with 100 hours of classroom instruction. Additionally, the CHW's also received education specific to maternal and prenatal health. Because the connection supporting the relationship begins when the moms to be meet with their CHW at the obstetric care provider, we are grateful for the deliberate and direct support of two local offices: the WellSpan York Hospital OB/GYN and the Women's Health Care Group.



As of August 1, 2018, the Connections for a Healthy Pregnancy has received 248 referrals, engaged 78 mothers in regular program participation, and welcomed 44 babies. Common resources that the CHW's assist with include applications for benefits and resources for food, clothing, housing, and baby supplies, and transportation. The largest challenge presenting for the mothers in the program is healthy, safe and affordable housing in the city of York. 48% of mothers in the program report housing as a pressing concern. The community health workers help mothers identify budgetary considerations and options available. The scarcity of housing resources leads to some mothers remaining in their current living arrangements.

Another area of need that is prevalent in the families we serve is transportation to needed resources, including medical and specialist appointments. The community health workers help women complete applications for transportation assistance and identify potential transportation resources. The program is also has access to bus passes for needs outside of medical appointments.

Looking Forward

There is a continued need to further evaluate the impact of the model. Family First Health has been diligently refining relationships with our partners in the community that interface with pregnant women in York City. We recognize that the radius

of three city zip codes is limiting our impact and possibly excluding viable residents in need of our service. As a result, we have added the zip codes of 17402 (*East York, South York*) and 17408 (*West York*) to our service area starting October 1, 2018.

We project to begin onsite CHW presence at additional sites in October as well. This includes the Community Progress Council offices of WIC, WellSpan Health York Hospital Thomas Hart Family Practice, WellSpan Health South Queen Street OB/GYN practice, and the WellSpan Health Childbirth Education Center at Queensgate. Additionally, we are continuing to outreach to UPMC Memorial OB/GYN practices and contacts in order to establish a similar relationship for the program.

Finally, data collection from multiple providers or services has been an ongoing challenge, depending on paper records and excel spreadsheets for our outcome collection and program work. In January 2019, we will begin to document our work in CaseWorthy, a unified case management system that we are currently building to meet the data and documentation for this program and others at Family First Health. This program will allow us to have real time data on many of the outcomes identified for this program.

Beyond the Numbers: Participants

“ I was happy to have participated in the Connections program. I was once a NFP (*Nurse Family Partnership*) client when I had my first baby and being able to have support for my third pregnancy was very helpful for me. I absolutely loved the way you will check up on me every week to make sure I was okay or if I needed anything and had any questions. You shared many resources and events with me that not only was helpful for me but for the whole family and I was able to share them with my family and friends as well. Thank you for all that you do and I hope this program will continue on doing great things for other pregnant women. ”

“ I’m glad that I said yes when we met at the OB office! You have been a great support for me throughout my pregnancy and I’m glad there’s a program like this that can help other pregnant women who need support. Thank you so much! ”

“ I am glad you are here. See, you are teaching me things that they [*parenting classes*] don’t teach me. ”

“ The program actually helps a lot. I don’t have many people to talk to but I know I can talk to you. ”

Beyond the Numbers: Community Health Workers

“ Being a Community Health Worker has been a wonderful experience. I have learned to have more patience. Being positive and encouraging to my clients has helped them to overcome any obstacles they may be facing. I know for my clients, it has helped them by having my support. I’ve seen that sometimes all they need is someone to be there and listen. ”

“ I’ve discovered that I love to help someone else succeed and help other member of their family reach the same level of success. It is the most rewarding feeling to be there for a person through some of their darkest days in their life to eventually get them to create some bright moment to keep them going. I do not take this work lightly. It is such a privilege to walk life alongside someone else. This job is a reward in and of itself. ”

“ I can say that this job has been like no other. There is no better feeling than knowing you have helped someone. Whether it’s something big of something small, it is significant to them. ”

PROGRAM DATA *Year One*

Data reflects mothers served from December 21, 2017 to August 1, 2018:



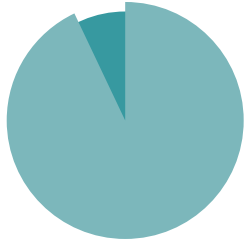
248
referrals



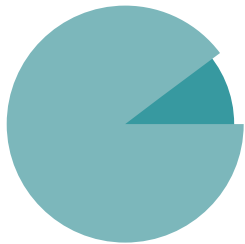
78
mothers



44
babies



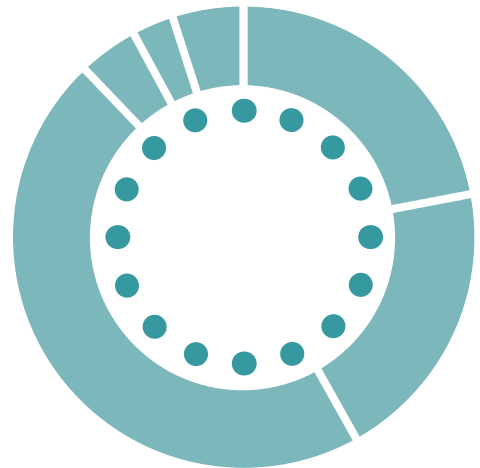
93% of
babies born
at a healthy
birth weight



90% of
babies born
at a healthy
Gestational age

Race Self-Identified by Client

- Black **21%**
- White **20%**
- Hispanic **46%**
- Other **4%**
- Two or more races **3%**
- Not reported **5%**

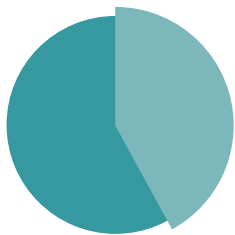
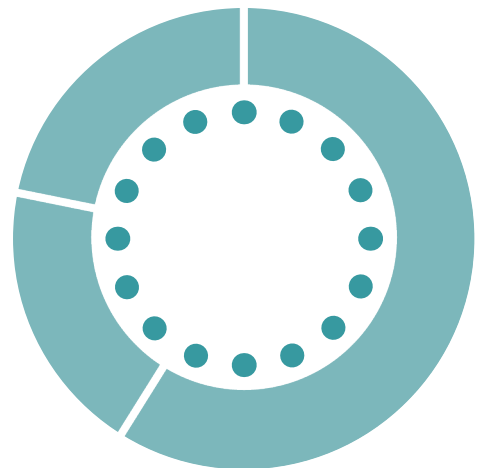


Zip Codes Served

17401
17403
17404

Ethnicity Self-Identified by Client

- Hispanic* **59%**
- Non-Hispanic **19%**
- Not reported **22%**



42% of
Clients speak
Spanish

*Identified as race or ethnicity