Embracing Healthy Baby

Southern Nevada Health District Board of Health

August 22, 2019

Home Visiting

- Home visiting is a prevention strategy that serves at risk expectant families and families with young children
- Focus on a curriculum and includes referrals to services
- Home visits usually occur weekly or bi-weekly
- Participation is voluntary

Results from the Maternal Infant Early Childhood Home Visiting Program study reveals that at risk families stay in the program an average of eight (8) months

Overall Goals

- Strengthen Families
- Improve Child Health Outcomes

Aspects of Embracing Healthy Baby

Program will continue work to reduce the disparity in health status between populations, particularly in regards to populations experiencing high instances of infant mortality and high rates of other adverse perinatal outcomes such as Low Birth Weight*

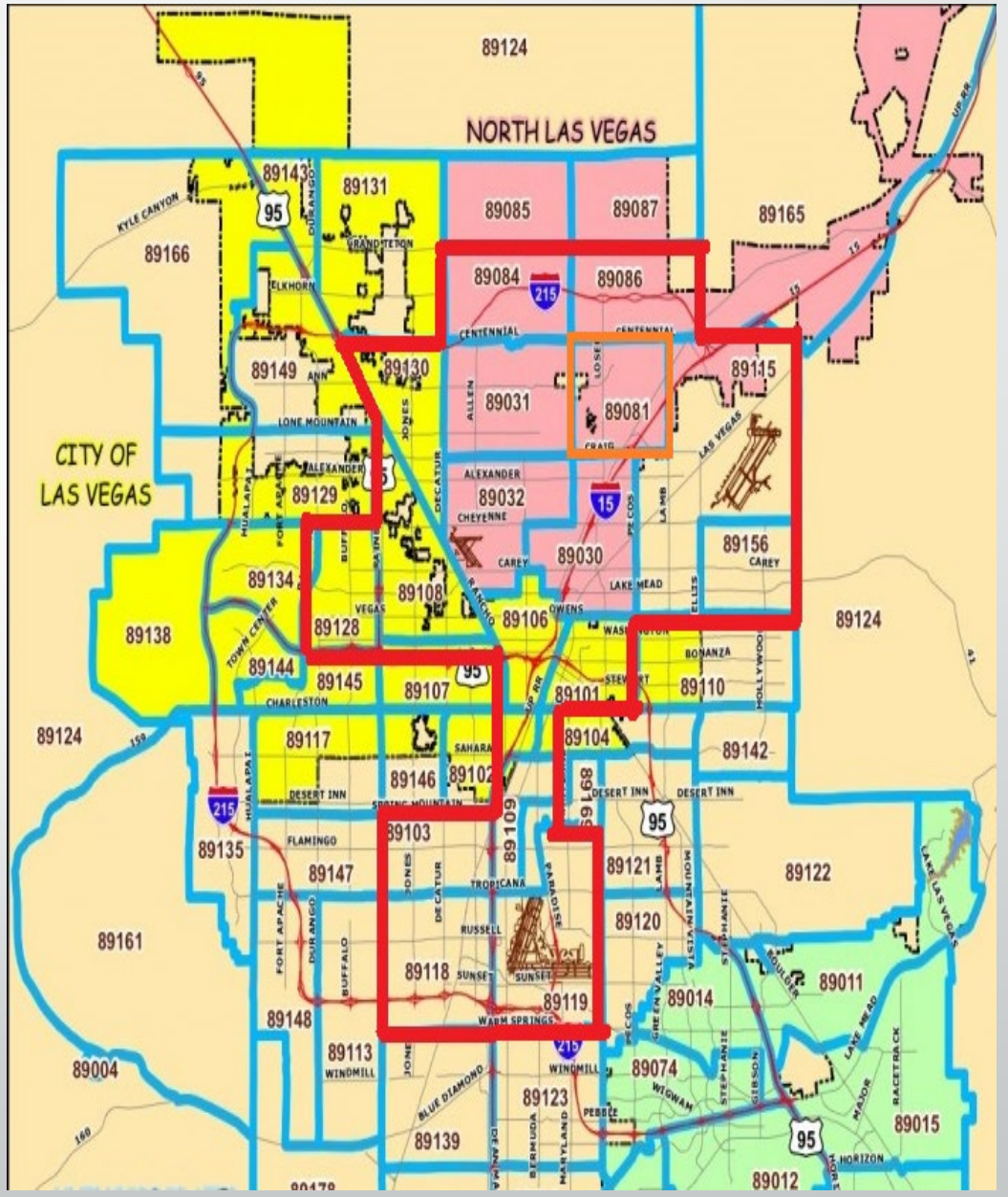
*Infant born weighing less than 5.5 lbs.

Embracing Healthy Baby

- The target population will be the African American woman that had the highest infant mortality rate from 2013-2015 at 10.7/1000 live births as compared to the Clark County overall rate of 5.1 and 13.4% low birth weight rate as compared to the Clark County overall rate of 8.6%
- The program will target 16 zip codes within the cities of Las Vegas and North Las Vegas. (Same zip codes served by the Healthy Start Program)

Targeted Zip Codes

89030, 89031, 89032, 89084, 89086, 89101, 89103, 89106, 89108, 89109, 89115, 89118, 89119, 89128, 89130, 89156



Staffing

Two full-time Community Health Workers (CHWs) serving as parent educators and patient navigators funded by general revenue funds.

One Generalized Maternal Child Health Nurse at 0.5 FTE in-kind from the Maternal Child Health program providing initial and periodic screenings to identify risks and needs of the participants. This individual along with the in-kind program Community Health Nursing Supervisor will be available to the CHWs to address any concerns about participants.

The team will serve 85 pregnant and parenting families of children 0-12 months of age over the year.

Curriculum

- Partners for a Healthy Baby
- Research-informed curriculum used previously by the Healthy Start program

Proposed Outcome Measures

- Increase the percent of infants/children up-to-date on immunizations to 90%
- Increase the percent of infants/children who have a medical home to 80%
- Increase the percent of women who have a medical home to 78%
- Increase the percent of infants who have a developmental screening to 90%
- Increase the percent of women screened for Intimate Partner Violence to 85%
- Increase the percent of women screened for Depression to 85%

Summary

- Budget: $200,000
- Staffing: 2.0 FTEs CHWs paid from this budget
  - 0.5 FTE CHN, and 0.3 FTE CHN Supervisor paid from other sources (in-kind services)
- Target: African American Women
- Area: 16 zip codes
- Goal: at least 85 families served by end of year one

Questions