Where We Began…

Introduction

In September 1997, Fresno County received a grant from the U.S. Department of Health and Human Services, Maternal and Child Health Bureau, under the Healthy Start Initiative. This funding started Fresno’s Babies First project. In total, Fresno County has received three consecutive Healthy Start grants. The goal of Babies First is to reduce infant mortality rates among high-risk populations and improve birth outcomes for Fresno’s moms and babies.

Why? …

From 1996-1998, Fresno County had one of the highest infant mortality rates (7.4 per 1,000 live births) in California (5.85 per 1,000 live births). In its first four years, Babies First reduced infant mortality in 18 contiguous census tracts within the south-central area of the City of Fresno from a pre-project rate of 13.3 deaths per 1,000 live births (twice the state average of 5.9 per 1,000 live births) to 5.4 deaths per 1,000 live births.

In June 2001, the project expanded to include 29 census tracts having an infant mortality rate of 8.2 deaths per 1,000 live births. The infant mortality rate in the project area was reduced to 5.1 per 1,000 live births by 2005.

A third, four year Healthy Start grant was received in June 2005, and the project area was expanded once again to include 78 census tracts encompassing most of metropolitan Fresno and Clovis. Initially, census tracts with high infant mortality rates were concentrated in several low income areas of Fresno.

Over time, due to population mobility and a lowering of the infant mortality rate threshold for grant eligibility (at least 10.58 deaths per 1,000 live births), census tracts identified as having high infant mortality rates could be found throughout the metro area. Consequently, Babies First expanded the service area to include all census tracts with high infant mortality in any racial/ethnic group along with their neighboring census tracts. In 2004 the infant mortality rate for the new Babies First service area was 6.4, and the preliminary rate for 2007 is 5.0. The Healthy People 2010 goal is to reduce infant mortality to 4.5 deaths per 1,000 live births.
First Healthy Start Project Area
Prior to June 2001

Second Healthy Start Project Area
June 2001 thru May 2005

Third Healthy Start Project Area
June 2005 thru May 2009

Healthy Start
Project Area
Who We Are & What We Do…

Babies First is a community-wide effort to improve the health and well-being of mothers, babies and families in Fresno County. Babies First reaches out to neighborhoods throughout the Fresno, Clovis and Pinedale areas, providing outreach, case management, and health education as well as community service capacity development and educational/social marketing through the Babies First Consortium, media/marketing campaigns and other outreach and collaborative efforts.

**Direct Services:** Providing direct case management or health education services to individuals, or to health care providers who work with individuals in the project area.

**Outreach, Health Education and Case Management**

Babies First offers outreach, recruitment, community health education, and case management (home visitation) services to pregnant and parenting women in the project area. Program services are voluntary and free to all participants. As referrals are received by the project, clients are assigned to the appropriate case management program. The current grant focuses on reducing disparities in perinatal health, including addressing perinatal substance abuse and perinatal depression. Public health nurses have been trained to screen and assess their clients for substance abuse and to screen for depression. The case managers, in coordination with the project’s Medical Social Worker, attempt to link women experiencing perinatal depression to local mental health clinicians. Client retention is key to effective case management. Every attempt is made to achieve 90 percent retention until the infant is 24 months of age.

**System Change:** Working with agencies, formal and informal leaders and groups of community members to raise awareness, change policies/legislation and eventually shift community norms related to maternal and child health issues for the purpose of reducing infant mortality.

**Social Marketing**

Multi-lingual, community-wide public awareness campaigns incorporating extensive community input have been developed and implemented. The campaigns rely predominantly on airing public service announcements in television and radio markets, but have also included billboards, bus and movie theater advertising, mall posters, and other print media. Consumer and stakeholder brochures, fact sheets, and neighborhood-specific events also contribute to public awareness. The primary campaign goals have been to build awareness of the impact of infant mortality, perinatal substance abuse (tobacco, alcohol and other drugs), perinatal depression, domestic violence, as well as the importance of breastfeeding and early entry into prenatal care.
Community-Based Leadership

Over the years Babies First has collaborated with a wide variety of community partners. To advise the project in program planning, operations, monitoring and evaluation, a broad-based community consortium was established. The foundation of the Consortium was the Black Infant Health Leadership Coalition (BIHLC). The Babies First Consortium is currently undergoing a reorganization process. A Coordinating Council made up of community partners, concerned citizens and community leaders is prioritizing which focus areas and activities Babies First will direct its resources toward in the future. Current task force groups include Breastfeeding and the Screening, Assessment, Referral and Treatment (SART) Leadership Group. These Task Forces have increased Fresno County breastfeeding rates through education and raising awareness among hospitals, providers and individuals, and have provided leadership by addressing perinatal substance abuse through the development and implementation of a countywide screening, assessment, referral and treatment process.
What We Accomplished…

Program Achievements (Direct Services)

1998-2007

Since 1998, Babies First has served approximately 10,605 clients, more than 6,000 women and 4,000 children. In that time, there have been 5 infant deaths among Babies First clients, which results in a 2.2 infant mortality rate among Babies First clients compared to the 5.0 rate in the three project areas as a whole. As mentioned previously, the Healthy People 2010 goal is to reduce infant mortality to 4.5 deaths per 1,000 live births.

A primary objective of case management is to decrease low birth weight, a key element in reducing infant mortality. Early and ongoing prenatal care is one factor contributing to a healthy birth weight. Case managers encourage women to receive prenatal care early in their pregnancy and, once the infant is born, ongoing maternal and pediatric care. Over the past ten years, approximately 72% of Babies First clients have entered prenatal care during the first trimester of their pregnancy (limited data available for 1998-2001). The project goal is to increase that percentage to 80%. The Healthy People 2010 goal is to increase first trimester prenatal care to 90%.

Progress in reducing the percentage of low (3.4-5.8 pounds) and very low (less than 3.4 pounds) birth weight, preterm, and small for gestational age infants was mixed because multiple births among the relatively small number of births easily affected the percentage. The significant expansion of the service area from 18 census tracts in 1998 to the current 78 census tracts also caused an initial fluctuation in the number of low birth weight and very low birth weight infants. Between 1998-2007, approximately 2% of clients’ babies were born very low birth weight (under 3.4 pounds) and approximately 9.4% of clients’ babies were born low birth weight (3.4-5.8 pounds).

The case management home visiting model addresses many barriers to service that clients face, including:

- Language
- Transportation
- Limited or no health insurance
- Limited educational opportunities
- Homelessness or inadequate housing
- Domestic violence/family violence
- Depression and other mental health issues
- Substance use/abuse referral and treatment

System Change Highlights

The Consortium has been very successful in developing an infrastructure for system integration and pursuing system change opportunities. Providers from many areas of health and human services have worked together to improve the care delivery system. The project’s impact has focused primarily in four areas:
Babies First Client Services 1998-2007

Approximately...

10,605 clients served ...

9,411 transports provided ...

49,580* documented hotline calls.
(*data missing due to system tracking failure)

Screening & Referrals
Not including CPSP Provider screenings. Data primarily collected from 2001-2005.

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<tr>
<td>Depression</td>
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1. Public awareness and outreach to link mothers and infants to the perinatal system:

The Consortium has been actively involved in the development of all aspects of the project’s social marketing/public awareness campaign. Public service announcements and multiple formats of print materials were developed working with a local marketing firm. Both consumer and stakeholder materials were developed, and most materials were developed in three languages: English, Spanish, and Hmong. The local Healthy Start project name is Babies First Fresno. Babies First has implemented multi-media public awareness campaigns at least annually from 1998-2008 (every “product” has the Moms and Kids toll-free hotline telephone number and the Babies First website prominently displayed).

Babies First, through its public awareness efforts, has been significantly involved in building a network among perinatal providers who assist in the effort to reduce infant mortality and morbidity. Babies First case managers link clients to providers for perinatal health, substance abuse and mental health services. Public awareness has been raised among providers through mixed media campaigns and through printed stakeholder brochures developed specifically for the provider community.
2. Perinatal Substance Abuse, including screening, assessment, referral and treatment for pregnant and parenting substance abusing women:

The most notable accomplishment of the Consortium was the organized strategy to address perinatal substance abuse and the implementation of the Screening, Assessment, Referral and Treatment (SART) model of Ira Chasnoff, M.D. The SART Leadership Group, as a task force of the Consortium, was established to develop and implement the SART model. Both Babies First and Comprehensive Perinatal Service Program (CPSP) clients now receive regular substance abuse screening, assessment, and referral to treatment. CPSP providers have conducted more than 32,500 screenings.

In 1998 there were only 16 residential treatment slots serving women and their children. Through a systems change approach, the county-operated Perinatal Addiction and Health Services (PATHS) outpatient treatment program was established. In addition, gender-specific residential perinatal substance abuse treatment programs at WestCare and Spirit of Woman have vastly increased the service capacity of Fresno County to treat a previously unserved segment of the population, pregnant and parenting moms. The partnership between Babies First staff, the Consortium's SART Leadership Group, PATHS, WestCare, and Spirit of Woman has grown through the years, and the outcome has been more mothers receiving substance abuse treatment services that are sensitive to their unique needs and responsibilities.

3. Breastfeeding promotion as best for babies, mothers, families and society:

To address Fresno County’s low breastfeeding rates, the Babies First Breastfeeding Task Force began formally meeting in January 2000. The Task Force is composed of approximately 90 interested members, representing the two Medi-Cal Managed Care plans, six delivery hospitals, Children’s Hospital, WIC, CHDP, private medical providers, the UCSF/Fresno School of Medicine Pediatric and Obstetric Programs, MCAH nursing staff and Fresno County Office of Education, as well as the Fresno County Perinatal Services Coordinator and the Central Valley Regional Perinatal Services Program Coordinator, located at the California Health Collaborative.

The Breastfeeding Task Force leads the way in encouraging a shift in community norms regarding the importance of breastfeeding. Approximately 200 community members became Certified Lactation Education Counselors in 2003-04; a Resource Directory was published, and a Speakers’ Bureau was implemented. Additionally, the annual Breastfeeding Awareness Walk has grown in popularity with over 600 community members participating in 2007. Within Fresno County the number of mothers who choose to exclusively breastfeed at the time of hospital discharge increased from 32% in 1999 to 38.7% in 2006. The Healthy People 2010 goal is for women exclusively breastfeeding at time of hospital discharge to reach 75%.
After implementing a perinatal intervention for substance abusing pregnant and parenting women, the SART Leadership Group recognized a need to identify and intervene early with high-risk children. The Babies First SMART Children’s Planning Group developed a plan for a Children’s Model of Care to identify at-risk infants and children exposed to drugs and alcohol. The first component of the Children’s Model of Care, the Assessment Center for Children (ACC), opened and began screening children in February 2005.

The Children’s Model of Care has been a significant community-wide collaborative effort that includes Exceptional Parents Unlimited, Central Valley Regional Center, Fresno Unified School District, First 5 Fresno County and the Fresno County Departments of Children and Family Services, Employment and Temporary Assistance and Public Health. These entities have worked to plan, fund and implement a system for screening, decision making, assessment, and referral to early intervention and treatment services for high-risk children, 0-5 years.

Since the ACC was established, nearly 1,000 children have been assessed and linked to early intervention services when appropriate. The “One Call for Kids” resource line receives over 1,200 calls for assistance annually and, since February 2006, 3,000 parents and professionals have received resource and referral assistance.

The Babies First SMART Children’s Planning Group has evolved to become the Model of Care Partner Oversight Committee (MOC-POC). This committee is no longer facilitated by the Babies First project. The MOC-POC is currently facilitated by First 5 Fresno County, a major funder of the Model of Care ACC. Babies First continues to participate in the ongoing community partnership to ensure children with special needs receive the services they require.

The MOC and the ACC have made great strides in screening, assessment and referrals to treatment for children and has become a model for other California counties. Future efforts will be focused on achieving universal screening of children; full staffing at the Assessment Center for Children; improvement of communication among agencies, especially regarding referral outcomes; and identifying more treatment providers.
Where We Go From Here...

There is still work to do to further reduce infant mortality and increase healthy outcomes for Fresno County’s moms and babies. The existing Consortium task force efforts will continue to grow and expand.

SART Leadership Group’s vision/mission continues to be the implementation of a comprehensive continuum of perinatal substance abuse intervention services. Although perinatal substance abuse screening, assessment and referral has been implemented by many health care providers, including the majority of Comprehensive Perinatal Services Program providers, the Regional Medical Center’s Maternal and Child Services, and Kaiser Permanente, not all providers screen, assess or refer pregnant substance abusing women. The group will continue to expand implementation of screening, assessment and referral of pregnant and postpartum women. Although the gender-specific perinatal substance abuse treatment capacity has increased, at times pregnant women are being placed on a waiting list. SART partners will strive to expand treatment capacity for pregnant women and to improve the continuum of services. Because many pregnant women have both substance abuse and mental health issues (co-occurring disorders), the SART Leadership Group has added mental health to its agenda.

The Breastfeeding Task Force’s vision/mission continues to be to increase the percentage of children in Fresno County who are exclusively breastfeeding at hospital discharge and who breastfeed for the first year of life. The Task Force will continue to implement its strategic plan which includes increasing public awareness, providing education to medical providers, expanding access to breastfeeding education and support for mothers, and working with hospitals to implement Breastfeeding Model Hospital Policies.

The Babies First community advisory group (Consortium) has recently been reorganized as the Babies First Coordinating Council. The purpose of the new Coordinating Council is to promote community-based leadership. Activities include:

NETWORKING – Partnering with more agencies and providers to improve outcomes.

IDENTIFYING ISSUES – Bringing together a variety of perspectives to discuss, research and identify community and individual needs.

ADVISING – Providing community-based feedback regarding the direction of the Babies First program (direct services and system change).

ADVOCATING – Representing the voice of the community to advocate for legislation, policies and interventions that reflect community identified needs, the unique make-up of the Fresno-Clovis community and the circumstances of each mom and baby.

TRAINING AND SKILLS DEVELOPMENT – Increasing the flow of information into the community. Based on identified needs, training may develop leaders, increase the provider knowledge base to improve service provision or raise community awareness, setting the stage for a shift in community-wide norms.
COLLABORATING AND PARTNERING – Undertaking the process to advance informal networking relationships into formal partnerships and collaborations in which all parties involved bring resources to an agreed upon effort (activity, program or policy change).

The Coordinating Council has identified four priority areas for the future. These areas include:

Preconceptional Health – to raise awareness of the importance of living healthy prior to conception (a life course approach to healthy moms and babies).

Consumer/Community Involvement – to increase the leadership role of the community in planning and implementing the future direction of Babies First.

Perinatal Depression/Mental Health – to explore issues for pregnant and parenting women, including co-occurrence of mental health and substance abuse issues and increasing local mental health resources.

Male Involvement – to advocate for equitable treatment and consideration of dads within the system and to encourage dads to take on their rights and responsibilities as a father.

The existing Breastfeeding and SART task force groups will continue, and additional task force groups representing the four new focus areas will be initiated throughout the remainder of the current Babies First funding cycle. Fiscal times are challenging, but it is critical that Babies First and its community partners continue to serve the high-risk pregnant and parenting women of Fresno County. Significant strides have been made over the past decade in decreasing low birth weight, very low birth weight and infant mortality rates. At the same time increases have occurred in first trimester entry into prenatal care, exclusive breastfeeding rates and perinatal and substance abuse screenings and referrals. We must not lose ground. Through continued community partnerships, leveraging resources and pursuing funding opportunities, Babies First will not only be able to maintain its current level of service, but will be able to move forward providing more women and children with creative, efficient and effective services.
Healthy Women
Make Healthy Babies

Talk to your doctor.
Make healthy choices.
Get early prenatal care.

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