

Grant Outcomes Report

The Baby Basics Program: Engaging Health Practitioners to Integrate a Health Literacy Program into Prenatal Care for Low-Income Expectant Mothers

I. Executive Summary

Under this grant, the What to Expect Foundation (WTEF) collaborated with Public Health Solutions (PHS; formerly, The Medical and Health Research Association of New York City, Inc. or MHRA) to roll out its pilot-tested Baby Basics Program to low-income, low-literacy expectant and new mothers seeking prenatal and postpartum care at several New York City maternal and child health clinics run by PHS (MIC-Women's Health Services sites). The Baby Basics Program provides health literacy tools, training, and technical assistance to everyone who works with a pregnant woman, from the receptionist, to the doctor, to the home visitor—so they can better communicate and educate underserved, expecting women.

Ultimately, WTEF credits the Baby Basics Program with three outcomes. First, the MIC sites' clerical staff felt strong buy-in to the Baby Basics Program and was empowered to help participating expectant moms use the provided materials. Second, Baby Basics empowered expectant mothers to use the information provided to them. Third, the Baby Basics curriculum and materials were well integrated into PHS' home visiting and New York City-based Nurse Family Partnership (NFP) programs so that helping moms learn health literacy skills became a component of the nurses skill set. The MIC site doctors unfortunately did not become as engaged in the program as WTEF had anticipated. WTEF continues to work to engage providers in this work. A current pilot with the New York State Department of Health's (NYSDOH's) Office of Health Insurance Programs (OHIP) is examining ways to sustain the program in partnership with Medicaid Managed Care Plans and to replicate the program statewide.

II. The Problem

According to WTEF, the United States infant mortality rate is higher than that of 29 other nations, and more than 40 million adults have limited literacy skills. Many at-risk women have trouble accessing prenatal care services and have a limited ability to understand and act upon health information. Most low-income women do not receive comprehensive, coordinated care and health literacy education that

KEY INFORMATION:

GRANTEE

What to Expect Foundation

GRANT TITLE

Baby Basics Prenatal Health Literacy Program at MIC Women's Health Centers

DATES

December 1, 2007 –
December 31, 2009

GRANT AMOUNT

\$299,919

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III. GRANT ACTIVITIES

During the course of the grant, more than 5,000 moms were reached through the five MIC sites and the home visiting programs, exceeding its expected outcomes. The main activities that led to this achievement include the following:

- Conducting project readiness activities at each site using process mapping, a technique used to review the current process of providing care to expectant and new mothers, and determining how it must shift to accommodate the Baby Basics Program.
- Hiring a Baby Basics Coordinator to manage the day-to-day aspects of the project and to provide support and technical assistance to each site throughout implementation, practice, and evaluation.
- Evaluating the program, which included securing Institutional Review Board (IRB) approval for all evaluation activities, obtaining client and practitioner surveys, and obtaining baseline administrative data.
- Planning and holding a launch meeting with Senior Staff from MIC, Women, Infant, and Children (WIC), and the Home Visiting Programs.
- Training staff at participating sites, which included creating customized materials and chart documentation



forms to fit with Baby Basics and MIC program materials. Every staff member and provider was trained to use health literacy strategies and Baby Basics tools to better communicate with their patients. During the training period of the grant, WTEF held a total of 11 formal training workshops at MIC women's health centers where more than 150 staff members were trained, including clinic site staff, Healthy Start home visitor staff, and NFP staff. WTEF delivered two, two-day intensive Baby Basics Health Education trainings for home visitors in the Bright Start and NFP home visiting programs. WTEF tailored its training and materials to reach patients in these home-visiting programs. Eighteen providers (doctors and midwives) were trained using a DVD, to be viewed at their convenience.

- Distributing Baby Basics books and planners to every new and established pregnant MIC patient, Bright Start participant, and NFP client.
- Holding biweekly meetings with project leadership to review activities and progress toward goals.

WTEF initially planned to use the Learning Collaborative Model to implement the Baby Basics programs. This model proved impractical due to the demands on busy, understaffed women's health centers. WTEF replaced the collaborative with technical assistance meetings and twice monthly face-to-face meetings with Baby Basics stakeholders.

EXPECTED OUTCOMES

WTEF PROPOSED TO ACHIEVE THE FOLLOWING OUTCOMES DURING THE GRANT PERIOD:

1. Replicate the Baby Basics Program at six MIC sites, four Healthy Families New York (HFNY) sites, and eight WIC sites to reach a combined total of 4,500 expecting families.
2. Provide families with Baby Basics comprehensive materials, including the "Personal Pregnancy Planner," available in 14 languages.
3. Integrate and standardize health literacy and cultural competency tools and strategies at all sites to empower and educate at-risk women and families to become effective users of the health care system so they can advocate for themselves and their families.
4. Use a Learning Collaborative Model to launch the project across all partners and provide training and support for all partners simultaneously.
5. Collaborate with the New York City Public Library System as a literacy partner.
6. Create a two-stage evaluation to measure the effect of improving provider and patient health literacy on the course of prenatal care and patient behavior during pregnancy. Expected outcomes include: improved adherence to prenatal care among expectant mothers, increased use of existing maternal health services, and greater patient empowerment.
7. Submit evaluation findings to peer-reviewed journals and present them at health and literacy meetings.

During the course of the grant application, WTEF changed some of the original sites proposed for implementation. First, some of the MIC sites that were originally included in the program as comparison sites closed. WTEF further streamlined the number of sites served once the team reviewed the census of pregnant women served by MIC and decided it could reach the same number of women—4,500—by concentrating efforts in Brooklyn and Queens. In addition, WTEF had conducted some pilot work at MIC sites in Jamaica and Astoria, Queens prior to the NYSHealth grant. By the time the NYSHealth grant started, WTEF was still working with these two sites and had made significant improvements to the Baby Basics training curriculum and program materials. Both sites had a number of new staff persons who needed to be trained and were eager to engage in the full implementation of the program. Thus, it made sense to include these two sites in this newer improved program, providing them with the same level of training and technical assistance as the other three sites.



Ultimately, the project team implemented the Baby Basics Program in three MIC sites in Brooklyn—Bushwick, Fort Greene, and Eastern Parkway—and two MIC sites in Queens—Jamaica and Astoria. Second, PHS was awarded a New York City Department of Health and Mental Hygiene (NYCDOHMH) contract to start a NFP home visiting program in Queens early in the grant period. Because of this new PHS grant, WTEF was able to expand its home visiting reach to the NFP in addition to the HFNY home visiting program (Bushwick Bright Start).

WTEF also hoped to collaborate with the New York City Public Library System in Brooklyn as a literacy partner during the grant period. Because of the library's fiscal constraints, WTEF was unable to collaborate with the New York City Public Library System as much as it had hoped. WTEF did provide several resource copies of the Baby Basics materials for the libraries' stacks that expecting moms could borrow. In addition, WTEF and Brooklyn Public Library co-sponsored a Literacy Day at MIC Bushwick.

Training for clinical site implementation with all clinic staff was conducted at a variety of sites to meet the needs of busy urban clinical sites. Doctors and midwives were more difficult to access; therefore, WTEF provided training in the form of a DVD to accommodate their schedules. WTEF found that after much prodding, 81% of medical providers watched the video.

IV. Key Findings

Ultimately, WTEF credits the Baby Basics project with four outcomes. First, during the course of the grant, 5,000 moms were reached through the five MIC sites, exceeding its expected outcomes. Second, the MIC sites' clerical staff felt strong buy-in to the Baby Basics Program and was empowered to help participating expectant moms use the provided materials. Third, Baby Basics empowered expectant mothers to use the information provided to them to find answers to their pregnancy-related questions and concerns. Fourth, the Baby Basics curriculum and materials were well integrated into PHS' home visiting programs and New York City-based NFP programs as a result of this project. The MIC site doctors, unfortunately, did not become as engaged in the program as WTEF had hoped. In fact, WTEF is adapting its training methodology to better meet the schedule demands for busy clinic site staff, which will help with statewide implementation efforts. WTEF is working on a pilot with OHIP to find ways to sustain the program in partnership with Medicaid Managed Care Plans, and replicate the program statewide.

To evaluate the program, WTEF conducted focus groups with home visitors, clerical staff, and expecting moms, and administered surveys to practitioners (which includes home visitors, clerical staff, medical staff, doctors, midwives, nurses, etc.) in December 2008/January 2009 and April/May 2009. Among the group of Baby Basics practitioners (which include health educators, home visitors, nurses, doctors, midwives, clerical staff, medical assistants, social workers, teen counselors, and outreach workers), clerical staff and home visitors were the main promoters of the Baby Basics Program. During focus groups, clerical staff and home visitors noted that medical practitioners did not integrate the Baby Basics Program as much as they could and did not use the Baby Basics planner at visits. Of 42 practitioners surveyed, WTEF found that 54% used the simple Baby Basics strategies of opening the book while speaking to patients, and 62% pointed to specific information during a visit. Only 29% of practitioners reported engaging patients to see questions they had written on their Baby Basics planner. No substantial change in practitioners' use of Baby Basics was found between the first survey in December 2008/January 2009 and a follow-up survey conducted in April/May 2009.

In its final narrative to the Foundation, WTEF commented on the providers' response to Baby Basics. "OB/GYNs are faced with a myriad of protocols, tests, and procedures. They are tasked with providing comprehensive education in a five- to 10-minute visit. Busy clinical systems place great stress on providers. Interventions that depend solely on the medical care providers are unlikely to make it onto

FUNDING & RATIONALE

This project was funded as a Special Opportunities Grant in 2007 because it represented an opportunity to improve health outcomes for underserved, low-literacy pregnant women and their newborns throughout New York City. As part of this project, WTEF also explored options for long-term sustainability through prenatal Medicaid reimbursement and support from corporate funders.

their very full prenatal visit agenda.” Though the WTEF found through its evaluation that the Baby Basics clinical program works more easily in small provider settings where there is complete staff buy-in or an on-site champion to mandate certain practice changes as experienced in the Astoria MIC Women’s Health Center, it can also be effective in understaffed practices, where providers are rushed or uninterested in training. By giving moms the tools, and training all support staff to encourage moms to use the tools and ask questions about their care, the Baby Basics Program was able to reach moms from a variety of surprising touch points.

Survey and focus group data of participating moms found they overwhelmingly used the book—99% of the 178 moms surveyed said they looked at or read the book at home; 93% looked in the book to find an answer to a specific health question; 81% found the information very helpful; 71% read all or most of the book; and 89% said they were comfortable asking questions about their pregnancy. These data also indicate that many participating moms became more engaged in their pregnancies as a result of the Baby Basics Program. They became more comfortable asking questions of their practitioners and felt more independent in seeking answers to questions they had about their pregnancy. Though evidence suggests that the Baby Basics Program is a useful prenatal health literacy tool for underserved expecting women, at this time, WTEF and PHS are still studying its impact on prenatal and postnatal care adherence.

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The clearest success was the integration of the Baby Basics Program into PHS’ home visiting programs. Nurses and home visitors embraced Baby Basics and used it in their sessions with expecting moms. They unanimously reported in focus groups that using the book and curriculum with moms resulted in moms having a better understanding of their body changes during pregnancy. They expressed that their moms read the book and asked more and more detailed questions because they had the book. Their interactions with moms had changed because the moms were more proactive and persistent.

New York City’s NFP already purchases Baby Basics books for every expecting woman in its program and is now working to integrate the training and Baby Basics Moms Clubs into its programming across the City.

PHS’ Home Visitors (HFNY and NFP) were also encouraged to use the Baby Basics book, curriculum, and health literacy strategies during their visits with patients. All home visitors reported using the health literacy strategies during every visit, and they found the book and curriculum useful during these visits.

The Baby Basics planner was developed as an additional tool for expectant moms to bring to appointments, summarizing their questions and serving as an alternative to the bulkier Baby Basics books. Practitioners did not engage expecting moms about the notes in their planners, and they

ultimately were not much used by moms. In addition, the “blue cards” are more universally used to track prenatal appointments. Practitioners are accustomed to using these “blue cards”, another barrier to integrating the planners into appointments.

Moms Clubs, which are part of the Baby Basics curriculum, proved difficult to implement because of a lack of health educators to staff them—as a result of other job demands and lack of reimbursement—and space constraints in MIC sites.

V. LESSONS LEARNED

WTEF learned two important lessons from this project:

- 1. THE IMPORTANCE OF EVERY STAFF PERSON WHO INTERACTS WITH MIC PATIENTS, FROM THE FRONTLINE CLERICAL STAFF, TO THE MIDLINE MEDICAL STAFF, TO THE DOCTOR.** MIC patients typically see five to seven front- and mid-line clinical staff at every appointment—from the clerical staffperson at the front desk who receives patients, to the medical assistants who weigh patients and take their blood pressure, to the nurses who provide health education and clinical care. WTEF’s trainings focus on helping the clerical and medical staff understand the real impact they can have on a patient’s perception of and satisfaction with care. Clerical and medical staffs are encouraged to ask patients if they have and are using their Baby Basics planners and whether they are reading their books. They are also able to help moms find answers to questions in the book, or write questions for moms. Practice has shown that when patients are constantly reminded of these materials, they are more likely to use them and ask the doctor questions using the planners. When the doctors see patients using the Baby Basics materials, they grow more enthusiastic about the program and want to build the materials into their everyday practice.
- 2. WHEN TRAINING STAFF AT A BUSY, URBAN CLINIC SITE, KEEP IT SHORT AND SIMPLE.** WTEF attributes its redesigned clinical training approach—the Baby Basics Quality Improvement Coaching Program—to the lessons learned under its NYHealth grant. It is challenging to get staff from a clinic like a MIC site together at the same time for four hours of training. WTEF has adapted its approach to working with clinics and now conducts a two-hour orientation about the Baby Basics Program for all staff, rather than a longer, more detailed training. The WTEF Program and Training Director provides direct technical assistance to each site’s selected point person/coordinator who in turn provides technical assistance to their site’s staff.

VI. THE FUTURE

While the MIC sites are working on putting the Baby Basics books into their budgets, the sustainability of curriculum use is unclear. Clerical staff—which is where the clinical program had the biggest buy-in—tends to have a high turnover rate and the program can lose momentum over time. Unfortunately, the MIC site providers were less engaged.

Sustainability within the home visiting programs is more likely, however. Leadership at PHS and WTEF's other home visiting program partners are strong supporters of Baby Basics replication for home visiting across the country. They have urged the national offices of their programs to collaborate with WTEF to more fully integrate Baby Basics into their programs. The NFP in New York City already purchases the Baby Basics books for every expectant mom in its program, and is now working to integrate training and the Baby Basics Moms Club group education into its programming across the city. While the Baby Basics program is being sustained in the NFP program, home visits are expensive and are only offered to a small percentage of the population. It cannot be the only approach to reaching a wide swath of high-risk, expectant moms.

Because home visiting programs are so expensive and targeted to a small percentage of pregnant women, an initiative that wishes to reach a significant portion of the at-risk, Medicaid eligible population must work within systems that touch more mothers. In that vein, WTEF began working on a more systematic intervention. Health plans that participate in the NYSDOH Medicaid Managed Care Program are required to deliver comprehensive health education services to pregnant women enrolled in Medicaid and Family Health Plan. However, they are currently not delivered in the most efficient way. WTEF approached the OHIP to troubleshoot this problem. WTEF credits the NYSHealth grant with generating its subsequent work with OHIP to create a pilot program that uses the best of its lessons learned to work on the next steps for expanding Baby Basics throughout New York State.

WTEF's policy work with Manatt Health Solutions identified the health education policies within Medicaid Managed Care that led to the next programmatic step. Staff from OHIP identified discretionary funds to put toward integration of Baby Basics into Medicaid Managed Care Plans' health education programs. WTEF is piloting this work with Hudson Health Plan, Monroe Plan for Medical Care, HealthPlus, and AmeriChoice to incorporate Baby Basics into their Medicaid Managed Care plans. WTEF is planning the program and is modifying the training and technical assistance process based on lessons learned from the NYSHealth grant.



BACKGROUND INFORMATION:

ABOUT THE GRANTEE

The What to Expect Foundation (WTEF) takes its name from the 26-million-copy, bestselling *What to Expect* pregnancy and parenting series. Often referred to as “America’s Pregnancy Bible,” *What To Expect When You’re Expecting* is purchased by 93% of all mothers who buy pregnancy guides; however, many families cannot afford or benefit from these books. The What to Expect Foundation was created to provide empowering information, support, and literacy skills to underserved, at-risk parents so they can expect healthier pregnancies, safer deliveries, and happier babies.

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