Maternal Child Health

March 2025

My Healthy Baby 2024 Annual Report

Indiana Department of Health

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Executive Summary

Established in 2019 by House Enrolled Act 1007, My Healthy Baby seeks to reach out to women as early as possible in their pregnancies and offer a connection to local home visiting programs that will provide one-on-one guidance and support. The goals are to ensure that families are supported during and beyond pregnancy and to improve birth outcomes in the state of Indiana.

The My Healthy Baby 2024 Annual Report is intended to provide stakeholders, decision-makers, and interested parties at all levels an understanding of how My Healthy Baby operates, its reach and potential impact, and improvement opportunities and efforts. My Healthy Baby is a cross-agency initiative between the Indiana Department of Health (IDOH), Family and Social Services Administration (FSSA), and the Department of Child Services (DCS). Data analyses were completed by the Indiana Department of Health Maternal and Child Health Division's epidemiology team, covering the period of July 1, 2023, through June 30, 2024; staff from all three agencies contributed to this report.

My Healthy Baby was active in every Indiana county during the period covered by this report. During the period:

- My Healthy Baby attempted to reach 56,461 potential clients
- 16,724 women (30% of potential clients) completed a phone screen with a My Healthy Baby communication specialist
- 6,771 women (12% of all potential clients, 40% of those who completed a phone screen) accepted a referral

1,308 more referrals than previous year

24% increase

Areas of focus for enhancement include:

- Increasing percentage of women who are reached and who accept a referral
- Working with home visiting programs to increase capacity and increase the percent of referred clients who enroll
- Collecting data from home visiting programs to improve understanding of what happens with clients after referral

Introduction

The goals of the My Healthy Baby program are for pregnant families and families of new babies to have the support they need to thrive, and for more families to be able to celebrate their babies' first birthdays. To accomplish this, the program focuses on four areas:

1. Identification and referral: Identify and reach women as early as possible in pregnancy and connect them to perinatal home visiting providers that can help address their ongoing needs
2. Support for the perinatal home visiting system: Support and strengthen perinatal home visiting programs and the perinatal home visiting system
3. Normalizing home visiting: Promote a culture that is supportive of perinatal home visiting so women want to engage with the programs
4. Evaluation and improvement: Engage in ongoing evaluation and improvement efforts, both of internal processes and Indiana's home visiting system

While the ultimate goal is that My Healthy Baby will support all pregnant women in Indiana, the current focus is on reaching women insured by or eligible for Medicaid.

This report is presented in sections aligning with the four focus areas. Unless otherwise noted, the time period for all data is July 1, 2023, through June 30, 2024.

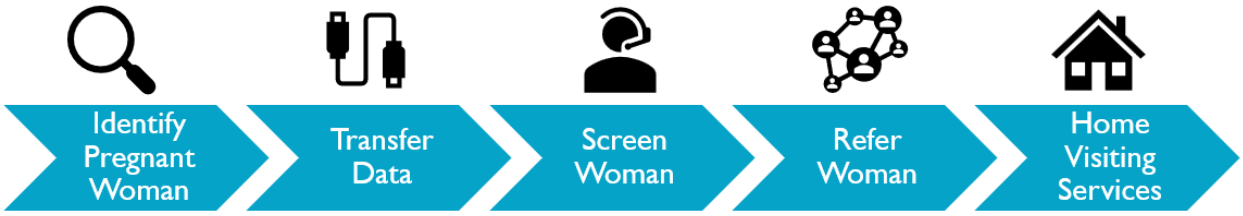
Identification and Referral

Most potential clients for My Healthy Baby are identified at FSSA. To improve the likelihood of reaching women early in pregnancy, FSSA monitors multiple data sources for pregnant women: women who have just been approved for Presumptive Eligibility for Pregnant Women, pregnant women who have just submitted a Medicaid application, women already insured by Medicaid whose status changes to pregnant, and women insured by Medicaid who have a positive pregnancy indicator in the Indiana Health Information Exchange data set. FSSA transfers contact information for these potential clients to IDOH daily.

In addition, women may self-identify via the My Healthy Baby website.[1] Approximately 11% of potential clients were self-referrals during this report period. Finally, clients can be referred by a provider or someone else in the community, via a simple online form.[2] Figure 1 below shows the process from identification to client enrolling in a home visiting program.

[1] MyHealthyBabyIndiana.com
[2] MyHealthyBabyIndiana.com/referral

Figure 1: My Healthy Baby Process Steps from Identification to Enrollment in Home Visiting Program



After receiving contact information for potential clients, communication specialists at IDOH initiate contact attempts with all identified clients. Letters are mailed to all clients with a documented address, followed by two call attempts for clients with a working phone number. (Note: the process for letters changed during this reporting period. Prior to March 2024, letters were sent only to clients who did not have a working phone number). Making successful contact with clients is one of the biggest challenges for the program.

Successful contact occurs when the communication specialist completes a screen with the client. Since participation is voluntary, a client may decline to proceed with the screening process. Clients who agree to continue with the screening process are asked basic questions that assist in assessing the client's needs and determining whether the client is a candidate for My Healthy Baby and for the home visiting programs available in the client's county.

Of pregnant women who were successfully contacted and screened during this reporting period, 41% were in the first trimester, 31% were in the second trimester, 21% were in the third trimester, and 6% did not know their due date.

To be a candidate for My Healthy Baby, a woman must be pregnant or have recently delivered. The home visiting programs also have eligibility criteria that vary from program to program and from county to county. My Healthy Baby makes every effort to refer clients to programs for which they are eligible, but occasionally a local program may indicate that a referred client is not eligible for their services. In these cases, My Healthy Baby will refer the client to a different program. For more information about eligibility for home visiting programs, see Appendix 2.

Based on the screen results, eligible clients are offered a referral to a home visiting program in their own community. The client responds by accepting the home visiting referral or opting out. All screened clients are also offered one-on-one assistance with health insurance navigation and other local resources, including assistance in finding a prenatal care provider.

Figure 2 below shows the outcomes of outreach attempts and interactions between July 1, 2023, and June 30, 2024. During this period, My Healthy Baby referred 6,771 women to home visiting programs, compared with 5,463 women during the previous 12-month period; this represents a 24% increase.

Figure 2: Outcomes of Outreach and Interactions

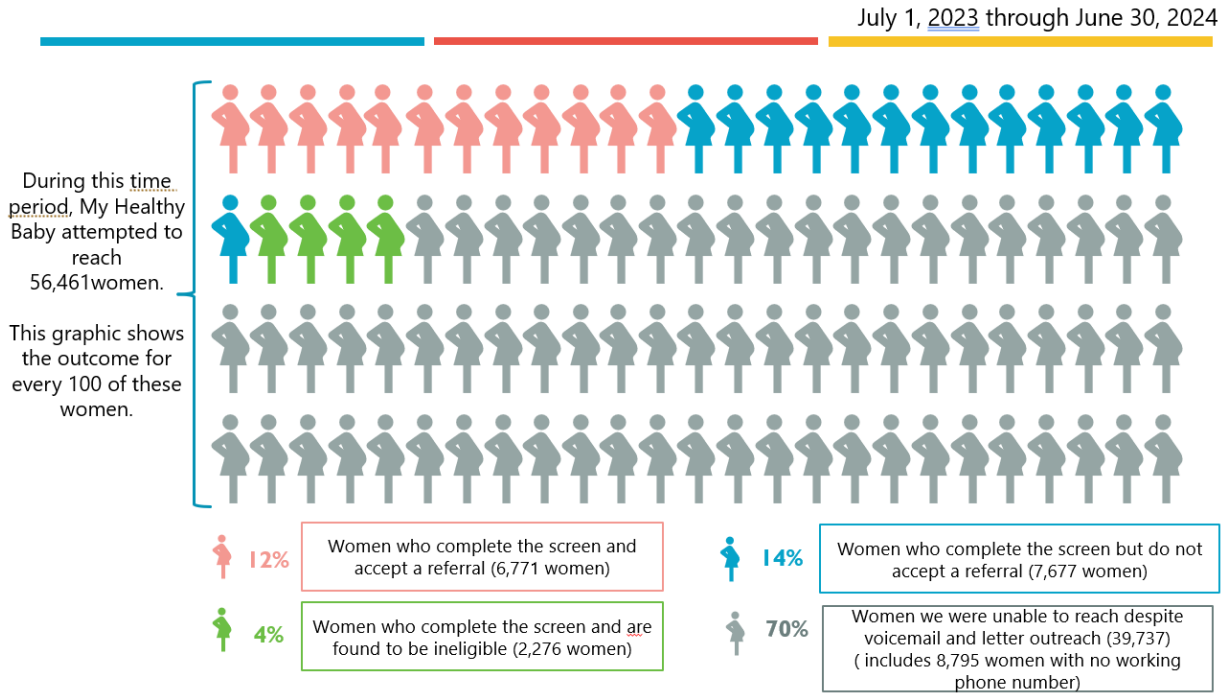
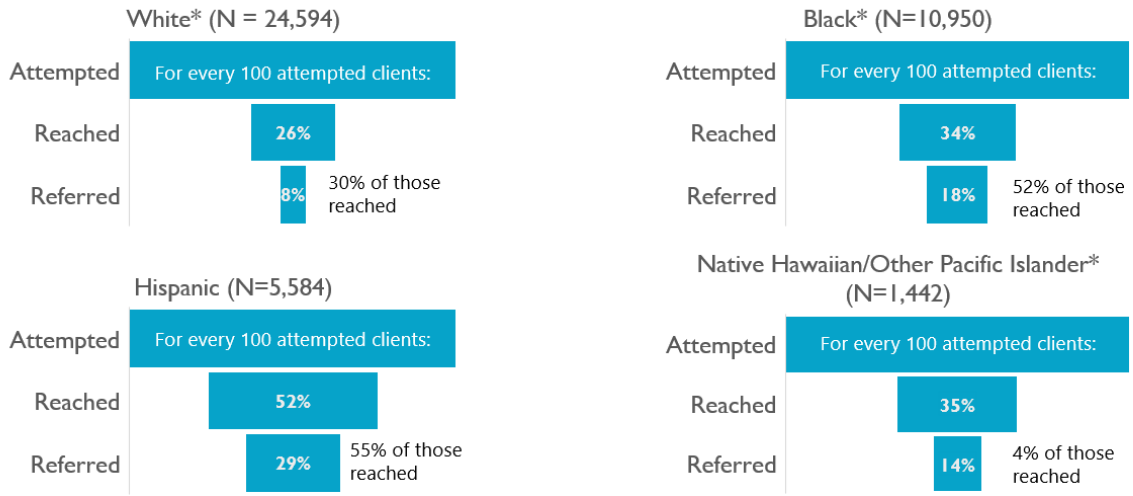


Figure 3 provides a representation of the women My Healthy Baby attempted to contact and women who accepted a referral broken down by race and ethnicity. Black, White, and Native Hawaiian or other Pacific Islander categories are clients who have selected non-Hispanic or other for ethnicity. Other/unknown includes clients who are Asian and American Indian or Alaska Native, which have been combined because of low counts. Clients for whom race/ethnicity data were missing or who declined to identify race or ethnicity, clients who select more than one race, and clients who indicated "unsure," are also included in the other/unknown category.

Figure 3: Outcome by Race/Ethnicity



Not shown: 13,891 of other/unknown race, of whom 8% accepted a referral.

* Includes clients that selected "Non-Hispanic" or "other" for ethnicity.

Support for the Perinatal Home Visiting System

My Healthy Baby refers women to perinatal home visiting programs that partner with pregnant women and families to provide voluntary, individualized services during pregnancy and for at least the first year after the baby is born.

Home visiting services take place in a setting that is natural and comfortable for the family, such as the home, childcare program, or library. Areas of support to families offered by the programs may include maternal and child health, positive parenting, child development, connections to resources and social supports, and family economic self-sufficiency.

Participating home visiting program types

My Healthy Baby refers clients to a variety of home visiting organizations, all of which also receive referrals from a variety of other partners. Some of the organizations implement national models (Healthy Families, Nurse-Family Partnership, Early Head Start, Healthy Start, and Parents as Teachers), while others utilize locally developed models; a few organizations offer more than one type of model.

In collaboration with the My Healthy Baby Advisory Committee, made up of home visiting representatives from all models and from across the state, My Healthy Baby has developed a set

of home visiting standards.[3] These standards identify and define commonalities across model types, and lay out core expectations for home visiting organizations that participate in My Healthy Baby. This ensures that clients referred by My Healthy Baby will have access to a core set of resources and support, regardless of what model the participating organization follows. (For more information on the home visiting programs that receive referrals from My Healthy Baby, as well as the referral distribution by program type, see Appendix 2.)

Occasionally a home visiting program meeting the My Healthy Baby standards is not available for a client who is interested in receiving these services, either because local programs are at capacity or because the client does not meet eligibility criteria for local programs. During this period, My Healthy Baby was able to add local Community Partners for Child Safety (CPCS) programs to the referral network for clients such as these. CPCS programs offer shorter-term home visiting to address identified needs, including concrete supports and parenting education. CPCS can serve any family, regardless of income or other eligibility factors.

Support for the home visiting system

In addition to making referrals to home visiting programs, My Healthy Baby collaborates with the programs to ensure the home visiting system is prepared to support the families that need it. My Healthy Baby supports the home visiting system in a variety of ways, including education, cross-program collaboration, and funding opportunities.

During the period covered by this report, My Healthy Baby supported a quality improvement learning collaborative for home visiting programs focused on engaging and retaining families. A series of ECHO sessions sponsored by My Healthy Baby for home visitors featured peer sharing and educational opportunities on topics such as pregnancy and oral health, tobacco use during pregnancy, and nutrition resources. My Healthy Baby also facilitated collaborative Community of Practice events for home visiting program leaders, with discussions covering client retention, support for fathers, staff safety, supporting mothers with substance use disorders, and more.

In late 2022, confronted by acute post-pandemic staffing shortages, My Healthy Baby collaborated with all three agencies to make grants available to most home visiting programs in Indiana to support staff recruitment and retention; much of the work covered by these grants was completed during the reporting period covered by this report. In early 2024, My Healthy Baby awarded infrastructure grants to 23 programs to support professional development of home visitors, client engagement, needed technology upgrades, and more.

[3] The My Healthy Baby Home Visiting Standards are available at https://www.in.gov/myhealthybaby/files/Indiana-My-Healthy-Baby-Standards.pdf

Normalizing Home Visiting

Since October 2020, My Healthy Baby has implemented a marketing and outreach campaign to help extend awareness of the program. Focus groups were conducted in January 2024 and based on their feedback the outreach campaign was modified to highlight the stories of real Indiana moms and families who have participated in home visiting. This new campaign launched in May 2024.

During the period covered by this report, the My Healthy Baby outreach team took part in community events around the state to promote awareness of My Healthy Baby and home visiting, as well as other maternal and child health programs offered by IDOH. These events included community baby showers and conferences. One new area of outreach was regional library conferences, to encourage librarians to share information with patrons who might need these services; some of these libraries continue to re-order brochures and outreach materials.

In light of the higher risk for infant mortality faced by Black and Hispanic families (see Appendix 1), My Healthy Baby took additional steps to reach these communities. My Healthy Baby sponsored the 2024 Indiana Black Expo Summer Celebration, including a booth at the health fair and targeted social media messages designed especially for attendees of the Summer Celebration. Similarly, My Healthy Baby sponsored a booth at the Indiana Latino Expo to increase outreach to the Latino community.

Evaluation and Improvement

My Healthy Baby continually seeks to improve processes and outcomes, both internally and in collaboration with partners. Some key areas of focus during this reporting period (July 2023 through June 2024) are highlighted below.

Reaching and referring more women

One of the greatest challenges for My Healthy Baby remains reaching potential clients. During the period covered by this report, a number of efforts were piloted or implemented to increase the number of clients reached and referred.

The communication team piloted increasing the number of call attempts from two to eight. When the pilot did not result in a significant increase in successful contacts, the team returned to the previous practice of making two call attempts. Based on a close analysis of results, a future pilot will further test three calls.

In addition to call attempts, the communication team began texting clients who had submitted their own information via the campaign landing page, where they are notified that they may receive texts. Each client receives up to two texts – one before the first call and one after the second call – inviting her to reach out by phone or email.

During the period covered by this report, the My Healthy Baby team also changed the process for sending letters. Previously, letters were sent only if a client had no working phone number. Under the new process, letters are sent to all potential clients.

Supporting home visiting capacity to enroll more women

In general, home visiting programs reported fewer capacity challenges during the period covered by this report than during the previous period. This was due in part to grant opportunities that had been provided by the three state agencies, as noted above.

Although the overall picture improved for capacity, there were still specific areas in need of attention. My Healthy Baby worked with programs across the state to increase capacity to serve clients who speak other languages. My Healthy Baby also worked with programs in specific areas of the state where capacity waitlists continue to create delays in enrollment.

Finally, as noted above, during this period My Healthy Baby added Community Partners for Child Safety as a new referral partner, so that no client who desires additional support is turned away for capacity or eligibility reasons.

Improving data collection and analysis

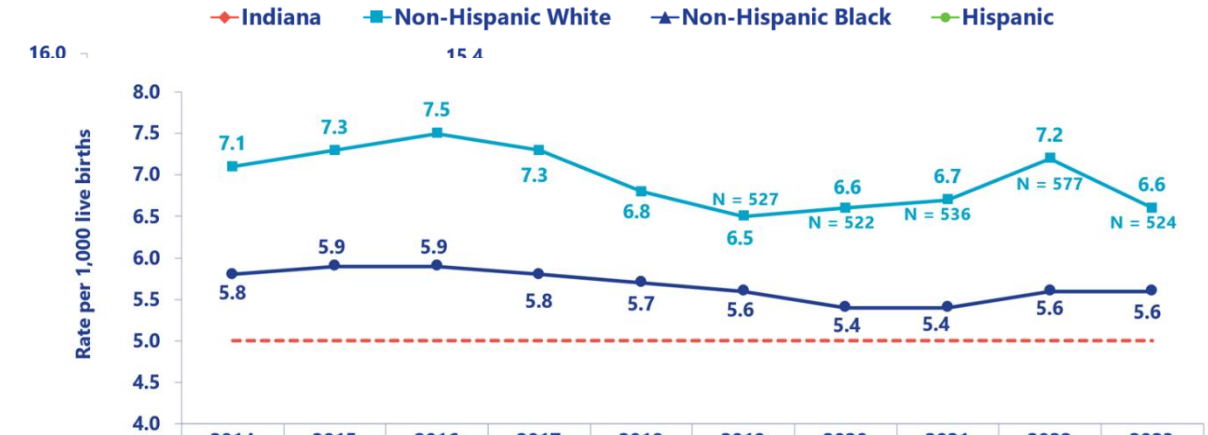
My Healthy Baby continually works to enhance data analysis and evaluation of the initiative, with the goals of supporting data-informed decisions, identifying areas for improvement, and developing and testing improvement strategies.

My Healthy Baby has full access to contact and referral data, because these data are collected and stored entirely within the Indiana Department of Health. These data have informed ongoing improvement efforts focused on increasing the percentage of women who are successfully reached and who accept a referral.

My Healthy Baby is working with the local home visiting programs to understand what happens with clients after the initial referral. During this reporting period, My Healthy Baby focused on establishing the systems to collect and analyze data from the home visiting programs to develop this understanding. The goal is to be able to look at measures related to initial enrollment and ongoing participation in home visiting, as well as services provided in the core areas of breastfeeding, safe sleep, support for tobacco cessation, and assessment and referrals for postpartum depression.

Appendix 1

Figure 4: Infant Mortality Rates (2014 – 2023)

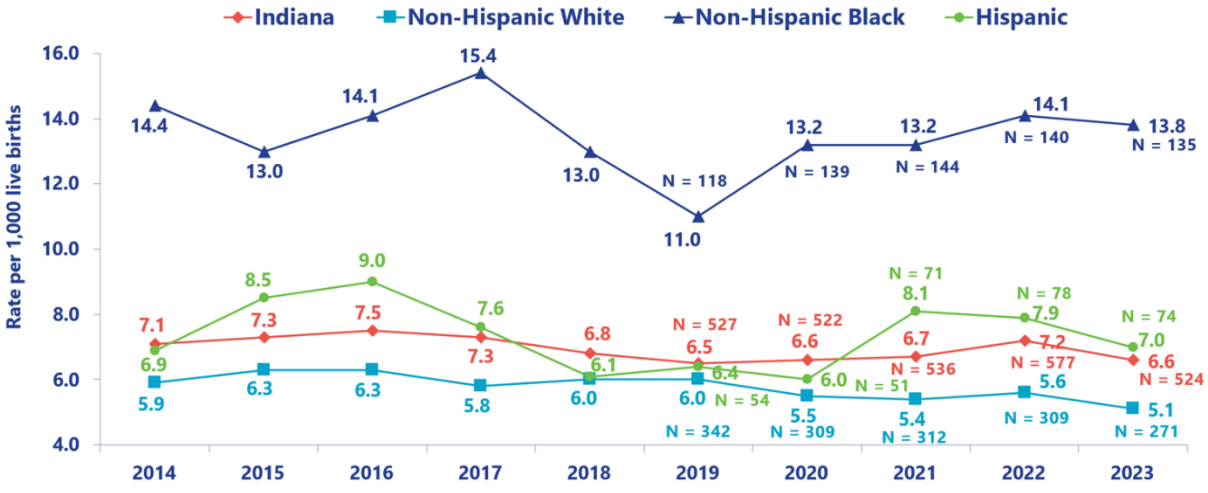


	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Indiana	7.1	7.3	7.5	7.3	6.8	6.5	6.6	6.7	7.2	6.6
U.S.	5.8	5.9	5.9	5.8	5.7	5.6	5.4	5.4	5.6	5.6
HP 2030 Goal	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [January 9, 2023]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, DAT

Birth outcomes, including infant death, are influenced by many factors including biological, social, environmental and physical. As a result, the IMR differs among races and ethnicities, regions, counties, ZIP codes, maternal age, levels of income and more. The many factors that influence the health of infants and mothers highlight the complexity and long-term nature inherent in the goal of reducing infant mortality and promoting healthier families.

Figure 5: Indiana Infant Mortality Rate by Race and Ethnicity (2014-2023)



Source: Indiana Department of Health, Family Health Data and Fatality Prevention Division [November 13, 2024]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

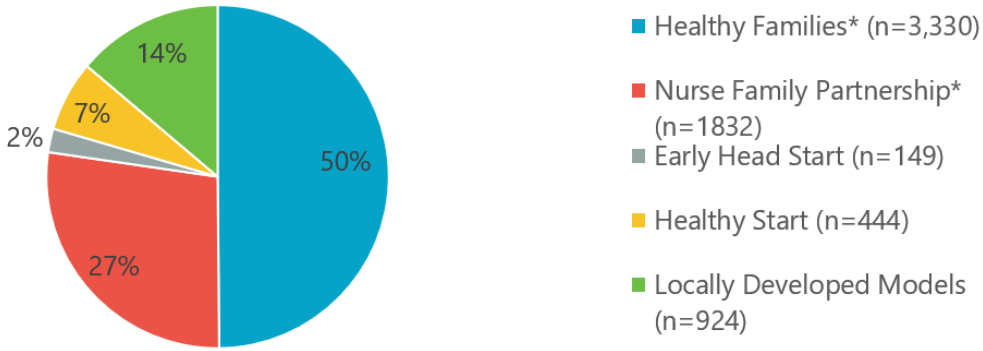
Appendix 2 – Home Visiting Programs

The table below provides high-level information about the major home visiting programs to which My Healthy Baby refers clients. It should be noted that there may be some variation between eligibility requirements from one county to another, even within each program type.

Early Head Start	Prenatal-age 3	For pregnant women or infants who are below 100% of the federal poverty level
Healthy Families	Prenatal-age 3	For pregnant women and new moms (up to three months postpartum) who are assessed to be at high risk and are below 250% of the federal poverty level
Healthy Start	Prenatal-18 months	For pregnant women and new moms up to 18 months postpartum
Nurse Family Partnership	Prenatal-age 2	For pregnant women who are expecting their first child and are <28 weeks' gestation
Other programs	Varies: Prenatal-at least age 1	For pregnant women; other eligibility criteria vary by program
Community Partners	Prenatal to age 18	For pregnant women and families with children up to age 18

My Healthy Baby referred 6,771 clients to home visiting programs during the 12-month period from July 1, 2023, through June 30, 2024. The referral distribution by home visiting program type is shown in Figure 6 below.

Figure 6: Referral Distribution by Home Visiting Program Type



* This category includes home visiting programs that provide service based on more than one model. For example, Healthier Moms and Babies (HMB) offers both Healthy Start (HS) and Nurse Family Partnership (NFP) models. Mental Health America (MHA) offers both Healthy Families (HF) and Parents as Teachers (PAT) models. HMB has been categorized with NFP and MHA has been included in HF category.