



Connecting Indiana Families to Pregnancy & Infant Support



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 2023 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, 2022, through June 30, 2023; staff from all three agencies contributed to this report.

During the year covered by this report:

- My Healthy Baby completed its statewide expansion and is now active in every Indiana county (see Appendix 2 for detail).
- My Healthy Baby attempted to reach 44,963 potential clients.
- 12,813 women (28% of potential clients) completed a phone screen with a My Healthy Baby communication specialist.
- 5,463 women (12% of all potential clients, 43% of those who completed a phone screen) accepted a referral.
- An estimated 28% of referred clients went on to enroll in home visiting services.

Areas of focus for improvement 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.
- Improving data collection and analysis.

Compared to previous year:

Grew from
75 to 92
Indiana counties



Referred
334 more
women



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:*
My Healthy Baby seeks to 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:*
My Healthy Baby seeks to support and strengthen perinatal home visiting programs and the perinatal home visiting system.
3. *Normalizing home visiting:*
My Healthy Baby seeks to promote a culture that is supportive of perinatal home visiting so women want to engage with the programs.
4. *Evaluation and improvement:*
My Healthy Baby seeks to engage in ongoing evaluation and improvement efforts, both of internal processes and of Indiana's home visiting system.

My Healthy Baby formally launched in Allen County in January 2020 and completed statewide rollout in Hancock County in May 2023. (For an overview of the implementation schedule, see Appendix 2.) 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, 2022, through June 30, 2023.

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 demographic and contact information for these potential clients to IDOH daily.

In addition, women may self-identify via the My Healthy Baby [website](https://www.myhealthybabyindiana.com).¹ Approximately 12 percent of potential clients are self-referrals. 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](https://www.myhealthybabyindiana.com)

² [MyHealthyBabyIndiana.com/referral](https://www.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. Two call attempts are made for clients with a working phone number, and letters are mailed to clients who do not have a working phone number. Making successful contact with clients is one of the biggest challenges of 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 each client's county.

To be a candidate for My Healthy Baby, a woman must be pregnant or have recently delivered. Before My Healthy Baby was available statewide (final county launch was in May 2023), a woman also had to be living in one of the counties where the program had launched.³ 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 subsequently determine that a referred client is not eligible for their services. For more information about eligibility for home visiting programs, see Appendix 3.

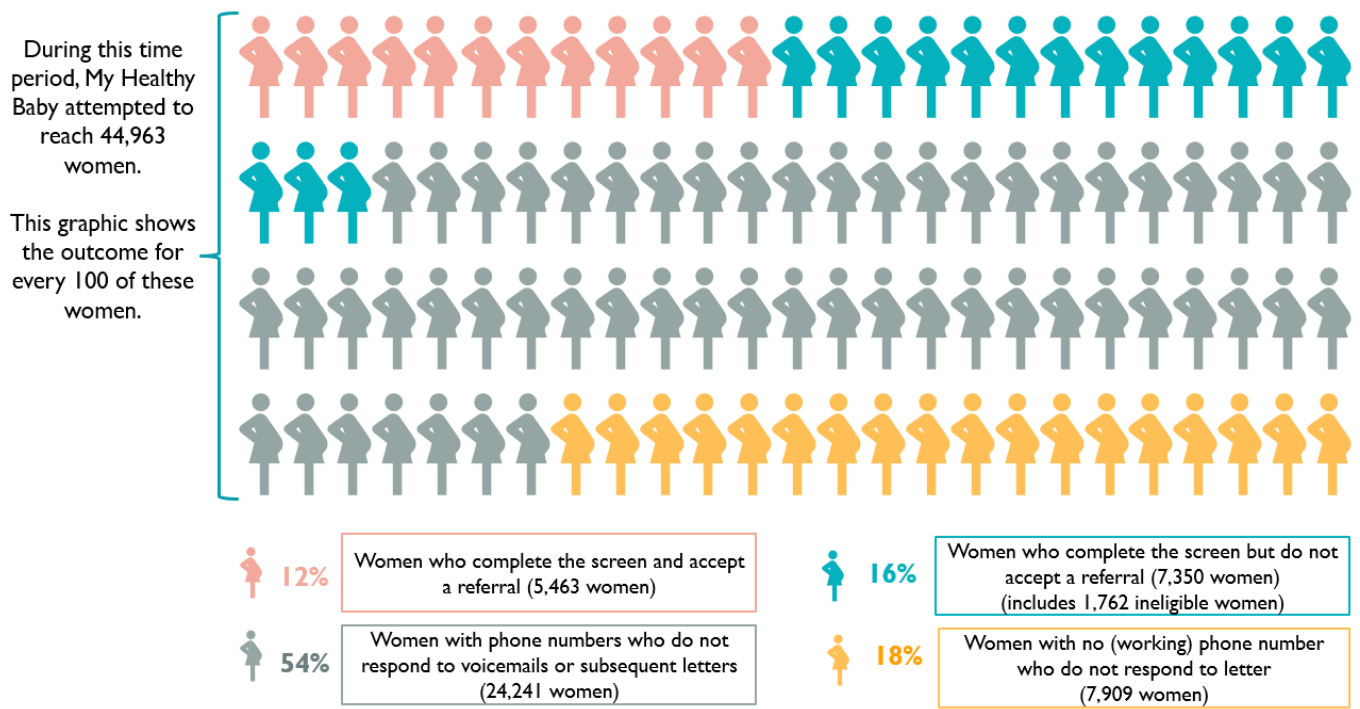
Based on the screen results, eligible clients are offered a referral to a home visiting program in their own community. The client responds by accepting the home visiting referral or opting out. All screened clients are also offered one-on-one assistance with health insurance navigation and other local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

Figure 2 below shows the outcomes of outreach attempts and interactions between July 1, 2022, and June 30, 2023. During this period, My Healthy Baby referred 5,463 women to home visiting programs, compared with 5,129 women during the previous 12-month period; this represents a 6.5% increase.

³ Note: Even if a client is not eligible for My Healthy Baby, the communication specialist will inquire about any current needs, and offer the client information about resources to meet those needs.

Figure 2: Outcomes of Outreach and Interactions

July 1, 2022 through June 30, 2023



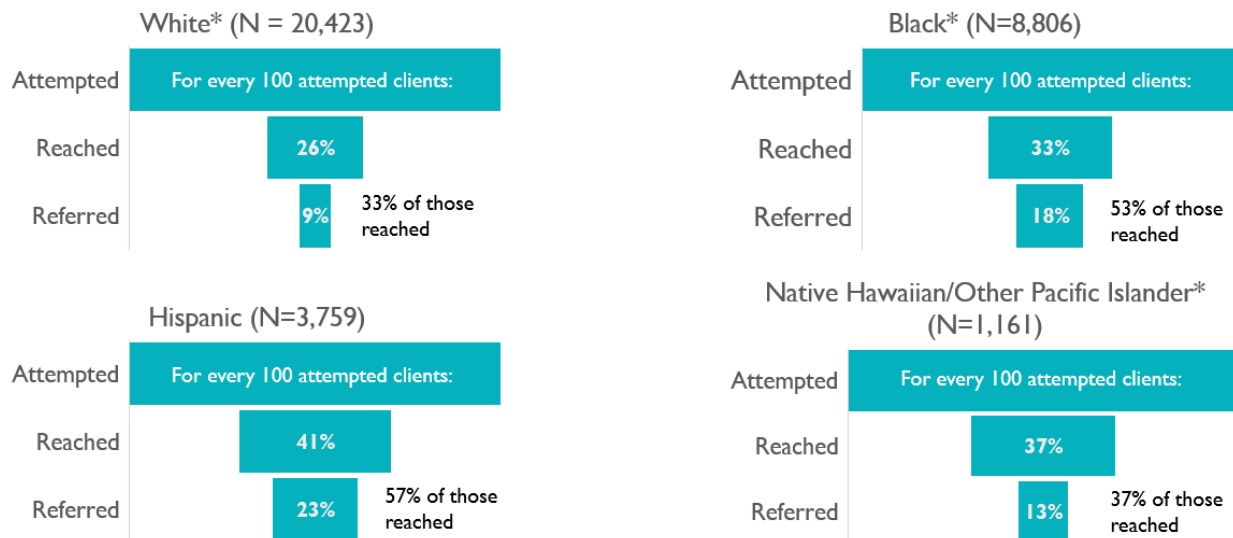
Of the 44,963 women My Healthy Baby attempted to reach between July 1, 2022, and June 30, 2023, 45% were White, 20% were Black, 8% were Hispanic, 3% were Native Hawaiian or Other Pacific Islander and 24% were in the Other/Unknown category. The Black, White, and Native Hawaiian or Other Pacific Islander category 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, and clients who indicated "unsure," are also included in the Other/Unknown category.

During this period, 26% of White clients, 33% of Black clients, 41% of Hispanic clients, 37% of Native Hawaiian or Other Pacific Islander clients, and 24% of Other/Unknown clients were successfully reached and screened.

Of the White clients who were screened, 33% (9% of contact attempts) accepted a referral, while 54% declined the referral. Of the Black clients who were screened, 53% (18% of contact attempts) accepted a referral, while 32% declined the referral. Of the Hispanic clients who were screened, 57% (23% of contact attempts) accepted a referral for My Healthy Baby home visiting and 32% declined a referral. Of the Native Hawaiian/Other Pacific Islander clients who were screened, 37% (13% of contact attempts) accepted a referral for My Healthy Baby home visiting and 49% declined a referral. Of Other/Unknown clients who were screened, 43% (10% of contact

attempts) accepted a referral for My Healthy Baby home visiting and 41% declined a referral. (See Figure 3.)

Figure 3: Outcome by Race/Ethnicity



Not shown: 10,814 of other/unknown race, of whom 10% accepted a referral.

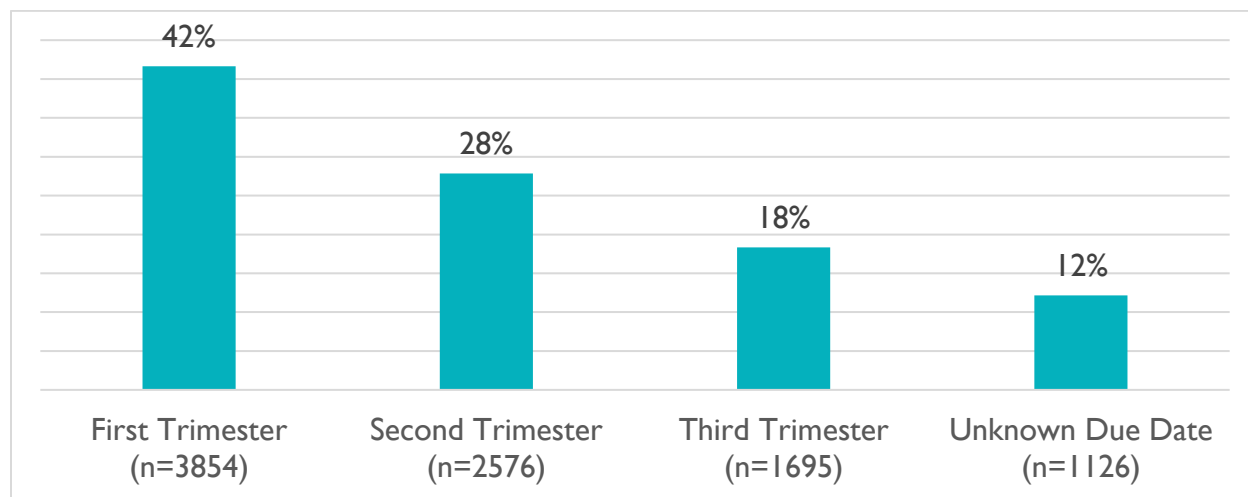
* Includes clients that selected "Non-Hispanic" or "other" for ethnicity.

Identifying women early in pregnancy

Connecting pregnant women to home visiting as early as possible in pregnancy is an important component of My Healthy Baby, as studies have indicated better outcomes when interventions are provided early in pregnancy. For the following analyses, as for general infant mortality analyses, early in pregnancy is considered the first trimester (first 13 weeks of pregnancy).

In March of 2023, the My Healthy Baby communication specialists began offering to help women calculate their due dates if they do not already know them; this has reduced "unknown due date" from 20% in the previous year to 12% in the year covered by this report. Figure 4 below indicates the trimester distribution of women contacted by My Healthy Baby between July 1, 2022, and June 30, 2023.

Figure 4: Trimester Distribution of Clients Screened, July 1, 2022 - June 30, 2023



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, access to resources and social supports, and family economic self-sufficiency.

My Healthy Baby collaborates with these programs to ensure the system is prepared to support the families that need it.

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.⁴ 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

⁴ The My Healthy Baby Home Visiting Standards are available at <https://www.in.gov/myhealthybaby/files/Indiana-My-Healthy-Baby-Standards.pdf>

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 3.)

Enrollment in home visiting

After referral by My Healthy Baby, the next step in the process is client enrollment into the home visiting program. There are several considerations to note when looking at enrollment data, including:

- Given the voluntary nature of the programs, clients are not obligated to engage and/or enroll.
- My Healthy Baby data analysis shows that the target population faces many challenges (such as unreliable access to phone service), sometimes making it more difficult for home visiting programs to successfully reach a referred client.
- Some My Healthy Baby referrals are duplicates of referrals that were already received by the home visiting program from another entity. These clients will typically not be counted as My Healthy Baby enrollments.
- After a home visiting program receives a referral, the program contacts the client and conducts an eligibility screening. As noted earlier, eligibility varies by home visiting program and some clients may not meet the national and/or local eligibility criteria, which can result in some clients not enrolling.
- The referrals represented in the data below may enroll in the program after the reporting period used for this report. Thus, enrollment rate calculations show a higher percentage when data are analyzed over a longer period. In addition, program sites could report a higher number of clients screened than the number of referrals in a reporting period if clients referred in the previous period were only contacted during the current period.

Programs sharing client-level data with My Healthy Baby

During the past year, My Healthy Baby has collaborated with home visiting programs to be able to access and analyze client-level, identifiable data. It is now possible to analyze these data from programs that receive 79% of My Healthy Baby referrals. This has yielded better insight into what happens after a referral is made.

As part of this process, each program modified its client consent forms to notify clients that their information would be shared with IDOH. Identifiable data are shared only for those clients who enrolled after the new consents were implemented (mostly on or after August 1, 2022), and this limits the data available for analysis during this reporting period. For this reason, the analysis in this section focuses on the period beginning January 1, 2023.

From January 1, 2023, through June 30, 2023, My Healthy Baby referred 2,604 clients to these programs. To allow referrals made in June time to enroll, My Healthy Baby tracked what happened next through July 31, 2023. It should be noted that some clients who were referred earlier will continue to enroll beyond that date.

By July 31, 2023, at least 766 clients (28% of referred clients from this six-month period) had enrolled. Because the data sharing process is new, it is likely that additional clients may also have enrolled. My Healthy Baby is continuing to work with partner agencies to optimize the referral process, as well as data sharing and analysis.

Programs sharing aggregate data with IDOH

Over time, My Healthy Baby will continue to add more home visiting programs to the group providing client-level data. In the meantime, the remaining home visiting programs, (which received 21% of My Healthy Baby referrals during this period) provide aggregate (instead of client-level) data by submitting monthly reports on enrollment of My Healthy Baby referrals.

During the period from July 1, 2022, through June 30, 2023, My Healthy Baby sent 1,128 referrals to these programs. The programs reported that they were able to contact 51% (570 referred clients). During these twelve months, the home visiting programs reported enrolling 24% of referred clients (268 clients, or 47% of those contacted).

Normalizing Home Visiting

Since October 2020 My Healthy Baby has implemented a marketing and outreach campaign to help extend awareness of My Healthy Baby. This campaign was updated in early 2023 with new images representing different races, ethnicities, and ages, as well as first-time moms and women who also have older children. The goal is that pregnant women will see someone who looks like them, thus encouraging them to reach out for support. The campaign is statewide, with extra resources devoted to reaching women in counties that have the highest risk of infant mortality.

During the year covered by this report, My Healthy Baby took additional steps to reach the black community by sponsoring booths at the Indiana Black Expo Summer Celebration, both in the main exhibit hall and at the health fair; and by providing targeted messages designed especially for attendees of the Summer Celebration. My Healthy Baby also invested in an online campaign in Lake County specifically for the black community.

Additionally, during the year covered by this report, My Healthy Baby worked with partners to create a series of videos highlighting families who have participated in home visiting in Indiana, together with their home visitors. These videos feature families from across the state, each with their own story. The goal is for anyone who is thinking of participating to be able to see how others with similar backgrounds have benefited from participating in home visiting programs. These videos are available at in.gov/MyHealthyBaby/for-the-public/.

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 2022 through June 2023) are highlighted below.

Reaching and referring more women

As seen in this report, one of the greatest challenges for My Healthy Baby has been reaching potential clients. During the past year, efforts have been underway to expand the available methods of reaching out to women. Specifically, the program has been working to establish the technology necessary to include outreach by text and email with a goal of successfully reaching more women.

Additionally, for clients who initially decline a referral, the communication specialists will be offering to provide additional information by email.

Home visiting capacity and enrolling more women

During this year, capacity challenges have continued to impact both overall enrollment and early enrollment. Some programs have had to temporarily stop accepting referrals due to capacity issues, while other programs have implemented waitlists that result in enrolling clients later in pregnancy. My Healthy Baby continues to collaborate with leaders at all three agencies and across the state in efforts to increase home visiting capacity so that every eligible woman who desires to participate can enroll as early as possible in her pregnancy.

As noted above, several considerations beyond capacity come into play when looking at whether clients move from referral to enrollment. During the past year, several programs completed a learning collaborative sponsored by My Healthy Baby to improve enrollment. While they were able to identify promising practices, these programs too were impacted by capacity issues that blunted the immediate results of their efforts.

Moving forward, My Healthy Baby will continue to collaborate with home visiting partners to explore how to increase the number of referred women who go on to enroll in home visiting.

Improving data collection and analysis

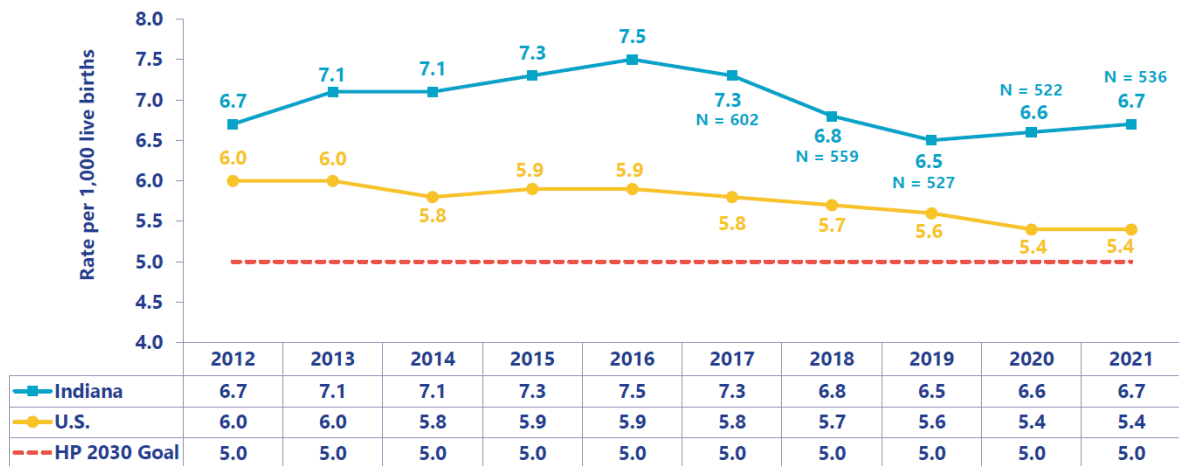
My Healthy Baby is continuing the work to enhance data analysis and evaluation of the initiative, with the goals of supporting data-informed decisions, identifying areas for improvement, and developing and testing improvement strategies. Access to data has been a key factor in these efforts.

From the beginning, My Healthy Baby has had 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.

As noted above, during this year, My Healthy Baby has begun working with its home visiting partners to access client-level. Over the next couple of years, My Healthy Baby looks forward to accessing a greater breadth of data from more programs. These data will contribute to a better understanding of how My Healthy Baby and home visiting programs are supporting pregnant women and their infants and families.

Appendix 1

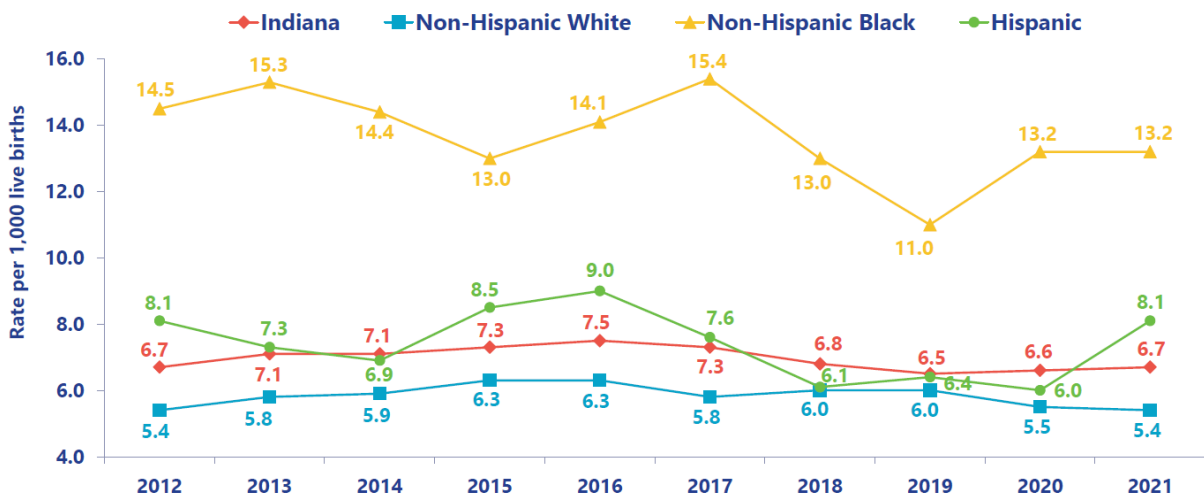
Figure 5: Infant Mortality Rates (2012 – 2021)



Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [January 9, 2023]
 United States Original Source: Centers for Disease Control and Prevention National Center for Health Statistics
 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 6: Indiana Infant Mortality Rate by Race and Ethnicity (2012-2021)

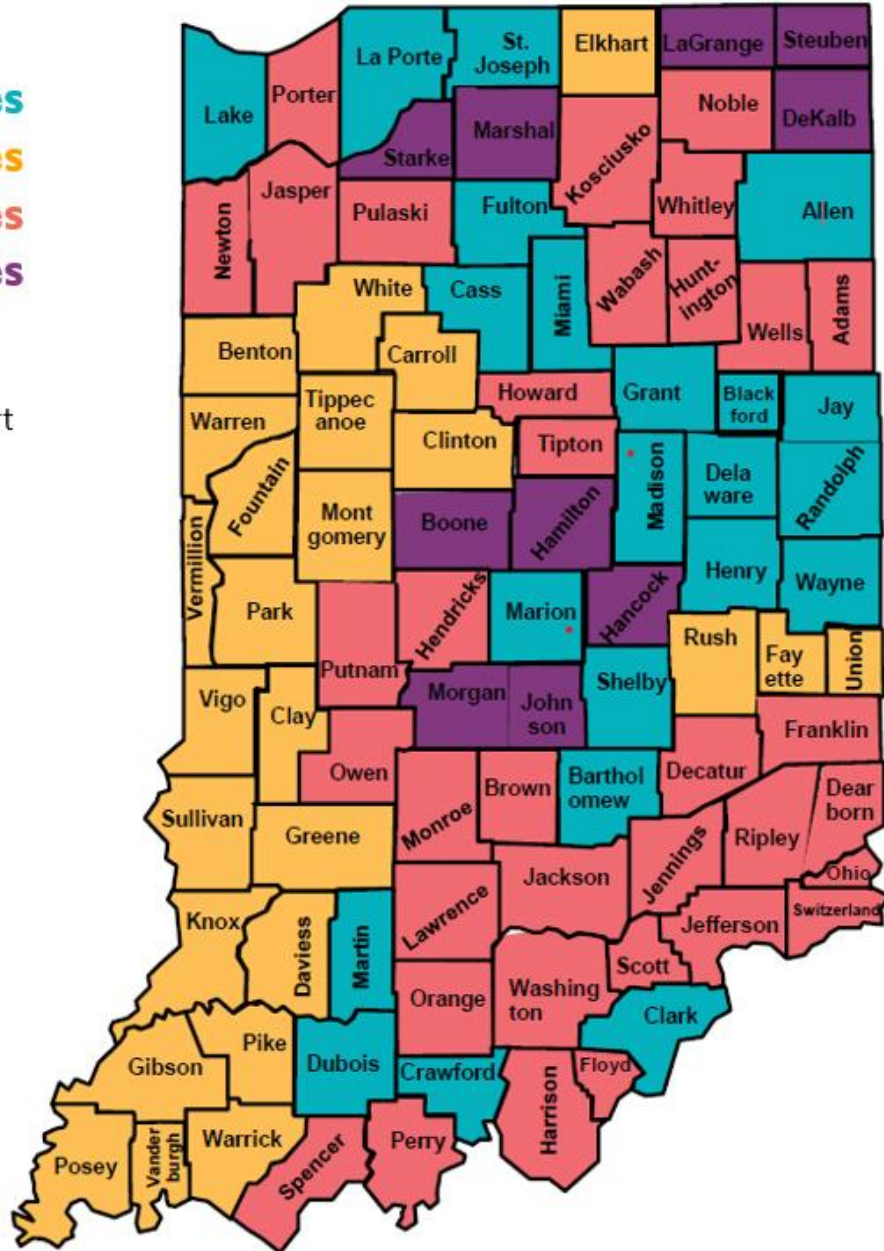


Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [January 9, 2023]
 Indiana Original Source: Indiana Department of Health, Vital Records, ODA, DAT

Appendix 2 – Implementation Schedule for My Healthy Baby

2020 Counties
2021 Counties
2022 Counties
2023 Counties

During the period covered by this report My Healthy Baby completed its statewide expansion and is now active in every county in Indiana.



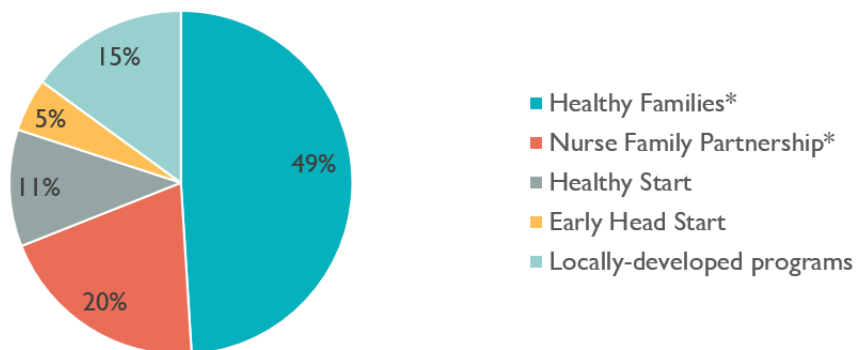
Appendix 3 – Home Visiting Programs

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 3 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

My Healthy Baby referred 5,463 clients to home visiting programs during the 12-month period from July 1, 2022, through June 30, 2023. The referral distribution by home visiting program type is shown in Figure 7 below.

Figure 7: 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) provides both Healthy Start (HS) and Nurse Family Partnership (NFP) models. Mental Health America (MHA) also provides services based on Healthy Families (HF) and Parents as Teachers (PAT) models. HMB has been categorized within NFP and MHA has been included in HF category.