

BALTIMORE, MD



PROGRAM INFORMATION

Healthy, full-term babies born ready to thrive in healthy families – this vision drives our B'more for Healthy Babies (BHB) Initiative.

Led by the Baltimore City Health Department and the Family League of Baltimore City, BHB brings together communities, organizations, and resources so that every baby might have the best start possible.

We believe that whether a mom, family member, doctor, nurse, teacher, social worker, community leader – every baby counts on you.

Website: <http://healthybabiesbaltimore.com/home>



CITY COMPARISONS

2008-2012 American Community Survey 5-Year Estimates	Baltimore, MD	Columbus, OH
Population	2,715,650	1,840,267
White alone, Non-Hispanic	60.0%	75.9%
Black or African American alone, any ethnicity	28.7%	14.8%
Women of child bearing age (15-44 years)	20.8%	21.6%
Income in the past 12 months below poverty level	10.6%	14.9%
Children under 5 years	9.8%	11.6%
Unemployment for population 16 years and over	7.9%	7.9%
No high school diploma or GED for population 25 years and over	11.5%	9.9%
Infant mortality rate reduction from 1990 to 2010	20.0% (15.0 to 12.0)	36.1% (11.9 to 7.6)

INTERVENTIONS

UPSTREAM

Teen Sexual Health Education - Examples include peer programs, family planning programs, outreach activities, social media campaigns, etc.

Fetal & Infant Mortality Review (FIMR) Program - An action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families.

Health of mother before and during pregnancy - Examples include smoking cessation, substance abuse management, nutrition, weight management, family planning, etc.

Social and environmental programming - Examples include literacy programs, housing help, connecting women to health providers.

DOWNSTREAM

Perinatal Case Management - Ongoing education and support of pregnant women and their families. Examples include home visiting, Nurse Family Partnership, etc.

Neighborhood Based Initiatives - Focusing on target areas and highest risk mothers

Community support/involvement - Examples include programs for fathers and grandmothers, mentoring

Public Information Campaign - Raising community awareness of infant mortality. Examples include candlelight vigils, billboards, flyers, community advocates.

Health Education Workshops

BOSTON, MA



PROGRAM INFORMATION

The Healthy Baby/Healthy Child Program (HB/HC) is a community-based program designed to promote infant survival, positive birth outcomes, oral health, and family unity. The HB/HC program provides home visiting to pregnant and parenting families with a child under age of five who reside in Boston. All services are free, voluntary, and confidential. Public health nurses, public health advocates, case managers, and social workers help prepare parents (via a strength-based model) for healthy deliveries, successful parenting, and school readiness within the scope of their own culture and language. Families are linked to a range of supportive services and health care facilities.



The HB/HC program collaborates with community-based organizations; neighborhood health centers; hospitals; early intervention programs; certified home health care agencies; Women, Infants and Children (WIC) nutrition programs; and other social service agencies to ensure that clients receive holistic, surround-care services.

The mission of the Healthy Baby/Healthy Child Program is to promote the health and wellbeing of women, children and families in the City of Boston, particularly those living in communities that are disproportionately impacted by infant mortality and other health disparities



Website: <http://www.bphc.org/whatwedo/childrens-health/healthy-baby-healthy-child/Pages/Healthy-Baby-Healthy-Child.aspx>

CITY COMPARISONS

2008-2012 American Community Survey 5-Year Estimates	Boston, MA	Columbus, OH
Population	4,563,673	1,840,267
White alone, Non-Hispanic	75.1%	75.9%
Black or African American alone, any ethnicity	7.5%	14.8%
Women of child bearing age (15-44 years)	21.1%	21.6%
Income in the past 12 months below poverty level	10.0%	14.9%
Children under 5 years	7.5%	11.6%
Unemployment for population 16 years and over	7.9%	7.9%
No high school diploma or GED for population 25 years and over	9.5%	9.9%
Infant mortality rate reduction from 1990 to 2010	62.0% (10 to 3.8)	36.1% (11.9 to 7.6)

INTERVENTIONS

UPSTREAM

Fetal & Infant Mortality Review (FIMR) Program

- An action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families.



Health of mother before and during pregnancy**- Examples include smoking cessation, substance abuse management, nutrition, weight management, family planning, etc.

Social and environmental programming -

Examples include housing help, budget management, connecting women to public assistance, utility help, stress reduction, etc.



DOWNSTREAM

Perinatal Case Management - Ongoing education and support of pregnant women and their families. Examples include home visiting, Healthy Start, etc.

Community support/involvement -

Examples include programs for fathers, mentoring

Health Education Workshops - including group prenatal classes

PROGRAM INFORMATION

The Bureau of Maternal and Child Health administers community-based programs that assure adequate and quality prenatal and primary pediatric care, offer support services to ensure access to care, and provide comprehensive family planning services.

The Bureau of Maternal and Infant Health Programs provide services through contractors to pregnant women, infants and children with special medical, environmental or social needs. The Bureau's primary focus is on reducing infant mortality in the State of Illinois by providing primary and specialty health care coordinated with community-based social, educational, occupational, nutritional and behavioral health services.

Website: <http://www.dhs.state.il.us/page.aspx?item=32011>



CITY COMPARISONS

2008-2012 American Community Survey 5-Year Estimates	Chicago, IL	Columbus, OH
Population	9,461,816	1,840,267
White alone, Non-Hispanic	56.7%	75.9%
Black or African American alone, any ethnicity	17.7%	14.8%
Women of child bearing age (15-44 years)	21.3%	21.6%
Income in the past 12 months below poverty level	12.0%	14.9%
Children under 5 years	11.4%	11.6%
Unemployment for population 16 years and over	8.2%	7.9%
No high school diploma or GED for population 25 years and over	14.7%	9.9%
Infant mortality rate reduction from 1990 to 2010	51.9% (15.6 to 7.5)	36.1% (11.9 to 7.6)

INTERVENTIONS

UPSTREAM

Fetal & Infant Mortality Review (FIMR) Program - An action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families.

Family Planning - Comprehensive family planning Services

Perinatal Depression Screening - This service provides consultation with psychiatrists, information about medications that may be used in the management of perinatal depression both during and after pregnancy, and assistance in referring women to available mental health resources.

DOWNSTREAM

Perinatal Case Management - Ongoing education and support of pregnant women and their families. Examples include Maternal, Infant, and Early Childhood Home Visiting (MIECHV), doula program, family case management, Healthy Births for Healthy Communities



PROGRAM INFORMATION

The District of Columbia Department of Health (DOH) recognizes the importance of tracking, promoting and improving the health of its youngest residents. DOH operates a number of programs to ensure that infants, children and teens are equipped with the necessary tools and services to make them successful at home, in school, and in their communities.



Website: <http://doh.dc.gov/service/infants-children-teens-and-school-health>

INTERVENTIONS

UPSTREAM

Fetal & Infant Mortality Review (FIMR) Program - An action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families.

Family Planning - provides services to women and men to assist with pregnancy prevention or to let them know if they are pregnant

Mental Health Screening - Examples include depression, domestic violence, and substance abuse screening

Health Education - health education for children, adolescents and caregivers to reduce the high rates of teen pregnancy, sexually-transmitted infections (STIs), and violence amongst youth.

Healthy Start Consortium - The Consortium educates the public and identifies ways for Healthy Start to increase healthy birth outcomes, promote healthy babies, and promote change for women of childbearing age and their families in DC.

DOWNSTREAM

Curbside Mobile Health Services

Perinatal Case Management - Ongoing education and support of pregnant women and their families. Examples include Healthy Start, home visiting, case management



CITY COMPARISONS

2008-2012 American Community Survey 5-Year Estimates	Washington DC	Columbus, OH
Population	5,603,696	1,840,267
White alone, Non-Hispanic	48.5%	75.9%
Black or African American alone, any ethnicity	25.8%	14.8%
Women of child bearing age (15-44 years)	22.1%	21.6%
Income in the past 12 months below poverty level	7.9%	14.9%
Children under 5 years	9.2%	11.6%
Unemployment for population 16 years and over	6.6%	7.9%
No high school diploma or GED for population 25 years and over	10.1%	9.9%
Infant mortality rate reduction from 1990 to 2010	61.8% (20.7 to 7.9)	36.1% (11.9 to 7.6)

NEW YORK, NY

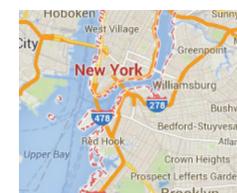


PROGRAM INFORMATION

Northern Manhattan Perinatal Partnership (NMPP) is a non-for-profit organization comprised of a network of public and private agencies whose mission is to save babies and help women take charge of their reproductive, social, and economic lives.



Website: <http://www.sisterlink.com/index.htm>



CITY COMPARISONS

2008-2012 American Community Survey 5-Year Estimates	New York, NY	Columbus, OH
Population	18,923,404	1,840,267
White alone, Non-Hispanic	48.8%	75.9%
Black or African American alone, any ethnicity	17.5%	14.8%
Women of child bearing age (15-44 years)	21.1%	21.6%
Income in the past 12 months below poverty level	13.6%	14.9%
Children under 5 years	9.5%	11.6%
Unemployment for population 16 years and over	9.1%	7.9%
No high school diploma or GED for population 25 years and over	15.4%	9.9%
Infant mortality rate reduction from 1990 to 2010	60.3% (11.6 to 4.6)	36.1% (11.9 to 7.6)

INTERVENTIONS

UPSTREAM

Comprehensive Prenatal - Perinatal Services Networks - Member agencies conduct community needs assessments to determine gaps in service delivery and coordinate outreach and education campaigns to meet those service needs.

Health of mother before and during pregnancy - Social Determinants of Health, training in pre-conceptional and inter-conceptional health

Infant Mortality Reduction Initiatives - IMRI coordinates city-wide efforts to improve the health of pregnant and postpartum women through research, conferences, trainings, and technical assistance for community providers.

Social and environmental programming - Community Health Worker program provides health and family support services to eligible families

Family Planning - Comprehensive family planning Services

Adolescent Reproductive Health Programs - Healthy Teens Initiative, School-Based Health Center Reproductive Health Project (SBHC)

DOWNSTREAM

Perinatal Case Management - Ongoing education and support of pregnant women and their families. Examples include home visiting, Healthy Start, Nurse Family Partnership, Healthy Mom, Healthy Baby.

Media Campaign - Targeting high risk populations in local places. Examples include Text4Baby, mental health services

Health Education Workshops - including group prenatal classes, stress management, support groups, Healthy Teens Initiative



CHARLOTTE, NC

PROGRAM INFORMATION



We offer many wellness, testing and education programs to improve your health and that of our community.

Website: <http://charmeck.org/mecklenburg/county/HealthDepartment/CommunityHealthServices/Pages/default.aspx>



INTERVENTIONS

UPSTREAM

Family Planning - Provides comprehensive family planning & reproductive health services including pregnancy testing, birth control, counseling and pelvic/breast exams.

Male Involvement Program - Program to reduce adolescent pregnancy by focusing on men between the ages of 13 and 28.

DOWNSTREAM

Perinatal Case Management - Examples include pregnancy care management and Smart Start- Healthy Families

MILWAUKEE, WI



PROGRAM INFORMATION



The City of Milwaukee Health Department's Family & Community Health Division comprises a broad range of services for men, women, and children.

Website: <http://city.milwaukee.gov/Family-Community-Health#.UOQ486hdXT8>



INTERVENTIONS

UPSTREAM

Fetal & Infant Mortality Review (FIMR) Program - A process that assesses, monitors, and works to improve service systems for women, infants, and families.

Teen Health - Pregnancy Prevention. Examples include Plain Talk, designed for parents and other influential adults to assist in communication with teens.

DOWNSTREAM

Perinatal Case Management - Examples include Empowering Families of Milwaukee, Nurse Family Partnership, and Parents Nurturing and Caring for their Children.

Pregnancy Health and Nutrition

Direct Assistance for Dads - Provides services and guidance to fathers to help support parenting skills and increase involvement.

CITY COMPARISONS

2008-2012 American Community Survey 5-Year Estimates	Charlotte, NC	Columbus, OH	Milwaukee, WI
Population	1,641,257	1,840,267	1,554,593
White alone, Non-Hispanic	64.5%	75.9%	69.0%
Black or African American alone, any ethnicity	22.8%	14.8%	16.6%
Women of child bearing age (15-44 years)	22.2%	21.6%	20.3%
Income in the past 12 months below poverty level	11.9%	14.9%	14.6%
Children under 5 years	12.3%	11.6%	11.5%
Unemployment for population 16 years and over	7.8%	7.9%	8.6%
No high school diploma or GED for population 25 years and over	14.1%	9.9%	10.6%
Infant mortality rate reduction from 1990 to 2010	50.0% (12.0 to 6.0)	36.1% (11.9 to 7.6)	25.4% (12.6 to 9.4)