

Promoting Prenatal Health and Positive Birth Outcomes A Snapshot of State Efforts

Executive Summary

OPRE Report 2017-65
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Overview

To address poor birth outcomes in the United States, the Centers for Medicare and Medicaid Services (CMS) developed the Strong Start for Mothers and Newborns (Strong Start) initiative. The Strong Start initiative is studying enhanced prenatal care approaches aimed at reducing preterm births among Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries who are at high risk for poor birth outcomes. As part of the Strong Start initiative, CMS, in partnership with the Administration for Children and Families and the Health Resources and Services Administration, established the Mother and Infant Home Visiting Program Evaluation — Strong Start (MIHOPE-Strong Start). MIHOPE-Strong Start is evaluating the effectiveness of evidence-based home visiting for improving birth outcomes, maternal and infant health, health care use, and prenatal care use among women enrolled in Medicaid or CHIP. This report presents findings from a qualitative substudy of MIHOPE-Strong Start designed to provide a snapshot of state efforts to promote prenatal health and improve birth outcomes, including but not limited to home visiting. Specifically, the report summarizes findings for three primary research questions:

1. What initiatives and efforts are states implementing to promote prenatal health and positive birth outcomes?
2. Who are the major stakeholders involved in efforts to promote prenatal health, improve birth outcomes, and implement home visiting?
3. How are states funding initiatives and efforts to promote prenatal health, improve birth outcomes, and implement home visiting?

A total of 40 interviews with representatives from 17 states contributed to the qualitative analysis and study findings. Interviews were conducted with program administrators from state agencies that administer Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, state Medicaid agencies, and other entities involved in home visiting.

- **States included in the report have launched multipronged efforts to promote prenatal health and improve birth outcomes.** These efforts are intended to make advances toward several goals, including increasing access to prenatal care, reducing infant mortality, addressing neonatal substance exposure, and reducing disparities in preterm birth rates.
- **Interview respondents identified a broad cross-section of stakeholders and partners.** Common stakeholders and partners involved in efforts to promote prenatal health, improve birth outcomes, and implement home visiting include public agencies, national organizations, and collaborative groups. Some examples include departments of health, human services, and education; child welfare agencies; advisory groups; committees; task forces; and workgroups.

Respondents from all 17 states mentioned using a variety of funding mechanisms. The most common funding sources mentioned were MIECHV, the Title V Maternal and Child Health Block Grant Program, Temporary Assistance for Needy Families, and general-purpose state tax funds. In 9 of the 17 states, Medicaid funds are used in some way for home visiting.

Acknowledgments

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The Authors

Executive Summary

To promote prenatal health and improve birth outcomes, the Centers for Medicare and Medicaid Services (CMS) developed the Strong Start for Mothers and Newborns initiative. The Strong Start initiative is assessing several enhanced prenatal care approaches, including home visiting. Home visiting provides direct services to pregnant women and primary caregivers of young children facing various socioeconomic, health, and psychological and social risks. As part of the Strong Start initiative, CMS, in partnership with the Administration for Children and Families and the Health Resources and Services Administration, established the Mother and Infant Home Visiting Program Evaluation — Strong Start (MIHOPE-Strong Start). MIHOPE-Strong Start is evaluating the effectiveness of evidence-based home visiting for improving prenatal care and birth outcomes among women enrolled in Medicaid or the Children’s Health Insurance Program.

This report presents findings from a qualitative substudy of MIHOPE-Strong Start designed to summarize state efforts to promote prenatal health and improve birth outcomes, including but not limited to home visiting.

Program administrators from state agencies that administer Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, state Medicaid agencies, and other state entities from 17 states participated in semistructured interviews to answer questions about:¹

1. State initiatives and efforts to promote prenatal health and positive birth outcomes
2. Major stakeholders in the state promoting prenatal health, improving birth outcomes, and implementing home visiting
3. Funding mechanisms to support state efforts to promote prenatal health, improve birth outcomes, and implement home visiting

State Initiatives and Efforts

States included in this report are carrying out many efforts to promote prenatal health and improve birth outcomes. This work covers a range of topic areas, is varied in scope, and

¹The states involved were California, Georgia, Illinois, Indiana, Iowa, Kansas, Massachusetts, Michigan, Nevada, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, Tennessee, Washington, and Wisconsin.

engages diverse partners. Interview respondents identified a variety of innovative efforts. Examples include:

- Promoting early access to prenatal care
- Implementing initiatives to address disparities in preterm birth rates
- Identifying and engaging women at high risk for poor birth outcomes
- Researching prenatal and infant treatment of neonatal substance exposure
- Providing Medicaid reimbursement for smoking-cessation services
- Promoting the use of long-acting, reversible contraceptives (such as implants or intrauterine devices)

States carry out these efforts in a variety of ways, including the implementation of quality improvement activities, collaboration with stakeholders, targeted outreach and education campaigns, and Medicaid incentives and reimbursements. These efforts provide essential services, support, and infrastructure to improve prenatal health and birth outcomes across the country.

Important Stakeholders and Partners

Program administrators identified multiple types of stakeholders and partners, including public agencies, national organizations, and collaborative groups (for example, departments of health, human services, and education; child welfare agencies; advisory groups; committees; task forces; and workgroups). These stakeholders and partners support state efforts in several ways, including administering and funding programs, providing training and professional development, and building networks and support systems. Respondents reported that collaboration with stakeholders is central in meeting the unique and multifaceted needs of the families they serve and engaging in systems-building efforts.

Funding for State Efforts and Initiatives

Respondents from all states included in this report mentioned using a variety of funding sources to promote prenatal health and positive birth outcomes and to support home visiting. The most common funding sources reported were the Maternal, Infant, and Early Childhood Home Visiting Program, the Title V Maternal and Child Health Block Grant Program, Temporary Assistance for Needy Families, and general-purpose state tax dollars.

Concerning home visiting specifically, respondents from 9 of the 17 states noted that Medicaid funds are used in some way. States have Medicaid-funded home visiting programs,

Medicaid reimbursement for care coordination, and Medicaid reimbursement for specific components of home visiting services or specific home visiting models.

Earlier Publications on MIHOPE-Strong Start

An Early Look at Families and Local Programs in the Mother and Infant Home Visiting Program Evaluation-Strong Start: Third Annual Report

2016. Helen Lee, Sarah Crowne, Kristen Faucetta, and Rebecca Hughes.

Design for the Mother and Infant Home Visiting Program Evaluation-Strong Start

2015. Charles Michalopoulos, Helen Lee, Emily K. Snell, Jill H. Filene, Mary Kay Fox, Keith Kranker, Tod Mijanovich, Lakhpreet Gill, and Anne Duggan

Cheaper, Faster, Better: Are State Administrative Data the Answer?

The Mother and Infant Home Visiting Program Evaluation-Strong Start: Second Annual Report

2015. Helen Lee, Anne Warren, and Lakhpreet Gill.

The Mother and Infant Home Visiting Program Evaluation-Strong Start

First Annual Report

2013. Jill H. Filene, Emily K. Snell, Helen Lee, Virginia Knox, Charles Michalopoulos, and Anne Duggan.

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