

Healthy Baby Network - Sherita Bullock

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Organization Profile

Organization Name	Mail Address
Healthy Baby Network	693 East Avenue, Suite 200, Rochester , NY 14607

Exec. Name	Contact Name	Phone	Email
Sherita D Bullock	Sherita Bullock	585-546-4930	Sherita@Healthy-Baby.net

Mission/Vision The Mission of the Healthy Baby Network is to ensure that every parent in our community has the information and support needed to bring a healthy baby into a nurturing home.

Our Vision is that every baby is born healthy and welcomed into a nurturing home.

Receive County Funds? no

Div. of Corp. N/A? no

Proposal Information

Project Name Making Meaningful Community Change

Summary HBN proposes doula care for vulnerable (medically, socially, historically, and environmentally) pregnant families and expanding our Fatherhood Program with a focus on Reentry. Both evoke a safety net around vulnerable pregnant families, and fathers/men with histories including incarceration to facilitate their access to health, education, and services that improve health outcomes, facilitate goal setting and attainment, minimize and prevent recidivism, and shift the culture of services to build authentic autonomy and engagement. The doula program is a culturally responsive, evidence-based intervention to structural racism embedded in our health care system designed to prevent Black Maternal and Infant Mortality and the near misses (Morbidity) that cause life-long complications. The Reentry innovation creates a 15-week session to stabilize and focus fathers on setting and attaining personal, educational, and career goals; and then supporting their pursuit of training, education, or employment as they engage with their families and children. We added stipends for fathers who complete the program and achieve at least one of their goals, a peer mentor stipend for fathers who complete the program and return to mentor enrolled fathers, and other supports and resources like referrals for other needs. Any incarcerated father who lives in Monroe County can enroll. We hope that by engaging fathers with parenting support they will also engage their children (especially their sons) in positive relationships, and healthy behaviors and choices. Each program will use a culturally responsive, evidence-based curriculum. We are requesting a COO position to build infrastructure and develop, nurture, and sustain this work.

Workforce/Economic?	Health/Safety?	Infrastructure/Sustainability?
yes	yes	yes

Description HBN's proposed projects support all three ARPA funding aims by helping men with histories that include incarceration identify and pursue educational, job, and career goals – this improves our entire community by supporting fathers to be visible positive contributors to our community assets; attaining job and career goals eliminates needing to pursue other ways of supporting their families; and their program input helps develop, innovate, and sustain programs (Workforce Development and Economic Recovery). Preventing Maternal and Infant deaths and teaching self-advocacy ultimately saves lives, increases access and utilization of health services, reduces the need for extreme and expensive medical interventions, mothers live and retain or attain educational and career pursuits, and many women with lived experience in Maternal Mortality and Morbidity are employees in agencies that provide these services - they literally ARE the infrastructure for ongoing work (Public Health and Safety AND Infrastructure and Sustainability). HBN would not be able to do this project/innovation at this time without ARPA funding; we do not have the funding. Our Doula Program is funded through December 2022; and the Fatherhood Program focus on Reentry is not funded. Reentry services are being requested by the fathers enrolled in existing efforts and targets (then expands) an intervention to a specific subset of fathers. Sustainability plans include continued grant writing, seeking Medicaid reimbursement, expanding our fundraising/sponsorship efforts, and exploring endowment funding.

The Bring Monroe Back goals vibrate through the programs we designed to help consumers build the autonomy to address their barriers to health, education, and employment; and create the agency and community infrastructure to support equitable and inclusive responses to the challenges we face for generations. HBN approaches address these equity and access issues described broadly as efforts to mitigate, reduce, and eliminate the impacts of structural racism on health and life quality for marginalized populations by centering, learning, and then intervening to teach strategies based on the challenges parents face (Infrastructure and Sustainability). Doulas work with pregnant women to educate them about pregnancy, birthing, and postpartum care; to first ensure they survive pregnancy and the immediate postpartum phase. Then provide health education, referrals, and connections to their next phase of support (may include our Motherhood CHWs) to help them set and attain life goals. The Reentry focus is being developed from our Fatherhood Program lessons learned to provide a 15-week targeted intervention to fathers to set and attain goals for themselves and reengage with their families and children. Many of the parents in our community do not have the knowledge of or support to find, navigate, or advocate for themselves and their children within our local systems of care, CHWs partner to assist them to identify the barriers/challenges they experience, strategize navigation and access, and then teach them how to replicate that framework alone the next time.

The Doula Program will measure the mother's/birthing persons health status before and after birthing(cesarean/VBAC), gestation at birth of the infants, number of infants born with low birth weight, number of mothers/birthing people who intend to breast/chest feed (intention), number of mothers/birthing people who do breastfeed (initiation), length of time mother/birthing person breastfeeds (duration), Mother's health status before and after birth (diabetes, hypertension, reports of key prenatal and postpartum indications), and mother's report of overall satisfaction of birthing process. Our Reentry Program will measure numbers of fathers enrolled, who complete, who reengage with their children, who goals set the attain goals, number and types of referrals, number who become employed, and who enroll in school (GED, or College) because of being in the program. We also have included funding for a full time COO position to develop and track all this infrastructure, including hospital and community referrals for the Doula Program, for the reentry focus, development of the 15-week session (with Fatherhood Coordinator, Reentry Lead CHW and CHW), identification of reentry partners, and nurturing community and relationships and MOUs for the agency partners.

Overall, culturally responsive evidence based interventions will save the lives of mothers and babies (reduce the maternal and infant mortality rates), teach parents healthful strategies that will address and reduce racial health and birth disparities (lowered preterm and low birth weight for infants, increased rates of breast/chest feeding) and provide the resources and referrals for families to live healthier (improved quality of life – non-measurable), quality lives with better health outcomes and life possibilities for their children. Health is the beginning of education, and having healthier babies, born to healthier parents improves life quality across everyone's life course (improved quality of life, thriving communities – non-measurable).

Beyond 2026 we hope our work will have a legacy and reputation for getting results that improve the quality of life of Monroe County residents and systems of care. We hope that HBN will still be doing work centered on the lives and experiences of the parents we serve and as a result those parents and their children are healthier in body, mind, and spirit. We hope to see increases in the number of babies born 37-39 weeks gestation (on time), and at healthy weights (reduction in low birth weight), to parents who are prepared for and ready to nurture them. We hope that racial health disparities are eliminated; or at least reduced. We hope that Doulas will be free of charge and integrated into hospital prenatal care and birthing teams as a standard practice of care for vulnerable pregnant women, birthing people, and anyone who wants Doula services. We especially hope that the recidivism rates drop, men have completed our 15-week program and are working, more fathers and children are connected; and thriving - and fatherhood; especially Black fathers are celebrated in our community.

Company Strengths The Healthy Baby Network was originally incorporated as the Perinatal Network of Monroe County Inc. (PNMC) and funded in 1996 by NYS DOH to address Maternal Child Health in Rochester, as one of 14 networks. We have had that grant in five-year funding cycles and extensions ever since and were recently awarded another 5-year extension through 2027. In June 2016 a strategic planning process changed the agency name to Healthy Baby Network (HBN) with a DBA. Initially, the agency intentionally did not provide direct services rather worked on systems-level improvements to identify and address barriers to positive birth and health outcomes, then collaborate to strategize interventions, and promote improvement tools or innovation. Today, HBN continues the systems improvement work AND provides direct services to vulnerable pregnant and parenting people centered on their experiences and choices. The agency provides Community Health Workers for Mothers and Fathers with evidence-based curriculum; outreach to find and connect parents to a variety of resources; perinatal health education; free Doula services; and host community activities, conferences, and events that celebrate parents, share perinatal health data, and present community health trends and interventions. HBN identifies and employs staff who are committed to our families; who hold vulnerable parents with the utmost respect as partners, and community residents in the highest esteem; we work hard daily to support parents and meet needs. All staff have lived experience in the areas their work focuses on, all except 3 live in the same areas we target; so, they know firsthand how complicated the circumstances parents navigate are. We engage consumers in all areas of our work, utilize their input to strengthen and improve our intervention design and programs. We evaluate all programs, conduct Plan, Do, Study, Act (PDSA) cycles and host annual Community Listening Sessions to obtain feedback.

Community Resources The Doula work is a continuation of existing work beyond its current funding cycle. We spent most of the 1st year putting staff in place and building the program infrastructure. If funded, we would continue that work and utilize the COO position to formalize the referral relationships with the hospital systems with the goal of building better connections to embed the doulas in the hospital OB teams. HBN has been working to address perinatal health and surround issues for all 26 years of our operation. We do almost all work in partnership or with input from parents and/or community partners; and our collaborations have birthed community events, joint grant applications, and collaborative work. Our partners have written letters of support describing the work we've done together, and we've uploaded them with this application. Additionally, HBN has partnered to provide other parenting education and services (in Common Ground Health collaborative grant) with partners who are also responding to this and other Monroe County RFAs. Some work will be contracted, but there is also in-kind staff time that is hard to predict and measure as we rethink our current systems of care and work together to reimagine infrastructure. Additionally, HBN has never done Reentry work, we are proposing these activities to wrap additional supports around the fathers we serve; based on lessons learned in our Fatherhood Program. We anticipated some of the fathers we served would have histories that included incarceration; but we were surprised by how many. While we don't yet know all the partners we will start with the Urban League of Rochester, Common Ground Health, Ubuntu Village Works, LLC, CCSI, ROC the Peace, the City of Rochester-Violence Prevention Program, Career Start, Labor Ready, MC Child Support, MC Family Court, Probation and Parole, Rochester Educational Opportunity Center - to start. If funded, we will continue our research and engage other agencies. We also plan to create a roundtable coalition of the agencies to learn from each other, cross refer, and identify barriers and challenges to problem solve. While we have both been invited to events and collaborations with these agencies for many years (some more than 10years) we just begun Reentry services, so we will learn and quickly put our lessons to use; Rochester is known for its collaborations and agency good-will for partnerships. We will formalize these relationships with MOUs mentioned in this application and provide stipends for coalition members (who can accept them) to help support the work we are doing. We might also innovate from this work and seek joint funding.

HBN has a strong and positive reputation for being a neutral, accepting, and non-judgmental table for collaboration, innovation, and learning. We have brought together consumers and multidisciplinary professionals to address health disparities and challenges, and since our inception (though with many names over the years) have had a Community Action Network of partner agencies focused on improving racial health and birth outcomes.

Audience HBN focuses on reducing then eliminating racial health and birth disparities, and has worked with pregnant and parenting women, men and Fathers, families, childbearing aged adults (NYS defined 18-44+), families of color, and people often classified as high risk/high need and vulnerable (medically, socially, historically, and economically) to adverse health and birth outcomes. Our work has been focused in Rochester, NY in the highest need zip codes, we call our Focus Area 14605, 14606, 14607, 14608, 14609, 14611, 14613, 14619, and 14621. Former Mayor Bill Johnson previously called this area "The Fatal Crescent", because of intersections and exacerbations of extreme poverty, poverty, and consistently escalating rates of crime, violence, racism, and low-quality education and housing systems.

HBN does not charge any of our parents or families for services they receive. Our programs are 100% grant and donor funded and we provide stipends, childcare, transportation, meals, and other supports to assist families.

This program will serve at least 190 parents or families per year. There are 4 doulas working full (2) and part (2) time; each FT doula will support at least 30 births per year and PT doulas will support at least 15 per year; for a total of 90 births. These numbers are modest estimates, predicting births is a complicated mix scheduling due dates and doula visits for education, services, and referrals. The Reentry Program will serve 100 men per year, the Lead Reentry CHW will carry a reduced caseload 20 fathers for 6months a time or 40 a year. The Fatherhood Reentry CHW will carry caseload of 30 fathers for 6 months a time or 60 a year, total 100 fathers/year. The reason for the reduced Fatherhood Reentry Lead caseload is he will also facilitate the 15-week session and partner MOU's.

<i>Cost 1st Year</i>	<i>Cost All Years</i>	<i>Residents 1st Year</i>	<i>Residents All Years</i>	<i>FT Employees</i>	<i>PT Employees</i>
\$550,000.00	\$2,200,000.00	190	760	8	2

Volunteers

0

Staffing The Executive Director will have overall responsibility for this grant including recruiting and hiring staff, overall/ultimate supervision of program staff, grant expenditures, and primary responsibility for completing narrative and fiscal reporting. The Chief Operating Officer is a new position that will provide capacity development to HBN with establishing and nurturing relationships with Reentry focused professionals and organizations; developing necessary MOU agreements with them; integrating grant work across HBN and our Rochester Community; and seeking additional potential donors, contributors, and funders to aid with long-term sustainability for this work and HBN. The Program Development Director will assist the ED with all responsibilities above and will work with the Fatherhood Coordinator on the replication of the CHW model, training, and program launch, evaluation, and innovation. The Fatherhood Coordinator will assist with recruitment and hiring of grant staff, be the direct supervisor for the Reentry Lead CHW and Community Health Worker, manage day to day grant activities, work with the COO to identify and develop relationships and MOUs with Reentry focused professionals and organizations, and work with the Program Development Director and Reentry CHW Lead to develop the 15-week program for fathers. The Reentry CHW Lead will develop 15-week program for participants, supervise the CHW, maintain a reduced case load to also facilitate sessions and referral services. The CHW will recruit Fathers for the program, build and maintain a caseload, provide 1:1 goal setting and attainment activities, referrals for fathers, and with other program staff conduct evaluation and innovation from feedback received.