

**MATERNAL AND CHILD HEALTH BUREAU (MCHB)  
SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)**

Final Report

**Esperanza Health Centers**

**PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS**

*Briefly describe the major purpose(s) of the project and the needs and problems it addressed. Indicate the program priority under which the project was funded. Explain the relationship to the State Title V MCH Program and state/local AAP chapter(s).*

Healthy Tomorrows, funded under the priority of supporting healthy pregnancies and improving birth and infant outcomes, provides vital culturally and linguistically appropriate support and education services to pregnant women and new mothers, in order to reduce breastfeeding disparities and boost rates of preventive pediatric screenings among low income Latinas living in medically underserved communities on Chicago's southwest side. The program focuses on improving outcomes related to breastfeeding, early well child visits, and childhood immunization.

Esperanza's service area encompasses several communities on Chicago's Southwest side as well as nearby suburbs. All of these communities are majority Latino, with elevated rates of poverty, neighborhood violence, and significant health disparities. Centers for Disease Control and Prevention data reveal that, compared to better-resourced communities on Chicago's North side, our neighborhoods see disproportionate rates of obesity (50% - 100% higher), hypertension (100% - 200% higher), and heart disease (200% - 300% higher). Nearly all of our service area is designated a Medically Underserved Area by the Health Resources and Services Administration.

Complicating access to care among our patients, nearly 70% live below federal poverty, roughly 60% rely on public health insurance, and over a quarter are ineligible for any health insurance, public or private. Nearly 75% need Spanish-speaking medical providers.

Approximately 95% of the women of childbearing age served at Esperanza self-identify as Latina. Many of the women who receive delivery services through Esperanza's OB/GYN and Midwifery providers are first generation immigrants from Mexico who lack familiarity with best practices in breastfeeding, the importance of postpartum care, and the importance of pediatric preventive care in the first 24 months of life.

We initiated our Healthy Tomorrows program because studies showed that breastfeeding rates among Latina mothers in Illinois were significantly lower than national benchmarks set by Healthy People 2020. Only 59% of Spanish-speaking and 52% of English-speaking Latina mothers reported breastfeeding their child through 12 weeks after delivery<sup>1</sup>, while Healthy People 2020's target goal was 60.6% for breastfeeding at six *months*.<sup>2</sup> Additionally, Esperanza's OB/GYN providers reported that virtually all expectant mothers expressed enthusiasm for breastfeeding, yet despite education and reinforcement during their prenatal and postpartum visits the majority did not end up breastfeeding exclusively. Many breastfeed only for a short period of time.

Evidence revealed that new Latina mothers in Illinois reported two key barriers to breastfeeding: a lack of supportive environments, and a lack of accurate breastfeeding

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<sup>1</sup> Health Connect One, Illinois Department of Human Services, UIC School of Public Health, Illinois Breastfeeding Blueprint: A plan for change. Chicago, IL. 2011. Quantitative Data Appendix p. 6. Available at [http://www.ilbreastfeedingblueprint.org/filebin/pdf/Data\\_Appendix\\_-\\_BF\\_Blueprint.pdf](http://www.ilbreastfeedingblueprint.org/filebin/pdf/Data_Appendix_-_BF_Blueprint.pdf); Accessed 9/18/2012.

<sup>2</sup> U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26>. Accessed 5/15/2019.

information.<sup>3</sup> We believed we could address both of these obstacles effectively by providing new mothers with accurate and culturally/linguistically appropriate breastfeeding information, access to timely postpartum care, and supportive peer-to-peer lactation education.

In sum, the women participating in our Healthy Tomorrows program need maternal and pediatric healthcare services that 1) are personalized and provided in a supportive atmosphere; 2) are communicated in their preferred language by culturally sensitive professionals; 3) address barriers to care particular to Esperanza's communities (such as transportation, language, and after-hours availability); and 4) extend beyond the time constraints of typical healthcare visits.

Our Healthy Tomorrows program is aligned with AAP's priorities and recommendations. We promote the practice of AAP's recommended guidelines. We site AAP on nearly all of the materials that we give to patients in the program. We also consider AAP a useful resource for the program, and we routinely review their biweekly e-newsletters with practice tips, changes in guidelines, invitations to webinars, etc. We've been able to rely upon Karla Palmer, Program Coordinator with AAP's National Healthy Tomorrows Technical Assistance Resource Center, to provide guidance and support, which has been quite beneficial to the program.

The state's Title V MCH program has a set of outcome measures that we address in our program activities.

## **GOALS AND OBJECTIVES**

*Describe the goals and objectives of the project and show how they relate to the item above.*

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<sup>3</sup> Health Connect One, Illinois Department of Human Services, UIC School of Public Health, Illinois Breastfeeding Blueprint: A plan for change. Chicago, IL. 2011. p. 16. Available at [http://issuu.com/hc\\_one/docs/il.blueprint](http://issuu.com/hc_one/docs/il.blueprint); Accessed 5/15/2019

The goals and objectives of our Healthy Tomorrows program fall into three broad categories: Internal Quality Measures, Population-based Preventive Pediatric Care Measures, and Case Management Objectives. All are designed to ensure that the pregnant women, new mothers, and newborn children in our program receive consistent, supportive interventions to encourage breastfeeding and well-baby care.

I. Internal Quality Measures

- **Post-Partum Care** – 66 percent of patients who have received prenatal care at Esperanza (defined as two or more visits in the third trimester) will receive postpartum care at our health center between 21 and 65 days after delivery.
- **Breastfeeding Initiation** – 81.9 percent of new mothers delivering through an Esperanza provider will report breastfeeding in the early postpartum period.
- **Breastfeeding Duration** – 60.5 percent of new mothers delivering through an Esperanza provider will report breastfeeding their infants through twelve months of age.
- **Breastfeeding Exclusivity** – 23.7 percent of new mothers delivering through an Esperanza provider will report exclusively breastfeeding through six months of age.

II. Population-based Preventive Pediatric Care Measures

- **Well baby visits by 15 months** – 95 percent of patients will have 6 well baby visits by 15 months of age.
- **Developmental screening by 12 months of age** – 80 percent of children will receive formal developmental screening by 12 months of age.
- **Developmental screening between 12 and 24 months of age** – 70 percent of children will receive developmental screening between 12 and 24 months of age.

- **Immunization status at 24 months** – 74 percent of children will have up-to-date immunization status by the age of 24 months.

### III. Case Management Objectives

- **Post-Delivery Lactation Education Visits** – The Maternal and Child Health Coordinator will conduct at least 200 lactation education and support visits with new mothers post-delivery at Saint Anthony Hospital.
- **Case Management Contact by 12 Months of Age** – 75 percent of all mothers who delivered through an Esperanza provider will receive no fewer than five case management contacts (defined as in-clinic visits, home visits, and phone calls) by their baby’s 12th month of life.
- **Peer Education and Support** – At least 50 women will attend the weekly Peer Education and Support Group led by our Care Coordinator/Peer Lactation Educator.

### **METHODOLOGY**

*Briefly describe the program activities used to attain goals/objectives and comment on innovation, cost, and other characteristics of the methodology*

Healthy Tomorrows focuses on breastfeeding, postpartum care and preventive care for newborns.

Breastfeeding education and support takes place during eight prenatal and postpartum encounters, as well as in peer support groups, as outlined in the table below:

Esperanza Health Centers Healthy Tomorrows Partnership for Children Breastfeeding Education and Support Encounters		
ENCOUNTER	EDUCATION & SUPPORT	STAFF
1	New OB Visit	OB providers & Care Coordinator/Peer Counselor
2	Third Trimester Visit	OB providers & Care Coordinator/Peer Counselor
3	Birth at Saint Anthony Hospital	Maternal and Child Health Coordinator & Peds covering provider
4	Newborn Visit	Peds/FP providers & Care Coordinator/Peer Counselor
5	1 Week after Newborn Visit	Phone contact by Care Coordinator/Peer Counselor
6	3 Weeks after Newborn Visit	Phone contact by Care Coordinator/Peer Counselor
7	1 Month Visit	Peds/FP providers & Care Coordinator/Peer Counselor
8	Mothers who continue to breastfeed receive additional support until newborn is 12 months old.	Maternal and Child Health Coordinator & Care Coordinator/Peer Counselor
All	Peer Support Group	Prenatal and post-delivery women and their families are invited to participate

Esperanza provides postpartum care to new mothers during visits scheduled on the same day as the one-month well-child visit for their newborns. This reduces an important barrier to care, as mothers do not need to return for a separate appointment. It also ensures that new mothers return for postpartum care within the federally recommended timeframe of 21 to 56 days after delivery. During this visit, we identify any mothers at risk of developing postpartum depression and, if necessary, link them to one of our behavioral health team members for counseling.

We provide preventative services to our pediatric patients at well-child visits during the first two years of the child's life. During each visit, our care teams conduct a range of age-appropriate developmental screenings to identify any potential delays that may be addressed through early intervention. In addition, we provide immunizations and education on healthy nutrition, physical activity, and oral health so that parents can develop healthier habits for their children at home. Finally, to support the overall health and wellness of our pediatric patients and to promote childhood literacy, each child receives a free, age-appropriate book at each visit.

## **EVALUATION**

*Briefly describe the evaluation methods used to assess the effectiveness of the project in attaining goals/objectives*

To evaluate program impact, staff analyze data collected from our electronic medical records system and from tracking spreadsheets that are maintained by the Healthy Tomorrow's Care Coordinator. These outcomes are reviewed by our Healthy Tomorrow's Advisory Board on a quarterly basis and are used to develop strategies to improve program operations and outcomes.

Key data sources for project evaluation include:

- Patient appointment data and coded billing data from our electronic health records system
- Chart reviews conducted and as part of our quality improvement review
- Logs maintained by the MCH Coordinator and Peer Lactation Educator

Outcomes are reviewed monthly by the project's management team (CEO, Chief Medical Officer, MH Coordinator) to ensure the program is on track to meet its objectives. This

also provides the opportunity for health center leaders to discuss any possible changes or modifications to the program.

## **RESULTS/OUTCOMES**

*Summarize the major results. Highlight any health status outcomes, systems changes, lessons learned and outcomes, which have potential for transfer and replication. Provide the number of individuals identified by race and ethnic groups who were served.*

In the final year of our five-year grant period, we achieved the following outcomes:

### I. Internal Quality Measures

- **Post-Partum Care** – 86 % of patients who have received prenatal care at Esperanza (defined as two or more visits in the third trimester) received postpartum care at our health center between 21 and 65 days after delivery. This outcome is 20 percentage points higher than our goal of 66%.
- **Breastfeeding Initiation** – 86 % of new mothers delivering through an Esperanza provider reported breastfeeding in the early postpartum period, which exceeds our goal of 81.9%.
- **Breastfeeding Duration** – 54% of new mothers delivering through an Esperanza provider reported breastfeeding their infants through twelve months of age, which fell slightly short of our goal of 60.5%
- **Breastfeeding Exclusivity** – 40% of new mothers delivering through an Esperanza provider reported exclusively breastfeeding through six months of age, which far exceeds our goal of 23.7%.

### II. Population-based Preventive Pediatric Care Measures

- **Well baby visits by 15 months** – 68% of patients had 6 well baby visits by 15 months of age, which falls noticeably short of our goal of 95%.

- **Developmental screening by 12 months of age** – 79 % of children received formal developmental screening by 12 months of age, which very nearly meets our goal of 80%
- **Developmental screening between 12 and 24 months of age** – 79% of children received developmental screening between 12 and 24 months of age, which exceeds our goal of 70%.
- **Immunization status at 24 months** – 67% of children had up-to-date immunization status by the age of 24 months, which falls short of our goal of 74%.

### III. Case Management Objectives

- **Post-Delivery Lactation Education Visits** – The Maternal and Child Health Coordinator conducted 275 lactation education and support visits with new mothers post-delivery at Saint Anthony Hospital, which significantly exceeds our goal of 200.
- **Peer Education and Support** – An average of 62 women attended the weekly Peer Education and Support Group led by our Care Coordinator/Peer Lactation Educator, which exceeds our goal of 50.

In the program’s five years, Healthy Tomorrows served 935 women. All identified as Hispanic/Latina. As our data shows, we were able to exceed three key Healthy People 2020 goals:

- **Breastfeeding Initiation**: 86 % of new mothers reported breastfeeding in the early postpartum period, exceeding HP2020’s target of 81.9%
- **Breastfeeding Duration**: 54% of new mothers reported breastfeeding their infants through twelve months of age, exceeding HP2020’s target of 34.1%

- Breastfeeding Exclusivity: 40% of new mothers reported exclusively breastfeeding through six months of age, exceeding HP2020's target of 25.5%

The largest systems change that we accomplished as part of the Healthy Tomorrows program was the development and adoption of an organization-wide policy on breastfeeding. The policy was designed to ensure that all providers include the promotion and support of breastfeeding in their practice. In that way, every pregnant woman or new mother who comes to Esperanza for care receives the same level of intervention around breastfeeding no matter which of our clinics she visits, no matter which provider she sees.

As our organization grew during the span of five years, we ensured that all new staff were trained in our policies and procedures related to breastfeeding.

Included in Esperanza's breastfeeding policy is a governing policy statement:

It is the responsibility of all providers-staff to:

1. Actively promote, support, and protect breastfeeding as the optimal source of nutrition for all infants unless it is medically contraindicated
2. Recommend human milk as the best nutrition for infants
3. Provide consistent and standardized infant feeding education for pregnant and postpartum women
4. Teach safe and appropriate methods of formula mixing, handling, storage, and feeding to parents when not providing human milk

We have attached Esperanza's breastfeeding policy as Appendix 1.

A second important program accomplishment was the creation of a peer support group for women in the program. During Healthy Tomorrows' initial year, program participants made it clear to us that they often lacked networks of family and friends to support them in their efforts to breastfeed their children. We were unable to locate any local breastfeeding support groups for new mothers in our service area. So with guidance from our Advisory Board and funding from the National Association of County Health Officials, we began offering a peer breastfeeding support group in 2015.

The support group is place where women in our program – typically low-income single mothers with little or no family help – can learn from one another, provide encouragement and emotional support, and in effect forge a new kind of family. The group meets biweekly and typically sees 50 participants at each session.

One of the greatest challenges to the support group has been a lack of dedicated space. In fact, we've held the group meetings in a large hallway near the rear of one of our clinics. This created complicated logistical problems, as mothers would of necessity come to the meetings with car seats, strollers, and children. It is a testament to the value of the group that our women attended month after month (and continue to do so) given the less than ideal set up. As we have just opened our newest and largest clinic, we look forward to finding dedicated meeting space for the support group in the near future.

We also prioritized investing in education and training of program staff. In particular, Marcella Cimino, the program's Maternal Health Child Coordinator, pursued licensure from the International Board of Certified Lactation Examiners. We believed this career enrichment was important to both Marcella and the program as a whole, so Esperanza paid for her lengthy

coursework. But that investment brings a valuable return, and not just in the enhanced knowledge Marcella brings to her patients. Now that Marcella is an International Board Certified Lactation Consultant, her services are billable under Illinois Medicaid, increasing the revenue stream to support Healthy Tomorrows.

Finally we learned a valuable lesson about breastfeeding exclusivity. For the great majority of women in our program, it is unrealistic. Given the multiple social and economic stressors our women face, the likelihood that they will always be able to breastfeed their children in every situation is low. We found that during the first year of Healthy Tomorrows, we were able to increase the percentage of women who breastfed exclusively, but we were not able to reach the program goal. Even the mothers who were the most engaged and most committed to breastfeeding still had difficulty achieving exclusivity. We knew something had to change.

So in the second year of the program, we amended the focus. Rather than setting breastfeeding exclusivity as the goal, we encouraged women to use formula less. As a result, we found mothers were much more likely to initiate breastfeeding, and to maintain it, perhaps because they were no longer expected to be perfect. In essence, we encourage mothers to do their best, acknowledging that on occasion the realities of life make breastfeeding inordinately difficult.

#### **PUBLICATION/PRODUCTS**

*List publications/products resulting from the project and the audiences for which each was designed. Products include but are not limited to: pamphlets, manuals, forms, surveys, questionnaires, CDs, DVDs, electronic educational products, slides, newsletters, training materials, web based training modules, protocols, standards, books, workbooks, brochures, articles, presentations, database formats. If the contact person for a particular publication/product is someone other than the Project Director, please provide his or her name, address, telephone number, and e-mail address.*

- Patient handouts/fact sheets: “New OB Visit,” “Third Trimester,” “Hospital Visit,” and “Newborn Visit.” Produced in both Spanish and English.
- Poster, “Breastfeeding in the Community: Creating a Culture of Sustainability.” Presented at the National Council of La Raza Health Summit in San Antonio, Texas.
- Article, “Breastfeeding: Role Models, Traditions, Support,” published on Health Connect One’s blog, September 21, 2015 .
- Poster, “Healthy Tomorrows: an Integrated Health Center-Based Program to Improve Breastfeeding Rates among Latina Women in Chicago,” American Academy of Pediatrics (AAP) National Conference and Exhibition.

#### **DISSEMINATION/UTILIZATION OF RESULTS**

*Describe action taken to share information/findings/products/resources with others within and outside the State.*

We have had several opportunities to share information about our Healthy Tomorrows program with a wide array of stakeholders.

2015

- We presented a poster at the National Council of La Raza Health Summit in San Antonio, Texas. It highlighted outcomes from the first year of the program to a national audience of stakeholders invested in community engagement with U.S. Latino populations.
- The National Association of County and City Health Officials (NACCHO) invited us to present an overview of our project on a quarterly webinar. This allowed us to share our best practices and provide guidance to other agencies looking to improve breastfeeding rates in underserved communities throughout the country.

- Carmen Vergara, then our Director of Quality Improvement and Practice Transformation, published an article on Health Connect One’s blog. The article, titled “Breastfeeding: Role Models, Traditions, Support” appeared during Hispanic Heritage Month.
- Our program received coverage in *Hoy*, a major Spanish-language media outlet in Chicago. Lorena Median, our Peer Lactation Educator, was interviewed, along with two mothers in the program, to discuss breastfeeding best practices and health benefits, as well as to provide advice on overcoming cultural stigma that often discourages Latina women from breastfeeding.

#### 2016

- The Healthy Tomorrows team presented a poster on our program at the NACCHO conference, *Breastfeeding in the Community: Creating a Culture of Sustainability*. Also at this conference, project director Carmen Vergara participated in a panel discussion to provide best practice examples on the ways healthcare facilities can integrate breastfeeding into their primary care workflow.

#### 2017

- Esperanza’s Healthy Tomorrows program staff presented a poster at the American Academy of Pediatrics (AAP) National Conference and Exhibition. The poster highlighted our success implementing an integrated, health center-based program to improve breastfeeding rates among Latinas in Chicago, including key lessons learned and plans for future work.

#### 2018

- NACCHO invited us to present on our Healthy Tomorrows Program, focusing on our peer support, for four FQHCs across the country who were receiving funding to initiate breastfeeding projects. We shared best practices learned from our five years of work on our program.

#### **FUTURE PLANS/SUSTAINABILITY**

*Describe plans for continuing the activities initiated by the project and future funding. Include anticipated results and both the short and long-term impact of the project.*

Esperanza Health Centers has adopted the Healthy Tomorrows guidelines and protocols into the overall standard of care. In addition, program activities are now established as part of our ongoing wellness programs. As such, Esperanza will continue to devote internal resources to the program, whether we identify outside funders or not.

We are also committed to complete replication of the Healthy Tomorrows program at our new site and future sites. We have just opened our newest and largest clinic in the Southwest side neighborhood of Brighton Park, and have already trained all providers there in our breastfeeding policies and practices.

We anticipate that the program's short-term impacts will include a better and broader understanding of the benefits of breastfeeding among community members in our service area. More of our patients will be informed and supported in their efforts to breastfeed, and that knowledge/support will spread to others in the networks of families and friends

In considering long-term impacts of the program, we anticipate an overall reduction in the use of formula in the Latino communities we serve. We also anticipate a lessening the cultural stigma against breastfeeding in those same communities. Lastly, we would hope for an overall decrease in obesity rates in our service area.

Appendix 1

Esperanza Health Center's Breastfeeding Policy



**Policy No. CS-082 Breastfeeding**

**Effective Date: May 1, 2015**

**Revision Date: NA**

**Revision No. 0**

**Reviewed On: October 18, 2018**

**Purpose:**

To promote a philosophy of positive maternal-infant care that supports and advocates exclusive breastfeeding as the optimal form of nutrition, from birth to 6 months.

The AAP recommends initiating exclusive breastfeeding for 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred by the WHO and the IOM.

Definitions

Initiation: Infants who have ever been breastfed

Duration: Infants who have been breastfed at least 6 months

Exclusive: is defined as an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk, and no foods) except for vitamins, minerals, and medications.

<https://pediatrics.aappublications.org/content/129/3/e827>

**Policy Statement:**

It is the responsibility of all providers-staff to:

1. Actively promote, support, and protect breastfeeding as the optimal source of nutrition for all infants unless it is medically contraindicated. (see contraindications page 2)
2. Recommend human milk as the best nutrition for infants.
3. Provide consistent and standardized infant feeding education for pregnant and postpartum women.
4. Teach safe and appropriate methods of formula mixing, handling, storage and
5. feeding to parents when not providing human milk.

**Procedure:**

1. Pregnant women will be provided current information on breastfeeding
2. A woman's feeding preference should be documented in their medical record
3. Pregnant and or breastfeeding mothers should be encouraged to attend breastfeeding classes and utilize available breastfeeding resources.
4. Mothers should be encouraged to breastfeed exclusively unless medically contraindicated.
5. Breastfeeding education should be offered to all patients during their first outpatient prenatal visit.

6. Mothers who plan to combine breastfeeding and formula feeding should be educated about the advantages of beginning with exclusive breastfeeding to establish an adequate milk supply.
7. Given the documentation that early use of pacifiers may be associated with less successful breastfeeding, pacifier use in the neonatal period should be limited to specific medical situations. These include uses for pain relief, as a calming agent, or as part of structured program for enhancing oral motor function. Because pacifier use has been associated with a reduction in SIDS incidence, mothers of healthy term infants should be instructed to use pacifiers at infant nap or sleep time after breastfeeding is well established, at approximately 1 month of age. (AAP, 2012)
8. Breastfeeding education should be provided to promote breastfeeding and skin to skin contact within the first hour of life.

### Contraindications

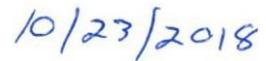
1. HIV infected mothers
2. Mothers using illicit drugs (heroin, marijuana, cocaine, etc.)
3. Mothers with active herpes lesions on her breasts
4. Infant with galactosemia, maple syrup urine disease or PKU
5. Mother with human t-cell leukemia virus type 1
6. Mother has infectious varicella
7. Mother on certain medications: radioactive isotopes, antimetabolites, cancer chemotherapy and other contraindicated medications.
8. HepBSAg positive mothers can breastfeed after infant has received both the Hep B vaccine and HBIG.
9. Human T-lymphotropic virus and HLTV-2 infection in mother.
10. Where risk is unclear, benefits should be weighed against theoretic risk for the hazard involved in the infant feeding decision should be made on an individual basis.

### Manual or Mechanical Milk Expression

1. Mothers will be encouraged to primarily have their infant latch-on to breastfeed.
2. Manual or mechanical milk expression is an acceptable secondary option.



\_\_\_\_\_  
Chief Medical Officer



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Date