

Partnering with Tennessee's Welcome Baby Program – A New, State-Wide Home Visiting Initiative

Problem Overview

Although Tennessee's infant mortality rate (IMR) has been declining, Tennessee still has one of the highest rates in the country. In 2012, FHW began planning a new initiative called Welcome Baby. This is an outreach effort aimed at reducing infant mortality rates and improving early childhood success in Tennessee by helping equip families with knowledge and skills needed to raise happy and healthy children.

Program Activity Description

Informed by data from the 2007-2010 Tennessee PRAMS, planning of the Welcome Baby initiative began the first half of 2012. The purpose of Welcome Baby is to screen for family and child risks at the time of a child's birth, provide timely referrals to address their needs, connect children and families with appropriate services in the community and to improve utilization of community resources, with the ultimate goal of reducing infant mortality in Tennessee.

Welcome Baby consists of a three tiered approach. All new Tennessee parents (approximately 79,000 homes each year) receive a mailed packet of information (step 1), including a letter of congratulations from First Lady Haslam, information on the [kidcentral tn](http://kidcentral.tn.gov) website, sign-up materials for local chapters of Books from Birth, and a safe sleep door hanger. The kidcentral tn website contains extensive information for new mothers and families on health, education, child development and support services, including information on safe sleep, breastfeeding, smoking and other modifiable health behaviors/risks identified via PRAMS. In addition to providing data to Welcome Baby planning staff, TN PRAMS also coordinated with FHW to ensure a PRAMS brochure was also included in every Welcome Baby packet. Hopefully, this will increase the visibility and acceptance of PRAMS among TN mothers, and encourage them to participate in the survey if contacted. This may help the TN PRAMS program improve response rates and data quality, which in turn will allow TN PRAMS to continue providing the best possible data to inform FHW policies and activities.

In the second/third stages of Welcome Baby, birth certificate data are reviewed for indicators of elevated infant mortality risk in order to identify families that would benefit from a phone call or in-home visit. In addition to receiving a Welcome Baby packet, some families also receive a follow-up phone call from a nurse (step 2) and may be scheduled a voluntary home visit by a local community outreach team member (step 3). Follow-up activities are conducted/coordinated through TENnderCare.

Welcome Baby planning continued from early 2012 through fall of 2013. The program 'went live' in October 2013 and will target every baby born in Tennessee starting on October 1st of this year. The launch of the initiative was publicized in a TDH media release, and was also covered by multiple local newspapers and television news programs. This included a segment on WKRN Channel 2 which featured

pictures of the TN PRAMS brochure (<http://www.wkrn.com/story/23598060/tenn-kicks-off-initiative-to-prevent-infant-mortality-rates>).

Program Activity Outcome

TN PRAMS created annual data summary reports of 2007-2010 PRAMS data that were distributed to the PRAMS steering committee (including several FHW staff members and Welcome Baby planning staff) and through the TDH website (web publication dependent on meeting minimum response rate thresholds). TN PRAMS also responded to specific data requests from FHW. In 2010, Tennessee completed a statewide Needs Assessment related to home visitation services and utilized the information from PRAMS to initiative a State Plan for expansion of home visitation services.

Since Welcome Baby was recently implemented, there are as yet no intermediate outcomes to report. However, it is hoped that the program will increase awareness of important maternal and infant health issues, as well as use of appropriate resources and services, and lead to improvement in maternal health behaviors.