

Final Program and Evaluation Plan
Urban Maternal Health Medicaid Program

Carlee Nichols

University of Georgia

HPRB 4400

Dr. Ashley Suker

May 4, 2026

Table of Contents

1. Program Overview	4
2. Needs Assessment	5
3. Program Mission, Goals, and Objectives	8
3.1 Mission Statement	8
3.2 Program Goals	8
3.3 Program Objectives	8
4. Program Design and Implementation	9
4.1 Target Population and Setting	9
4.2 Program Strategy	9
4.3 Theoretical Framework	11
4.3.1 Theory Description	11
4.3.2 Theory Constructs and Program Application	11
Table 3.2.1 Theoretical Framework Explanation	12
Table 3.2.2 Theoretical Framework Explanation	13
4.4 Program Activities	13
Table 4.4.1 Program Activities, Goal 1: Increase prenatal care uptake	13
Table 4.4.2 Program Activities, Goal 2: Decrease preventable maternal and infant morbidity and mortality	14
4.5 Participant Flow	14
Table 4.5.1 Participant Journey Diagram	15
4.6 Implementation Plan	16
Table 4.6.1 Implementation Plan, Goal 1, Objective 1.1 [Improve prenatal care uptake]	16
Table 4.6.2 Implementation Plan, Goal 1, Objective 1.2 [Improve prenatal care uptake]	17
Table 4.6.3 Implementation Plan, Goal 2, Objective 1.1 [Decrease preventable maternal & infant morbidity and mortality]	19
Table 4.6.4 Implementation Plan, Goal 2, Objective 1.2 [Decrease preventable maternal & infant morbidity and mortality]	21
5. Logic Model	23
5.1 Logic Model Diagram	23
5.2 Logic Model Narrative	24
6. Resources and Budget	28
6.1 Program Resources	28
6.2 Budget Narrative and Justification	29
6.3 Budget	30

Table 6.3.1 Program Budget	31
6.3.1 Key Budget Details	31
7. Marketing Plan	34
7.1 Target Audience.....	34
7.2 Barriers.....	34
Table 7.2.1: Barriers to Participation	34
7.3 Key Messages	35
Table 7.3.1: Key Messages	35
7.4 Strategies and Channels	36
Table 7.4.1: Strategies and Channels	36
7.5 Final Marketing Plan.....	37
Table 7.5.1 Final Marketing Plan	37
8. Evaluation Plan	38
8.1 Evaluation Purpose	38
8.2 Evaluation Questions	38
8.2.1 Process Evaluation Question.....	38
8.2.2 Short-Term Outcome Evaluation Question	38
8.2.3 Intermediate Outcome Evaluation Question.....	38
8.3 Evaluation Plan Tables	39
Table 8.3.1 Process Evaluation Components.....	39
Table 8.3.2 Short-Term Outcome Evaluation Components.....	39
Table 8.3.3 Intermediate Outcome Evaluation Components	39
8.4 Data Analysis Plan	39
8.5 Interpretation of Findings	40
8.5.1 Short-Term Outcomes (Knowledge/Attitudes).....	40
8.5.2 Intermediate Outcomes (Behavior Change).....	40
8.6 Use of Findings	41
8.6.1 Program Decisions	41
8.6.2 Stakeholder Use	42
Table 8.6.2 Stakeholder Use Plan	42
8.7 Feasibility and Ethics	43
References	44

1. Program Overview

The proposed program, the Urban Maternal Health Medicaid Program (UMHMP), will address inadequate prenatal care among women using Medicaid in Harborview City. Despite proper prenatal care being a challenge across the city, this issue is especially prevalent in Maple Grove, making it the targeted geographic location for the implementation of this program. This program is designed to improve the uptake of prenatal services among expectant mothers and their children. UMHMP will remove several significant barriers, such as transportation and childcare challenges, by providing home-based care. This design ensures that women can be properly cared for during and immediately following their pregnancy. This will improve overall maternal and child health outcomes in the long-term, leading to a happier and healthier population.

2. Needs Assessment

Prenatal care is essential to the long-term health of pregnant individuals and their future children (Ramirez, 2023). Prenatal care has many benefits, including early detection of diseases, conditions, and potential risks. However, over one-fifth of women do not receive prenatal care within their first ten weeks of pregnancy, leading to an increased likelihood of negative health outcomes (Ramirez, 2023).

Many women who do not receive prenatal care at the beginning of their first trimester, operationally defined as between six and ten weeks, also face social and demographic disparities. Every racial and ethnic minority displays lower rates of adequate prenatal care compared with white women (McElfish et al., 2025). Additionally, women covered through Medicaid experience significant differences in receiving prenatal care compared to women with private insurance. Pregnant individuals with Medicaid are significantly more likely to attend an inadequate number of prenatal visits, late-initiated prenatal visits, and no prenatal visits at all (McElfish et al., 2025).

This can be seen in Harborview City with large differences in prenatal care utilization, ranging from 10-20% differences, between privately insured pregnant individuals and those with Medicaid. As previously mentioned, women who do not receive adequate prenatal care are at greater risk for negative health outcomes throughout their pregnancy or after giving birth. This frames this discrepancy as a pressing issue within the community due to the high likelihood of adverse health effects among a large portion of the population.

In Harborview City, to qualify for pregnancy Medicaid, one must reside at or below 200% of the Federal Poverty Line (FPL), and 28% of residents live at or below the FPL, indicating a large proportion of women are eligible, and potentially, enrolled in the program. The

city is made up of diverse racial groups, with Black/African American and Hispanic individuals making up the majority of the population, 38% and 34%, respectively. This poses as a risk factor for lower access to prenatal care among women in Harborview City due to racial and ethnic minority groups having lower rates of adequate prenatal care (McElfish et al., 2025).

Maple Grove, the specific portion of Harborview City where the intervention will take place, is a low-to-moderate income neighborhood with numerous children, indicating that many adult women would qualify for Pregnancy Medicaid, based on their financial and family planning history. Pregnancy Medicaid is already offered and utilized by women in Maple Grove, but no additional services that meet the unique needs of women in this neighborhood are provided. Additionally, it can be difficult to determine if one is eligible for Medicaid services, leading to many women who could receive benefits not being enrolled.

Pregnant women face several barriers in Maple Grove, such as limited transportation, expensive childcare, and confusion about the services available.

Expensive, unreliable, or limited transportation can lead to fewer prenatal appointments (Speer, 2025). Although inaccessible transportation is not a unique challenge faced by exclusively pregnant individuals in Maple Grove, the severe consequences that this population could face are notable.

Access to good childcare can be an indicator of receiving proper prenatal care, but quality childcare is expensive and often unattainable for most families (Speer, 2025). The average cost of childcare is between 8 and 20% of a family's annual income, which is much higher than the federally established guideline of 7% annually (Speer, 2025). Not only is finding an affordable and trustworthy childcare provider difficult for most families, but it is also often a cause of stress for expecting mothers, leading to potential adverse outcomes during pregnancy.

Eligibility requirements, services offered, and resources available can all be difficult topics to navigate due to the complex nature of Medicaid coverage. During the lengthy application and approval period for Pregnancy Medicaid, several large gaps remain that result in low prenatal coverage (Speer, 2025). Pre-approving essential services during the waiting period can significantly improve prenatal care uptake and long-term health outcomes (Speer, 2025).

Understanding the barriers and unique challenges that women utilizing Pregnancy Medicaid in Maple Grove face is essential for creating a successful program that properly addresses the needs of these individuals. Completely reshaping Pregnancy Medicaid is not an attainable solution, given the time frame and budget. However, planning a program that improves prenatal care uptake while addressing pressing barriers is possible. The information gathered in this needs assessment will be used to shape an effective intervention that focuses on realistic solutions that not only aim to improve prenatal care uptake but also account for the many barriers experienced by the target population.

3. Program Mission, Goals, and Objectives

3.1 Mission Statement

“To improve maternal and infant health by providing at-home prenatal care, health education, and community resources from healthcare professionals to women insured through Medicaid in Maple Grove.”

3.2 Program Goals

1. Increase prenatal care uptake among pregnant women insured through Medicaid in Maple Grove (Harborview City).
2. Decrease preventable maternal and infant morbidity and mortality among women and children insured through Medicaid in Maple Grove (Harborview City).

3.3 Program Objectives

- 1.1. Have at least 50% of women enrolled in the program receive the recommended number of prenatal visits through the at-home program by the end of Year 2.
- 1.2. Increase enrollment in home-based service by 10% by the end of year 2.
- 2.1. Decrease cases of pregnancy-specific disorders 10% in the target population by the end of Year 2.
- 2.2. Increase the awareness of mental health services available to mothers during pregnancy by 20% by the end of Year 2.

4. Program Design and Implementation

4.1 Target Population and Setting

Approximately 28% of Harborview City's population falls below the poverty line, indicating that over one-fourth of the population is eligible for Medicaid. The community highlighted in this intervention, Maple Grove, is primarily low-to middle-income families with young children. Transportation in Maple Grove is bus-based and often slow and unreliable, leading to significant barriers in receiving proper medical care. Additionally, childcare is extremely expensive, ranging from \$600-\$2000 monthly, depending on the child's age. Pregnant women utilizing Medicaid in this neighborhood have a high need for a home-based prenatal care program. These factors lead to the selection of Maple Grove as the target location for the implementation of UMHMP. This intervention will be led by the Harborview City Department of Public Health, *Maternal & Child Health Division*, since they can provide resources to create an effective program, and most services will be delivered directly to the patients' homes.

4.2 Program Strategy

The program will deliver services through several core strategies, including providing at-home prenatal visits, information about community resources, and referrals for other maternal services. These strategies are designed to reduce barriers to adequate pregnancy care, increase uptake of prenatal care, and improve maternal and infant health outcomes.

This program will primarily focus on health care professionals, social workers, and community health workers meeting patients in their homes to provide a variety of essential services throughout and after pregnancy. Health care professionals will administer any necessary

medical services for pregnant patients to improve the health of the pregnancy. These visits will happen at designated intervals, depending on the stage of pregnancy, to ensure proper care. Additionally, social workers will meet with patients for well-being initiatives throughout pregnancy. Community health workers connect patients with available community resources, information, and social services that can benefit the mother and infant in the long term. This program will address transportation barriers, as patients will not have to travel to receive basic services and information from health and community professionals. Additionally, childcare barriers will be limited because pregnant parents will not have to find someone to watch their children for their prenatal appointments. Both transportation and childcare are often inaccessible to many people due to financial constraints, unreliability of services, and limited work flexibility, so this program would address these social challenges.

The program will be implemented over two years by the Harborview City Department of Public Health, *Maternal & Child Health Division*. The public health department has local, state, and federal resources that would allow this program to launch and handle initial costs and challenges, especially compared to smaller organizations or nonprofits. The city would oversee the entire program as well as handle many administrative details of the project.

Key partners include Federally Qualified Health Centers (FQHC), community organizations, health clinics, and local nurses and social workers. The program expects to serve pregnant and postpartum individuals and their newborns enrolled in Medicaid in Maple Grove. Participants will focus on interacting with the health professionals traveling to their homes and receiving prenatal services. It is the goal of the program to achieve widespread improved prenatal care. Through at-home care, community resources, and support initiatives, maternal and infant health is expected to improve among people in Maple Grove.

4.3 Theoretical Framework

4.3.1 Theory Description

The primary theory guiding this program is Social Cognitive Theory. This theory focuses on the interaction between behaviors, the person, and the environment. Maternal health outcomes and prenatal care uptake are not only based on a woman's beliefs, as many societal and environmental factors can positively or negatively impact whether women receive proper care. Using a theory that does not consider other factors and challenges would miss many of the most influential components in receiving proper prenatal care. However, this theory focuses on the broader context of the lack of proper prenatal care in Harborview City.

The Health Belief Model is a secondary model used in this program. If women do not feel that their perceived susceptibility and perceived severity for not receiving prenatal care are low, perceived barriers are high, and perceived benefits are low, then individuals will not feel inclined to act and seek out care. This program aims to decrease the perceived barriers and increase the perceived benefits so that people will have a better understanding of their risks, the importance of prenatal care, and the potential consequences for not receiving proper prenatal care.

4.3.2 Theory Constructs and Program Application

The following table shows the core constructs of the Social Cognitive Theory and Health Belief Model and how they relate directly to the Urban Maternal Health Medicaid Program (UMHMP).

Table 3.2.1 Theoretical Framework Explanation

Primary Theory: Social Cognitive Theory	
Construct	Program Application
Expectations	How participants believe the program will positively impact them if they choose to participate. This will likely result in improved health throughout and after pregnancy. Additionally, women may feel satisfied with the type of care they are receiving that they may not have been able to access otherwise.
Behavioral Capability	Women will be able to follow through with appointments, use resources given to them during appointments, and maintain positive changes that happen as a result of this program. Examples include enrolling in the program, understanding how to contact mental health specialists, keeping appointment times scheduled, and maintaining a healthy diet and exercise routine during and after pregnancy.
Self-efficacy	Women will believe they can continue to receive prenatal care, despite challenges in their lives. This can include women believing they deserve to receive mental health help, and they can maintain positive mental health even with challenges. For this specific example, it also may indicate that if their mental health takes a negative turn, they are confident they can continue receiving help. Self-efficacy will apply to almost every aspect, objective, and activity in this program.
Reciprocal Determinism	This construct highlights how people's beliefs are shaped by their environment. Challenges with environmental factors in Maple Grove, such as transportation, childcare, and affordability, make it difficult for women to access care. This may lead to them having low confidence in their ability to receive care, a lack of knowledge regarding the importance of proper prenatal care, and a negative perception of medical care. This can lead to women not seeking out prenatal care, which can cause negative health outcomes. This program highlights how all three components come together to make accessing care easier or harder for pregnant individuals.

Table 3.2.2 Theoretical Framework Explanation

Secondary Theory: Health Belief Model	
Construct	Program Application
Perceived Barriers	Transportation, childcare, and affordability of care are significant barriers for women in Maple Grove receiving prenatal care. This program attempts to eliminate these barriers using at-home services that are low to no-cost.
Perceived Benefits	Pregnant individuals will not only receive basic prenatal care, but they will also gain other helpful resources during their home visits. These include community resources and informational pamphlets, making the benefit of enrolling in this program even more significant.
Perceived Threat	Using information provided by nurses and social workers, patients will gain a better understanding of what they are susceptible to, how severe these conditions can be, and the importance of receiving proper prenatal care to lower susceptibility and severity.

4.4 Program Activities

Table 4.4.1 Program Activities, Goal 1: Increase prenatal care uptake

Goal 1: Increase prenatal care uptake among pregnant women insured through Medicaid in Maple Grove (Harborview City).	
<i>Objective 1.1</i>	<i>Have at least 50% of women enrolled in the program receive the recommended number of prenatal visits through the at-home program by the end of Year 2.</i>
Activity 1.1.1	At-home nurse visits every 4 weeks until 26 weeks, every 2 weeks from 27-35 weeks, and weekly from 36 to birth.
Activity 1.1.2	Providing educational materials to patients on the benefits of receiving prenatal care.
Activity 1.1.3	Implement technological appointment reminders for at-home visits 24 hours and 2 hours before the scheduled appointment time.
<i>Objective 1.2</i>	<i>Increase enrollment in home-based service by 10% by the end of Year 2.</i>
Activity 1.2.1	Print and distribute flyers about the home-based program at important community locations, such as clinics, bus stops, grocery stores, libraries, and neighborhood clubhouses.
Activity 1.2.2	Lead staff training workshops to learn about the target population, cultural and social norms in Maple Grove, and available resources in the community.
Activity 1.2.3	Cold-calling women enrolled in Medicaid with recorded pregnancies to determine eligibility and, if eligible, discuss the program.
Activity 1.2.4	Create partnerships with local hospitals and clinics to promote the program to eligible patients.

Table 4.4.2 Program Activities, Goal 2: Decrease preventable maternal and infant morbidity and mortality

Goal 2: Decrease preventable maternal and infant morbidity and mortality among women and children insured through Medicaid in Maple Grove (Harborview City).	
<i>Objective 1.1</i>	<i>Decrease cases of pregnancy-specific disorders 10% in the target population by the end of Year 2.</i>
Activity 1.1.1	Measure blood pressure at every home-based visit to detect preeclampsia and eclampsia early.
Activity 1.1.2	Distribute informational pamphlets on healthy eating choices and safe exercise options to prevent the onset of gestational diabetes.
Activity 1.1.3	Administering safe vaccines and treatments for pre-existing or developed conditions at home-based visits, such as certain STIs, flu, and COVID.
<i>Objective 1.2</i>	<i>Increase the awareness of mental health services available to mothers during pregnancy by 20% by the end of Year 2.</i>
Activity 1.2.1	Conduct verbal surveys during the first and last visits of patients about what mental health services are available to mothers pre- and post-birth in Maple Grove.
Activity 1.2.2	Distribute informational pamphlets at home-based appointments that include the description, contact information, and eligibility requirements for all available mental health services for pregnant individuals.
Activity 1.2.3	Nurses issue referrals to mental health specialists and facilities that specialize in maternal and family mental health.

4.5 Participant Flow

The Urban Maternal Health Medicaid Program has been designed to make prenatal and pregnancy care more accessible for women covered through Medicaid in Maple Grove. This program will serve as a pilot to determine whether a larger program can be created to benefit all pregnant women in Harborview City. The program will focus on recruiting pregnant women living in Maple Grove who are enrolled in Medicaid. After enrollment into the program, women will receive at-home visits from a nurse, social worker, and community health worker at designated intervals. These individuals will provide prenatal care, information, and community resources that will benefit the expecting individual during and after pregnancy.

Table 4.5.1 Participant Journey Diagram

This participant journey diagram details how patients will start from being identified as eligible for the program, all the way through completion of the program.

Participant Identification	<i>All pregnant women enrolled in Medicaid living in Maple Grove are eligible for this program.</i>
Participant Recruitment	<i>Women enrolled in Medicaid with records of living in Maple Grove will be called and asked to join the program. Additionally, the program will partner with local hospitals, clinics, and health facilities, and medical professionals will refer eligible patients to the program.</i>
Participant Enrollment	<i>Participants will enroll in the program after their Medicaid eligibility has been confirmed, and they complete an initial health screening and connect with the team of providers that partner with the program. This could be the nurse on staff or a private provider the patient is already seeing for their medical needs.</i>
Initial Assessment/Intake	<i>The initial assessment will be completed by a nurse on staff, and it will include questions regarding medical history, mental health screenings, and general knowledge about available resources.</i>
Program Activities	<i>Basic prenatal care will be delivered by the on-staff nurse at all home visits. Home visits will occur at designated intervals, depending on the length of pregnancy. Social workers will provide social support and answer important non-medical questions for participants. Community health workers will inform participants of various community resources available for use. Additionally, the community health workers will help individuals become plugged into these services, if necessary.</i>
Follow-up/Support	<i>Recurring visits allow participants to receive help on a regular basis from the nurse, social worker, and community health worker. During the program, appointment reminder messages are used to actively follow up with participants. Providing referrals to other medical professionals, community programs, and support networks available to participants after the completion of the program keeps participants healthy after finishing the program.</i>
Program Completion	<i>When participants give birth, there is the option for a limited number of follow-up appointments. However, after delivery, or a limited number of postnatal visits, participants formally complete the program.</i>
Outcome Evaluation	<i>Using data collected during the program, such as frequency of prenatal care delivered to participants, resources utilized by participants, and overall health outcomes after delivery, the program will be evaluated for effectiveness. A post-program survey is also given to participants to determine if their knowledge about available resources in the community changed from the initial start of the program.</i>

4.6 Implementation Plan

Table 4.6.1 Implementation Plan, Goal 1, Objective 1.1 [Improve prenatal care uptake]

Goal 1: Increase prenatal care uptake among pregnant women insured through Medicaid in Maple Grove (Harborview City).	
Objective 1.1: <i>Have at least 50% of women enrolled in the program receive the recommended number of prenatal visits through the at-home program by the end of Year 2.</i>	
<p><i>Activity 1.1.1: At-home nurse visits every 4 weeks until 26 weeks, every 2 weeks from 27-35 weeks, and weekly from 36 to birth.</i></p> <p><i>Activity 1.1.2: Providing educational materials to patients on the benefits of receiving prenatal care.</i></p> <p><i>Activity 1.1.3: Implement technological appointment reminders for at-home visits 24 hours and 2 hours before the scheduled appointment time.</i></p>	
Program Setting and Delivery Location	<i>All services for the program will be delivered to the home of the patient. Nurses, social workers, and community health workers will conduct the home visits and provide their respective services.</i>
Target Population Recruitment	<i>The target population will be recruited through referrals from their existing health care providers, cold calls, and advertisements through posted flyers. This will allow for enrollment into the program once eligibility has been confirmed.</i>
Partnerships	<i>The Harborview City Department of Public Health, Maternal & Child Health Division, will be responsible for overseeing the program. Partnerships with FQHCs will be imperative for providing adequate supplies, patient referrals, and medical staff.</i>
Staffing and Roles	<i>Nurses will be responsible for visiting at the designated intervals in Activity 1.1.1, and they will provide basic prenatal care at these visits. Social workers and community health workers will also visit monthly for the entire pregnancy to provide social support, information, and community resources.</i>
Program Timeline	<i>Due to the long nature of pregnancy and Medicaid program enrollment, the only large milestone will be at Year 2. However, there will be several patients who finish the program at staggered times throughout its implementation.</i>
Materials and Resources	<i>Materials, such as important vaccines, treatments, blood pressure cuffs, ultrasound machines, a cell phone or laptop, vitamins, and informational pamphlets, will be used to achieve Goal 1, Objective 1.1.</i>
Participant Flow	<i>Participants will move through the program at their own pace, due to pregnancies being scattered throughout the program's duration. However, the frequency of nurse visits changes depending on how many weeks the patient has been pregnant. This is outlined in Activity 1.1.1.</i>

Table 4.6.2 Implementation Plan, Goal 1, Objective 1.2 [Improve prenatal care uptake]

<p>Goal 1: Increase prenatal care uptake among pregnant women insured through Medicaid in Maple Grove (Harborview City).</p>	
<p>Objective 1.2: <i>Increase enrollment in home-based service by 10% by the end of Year 2.</i></p>	
<p><i>Activity 1.1.1: Print and distribute flyers about the home-based program at important community locations, such as clinics, bus stops, grocery stores, libraries, and neighborhood clubhouses.</i></p> <p><i>Activity 1.1.2: Lead staff training workshops to learn about the target population, cultural and social norms in Maple Grove, and available resources in the community</i></p> <p><i>Activity 1.1.3: Cold-calling women enrolled in Medicaid with recorded pregnancies to determine eligibility and, if eligible, discuss the program.</i></p> <p><i>Activity 1.1.4: Create partnerships with local hospitals and clinics to promote the program to eligible patients.</i></p>	
<p>Program Setting and Delivery Location</p>	<p><i>Flyers will be put up at important community places, such as the locations listed in Activity 1.1.1. Training workshops and cold calls will be done virtually. All services for the program will be delivered to the home of the patient. Nurses, social workers, and community health workers will conduct the home visits and provide their respective services.</i></p>
<p>Target Population Recruitment</p>	<p><i>As mentioned in Activity 1.1.4, partnerships with local hospitals and clinics will be secured, and patients can be recruited by visiting these facilities. Additionally, Activity 1.1.3 indicates that participants will be recruited through cold calling women enrolled in Medicaid in the area to discuss interest and eligibility.</i></p>
<p>Partnerships</p>	<p><i>Local hospitals and clinics will be involved in these efforts. Through these partnerships, more participants can be recruited, and then patients can be referred to these facilities if they require more intricate care.</i></p>
<p>Staffing and Roles</p>	<p><i>Individuals working for the Harborview City Department of Public Health, Maternal & Child Health Division, will be responsible for the administrative tasks, meetings, and partnership agreements for this program. Since they oversee the entire program, this will be essential for long-term program success.</i></p>
<p>Program Timeline</p>	<p><i>Many of these activities are important for kick-starting the program, but they do not have a strict implementation deadline, as the objective's goal isn't until the end of Year 2. Due to the long nature of pregnancy and Medicaid program enrollment, the only large milestone will be at Year 2. However, there will be several patients who finish the program at staggered times throughout its implementation.</i></p>
<p>Materials and Resources</p>	<p><i>Flyers, printers, and technology such as phones and laptops will be essential for accomplishing the activities for the objective. Although none of these materials will be given</i></p>

	<i>directly to the participants, with the possible exception of the flyers, they are essential for administering the intervention.</i>
Participant Flow	<i>Participants are not included in the administrative tasks of this program, meaning that there is not much participant flow in this objective. Participants will move through the program at their own pace, due to pregnancies being scattered throughout the program's duration. However, it is the goal of administrative employees and partnerships to increase participant enrollment through the activities listed above.</i>

Table 4.6.3 Implementation Plan, Goal 2, Objective 1.1 [Decrease preventable maternal & infant morbidity and mortality]

Goal 2: Decrease preventable maternal and infant morbidity and mortality among women and children insured through Medicaid in Maple Grove (Harborview City).	
Objective 1.1: <i>Decrease cases of pregnancy-specific disorders 10% in the target population by the end of Year 2.</i>	
<p><i>Activity 1.1.1: Measure blood pressure at every home-based visit to detect preeclampsia and eclampsia early.</i></p> <p><i>Activity 1.1.2: Distribute informational pamphlets on healthy eating choices and safe exercise options to prevent the onset of gestational diabetes.</i></p> <p><i>Activity 1.1.3: Administering safe vaccines and treatments for pre-existing or developed conditions at home-based visits, such as certain STIs, flu, and COVID.</i></p>	
Program Setting and Delivery Location	<i>All services for the program will be delivered to the home of the patient. Nurses, social workers, and community health workers will conduct the home visits and provide their respective services.</i>
Target Population Recruitment	<i>The target population will be recruited through referrals from their existing health care providers, cold calls, and advertisements through posted flyers. This will allow for enrollment into the program once eligibility has been confirmed.</i>
Partnerships	<i>The Harborview City Department of Public Health, Maternal & Child Health Division, will be responsible for overseeing the program. Partnerships with FQHCs will be imperative for providing adequate supplies, patient referrals, and medical staff. Partnering with local pharmacies will also be crucial for success, as certain medications and vaccines will need to be made available.</i>
Staffing and Roles	<i>Nurses will be responsible for administering treatments and measuring blood pressure at home visits. Social workers and community health workers will also visit monthly for the entire pregnancy to provide social support, informational pamphlets, and community resources.</i>
Program Timeline	<i>Due to the long nature of pregnancy and Medicaid program enrollment, the only large milestone will be at Year 2. However, there will be several patients who finish the program at staggered times throughout its implementation.</i>
Materials and Resources	<i>Materials, such as important vaccines, treatments, blood pressure cuffs, ultrasound machines, a cell phone or laptop, vitamins, and informational pamphlets, will be used to achieve Goal 2, Objective 1.1.</i>
Participant Flow	<i>Participants will move through the program at their own pace, due to pregnancies being scattered throughout the program's duration. However, the frequency of nurse visits changes depending on how many weeks the patient has been pregnant. Additionally, the flow of the treatments mentioned</i>

	<i>in Activity 1.1.3 may change depending on need of the patients.</i>
--	--

Table 4.6.4 Implementation Plan, Goal 2, Objective 1.2 [Decrease preventable maternal & infant morbidity and mortality]

Goal 2: Decrease preventable maternal and infant morbidity and mortality among women and children insured through Medicaid in Maple Grove (Harborview City).	
Objective 1.2: <i>Increase the awareness of mental health services available to mothers during pregnancy by 20% by the end of Year 2.</i>	
<p><i>Activity 1.1.1: Conduct verbal surveys during the first and last visits of patients about what mental health services are available to mothers pre- and post-birth in Maple Grove.</i></p> <p><i>Activity 1.1.2: Distribute informational pamphlets at home-based appointments that include the description, contact information, and eligibility requirements for all available mental health services for pregnant individuals.</i></p> <p><i>Activity 1.1.3: Nurses issue referrals to mental health specialists and facilities that specialize in maternal and family mental health.</i></p>	
Program Setting and Delivery Location	<i>All services for the program will be delivered to the home of the patient. Nurses, social workers, and community health workers will conduct home visits and provide their respective services.</i>
Target Population Recruitment	<i>The target population will be recruited through referrals from their existing health care providers, cold calls, and advertisements through posted flyers. This will allow for enrollment into the program once eligibility has been confirmed.</i>
Partnerships	<i>The Harborview City Department of Public Health, Maternal & Child Health Division, will be responsible for overseeing the program. Partnerships with FQHCs will be imperative for providing adequate supplies, patient referrals, and medical staff. Partnering with local mental health facilities will allow the nurse to make referrals for mental health services that participants can use both during and after pregnancy.</i>
Staffing and Roles	<i>Nurses will be responsible for administering referrals to mental health specialists. Social workers and community health workers will also visit monthly for the entire pregnancy to provide information regarding community mental health support programs, mental health facilities, and mental health specialists.</i>
Program Timeline	<i>Due to the long nature of pregnancy and Medicaid program enrollment, the only large milestone will be at Year 2. However, there will be several patients who finish the program at staggered times throughout its implementation, and their awareness will grow as they continue to complete the program.</i>
Materials and Resources	<i>Informational pamphlets, printers, and technology such as phones and laptops will be essential for accomplishing the activities for the objective. Additionally, data analysts or</i>

	<i>computer software will be needed to decipher the data collected in the survey.</i>
Participant Flow	<i>Participants will move through the program at their own pace, due to pregnancies being scattered throughout the program's duration. However, the frequency of nurse visits changes depending on how many weeks the patient has been pregnant. This could lead to more participants being referred to mental health specialists as appointments increase.</i>

5. Logic Model

5.1 Logic Model Diagram

Program Title: Urban Maternal Health Medicaid Program					
Program Purpose and Goal: To improve maternal and infant health by providing at-home prenatal care, health education, and community resources from healthcare professionals.					
Inputs (SOM, n.d.)	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Impacts
<ul style="list-style-type: none"> -Time for visits -Staff members (including nurse, community health worker, and social worker) -Funding -Partnerships (including FQHCs, local hospitals and clinics, and local pharmacies) -Technology (including printers, laptops/computers, and cell phones) -Materials (including pamphlets, flyers, medical equipment, and pharmaceuticals) 	<ul style="list-style-type: none"> -At-home nurse visits -Providing educational materials on the benefits of receiving prenatal care -Implement technological appointment reminders for at-home visits -Print and distribute flyers about the home-based program -Lead staff training workshops -Cold-calling women enrolled in Medicaid with recorded pregnancies -Create partnerships with local hospitals and clinics -Measure blood pressure at every home-based visit -Distribute informational pamphlets -Administering safe vaccines and treatments -Conduct verbal surveys -Nurses issue referrals to mental health specialists 	<ul style="list-style-type: none"> -Number of home visits -Number of educational and informational pamphlets given out -Number of appointment reminder messages sent -Number of flyers distributed -Number of women enrolled in the program -Number of treatments given -Number of referrals given 	<ul style="list-style-type: none"> -Increased awareness of mental health resources available -Increased knowledge of community support networks -Increased understanding of the importance of prenatal care 	<ul style="list-style-type: none"> -Better management and understanding of pregnancy-related conditions -Increased prenatal appointments among Medicaid-insured women 	<ul style="list-style-type: none"> -Increased proper prenatal care among pregnant women -Decrease in preventable pregnancy-related morbidity and mortality -Improved maternal and infant health outcomes -Decrease disparities in prenatal care
Moderators: Distrust in public health officials, patient demographics, transportation barriers, childcare barriers, and financial constraints					

5.2 Logic Model Narrative

Inputs

Inputs are essential for the successful implementation of the program. Time for home visits is a key input, and this input needs to be considered for all of the necessary staff members, including the nurse, social worker, and community health worker. Funding for the program will ensure that all activities can be paid for, and this program has a \$200,000 budget. These funds will be allocated to various aspects of the program. The partnerships between the UMHMP and FQHCs, local hospitals and clinics, and local pharmacies ensure that all services can be delivered promptly and outside resources are available for referrals both to the program and from the program. Technological resources are essential to create and print all necessary informational materials, including flyers and pamphlets. Other materials that will be distributed or utilized during appointments, such as medical equipment, are also important inputs that will ensure the program can run effectively.

Activities

There are many activities included in this program. The primary activity is at-home visits from a nurse, social worker, and community health worker. These will provide prenatal care, community resources, educational materials, and social support options. Recruitment will be made possible through partnerships, cold calling, and distributing and posting flyers about the program in significant and busy locations around the community. Digital appointment reminders are an activity that promotes following through with scheduled appointments, hopefully leading to increased prenatal visits. Verbal surveys are given at the beginning and end of the program to assess knowledge change about available resources. These can include support groups, social

networking events, and mental health facilities. Nurses will also provide referrals to mental health specialists, as well as medical specialists, if necessary, ensuring optimal maternal health. Administering vaccines and treatments, as well as measuring important vitals, such as blood pressure, improves the health of the patient while enrolled in the program.

Outputs

The program has several measurable outputs. The largest measurable outcome is how many home visits are delivered. This relates closely to the number of women enrolled in the program and the number of reminder messages sent. Ideally, all women in the program follow through with appointments and therefore have home visits at the recommended intervals. Additionally, the number of reminder texts sent will correlate with how many home visits are scheduled and hopefully delivered. At home visits, informational pamphlets will be given out, so measuring the number of pamphlets distributed is an important output. This will help program planners to understand how much these pamphlets are increasing knowledge about their given topics. A large part of this program also looks at how many referrals are given and how many treatments are provided. This will determine the reach of the program outside of the home visits, and it will help researchers determine how much a program like this can help comorbidities or developing conditions during pregnancy.

Short-Term Outcomes

The short-term outcomes of this program will include increased knowledge and awareness regarding several important topics. It is crucial for women to understand the importance of prenatal care, and this program hopes to see an increased understanding of this

importance in the short-term. Raising awareness for the mental health resources available to women during and after pregnancy is a main objective of this program, so ideally, there will be a noticeable difference in the short-term. Additionally, there is a need for increased knowledge of the community support resources available, so seeing this difference in the short-term is another objective of the program.

Intermediate Outcomes

Intermediate outcomes are longer than six months after the program, but do not qualify as long-term impacts. This program aims to have participants better manage and understand their pregnancy-related conditions, if applicable. Additionally, this program focuses on seeing an increase in prenatal appointments among Medicaid-insured women after the program initially ends. This may be difficult to see if the program stops, due to the inaccessibility of prenatal care, but this would provide evidence that a program like this is successful. The success of this pilot could turn into a longer-lasting or permanent program.

Long-Term Impact

The long-term impact of this program is to improve overall maternal health. This includes mental and physical health, specifically during pregnancy. Another long-term impact this program is aiming for is an increase in proper prenatal care uptake among pregnant women enrolled in Medicaid. Decreasing preventable pregnancy-related morbidity and mortality rates in the long term is important. This program also aims to decrease the disparity in prenatal care faced by women insured through Medicaid.

Moderating Factors

There are several moderating factors in this logic model. The most prevalent and challenging may be distrust of public health or medical professionals. This can be difficult to overcome, and it can be challenging to account for in a program design. Other factors, such as patient demographics, can also play a role in the program design.

6. Resources and Budget

6.1 Program Resources

This program relies on four primary employees: a nurse practitioner, a social worker, a community health worker, and a program coordinator and manager. These four individuals will handle the pilot program that has been created.

The nurse practitioner (NP) will administer the actual prenatal care, treatments, medications, and provide diagnoses if needed. They will be the most involved with the actual prenatal care delivery. The licensed social worker (LSW) will provide social support and offer guidance to expectant individuals. They will provide emotional help as well as address the practical needs of the participants. The community health worker (CHW) will provide information about available community resources, enrollment criteria, and local program eligibility. The LSW and CHW have roles that do not relate to the actual medical intervention and prenatal care. Instead, they provide other necessary services and support that promote comprehensive, long-term health. The program coordinator and manager will act as the director of the program, ensuring smooth implementation, addressing challenges as they occur, analyzing data, and maintaining partnerships throughout the program duration.

This program will partner with Federally Qualified Health Centers (FQHCs) and local hospitals. FQHCs will play a big role in providing resources, specifically in providing equipment to the program, at low to no cost. NPs will use this equipment, such as ultrasound machines, during their at-home visits to provide appropriate prenatal care to participants. Local hospitals will promote this program to their eligible patients, leading to more awareness and enrollment in the program. This program will rely on in-kind resources from pharmacies, such as vaccines,

treatments, and basic medications. Typically, pharmacies are willing to partner with programs like this to provide basic pharmaceuticals and treatments, making this a likely partnership.

These resources all allow for at-home visits as a possibility. Covering transportation for the NP, LSW, and CHW eliminates the transportation burden on participants. Relying on the partnerships with FQHCs, local pharmacies, and local hospitals will allow this program to run smoothly and deliver important services to create meaningful change.

6.2 Budget Narrative and Justification

The top priority in the budget was paying the employees and staff. Due to the expensive nature of the individuals needed, specifically an NP, it had to be a priority in this budget. After coming up with reasonable hours and a fair hourly rate, travel costs were the next priority. Since this program's goal is to bring prenatal care services to the homes of participants, the budget needed to include travel costs for the three employees who will be traveling frequently (NP, LSW, and CHW). Evaluation, Materials, and Supplies were difficult to budget for, but they are essential for a successful program, leading to their budgets being decided next.

The costs align with the program, as the personnel rate is the highest portion of the budget. This exceeded the guidelines provided, and it comprises 82.5% of the total budget, which is higher than recommended. However, NPs have a high hourly rate, and for the employee to properly serve the target population, more weekly hours had to be added, which significantly increased this rate. The program would not be possible without an NP, so this increase aligns with the program goals. For the other costs, the guidelines provided were followed as closely as possible, with other sections using less than the highest recommended amount. Evaluation, Materials, and Supplies are the next most important aspects of the suggested program, so they use the majority of the remainder of the budget, after personnel and administrative costs.

The budget displayed shows how it is possible to use \$200,000 in conjunction with borrowed resources and in-kind donations that were previously mentioned to implement this program as a pilot study. The hourly rates for personnel are within the average range, meaning it would be possible to hire these professionals. Their travel fees would be paid for, and materials and supplies would be provided to them. There is room in the budget for training as well, so that staff members stay up to date on important procedures and policies. Evaluation is essential in defining success for this program, so enough money was budgeted for the basic tools to effectively complete all evaluations needed. Small incentives, which are defined further down, are also budgeted for, which may help with the long-term success of the program.

There were several limitations due to the budget. The largest was the personnel costs. Every employee is part-time, and there is not enough money to hire several NPs, LSWs, or CHWs. This creates a more stressful job for the three professionals hired. Additionally, this program relies on the partnerships and donations it receives to be successful due to the small budget. This creates uncertainty among those running the program, and it leaves this program vulnerable if these partnerships or donations are not maintained. It is unclear how many residents in Maple Grove qualify for this program, but the goal for this pilot program is to have approximately 50 women enrolled to test its success and match the given budget parameters and constraints. However, this number is only a small percentage of the individuals who qualify. This leads to mandatory participation caps, which could lead to negative effects on public trust and acceptance of a similar program that may be larger-scale down the road.

6.3 Budget

Table 6.3.1 Program Budget

Budget Category	Year 1 (\$)	Year 2 (\$)	Total (\$)
Personnel	\$82,800	\$82,800	\$165,600
Materials & Supplies	\$3,120	\$700	\$3,820
Participant Incentives	\$500	\$0	\$500
Training & Professional Development	\$800	\$800	\$1,600
Travel & Outreach	\$1,000	\$1,000	\$2,000
Evaluation	\$3,540	\$2,940	\$6,480
Indirect/Administrative	\$10,000	\$10,000	\$20,000
TOTAL	\$101,760	\$98,240	\$200,000

6.3.1 Key Budget Details

Personnel:

A nurse practitioner will work 15 hours per week at a rate of \$55 per hour. They will work every week of the two-year program, totaling approximately 960 hours, earning approximately \$79,200.

A community health worker will work 10 hours per week at a rate of \$15 per hour. They will work every other week of the two-year program, totaling approximately 960 hours, earning approximately \$7,200.

A social worker will work 15 hours per week at a rate of \$30. They will work every other week of the two-year program, totaling 960 hours, earning approximately \$21,600.

A program coordinator and manager will work 20 hours per week at a rate of \$30. They will work every week of the two-year program, totaling approximately 1,920 hours, earning approximately \$57,600.

Materials & Supplies:

Approximately \$200 will be used for annual supplies and materials for training for employees. Also, participants will receive an informational brochure that will cost \$5 each, leading to 50 brochures being printed, totaling \$250 annually for informational brochures. Also, 125 flyers will be printed and distributed throughout the community to promote the program. These flyers will cost \$2 each, leading to a cost of \$250 annually. Although a lot of medical equipment and supplies will be from partnerships, in-kind donations, or funded through Medicaid, \$2420 for other equipment costs and miscellaneous supplies has been budgeted.

Participant Incentives:

Participant incentives for this program will include one \$10 bus voucher per participant for completing their first recommended appointment, totaling \$500 over the two-years. All bus vouchers will be bought during the first year, since there may be an uneven distribution of patients over the two years. This will ensure that the incentives are available at the start time of any participant's enrollment.

Training & Professional Development:

Basic staff training will occur. Since there are only four staff members, this training will cost approximately \$200 per person for a total cost of \$800 annually. Employees will already have all required certifications, so it will not be necessary to budget for those.

Travel & Outreach:

The community health worker, social worker, and nurse practitioner will need to drive to clients' homes. Harborview City is relatively condensed, so driving long distances is not necessary, leading to a lower travel budget. Each employee will average 42 miles monthly. With gas costing \$0.65 a mile, this will be approximately \$1,000 annually.

Evaluation Costs:

Surveys will be created by the program coordinator and manager using an Office 365 (with AI capabilities) subscription, totaling to \$200 annually. Office 365 and Microsoft Copilot will be used for data collection and analysis, and this is a separate \$240 annual subscription. There will be an upfront cost for technology, including \$400 for an iPad for the nurse to collect the intake and survey data on, and \$200 for a laptop for the program coordinator to analyze the evaluation data on, and create updates for the program. There will be standard data support and materials cost, equaling \$2,500 annually.

Indirect/Administrative Costs:

Approximately \$10,000 annually has been budgeted for indirect and administrative costs, which are not directly linked to a specific part of the program but are essential for its success.

7. Marketing Plan

7.1 Target Audience

The target audience is pregnant women utilizing Medicaid in Maple Grove who do not receive the recommended amount of prenatal care. These women face barriers in transportation, childcare, and affordability. The program is designed to eliminate the need for transportation and childcare, as the nurse practitioner will deliver all prenatal care services to participants' homes. Additionally, services will be covered through Medicaid, therefore removing the barrier of unaffordable care. This audience is critical to the program's success because it is designed to increase care and improve maternal and child health outcomes in this specific population, given the existing disparity.

7.2 Barriers

Table 7.2.1: Barriers to Participation

Barrier	Type (Access, Knowledge, Trust, Time)	Relevance to Program
<i>Participants cannot attend prenatal appointments because they do not have the necessary transportation</i>	<i>Access</i>	<i>This limits participation in traditional prenatal care among the target population, because they cannot get to the facilities where the appointments are, meaning that the target population needs a program that addresses this barrier.</i>
<i>Participants cannot attend prenatal appointments because they cannot access childcare</i>	<i>Access</i>	<i>This limits participation in traditional prenatal care among the target population because they cannot have someone watch their other children, meaning that the target population needs a program that addresses this barrier.</i>

7.3 Key Messages

Table 7.3.1: Key Messages

Message #	Message	Barrier Addressed	Why This Message Will Motivate THIS Audience?
1	<i>No transportation to the physician? No problem! You can receive prenatal services at your home! Sign up today through your Medicaid portal.</i>	Transportation	<i>Emphasizes that transportation is not needed for this intervention, which addresses a primary barrier for the target population</i>
2	<i>Trouble finding childcare to go to prenatal appointments? Now, you can receive prenatal services at your home! Sign up today through your Medicaid portal.</i>	Childcare	<i>Emphasizes that childcare is not needed for this intervention, since parents can stay at home with their children during the appointment, which addresses a primary barrier for the target population</i>

7.4 Strategies and Channels

Table 7.4.1: Strategies and Channels

Channel	Message	What You Will Do?	Why This Reaches Your Audience?
<i>Community spaces, such as grocery stores, places of worship, and bus stations</i>	<i>No transportation to the physician? No problem! You can receive prenatal services at your home! Sign up today through your Medicaid portal.</i>	<i>Post flyers in community spaces to promote the program,</i>	<i>This audience spends most of their time at work, making this a high-visibility and convenient location to reach them directly</i>
<i>Community spaces and physician offices</i>	<i>Trouble finding childcare to go to prenatal appointments? Now, you can receive prenatal services at your home! Sign up today through your Medicaid portal.</i>	<i>Physicians will promote this program to eligible patients at their well visits, ultrasound appointments, etc. Post flyers in community spaces to promote the program,</i>	<i>This audience may be visiting the doctor for an initial visit, and physicians can recommend these services to them. Additionally, the target population spends time at community locations, such as the grocery store, making them convenient locations to reach them directly.</i>

7.5 Final Marketing Plan

Table 7.5.1 Final Marketing Plan

Barrier	Transportation
Message	No transportation to the physician? No problem! You can receive prenatal services at your home! Sign up today through your Medicaid portal.
Channel	Flyers posted in community spaces, such as grocery stores, places of worship, and bus stations
Marketing Action	Flyers will be posted throughout the community
Phase	Before/beginning
Responsible Person	Community Health Worker and Program Coordinator
Barrier	Childcare
Message	Trouble finding childcare to go to prenatal appointments? Now, you can receive prenatal services at your home! Sign up today through your Medicaid portal.
Channel	Community spaces and physician offices
Marketing Action	Physician referrals for eligible participants
Phase	During/Ongoing
Responsible Person	Physicians (partners)

8. Evaluation Plan

8.1 Evaluation Purpose

The evaluation is being conducted to determine if the proposed program will meet its target goals and objectives. Evaluation will be conducted during the program and after its cessation. With a predetermined evaluation plan, directors can determine whether the program was successful, partially successful, or a failure, and it will guide future programs or the continuation of the proposed program.

8.2 Evaluation Questions

8.2.1 Process Evaluation Question

To what extent did program participants receive at least one home-based prenatal visit as intended during the two-year program?

8.2.2 Short-Term Outcome Evaluation Question

What percentage of program participants received the recommended number of prenatal visits after program enrollment?

8.2.3 Intermediate Outcome Evaluation Question

To what extent did the percentage of participants in home-based prenatal service increase among pregnant women in Maple Grove during the two-year program?

8.3 Evaluation Plan Tables

Table 8.3.1 Process Evaluation Components

Component	Response
Indicator <i>(reach, fidelity, dose, or participation)</i>	% of program participants who received at least one home-based prenatal visit after enrollment
Measure <i>(numerator/denominator)</i>	(% of program participants who received at least one home-based prenatal visit / total # of program participants) x 100%
Data Source	Baseline program enrollment compared to completion of the initial home visit among enrolled participants
Method <i>(and WHO collects data)</i>	Obtain nurse home visit records
Timing	Throughout the program – once a week

Table 8.3.2 Short-Term Outcome Evaluation Components

Component	Response
Indicator	% of program participants who received the recommended number of prenatal visits
Measure <i>(numerator/denominator)</i>	(% of program participants who received the recommended number of prenatal visits / total # of program participants) x 100%
Data Source	Baseline program enrollment and completion of initial home visit compared to completion of all expected/scheduled visits
Method <i>(and WHO collects data)</i>	Obtain nurse home visit records
Timing	Throughout the program – once a week

Table 8.3.3 Intermediate Outcome Evaluation Components

Component	Response
Indicator	% of eligible pregnant women in Maple Grove who enrolled in the home visit service
Measure <i>(numerator/denominator)</i>	(# of eligible pregnant women enrolled / total # of eligible pregnant women) x 100%
Data Source	Baseline enrollment compared to enrollment at the end of year 2
Method <i>(and WHO collects data)</i>	Obtain nurse home visit records
Timing	Throughout the program - once a week

8.4 Data Analysis Plan

Data will be analyzed by the program coordinator using the laptop provided by the program director. With Office 365 and Microsoft Copilot, anonymous data can be analyzed

quickly to look at the raw numbers from the nurse practitioner home visit records. All sensitive information will be removed from the data before it is run through the data analysis program, and the program coordinator will go through the results and identify any mistakes that the technological program may have made. Public records will be used to determine the number of eligible pregnant individuals, and this will be used to determine the success of the program's intermediate outcome.

8.5 Interpretation of Findings

8.5.1 Short-Term Outcomes (Knowledge/Attitudes)

Objective: Have at least 50% of women enrolled in the program receive the recommended number of prenatal visits through the at-home program by the end of Year 2.

- **Successful:** At least 50% of women enrolled in the program received the recommended number of prenatal visits
- **Partially Successful:** Between 25-49% of women enrolled in the program received the recommended number of prenatal visits
- **Not Successful:** Less than 25% of women enrolled in the program received the recommended number of prenatal visits

8.5.2 Intermediate Outcomes (Behavior Change)

Objective: Increase enrollment in home-based service by 10% by the end of year 2.

- **Successful:** Enrollment in home-based service among eligible women in Maple Grove increased by 10% or more by the end of year 2.
- **Partially Successful:** Enrollment in home-based service among eligible women in Maple Grove increased between 5-9% by the end of year 2.

- **Not Successful:** Enrollment in home-based service among eligible women in Maple Grove increased by less than 5% by the end of year 2.

8.6 Use of Findings

8.6.1 Program Decisions

- **If the program is successful:** The program will seek additional funding, and a full-scale rollout of the program will occur in Harborview City. This would attempt to bring this intervention to all eligible pregnant individuals in the city, not just Maple Grove.
- **If the program is partially successful:** The program will evaluate the results of the current attempt and determine whether there was an implementation issue or a program design issue. Depending on which issue there was, the program will re-run in Maple Grove as intended, correcting for any mistakes in delivery and data collection, or the program will be redesigned and attempted again in Maple Grove. If the program was partially successful because there was less interest/need in the target population than originally thought, the program could be attempted in a different neighborhood within Harborview City.
- **If the program is not successful:** The program will be evaluated to determine what went wrong. If there were an implementation or program design issue, these results can be evaluated, and researchers can determine if these issues were fixed and if they would impact the program. However, if the program was not successful for other reasons, this program may need to be terminated, and another program design may need to be adopted to address the issue.

8.6.2 Stakeholder Use

Table 8.6.2 Stakeholder Use Plan

Stakeholder	Decision They Will Make	Data Needed	Results Sharing Method
Federally Qualified Health Centers (FQHCs)	Quantity of supplies needed, patient referrals, and medical staffing decisions.	How many patients are enrolled in the program, who is eligible, and what staff members are needed.	Once the program has started, enrollment records will be given to the FQHCs to prove how much equipment will be needed
Local hospitals and clinics	Patient referrals and intensive care	Who is eligible, what the program offers, and how many patients can be enrolled, and patient history (if they are receiving more intensive services from these facilities)	The program coordinator will share eligibility requirements with these facilities, and patient history will be shared if an individual is receiving more intensive care at these facilities, at the direction of the NP of the program
Local pharmacies	How many vaccinations will be available, quantity of certain medications available	How many people are enrolled (and in need of varying types of vaccines), and how many women need specialized prescriptions	The NP's home visit record and prescription referrals will be shared with the pharmacy, so they know what they need to fill, distribute, or donate
Local mental health facilities	How many referrals to accept for mental health care among eligible participants	Number of referrals to mental health services among participants, reason for referrals	The NP's home visit referral recommendation will be shared with the mental health facility to determine how and why a participant was referred

8.7 Feasibility and Ethics

This evaluation will be realistic within the budget and timeline, but the long-term implementation of this program would benefit from a larger budget for participants to receive the amount of attention and care that they need. Most of the data being collected is through the records that the nurse practitioner creates during and after each home visit. The other data being used is the public Medicaid enrollment data, and most of it should be available for the program director to use.

Data will be collected and put directly into a medical record for each participant, and when data is analyzed, all sensitive information will be taken out before it is input into technological platforms designed for analysis to protect the confidentiality of each patient. Patients will maintain confidentiality when the program coordinator is creating recommendations, studying data trends, and discussing the success of the program. There will be minimal participant burden, as they do not have to report much since the nurse practitioner will be the individual collecting and inputting data into the medical system.

References

- McElfish, P. A., Caldwell, A. R., Selig, J. P., Watson, D., Langner, J., Callaghan-Koru, J., Porter, A., Willis, D. E., Andersen, J. A., Hawley, N. L., Mendoza-Kabua, P., & Brown, C. C. (2025). Disparities in Prenatal Care Utilization in the United States. *Maternal and Child Health Journal*, 29(12), 1670–1678. 10.1007/s10995-025-04150-2
- MIHP. SOM - State of Michigan. (n.d.). <https://www.michigan.gov/mihp>
- Ramírez S. I. (2023). Prenatal Care: An Evidence-Based Approach. *American family physician*, 108(2), 139–150.
- Speer, K. (2025, August 19). *State actions addressing the non-medical drivers of maternal mortality*. National Conference of State Legislatures. <https://www.ncsl.org/health/state-actions-addressing-the-non-medical-drivers-of-maternal-mortality>