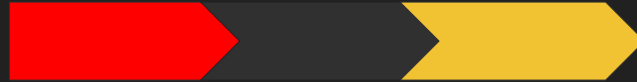
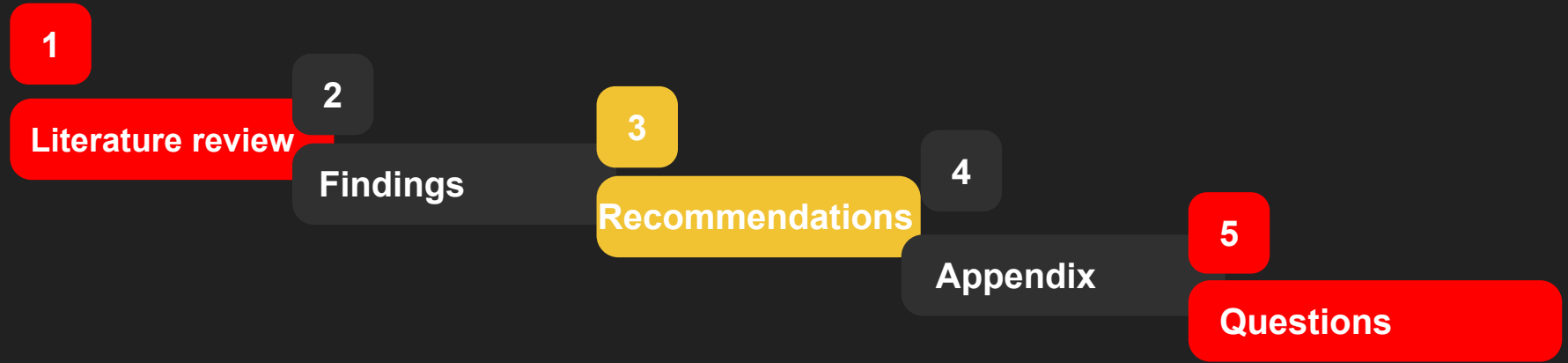


Final Presentation for Maryland Commision for Women



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Agenda



Literature Review

Racial and Geographic Disparities in Outcomes

- Black mothers experience higher rates of preterm birth, low birth weight, and infant mortality than white mothers, with the widest gaps in Baltimore City and rural counties
- Scholars emphasize that the causes are structural rather than behavioral, rooted in unequal access to healthcare, economic instability, and social determinants such as housing and transportation
- Without proper education or employment, there is a higher risk of adverse effects on children with physical health and cognitive developmental disabilities.

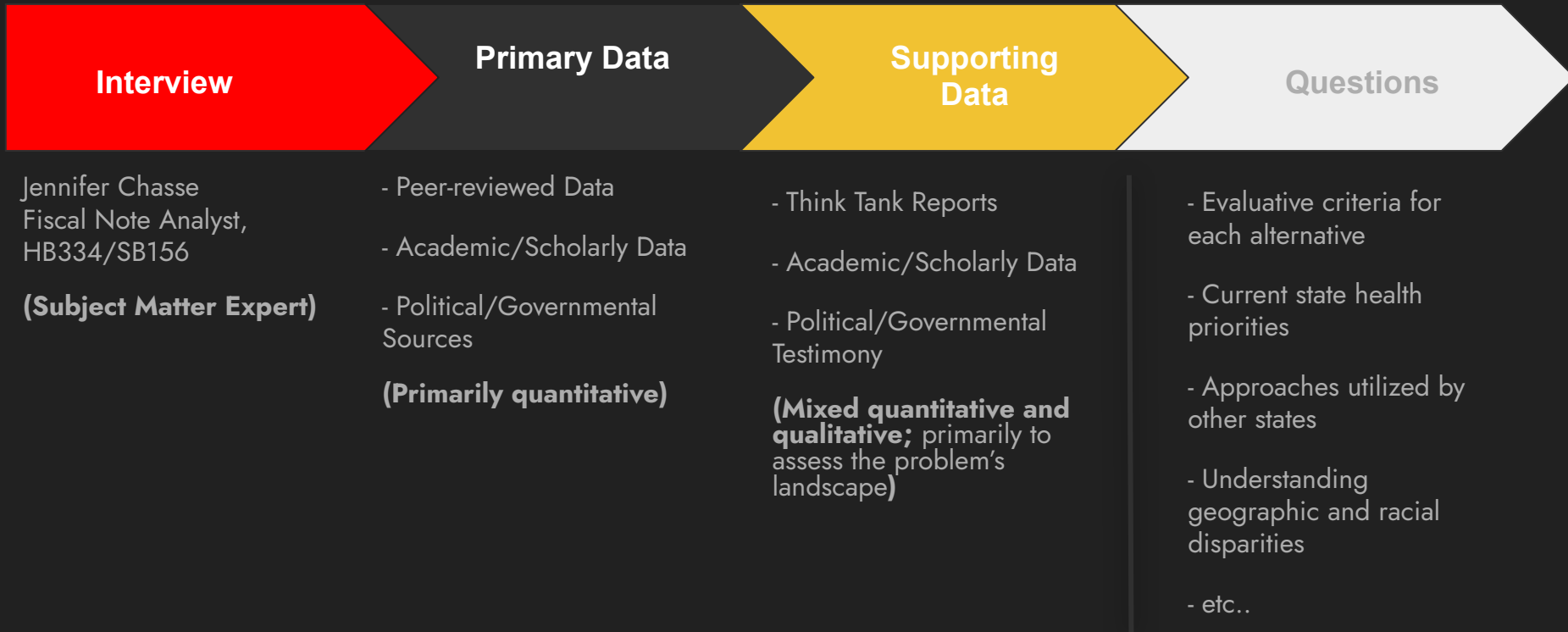
Fragmented and Uneven Program Infrastructure

- Fragmentation gaps in postpartum follow-up and communication among hospitals, home visitors, and community providers
- 22% of staff left their home visiting programs, with 54% citing better pay and benefits as the reason for leaving the program
- The effectiveness of coordinated systems: by linking emergency, behavioral, and home-visiting services, through its Comprehensive Care Center, cut readmissions from 13 percent to 1 percent

Funding and Reach

- Only a small proportion of eligible families receive services, with local programs constrained by workforce shortages and reliance on competitive federal grants
- States depend on fragmented or categorical funding streams that inhibit long-term sustainability and equitable access
- Reliance on limited federal allocations forces states to fund only a few evidence-based models rather than developing diverse, needs-based approaches

Data Collection Strategy



Criteria for Assessment

Feasibility

Ability to implement given workforce, infrastructure, and administrative capacity.

Quantitative Measures:

- Caseload/Nurse
- Existing funding services

Implementation Costs

Direct and indirect fiscal costs of program development and operation

Quantitative Measures:

- Program Cost
- \$/Family-Served
- ROI
- Time to Implement

Equity

How well the intervention's outcomes benefit high-risk or underserved populations.

Quantitative Measures:

- SVI Coverage
- % Δ in low-income birth weight

Efficiency

The scale of benefits in contrast to the cost of the intervention's inputs (cost-benefit)

Quantitative Measures:

- \$/QALY
- \$/Hour
- \$/Prevented Negative

Effectiveness

How well the intervention improves infant and maternal health outcomes

Quantitative Measures:

- QALYs
- IMR (Infant)
- MMR (Maternal)
- PTBR (Pre-Term)

Alternatives

Universal Nurse Home Visiting

- At home nursing force would fall under state control
- Maryland-specific funding sources and levels
- Maryland provides Nurses from Department of health

Social Impact Bond

- Private investors put capital at the start with the government paying them back
- Government will only repay investors if certain criteria are met
- Home visiting through the Nurse-Family Partnership program

Increase Maternal Support Centers

- Increase centrally located spaces for maternal support (PATTY Centers)
- Already supported by the division of early childhood in 14 counties
- Funded by state and federal sources

Alternatives

Community Health Worker Visits

- A non-nursing at home that would fall under state control
- Maryland-specific funding sources and levels
- Could be a more affordable universal option

Expand and Concentrate Services

- Expanding and concentrating services in isolated, vulnerable pockets, within not at-risk jurisdictions
- Funded by state and federal sources

Q&A

THANK YOU