

BabySteps
St Michael's Cathedral
Boise, Idaho
Site Visit, November 18, 2003
Reported by Rebecca Kang

I. Overview

BabySteps is a program to promote pregnancy and early infant health in families of limited income (185% of poverty) that live in Ada County, Idaho where Boise, the capital, is located. It is an outreach program under the auspices of the Outreach Committee of St. Michael's Cathedral, Boise Idaho. BabySteps is the only education/incentive program in Boise serving this population.

In 2002 the Health Ministries Committee of St. Michael's Cathedral, an Episcopal Church with a congregation of 1500, examined its direction for outreach. It identified a desire to provide a ministry in the community to target the population of families at highest risk. An Episcopal church located in the Nampa, Canyon County located 30 miles from Boise had instituted an outreach program for the same population in cooperation with the March of Dimes, but it did not serve families in Ada County.

II. Organization.

St. Michael's Cathedral is the lead organization. The program is staffed primarily by St. Michael's Cathedral volunteers. Space and utilities are provided in-kind by St. Michael's Cathedral, all grants have been awarded to St. Michael's for BabySteps. The Board for official oversight is the vestry of St. Michael's Cathedral. There is a steering committee that is the active operating decision makers for the program. This group has consisted of founding co-chairs, three committee members each with a sub-committee responsibility, and three community partners. In January 2004, the Steering Committee will be formalized with representation from the larger community, hospitals and business. Number of community organizations participate at different levels, including the Idaho Food Bank, St. Alphonsus Women's Health, St. Luke's Women and Family Community Education, LaLeche League, the Women's Clinic, St. Luke's Residency Clinic, WIC, Early Head Start, Parents as Teachers, Catholic Charities, March of Dimes, All Saints Church, Boise State University, Departments of Nursing, Education and Health Promotion, and the University of Idaho. Private practice professionals also participate, including a children's librarian, exercise physiologists, psychologist, social worker, lactation consultant and counselors. Approximately, 70 members of St. Michael's Cathedral volunteer for BabySteps.

III. Funds.

Initial start-up came from a grant from the Idaho Episcopal Foundation. Subsequent grants have been awarded totaling about \$25,000. Fund raising efforts generated several thousand dollars. The Outreach committee at St. Michael's Cathedral provided some additional funds. Recently, another \$5000 small grant was awarded in November, 2003. It is estimated that the ideal budget for 2004 is \$70,000 for all expenses and in kind contributions.

IV. Paid Staff

BabySteps functions with one .5fte manager. As soon as enrollment reached 25 women, 5 hours/week of child care paid by BabySteps funds were added during class times. All other committee work is done by volunteers. All salaries are paid by St. Michael's Cathedral funds generated from grants and fundraising. If grants and fundraising permit, funds for 2004 would support a .5 FTE manager, a 25 FTE education coordinator would be added, and 5hrs/week childcare. Funds would also be spent for funds incentive items, education materials and office supplies. The paid .5 FTE manager is absolutely critical for continuity in program implementation and connection with the participants. The .25 FTE education coordinator is essential to organize educational topics, and coordinate volunteer speakers. Child care must be provided in order for women with children to participate in the educational program. In addition, child care staff provide enriching opportunities for the children, stories and learning activities appropriate to their ages.

V. Donations

A critical piece of the program is the Incentive Shop at which participants can redeem points earned to get baby items and maternity clothes. Donations from the community keep the shop stocked. BabySteps has had two community baby showers. Similar to a food drive where volunteers stand outside a grocery store to solicit food donations, BabySteps volunteers stand outside a large department store T and ask patrons to purchase an additional item for the incentive shop. Donations come from individuals, and other church parishes, Mothers of Twins, a cooperative preschool in the Cathedral. There will be another Giving Tree at Christmas. AmeriCorps volunteers held a diaper drive and generated many diapers. The incentive shop has diapers, quilts, baby blankets, receiving blankets, sleepers, books, socks and other items that would be found in a baby section of a store. The items are new or lightly used. No food or formula is stocked, since BabySteps is pro-breastfeeding. In addition, there were concerns about dispensing the right type of formula for babies with special dietary needs, and possible expired or recalled formula. Volunteers are responsible to sort and shelve items. One volunteer coordinates the inventory and devotes her time to ironing items and removing stains. Whatever the store has is what is offered, no heroic effort is devoted to getting items, except for diapers, a high demand commodity.

AmeriCorp volunteers also helped to paint classrooms in the cathedral basement. A local artist created the logo, and another is creating a series of alphabet panels, of which one will be reproduced for holiday sale to generate funds for the program.

VI. The BabySteps Program

BabySteps is a community-based cooperative venture involving agencies and providers committed to promoting pregnancy and early infant health by providing incentives to the women to engage in health promotion. Women receive points when they enroll in BabySteps and engage in a set of health promotion activities. Points are received for enrolling in health programs, prenatal care activities, education classes, postpartum check-up, support person attendance at classes, and baby health care. Double points are earned when a support person (partner, spouse or other support) attends a class with an expectant woman. Women may redeem accrued points for baby items at the Incentive Store. Providers stamp the incentive card, and BabySteps staff keep track of accrual and expenditure of points.

The women may purchase items at the store on Tuesdays and Thursdays and those who attend a class can shop first. Women who stop in but don't go to class can shop but only after classes are over. The motto is education first, shopping is second. The educational program initially used the March of Dimes, Stork's Nest curriculum, composed of six units: nutrition, exercise, why you shouldn't use alcohol-smoke-drugs, preterm labor, labor and delivery and new baby care. Additional topics were added, including infant cues, choosing child care, early literacy and breast feeding. By the third month of operation, selected activities of Joanne Solchany's book on Promoting Maternal Mental Health in Pregnancy were added.

Several conditions forced a change in the initial curriculum. First, a large cadre of knowledgeable and expert practitioners and professionals volunteered for BabySteps. Second, the participants themselves have requested additional topics. Third, women attending class may be at all stages of pregnancy and infancy care that stimulate different needs and questions. Fourth, the amazing commitment of women who come week after week meant that classes in the structured curriculum were repeated too often and women had experienced the same classes several times.

The March of Dimes program is no longer used exclusively. The core curriculum now consists of six key topics to cover for pregnancy: nutrition, exercise & relaxation/stress reduction, risk of alcohol and drug use, preterm labor, labor and delivery, and prenatal care. Additional topics are added to respond to participant request, and the expertise of volunteers. Additional topics included are raising emotionally healthy children, singing-storytelling and early literacy, ask the pediatrician, breastfeeding and cues, early child development and stimulation, temperament, immunizations, car seat safety, language development and attachment. Participants asked for infant CPR, and a Dads only class will be conducted by male volunteers. In addition, a formal support group led by a social worker started in September 2003, and a Mother and Baby Exercise class is offered twice a month but will go to a weekly schedule, and a Mother and Baby Storytime is also offered. If there are special concerns that can't be addressed by volunteers, then professional and outside agencies are solicited for assistance.

A monthly schedule of classes is distributed each month. The method in which the content is delivered is influenced by the volunteer teacher, who are primarily nurses, Lamaze instructors, dieticians and physicians, and the composition of the women participants. "Teachers" are highly skilled in adapting material to fit the breadth of interests and development of the participants. For example, a topic on nutrition might address food consumption during pregnancy and postpartum. They use a combination of teaching methods, such as lecture, discussion, videotapes, question and answer and the Solchany book.

Two classes are offered each day when the program is open: Tuesday 1-3 PM, and Thursday 4-6 PM. Women attend one, and then may attend the other during the second hour. Classes usually last for 30-45 minutes, but may extend beyond that time if they are going well, and only one class is offered.

Typically, women arrive on time with few late or straggling in. Some come 30-45 minutes early. When the women arrive they are greeted by a host volunteer at the entrance of the cathedral. The volunteer signs them in, gives them a name tag, collects the point books, and directs them to the classrooms in the basement. Older children are taken to the childcare room. The women bring their babies with them and congregate in a lobby with toys, overstuffed chairs and sofa located outside the incentive store. There is water and a snack of some sort donated by the Idaho Food Bank: Kids Café Program (Powerbar, etc.). Plenty of literature on health issues are

available for the women to take. Women talk among themselves, and volunteers mix and mingle finding out how each is doing. The ambience is positive, warm and inviting.

Class begins at 1:15 and 4:15 PM. The women go to the classroom based on their interest, or if a specific topic is pertinent to pregnancy or infant care they are then assigned to a classroom.

While the women are in class, the points are tallied and recorded by staff. The Incentive Point Booklet is returned when classes are finished, and women are free to shop. Women are thoughtful and immersed in their selection and purchases and mindful in how their points are spent. The women chatter among themselves while they shop. They take their items for purchase to the checkout place, and points are subtracted. Each week, staff tallies points accrued, points used, and point balance using Access programmed by a volunteer.

The Incentive Point Booklet was designed for easy documentation of class participation, accounting of points, and attendance of important health promotion activities. It was designed to fit into the plastic envelope that is used by WIC to reduce loss.

VII. Participants

Participants began enrolling February 21, 2003. The participants are pregnant and parenting limited-income women and their families. The age range of participants is 15 to 36 years with about 30% under age 19. Some participants live at the Booth Home, an alternative high school/boarding home for young pregnant women. Most live on their own or with their families. About 20% are Hispanic with varying proficiency in English. Participants have a range of education with a few having a college education to those without high school or GED. Of those who attend, about 75% are first time mothers, about 25% are married, and about 25% bring the father or partners with them. Women get 25 extra points per class if they bring the father of the baby, or another support person.

Some women enroll and don't return, but reasons for the attrition are unknown. On class day, 12-20 women attend. Currently, 100 women are enrolled with 2-3 new enrollees per week. Initially, the program was advertised through posters posted in physician and WIC offices. Community partners referred women in order to increase incentive in their own programs. Word of mouth among participants has been the strongest vehicle to recruit women into the program. Of the enrollees, about 30% are referred from WIC, and 40% come from variety of sources. The organizations at which volunteers are affiliated with are also sources of referrals. About 25% of the referrals come from the Residency Clinic where women get prenatal care. A handful of health providers provide prenatal care to the women who attend BabySteps.

VIII. Barriers and Challenges

The major challenge is writing grants for funds to support paid staff and buying initial incentives, including a small gift for enrolling (a picture frame), another small gift when the baby arrives (a special book inscribed to them). The steering committee is mindful of growing too fast and trying to serve more than resources allow. Nearby Canyon County has an enrollment that is predominantly migrant Latino population with high need, but community resources are less abundant than Ada county. The steering committee is already thinking about transitioning infants who reach 15 months to other community support groups.

IX. Outcome

The overall goal of this project is to reduce premature births and low birth weight in women, 185% poverty level. The process is to increase active participation in prenatal care, and health promotion behavior during pregnancy. Another goal is to promote healthy infant development through breastfeeding, participation in well-child care and parenting classes. In addition, another goal is to promote life course development through pregnancy spacing, and continued education for better employment.

In September 2003, 32 women would have delivered their babies. Of these, 20 women have delivered full-term infants over 6 pounds, none was preterm. These women attended on the average 12 sessions of classes or 24 hours. The other 12 participated 1 to 3 times, and did not continue participation.

Systematic evaluation has been a challenge. Most women attend weekly, some twice a week for both sessions. No systematic data about knowledge is collected due to the changing nature of the classes. When women return to the program after having their babies, they are interviewed or complete a questionnaire about prenatal health and birth experience. Concepts of interest but not evaluated are postpartum depression, and the effect of BabySteps on health.

Anecdotal feedback from community partners about BabySteps is positive, since it encourages the women to participate in various programs. The growing number of volunteers, and donations suggests positive support for the program. Some volunteers participate during regular work hours and their participation is justified and supported by employers as part of their work role.

X. Reflection of Success by BabySteps

Diane Demarest thinks that the success of BabySteps is due to:

- The resource rich community of volunteers, the support of the Cathedral and the generosity of the community.
- Steering committee is comprised of thoughtful, professional, and well-connected people who had exceptional talent and preparation.
- Listening and learning from people at Open Arms, the incentive program in Nampa, Canyon County, that has high need, and fewer resources.

XI. Plans for the Future

There is discussion about involving a mentorship program that had many mentors but few mentees, transitioning families to parenting programs when children are older, developing a formal parenting support group, Dads Only Group, offering more frequently both Mom and Baby Exercise and Mom and Baby Reading Time, and involving participants as teachers or utilizing their talent as appropriate. Discussions are underway to collect evaluation data, including measures on self-efficacy, journals and focus groups.

XII. Observations

I had the opportunity to spend a day at the BabySteps program with Diane Demarest, Lynn Schrock, co- chairs. Significant observations made during this time:

- Participant are warmly received by the volunteers when they come to BabySteps. They interact with each other before class. The women seemed to be a little reticent initially but then opened up when others talked to them. One class was on

labor and delivery options and the other focused on parenting support. I attended the class on labor and delivery. A childbirth educator taught the class that was attended by 6 women. Four were primips, and the other two were having the third child. Only two were Euro-American. One woman did not speak at all, the others offered personal experiences or asked for information to about labor options, Boise hospitals, the labor and involution process.

- The women genuinely enjoyed shopping, they were immersed in the process of selecting items, and thoughtful in using their points to buy baby things.
- Women have made friends with women they met through BabySteps. One Latina told staff that another woman had her baby and is doing well.
- The women left smiling and in a more positive tone than when they arrived.
- Volunteers and staff obviously enjoy this work and feel rewarded by the interaction with the women.
- I made suggestions about how to include NCAST concepts in the curriculum, incorporation of PIPES into the program, establishing a process to follow-up on women for postpartum depression, and including a section on medical treatment during pregnancy, such as gestational diabetes and weight gain, in the Incentive Point Booklet. We discussed other ways to collect data: using systematic visual analog scales to measure knowledge, focus groups to collect community level data, and life convoy diagram to measure social support

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XI. Reflection

- BabySteps is successful because:
 - The leadership of Diane Demarest and Lynn Schrock.
 - The sponsorship of the program by St. Michael's Cathedral, and the Health Ministries Committee.
 - The faith-based program allows latitude and flexibility so there is less rigidity with who is enrolled, strength-based rather than deficits is the focus, and compassion and caring come first, and while "outcomes" that are hoped to be measured are second.
 - The personal connections between people to mobilize human resources.
 - Collaborative relationships among community agencies.
 - The desire of community partners to promote healthy pregnancy and infant outcome.
 - Responsiveness of the program to participant needs and interest.
 - Generosity of the community to support this effort.
 - The only program like this in the county.
 - Talented volunteer group.
 - Paid staff supported by grant money.
 - Working steering committee.
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Appendix A
Time Line By Diane Demarest

The process: As described above, the idea began in the context of a small group of five on the Health Ministries Committee. This group had previously been engaged as parish nurses in

ministry primarily to the aged in the parish. They were tired and hopeful that new members would take over some of the leadership. The idea of a program like BabySteps gathered enthusiasm and a new group to the committee. Diane Demarest chaired the development and was joined by co-chair Lynn Schrock. The following steps approximate the major timeline events:

- a. May-June: chairs meet with a group of 6 new volunteers interested in the project. Chairs meet with St. Luke's Residency Clinic (SLRC) to see if partnering would be feasible. Dr. Kelly Showalter joins the committee and represents SLRC. Chairs meet with Program Dir. Lynn Kammermeyer from the March of Dimes to learn more about the 'Storks' Nest' Model.
- b. June-July: Chairs and several paid St. Michael's Cathedral staff visit 'Open Arms Baby Boutique' the program in the neighboring county that has been up and running almost one year using the Storks' Nest Model. Several hours of interview on their process and daily operations.
- c. July-August: Diane write several grants hopeful to fund start-up costs and renovations. Diane & Lynn interview about 20 clients at SLRC to see what their interest might be in such a program. Questions and results are available. We were very encouraged by their need and interest.
- d. September: Holly is identified as the potential part-time manager on site for the program and several hours per week, St. Michael's Cathedral covers her salary for planning phase. January is set as the target date for opening.
- e. Sept-Nov: Lynn and Diane continue to meet with potential community partners to ascertain their interest, support, need, and advice.
- f. September: volunteers and youth volunteers participate in the March of Dimes community baby shower. This event generates about \$3,000 in diapers, clothing and assorted baby furnishings.
- g. November: Call a meeting of all potential partners to move forward. These included: Idaho WIC, Region 4 WIC, Medicaid, Early Head Start/Head Start, St. Alphonsus Women's Health, St. Luke's Women's Health, SLRC, Women & Children's Alliance, Boise State Education Dept., Parents as Teachers and St. Michael's volunteers.
- h. Nov-Dec: the steering/volunteer committee at this time numbered about 12. We begin dividing into work teams and select the name, BabySteps.
- i. Nov.: we are granted \$12,000 from the Idaho Episcopal Foundation and feel ready to move forward. If no additional funds are identified before we open in Jan. most of these funds will stay in reserve for salary of the .5 fte manager.
- j. Dec: we continue to plan with increasing detail. One group exams the point booklet and develops the content. Lessons learned from Open Arms guides many of our decisions. Potential schedule is outlined. Plan for renovation of space.
- k. December: Our church participates in a Christmas Giving Tree project. All tickets on the trees are baby items. By Christmas, over \$5,000 in baby furnishings are collected. Our storerooms are filled with strollers, cribs, diapers, blankets and clothing.
- l. January: The March of Dimes request for \$25,000 is denied due to cut backs in the shrinking economy. The review committee provides a great deal of affirmation for the process we have already engaged and hopes we will move forward. They indicate that some funds may be available in the way of a small grant in the spring.

- a. News of limited funding is a set-back but doesn't stop the project only delays it slightly. Since there will be very limited startup funds the committee will regroup and move ahead.
- b. January: the committee, now numbering about 20 and 40 AmeriCorps volunteers paint 4 rooms and all the halls and waiting spaces for the BabySteps area. The St. Michael's Cathedral Thrift Shop donates \$3500 to recarpet the entire lower level where BabySteps will be housed. Two committee members who are artists donate several pieces of their work. Rena Vanderwater, one of the artists, develops the BabySteps logo. An austere budget is planned for printing of points booklets, referral slips and we purchase a few necessary items. Additional needs are met with donations: computer, TV-VCR and furniture.
- c. February 17th: We held the Grand Opening. Director of Health & Welfare- Karl Kurtz, First Lady Patricia Kempthorne, Dr. Kelly Showalter and Lynn Kammermeyer, MOD Prog.Dir. all speak. It's a wonderful event. Media coverage on small scale. Also in Feb. we begin paying a .5fte mgr. from our funds and Holly meets with partners providing information to all their staffs, sample booklets and referral forms, posters for the clinic and contact information.
- d. Feb 21st: First enrollees. Only one pregnant woman the first week. Several in week 2 . Gradual growth each week there after at a slow rate during the first 3-5 months, by month 6 – 60 women are enrolled. By the 9th month there are 100 enrolled and 2-3 new enrollees on average each week. 120 in Jan. 2004.