2016-2017

# Evaluation Systems for Breath of My Heart Birthplace

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# EXECUTIVE SUMMARY

**This evaluation focused on documenting existing data and evaluation systems, challenges, and needs for Breath of My Heart (BMH). Given the complexity of BMH's approach and goals, we focused on developing evaluation questions that can be engaged over the course of three to five years.** This approach should minimize the amount of time needed to educate future evaluation teams about BMH's model and needs as well as ensure that evaluation work builds on itself in the future. Moreover, the process of identifying evaluation questions was helpful in clarifying and solidifying BMH's model.

A complete list of multi-year evaluation questions is included in Appendix B. **Through the process of identifying questions, it became clear that qualitative evaluation of clients' experience of BMH's care is most important for the organization**. Identified priority questions include: How well is cultural competency being practiced by BMH? To what extent do clients and families trust BMH? To what extent do clients and families feel that care provided by BMH is respectful? How do clients articulate what care has been provided to them by BMH, and what is their level of satisfaction with that care? All of these can be engaged through client focus groups or interviews. As such, they can be integrated into one evaluation project.

**A second focus of this project was to determine how to evaluate BMH's weekly walk-in clinic.** To do this, we documented BMH's existing data collection process and challenges. This helped us understand how and where data is collected for the walk-in clinic. **The primary instrument in use is a client intake form. We suggested the addition of several new questions. Once the revised form has been tested, implemented, and information collected over an extended period of time, the clinic can be evaluated.** The logic model we generated with BMH leadership outlines the outcome goals of the clinic and thus can serve as a guide for data analysis.

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# 1. Introduction

Breath of My Heart Birthplace (BMH) is a midwifery clinic located in Española that seeks to address disparities in maternal and infant health outcomes by delivering high-quality, culturally appropriate, respectful perinatal care to women and families in the Española Valley. BMH's mission is:

> *To bring to reality a sustainable birthing place that celebrates pregnancy and birth as a sacred rite of passage through midwifery care [and to] raise awareness and promote wellness, growth, and healing in our multicultural communities by honoring woman as our first environment (Breath of My Heart).*

The organization offers full-service midwifery care, homebirth and a birth center birthing option, a free weekly walk-in clinic for pregnant women and new families, and an apprenticeship program for midwives in training. It specifically aims to provide trauma-informed and culturally appropriate care for low-income families and women of color that can serve as a model for New Mexico, and for other rural communities nationally. Since its founding in 2010, BMH has been extensively shaped by the community. The organization's strategic plan was developed through a series of community-wide meetings and the organization's staff convenes yearly community meetings to ensure continued alignment with community needs.

The evaluation team for this project consisted of Tara Kane Prendergast, Amanda Bissell, Jessica Frechette-Gutfreund, and Micaela Cadena. As a student in the Evaluation Lab, Tara was responsible for drafting the evaluation report as well as taking the lead in conducting evaluation activities. Amanda served as an Evaluation Lab mentor. In this role she provided project coordination support as well as guidance in designing and conducting evaluation activities. Jessica is a midwife, co-founder and director of BMH. Micaela provides consultation support to BMH. Jessica and Micaela were BMH's evaluation coordinators for this project. They provided direction, data, and feedback.

The scope of work project included two components:

1) Generating a multi-year evaluation strategic plan;
2) Designing an instrument and system for tracking and evaluating BMH's walk-in clinic.

The first evaluation project was based on the following question: What does BMH want to evaluate over the next 3-5 years? The evaluation question underlying the second project was: How can BMH effectively evaluate the walk-in clinic to track how many women and families it serves, who is utilizing it (demographics), what services are sought, and the extent to which it prompts women to become BMH's birthing clients?

# 2. Multi-Year Evaluation Questions

Breath of My Heart is a relatively young organization with a big vision and comprehensive approach to providing transformational perinatal care. Beyond its clinical objectives, the organization is dedicated to promoting community healing, wellness, and reclamation of birth traditions. BMH's approach is values-driven and complex. Our evaluation team decided that a flexible multi-year evaluation plan was necessary to capture this complexity and to ensure that evaluation projects build on one another. Moreover, we wanted to minimize the amount of explaining and educating BMH's staff would have to do for subsequent evaluation teams. Toward this end, the primary component of this evaluation project was to articulate, refine, and organize BMH's questions about the efficacy and impact of their practice.

Our goal was to surface the questions that should drive evaluation work over the next three to five years and thus lay a foundation for subsequent evaluation efforts. Generating questions to be engaged over the course of multiple years will help BMH identify and keep track of what they want to know about their model, program, and outcomes.

To identify the evaluation questions, we facilitated a brainstorming session with Jessica, BMH's director. Our basic method was to talk through each outcome goal in the organization's logic model in terms of how it might be evaluated, and what additional questions it brought up. Tara developed the logic model during the evaluation-planning phase with feedback from the rest of the evaluation team. The logic model is provided in Appendix A.

This activity resulted in 31 questions. We then consolidated and restructured the surfaced questions to make them into 25 useful evaluation questions and 34 related sub-questions. To organize and ensure relevancy, we identified which outcome goal from the logic model addressed each evaluation question most directly.

Finally, we identified a method for evaluating each question (focus group, survey, archival data, and interviews). Where relevant, we suggested which stakeholder group(s) should be engaged in responding to the evaluation question.

Although we originally planned to organize the questions into a timeline of implementation, we decided this was unnecessary and not useful at this stage, as BMH staff can decide which evaluation questions to pursue according to the evolving needs of organizational development. However, questions are grouped so they can be integrated into one or two evaluation projects over the next couple of years and we did draft a suggested timeline for the evaluation questions to support or help organize future evaluation projects.

The last step was to determine the priority questions for BMH. BMH leadership identified the qualitative questions about clients' experience receiving care from BMH as the most important.

| **The priority evaluation questions are:** |
|---|
| **1. How well is cultural competency being practiced by BMH?**<br>• What is cultural competency for BMH, and how can it be defined or measured?<br>• How does cultural competency impact the provider/client relationship? |
| **2. To what extent do clients and families trust BMH?**<br>• What does "trust" mean for BMH?<br>• What specific practices build trust in this context?<br>• What is the value/impact of trust on the relationship between client and provider?<br>• To what extent does the presence or absence of trust affect clients' experience of receiving care (from any provider)? |
| **3. To what extent do clients and families feel that care provided by BMH is respectful?**<br>• What does "respectful care" mean for clients?<br>• What is the impact of having respectful care vs. non-respectful care for clients?<br>• How important is respect for clients? |
| **4. How do clients articulate what care has been provided to them by BMH, and what is their level of satisfaction with that care?**<br>• What are clients experiencing and feeling during care?<br>• How satisfied are clients with care they receive from BMH?<br>• How does care provided by BMH compare to other options in the community for clients?<br>• What areas have improved in clients' families since receiving care through BMH?<br>• Was there a particular reason you chose BMH for care? Were your expectations or concerns addressed through the care you received from BMH? |

All of the above priority evaluation questions relate to the same outcome: That accessible, culturally appropriate birth care is available to all families in the community. All of these questions can be engaged through focus groups or interviews with clients.

Table 1 shows how we organized the priority questions, and what specific method should be used to engage them. All of these questions can be incorporated into the next evaluation project. The next steps to build an evaluation plan around these questions are: 1) reviewing sub-questions to identify if any are missing, 2) conducting research to find any existing instruments that could be used, 3) designing or adapting instrument protocols, 4) determining how many people survey/interview/include in a focus group, and, if possible, 5) beta testing the instruments.

**Table 1. Priority Evaluation Questions, Logic Model Outcome and Evaluation Method**

| Logic Model Outcome* | Priority Evaluation Questions | Sub-Questions | Evaluation Method |
|---|---|---|---|
| *Accessible, culturally appropriate birth care available to all families in community* | **1-How well is cultural competency being practiced?** | What does cultural competency mean for BMH? How does this impact the provider/client relationship? | Focus Group – Clients, or Interviews |
| | **2-How do you define trust, and how much do clients trust BMH?** | | Focus Group – Clients, or Interviews |
| | **3-How do clients articulate what care has been provided to them by BMH and what their level of satisfaction is with that care?** | What are clients experiencing and feeling during care? How does that care compare to other options in community? What has improved in your family since receiving care through BMH? What areas of concern were addressed through your care? | Interviews – Clients |
| | **4-To what extent do clients and families feel that care provided by BMH is respectful?** | | Surveys - Client, Family |

The list of non-priority evaluation questions is shown in Table 2. See Appendix B for the full matrix, including sub-questions and suggested evaluation methods. While each of these questions is discrete, focused evaluation plans may address several of them in the same project with two different approaches: 1) Ask questions by evaluation method (such that multiple questions could be asked in one focus group, for example), 2) Group the questions by logic model outcome (in most cases this would involve using multiple methods for one project).

While either of these strategies could work, and the decision of which to use should ultimately depend on the evolving needs of the organization, we suggest beginning with the second approach. Not including the priority questions presented in Table 1,

there are nine logic model outcomes that correspond to the identified evaluation questions. They could be integrated into 3 different evaluation projects, which are presented in Table 3 in the "next steps" section of this report.

**Table 2. Evaluation Questions 5-25, Grouped by Logic Model Outcome**

| |
|---|
| ***Better birth and experiential outcomes*** |
| 5-How well does BMH serve women in the service area? |
| 6-What are BMH's birth outcomes in given time period (annual review)? |
| ***Increased # of practicing midwives of color from the community*** |
| 7-What model of an apprenticeship program will most effectively increase the number of practicing midwives of color from the community? |
| ***Increased community capacity & ownership over healthcare & wellness*** |
| 8-What is the volume and impact of BMH's non-midwifery services and programs (not including referrals to other providers)? |
| 9-What non-midwifery programs are most useful and utilized? |
| 10-What impact does each non-midwifery program have for people? |
| 11-To what extent is BMH building skills and capacity around perinatal care in the community? |
| ***Midwifery model of care increasingly chosen by families*** |
| 12-What is valuable about BMH to clients? |
| 13-What is the level of awareness about BMH in the Española Valley? |
| 14-How is awareness being created in the community (how is information being transferred)? |
| ***Parents feel increase in capacity to parent*** |
| 15-How does birth experience impact initiation into/transition into parenting? |
| 16-What is the impact and reach of BMH's services targeted at young parents? |
| ***Reduced racialized health disparities & urban/rural disparities*** |
| 17-How do those outcomes and experiences compare to other providers in community and state? |
| ***Sustainability*** |
| 18-How much does it actually cost for BMH to provide high quality care? |
| 19-What is the benefit to cost ratio of BMH services in financial terms? |
| 20-How effective has BMH been at securing diverse and appropriate sources of funding? |
| 21-What are the economic benefits/savings (to society) provided by BMH care? |
| ***Sustainable community-envisioned birth center facility*** |
| 22-How is feedback from annual community conversations being integrated into practice? |
| 23-What capacity does it take to sustain fundraising, development, and administration for BMH? |
| ***Sustained positive, collaborative ecosystem of community health providers*** |
| 24-What's the strength and nature of BMH's relationship with other providers in the community? |
| 25-What is the impact and volume of referrals to BMH? |

# 3. Walk-in Clinic Evaluation

The second component of our evaluation work focused on effectively capturing data and evaluating Breath of My Heart's free weekly walk-in clinic. BMH's goal for the clinic is to fill a gap in perinatal care provision by providing accessible care, raising awareness about midwifery care as an option, and engaging the community. While there is no expectation that pregnant women who receive care at the clinic will want to deliver with BMH, the clinic does provide an opportunity for BMH to enroll new clients.

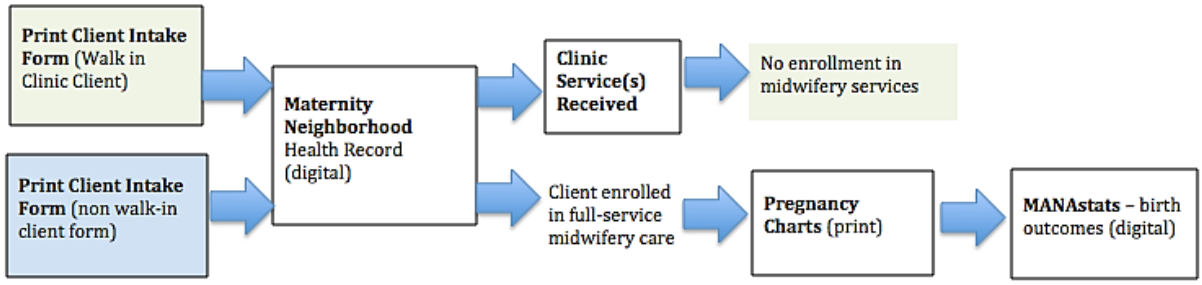
BMH tracks and evaluates the impact of their walk-in clinic using data collected through client intake forms that are filled out in paper form and then digitized by a BMH staff person into a database platform called Maternity Neighborhood. Maternity Neighborhood is specifically designed to support providers of maternity care. BMH primarily uses its semi-customizable health record feature, which serves as a client intake form, for walk-in and enrolled clients, for collecting demographic and clinical information. The health record can then be shared with the client. Information from it can be downloaded into reports for evaluation and reporting purposes. If a walk-in clinic client decides to birth with BMH, birth outcomes data are entered into the Midwives Alliance's Statistics Project (MANA Stats). MANA Stats collects data on birth and associated perinatal care and outcomes from out-of-hospital births attended by midwives. This dataset is intended to support research on midwifery practice and normal birth with the goal of improving care of women and babies and increasing the choices available to childbearing families (The Midwives Alliance's Statistics Project).

The BMH team is satisfied with their ability to capture clinical data using Maternity Neighborhood. However, they would like to develop capacity and methods for systematically collecting and analyzing non-clinical data (e.g. client satisfaction) as well as tracking how many women who come to walk-in clinics subsequently enroll in BMH's full-service midwifery care. Currently this data is tracked in a separate excel file and has to be matched with a Maternity Neighborhood report. A benefit to BMH would be the automation of this process, most easily achieved through the ability to export other fields from the client reports within Maternity Neighborhood. The second component of our evaluation project engaged this challenge in the context of BMH's walk-in clinic.

Before focusing specifically on how to evaluate the walk-in clinic, we documented BMH's general data collection systems and processes, which was critical to thinking through where adjustments might be made. Mapping the larger process and how the platforms fit together should also be helpful for future evaluation projects whether they involve adjusting existing or creating new instruments. Looking at all the pieces helped us see that the client intake form is the critical data collection instrument for the walk-in clinic. BMH's current data collection and storage process are as follows: All clients (walk-in and midwifery) fill out a printed intake form, which a BMH staff member then digitizes into Maternity Neighborhood to create a

health record. If the client enrolls in midwifery care, her Maternity Neighborhood record is shared with her via an electronic portal that is used for record keeping throughout the rest of the pregnancy. The client's midwife also keeps pregnancy charts, which may be in digital or print form. Finally, the midwife enters birth outcome data into MANAstats. This process results in two or three sources of data: Maternity Neighbor records, Pregnancy Charts (if they are printed rather than digitized into Maternity Neighborhood), and MANAstats. If a client visits the walk-in clinic but does not subsequently enroll in midwifery care, the data collection process ends with a Maternity Neighborhood health record. While these clients are not given access to a portal, all are asked if they would like to have a copy of this record. (See Figure 1.)

**Figure 1. Data Platforms and Process**




Our second step was to facilitate a conversation with BMH's leadership to generate a logic model for the clinic. Creating a logic model helped clarify the goals of the clinic as well as identify what kinds of data need to be collected in order to assess progress toward achieving those desired outcomes.

The logic model illustrates how many different kinds of services are offered at the clinic, and the extent to which BMH's goals for the clinic have to do with increasing access to quality, supportive perinatal care. The "outputs" column can be read as indicating what data points there are that can be analyzed in conjunction with client intake forms to evaluate the clinic. (See Figure 2.)

**Figure 2. Walk-in Clinic Logic Model**

| Inputs | Activities | Outputs | Short Term Outcomes | Long Term Outcomes |
|---|---|---|---|---|
| • Partners/other providers<br>• Medical biller<br>• Receptionist and data entry person<br>• Bilingual providers and staff<br>• 2 rotating midwives<br>• 1 midwife's assistant<br>• Free data/record keeping program (maternity neighborhood)<br>• Space<br>• Grant funding (~35k/yr) | *All Services Free*<br>• Provide referrals to other providers (mental health & counseling, doulas, home visiting, birth control & contraception)<br>• Pap smears/well woman exams<br>• Prenatal and postpartum care<br>• Scheduling follow-ups and referrals<br>• Informal counseling<br>• STI screenings<br>• Lactation consultation<br>• Services by partner providers: chiropractor, massage<br>• Training for perinatal workforce | • # Clients total/people seen<br>• # New midwifery clients enrolled<br>• # Hours of clinic operated/service provided<br>• # And type of referrals to and from BMH, appointments, services provided<br>• Intake form<br>• Health record created for clients that can be shared with other providers<br>• # Of hours for perinatal workforce in training | • Increase exposure and awareness of BMH in community<br>• Health record minimizes fragmentation of care and reduces barriers for clients<br>• Improved provider referral relationships<br>• Provides entry way into perinatal care for at risk women and families<br>• Increased access to lactation support<br>• Clinic recruits new midwifery clients for BMH<br>• Clients exposed to respectful & potentially transformative model of care<br>• Women feel more equipped and supported to breast feed | • Increased access to perinatal care in service area/community<br>• Increased utilization of midwifery care in community<br>• Experienced, exposed perinatal workforce is trained<br>• Sustained relationships with community and other providers<br>• Decrease emergency room visits by women and families in community<br>• Increase breast feeding rates<br>• Improved birth and experiential outcomes for mother and baby |

*Note*: A larger print logic model is included in Appendix C.

Next, we reviewed the existing client intake form (see Appendix D) in light of the logic model and data gaps identified by BMH. We suggested questions that could be added to the form to both address the data gaps and ensure that BMH is capturing information needed for future evaluation of the extent to which the clinic is producing the desired short and long-term outcome goals. We paid special attention to adding only the most necessary questions to minimize the length of the form. Before implementing the revised intake form BMH (or the next evaluation team) will need to verify that they can be added and used in the Maternity Neighborhood platform.

| **Questions to Add to Intake Form**: |
|---|
| 1. Is this your first visit? Y/N<br>a. If no, how many times have you visited this clinic before? _____ |
| 2. Have you been to the Emergency Room in the last year? Y/N<br>a. If yes, how many times? _____<br>b. Related to this or another pregnancy? Y/N |
| 3. If applicable, where have you received maternity care from before? |
| 4. If applicable, how satisfied have you been with the previous maternity care you received? (circle one)<br><br>Completely dissatisfied \| Somewhat dissatisfied \| Neutral \| Somewhat satisfied \| Very Satisfied<br><br>a. What made it a positive, neutral, or negative experience? (open answer) |
| 5. How comfortable do you feel about breastfeeding or the possibility of breastfeeding? (circle one)<br><br>Completely uncomfortable \| Somewhat uncomfortable \| Neutral \| Somewhat comfortable \| Very comfortable |

# 4. Next Steps

In many ways this year laid the foundation for future evaluation work. The processes, goals, and questions documented here should be reviewed in future projects so as to not reinvent the wheel. While the goals of BMH have been clearly articulated and do not need to be rehashed in the next phase of evaluation work, there is more to be done in determining how to effectively and systematically integrate the collection of non-clinical data into evaluation projects. Finally, more conversation needs to happen about how to evaluate the impact and value of BMH's networking and advocacy work. Effectively collecting data to demonstrate this would help illustrate the connection between clinical initiatives and structural/policy change as well as potentially provide new funding opportunities for BMH.

There are also specific next steps to take in regard to the two components of this evaluation project:

A. To complete the work started here on evaluating the **walk-in clinic**, a conversation needs to happen with Maternity Neighborhood developers to determine the best way to customize the health record, or utilize existing fields, so that full information can be collected on the client

intake form and easily accessed in a report for BMH midwives and staff. Once this has been resolved, the revised form should be beta tested with 5 past clients to highlight any necessary changes before being implemented. The form should be used for at least a year, at which point data can be analyzed and compared to the clinic logic model to determine how the clinic is performing in relation to the stated outcome goals.

B. Evaluation plans need to be developed around the identified **evaluation questions**. Next year, a plan should be created around the priority questions. The rest of the questions can be addressed through plans developed in subsequent years. While the order in which groups of questions are engaged should depend on the shifting needs of BMH, a recommended timeline is presented in Table 3. Questions are grouped by logic model outcomes. The first year (2017-2018) includes fewer questions because the walk-in clinic evaluation will also need to be conducted.

**Table 3: Timeline for Engaging Multi-year Evaluation Questions**

| Year | Logic Model Outcomes | Evaluation Questions |
|---|---|---|
| 2017-2018* | *- Accessible, culturally appropriate birth care available to all families in community* | 1-4 |
| 2018-2019 | *- Better birth and experiential outcomes;*<br>*- Reduced racialized disparities and urban/rural disparities;*<br>*- Parents feel increase in capacity to parent.* | 5-6, 15-17 |
| 2019-2020 | *- Sustainability;*<br>*- Sustainable community-envisioned birth center facility;*<br>*-Sustained positive and collaborative ecosystem of community health providers.* | 18-25 |
| 2020-2021 | *- Increased number of practicing midwives of color from the community;*<br>*- Increased community capacity and ownership over healthcare and wellness;*<br>*- Midwifery model of care increasingly chosen by families* | 7-14 |

*Note*: *Priority Questions

# References

Breath of My Heart Birthplace. About Breath of My Heart, **https://breathofmyheart.org/about/**. Accessed 5 May 2017.

Midwives Alliance's Statistics Project. MANA Statistics Project: Help: About the MANA Stats Project, **https://manastats.org/help_public_about**. Accessed 5 May 2017.

# Appendix A: Breath of My Heart Birth Center Logic Model

| ACTIVITIES | OUTPUTS | OUTCOMES |
|---|---|---|
| - Negotiation with other stakeholders (including Medicaid)<br>- Active participation in advocacy coalitions | NM birth center licensure to obtain facilities fee for new clinic<br>BMH has capacity to meet community demand (because of resources gained) | **Short & Medium Term**<br>* Accessible, culturally appropriate birth care available to all families in service area<br>* Midwifery model of care increasingly chosen by families<br>* Increased # of practicing midwives of color from the community<br>*Sustainable community-envisioned birth center facility<br><br>**Long-term**<br>* Better birth & experiential outcomes for mother and baby → parents feel increase in capacity to parent<br>* Reduced racialized health disparities in service area & urban/rural racial disparities in NM<br>* Sustained positive, collaborative ecosystem of community health providers<br>* Increased community capacity & ownership over healthcare & wellness |
| - Free weekly walk-in clinic<br>- Hearing & developmental screening events<br>- Targeted marketing, outreach, media coverage/stories<br>- Continual hosting of community conversations | X # of low income women & women of color served each year<br>Clients and family members trust BMH<br>High level of awareness about midwifery as an option | |
| - Non-midwifery educational work (e.g. Indigenous nutrition program)<br>- Delivery of high-quality, culturally appropriate Midwifery care (prenatal, birth, postpartum to 6 weeks after birth) | Families receive respectful nutritional & lifestyle counseling<br>Better birth outcomes (decreased # of complications, STDs, C-sections, preterm deliveries, low-weight babies) | |
| - Development of educational materials<br>- Midwifery apprenticeship program<br>- Targeted outreach to women of color/people of color and young parents | Increased # of young parents in community have accessed pregnancy and birth resource packet<br>X # of people of color trained/apprenticed as midwives @ BMH | |
| - Fundraising<br>Community design process | $ raised and new, expanded birth center facility designed | |

# Appendix B: Breath of My Heart Multi-Year Evaluation Questions

| Logic Model Outcome * | Evaluation Question | Sub-Questions | Evaluation Method(s) |
|---|---|---|---|
| *Accessible, culturally appropriate birth care available to all families in community* | **1 - How well is cultural competency being practiced?** | What does cultural competency mean for BMH, and for clients? How does this impact the provider/client relationship? | Focus Group – Clients |
| | **2- How do you define trust, and how much do clients trust BMH?** | | Focus Group - Clients |
| | **3 - How do clients articulate what care has been provided to them by BMH and what their level of satisfaction is with that care?** | What are clients experiencing and feeling during care? How does that care compare to other options in community? What has improved in your family since receiving care through BMH? What areas of concern were addressed through your care? | Interviews - Clients |
| | **4 - To what extent do clients and families feel that care provided by BMH is respectful?** | | Surveys - Client, Family |
| *Better birth and experiential outcomes* | **5 - How well does BMH serve women in the service area?** | How many women are served? | Focus Group - Clients |
| | **6 - What are BMH's birth outcomes in given time period (annual review)?** | How do BMH birth outcomes compare to other NM midwives? | Archival Data - MANAStats |
| *Increased # of practicing midwives of color from the community* | **7 - What model of an apprenticeship program will effectively increase the number of practicing midwives of color from the community?** | How can the program be evaluated? Should it be just midwives, or perinatal workforce? | Focus Group - Board & Staff |
| *Increased community capacity & ownership over healthcare & wellness* | **8 - What is the volume and impact of BMH's non-midwifery services and programs (not including referrals to other providers)?** | How many people are served by non-midwifery services and how many families impacted? Who is impacted by programs and in what ways (i.e mom, baby, family, community)? | Archival Data - Organization Records & Focus Group - Participants |
| | **9-What non-midwifery programs are most useful and utilized?** | | Focus Group or Survey |
| | **10 - What impact does each non-midwifery program have for people?** | Short-term/direct impact? Longer-term impact? | Focus Group or Survey |
| | **11 - To what extent is BMH building skills and capacity around perinatal care in the community?** | How many people are gaining skills and capacity to support perinatal care through BMH's work? What are those skills and capacities? | Focus Group - Staff & Survey - Community/other providers |
| *Midwifery model of care increasingly chosen by families* | **12 - What is valuable about BMH to clients?** | Is there something unique about this? | Focus Group - Clients |
| | **13 - What is the level of awareness about BMH in the Espanola Valley?** | How many people in community are aware of BMH? What is a "high" level of awareness? | Survey - Community |
| | **14 - How is awareness being created in the community (how is information being transferred)?** | | Survey - Community |

| Logic Model Outcome* | Evaluation Question | Sub-Questions | Evaluation Method(s) |
|---|---|---|---|
| *Parents feel increase in capacity to parent* | **15 - How does birth experience impact initiation into/transition into parenting?** | | Focus Group - Clients |
| | **16 - What is the impact and reach of BMH's services targeted at young parents?** | How many young parents are served? How many resource packets are give out? What do young parents find most useful about resources? What forms and kinds of communication re: resources are most effective for young parents? | Archival Data - Organization Records & Survey |
| *Reduced racialized health disparities & urban/rural disparities* | **17 - How do those outcomes and experiences compare to other providers in community and state?** | How does this compare with small area, county, state and national data? | Archival Data - PRAMS |
| *Sustainability* | **18 - How much does it actually cost for BMH to provide high quality care?** | How does this compare to other midwifery practices? | Cost Analysis |
| | **19 - What are the gains to families compared to the cost to deliver care?** | What is the cost benefit analysis of non-midwifery care for perinatal services? | Cost Benefit Analysis |
| | **20- What are other possible revenue streams/funding sources could BMH tap into?** | | Service Analysis |
| *Sustainable community-envisioned birth center facility* | **21 - How is feedback from annual community conversations being integrated into practice?** | | Archival Data - Organization Records |
| | **22 - What capacity does it take to sustain fundraising, development, and administration for BMH?** | How much time is spent on these activities? How effective is program management? | Modified Archival Data - Organization Records |
| | **23 - What are the economic benefit/savings (to society) provided by BMH care?** | How does this compare to OBGYN care and hospital births? | Cost Analysis |
| *Sustained positive, collaborative ecosystem of community health providers* | **24 - What's the strength and nature of BMH's relationship with other providers in the community?** | How many meetings were held with other providers over given time? How many referrals were completed (per year)? How many coalitions is BMH part of? | Modified Archival Data - Organization Records & Survey - Other Providers |
| | **25 - What is the impact and volume of referrals to BMH?** | How many referrals come to BMH? From whom? What are the outcomes of those? What is the impact on BMH? | Archive Data - Organization Records & Interviews - Staff |

*Evaluation questions may also be related to other logic model outcomes. Only one outcome per question included here.

# Appendix C: Walk-In Clinic Logic Model

| INPUTS/RESOURCES | ACTIVITIES | OUTPUTS | SHORT TERM OUTCOMES | LONG TERM OUTCOMES |
|---|---|---|---|---|
| - Partners/other providers<br>- Medical biller<br>- Receptionist and data entry person<br>- Bilingual providers and staff<br>- 2 rotating midwives<br>- 1 midwife's assistant<br>- Free data/record keeping program (maternity neighborhood)<br>- Space<br>- Grant funding (~35k/yr) | *All Services Free*<br>- Provide referrals to other providers (mental health & counseling, doulas, home visiting, birth control & contraception)<br>- Pap smears/well woman exams<br>- Prenatal and postpartum care<br>- Scheduling follow-ups and referrals<br>- Informal counseling<br>- STI screenings<br>- Lactation consultation<br>- Services by partner providers: chiropractor, massage<br>- Training for perinatal workforce | - # Clients total/people seen<br>- # New midwifery clients enrolled<br>- # Hours of clinic operated/service provided<br>- # And type of referrals to and from BMH, appointments, services provided<br>- Intake form<br>- Health record created for clients that can be shared with other providers<br>- # Of hours for perinatal workforce in training | * Increase exposure and awareness of BMH in community<br>* Health record minimizes fragmentation of care and reduces barriers for clients<br>* Improved provider referral relationships<br>* Provides entry way into perinatal care for at risk women and families<br>* Increased access to lactation support<br>* Clinic recruits new midwifery clients for BMH<br>* Clients exposed to respectful & potentially transformative model of care<br>* Women feel more equipped and supported to breast feed | * Increased access to perinatal care in service area/community<br>*Increased utilization of midwifery care in community<br>* Experienced, exposed perinatal workforce is trained<br>* Sustained relationships with community and other providers<br>* Decrease emergency room visits by women and families in community<br>* Increase breast feeding rates<br>*Improved birth and experiential outcomes for mother and baby |

# Appendix D: Existing Client Intake Form

**Breath of My Heart Birthplace**
P.O. Box 157 - Española, NM 87532
(505) 753-0505 - fax (505) 212-0420
www.breathofmyheart.org

**Client Information**

Patient's full name _____ Date of birth _____
Mailing address _____ Inside city limits yes/no
Home phone _____ Cell phone _____ Work phone _____
SS# _____ State and County of birth _____ Race _____
Tribal affiliation _____ Occupation/employer _____
Yrs of education _____ Religion _____ Marital status S/M/D/DP Email address _____

Partner/father's full name _____ Date of birth _____
SS# _____ Cell phone _____ Work phone _____
State and County of birth _____ Race _____ Yrs of education _____
Occupation/employer _____

Emergency contact person _____ Relationship _____
Phone _____

Please provide the name of any other doctor/provider you are seeing in this pregnancy _____
would you like us to send the notes from today's visit to this provider? Yes No Phone number _____

If you have had difficulty seeing another provider in this pregnancy please tell us why: (circle) Couldn't get and appointment/Don't have insurance/Don't have time/Don't like the providers available/ Don't have a ride Other:

_____
What is the reason for your visit? _____

Are you interested in giving birth at the birth center or at home? _____
Are you interested a doula/birth companion? Yes ___ no ___ Are you interested in home visiting for you/your baby? Yes ___ no ___ Have you had a positive pregnancy test at home? Yes ___ NO ___
When was your last period? _____ When is your due date? _____ How sure are you? Very not very
Have you had an ultrasound? Y N What was your weight before pregnancy? _____ Height? _____
How many pregnancies have you had total (please include miscarriages and abortions)? _____
How many living children do you have? _____ How many c---sections have you had? _____

Are there other services you need? _____
How did you hear about our clinic? _____
Are you insured? No is What insurance type _____