

Update on the Healthy Start National Evaluation

*Secretary's Advisory Committee
on Infant Mortality*

November 29, 2006



Abt Associates Inc.

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Outline of Presentation

Overview of findings from the National Survey of Healthy Start Programs (2004)

Overview of Phase II of the national evaluation

- Site Visits
- Participant Survey

Questions and discussion

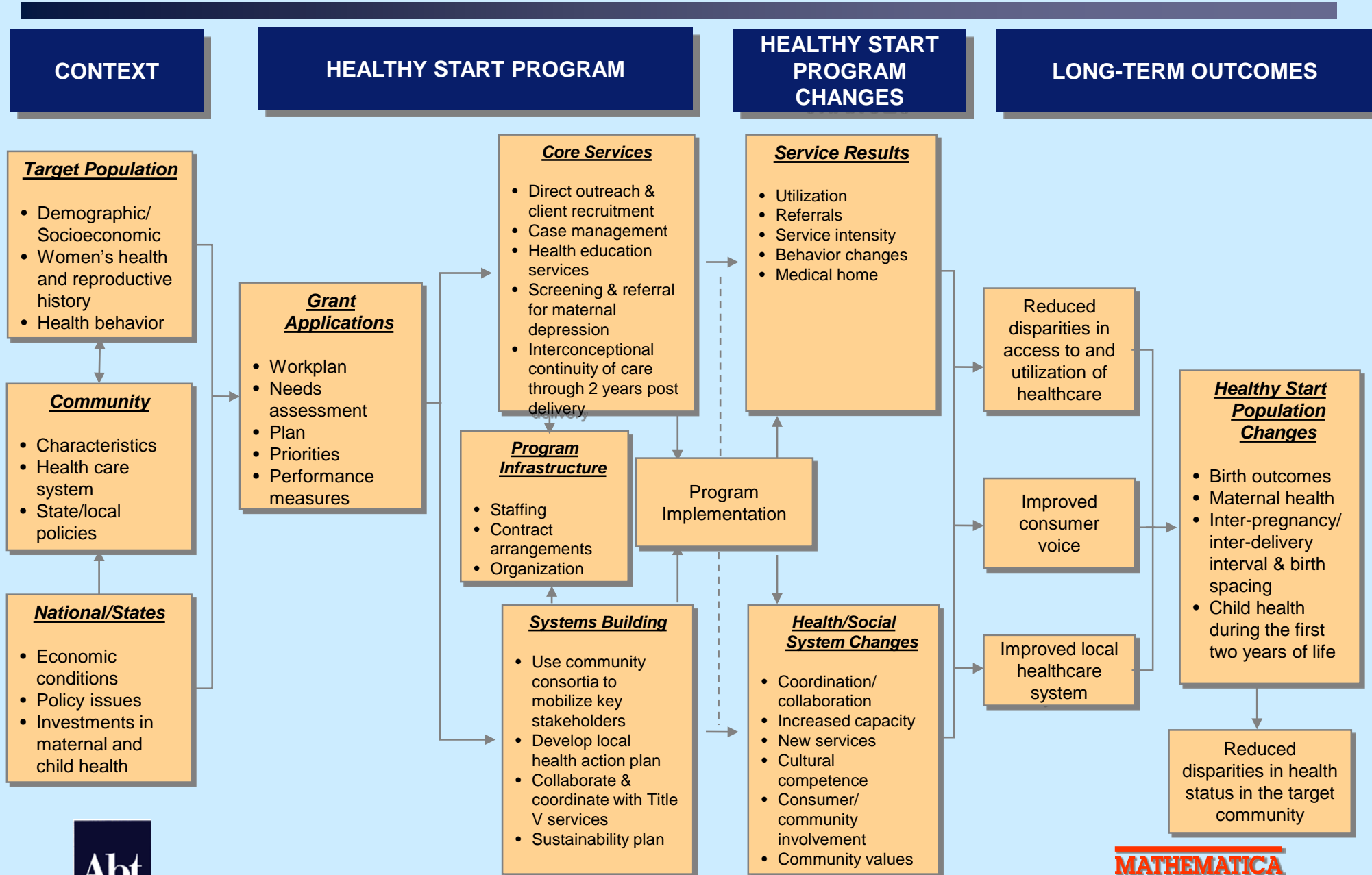
Evaluation Overview

- **The evaluation is a four-year effort**
 - Phase I was focused on the full universe of grantees
 - Phase II is a more in-depth evaluation of a subset of grantees
- **The evaluation is of the national program not of individual grantee performance**
- **Stakeholder inputs are critical to the evaluation effort**

Participatory Evaluation Approach with Key Stakeholders

- **Continued input and feedback from a variety of stakeholders during Phases I and II**
- **Healthy Start grantees**
 - Input and feedback on findings from Phase I
 - Information from all sites will be used in preparing the Phase II report (performance measures)
- **Healthy Start federal program staff**
- **Healthy Start Panel (HSP)**
- **SACIM**

Healthy Start Logic Model



The Key Evaluation Questions

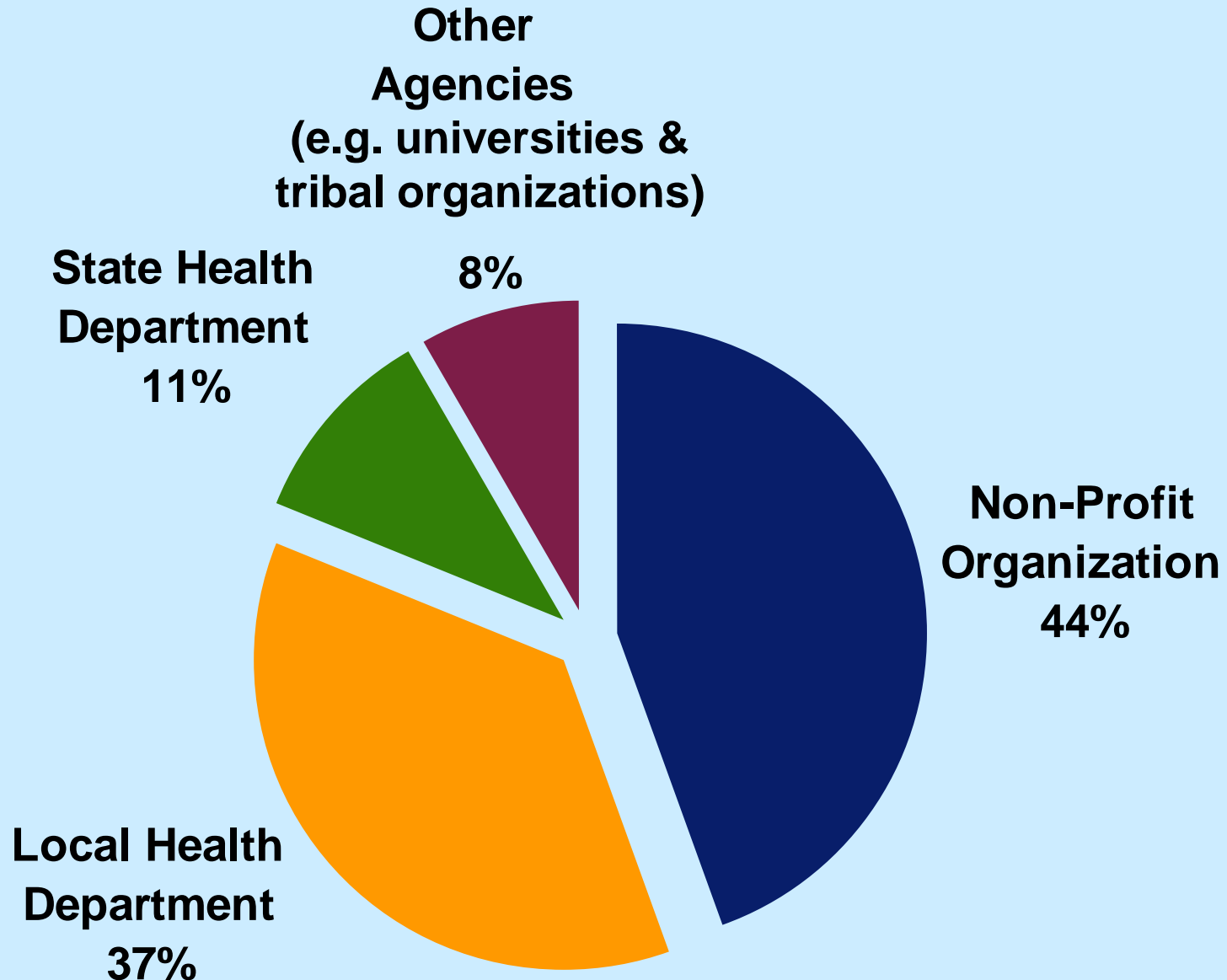
- **What are the features of Healthy Start programs?**
- **What results have Healthy Start programs achieved?**
- **What is the link between program features and program results?**
- **What types of Healthy Start programs (or program features) are associated with improved perinatal outcomes?**

National Survey of Healthy Start Programs

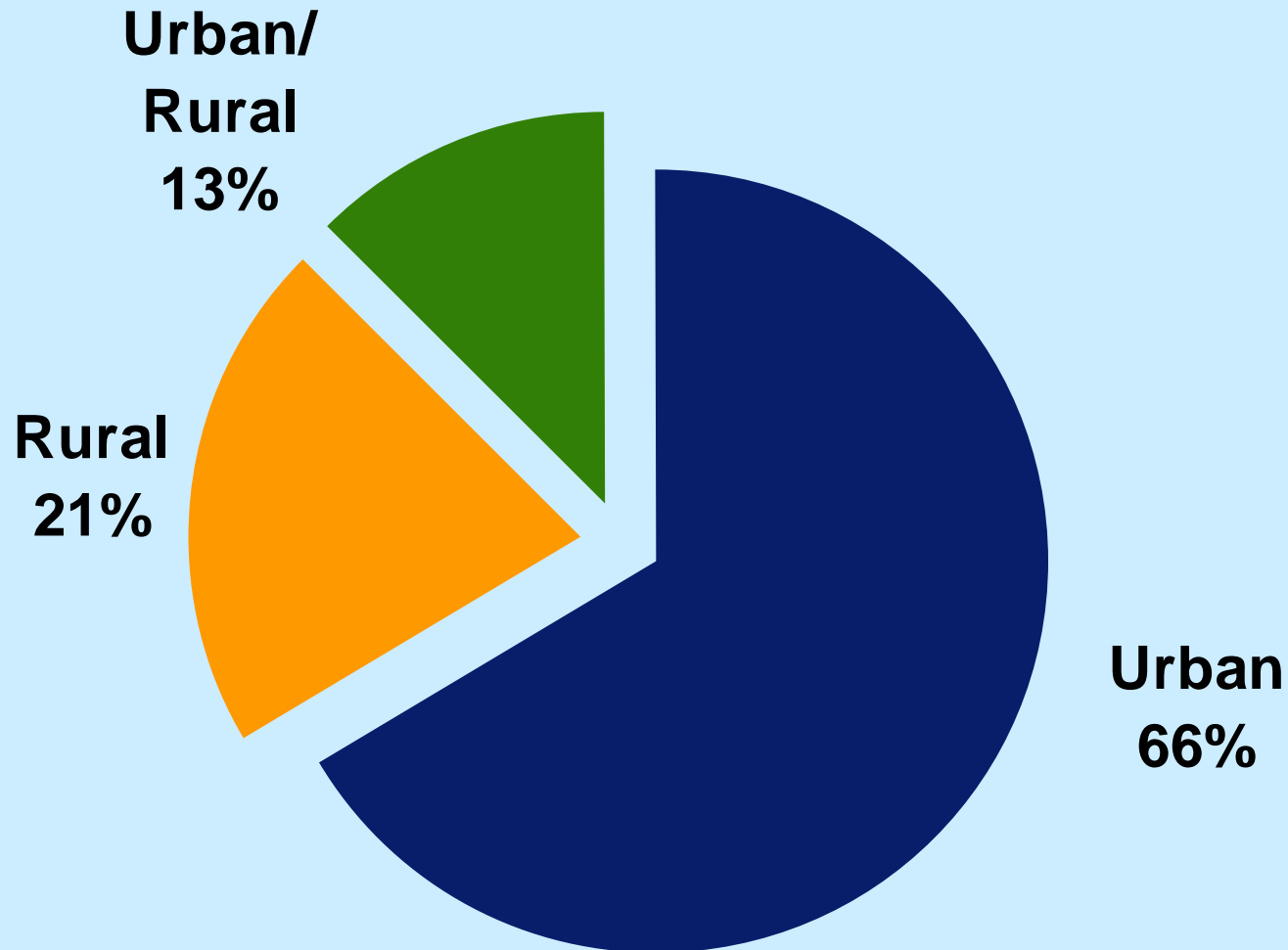
- Completed in 2004 by 95 Healthy Start grantees
- Purpose was to produce a profile of the national Healthy Start program based on self-reported data
- Areas of focus include:
 - Program structure
 - Program process
 - Program outcomes
 - Community context and grantee characteristics

Profile of Healthy Start Grantees

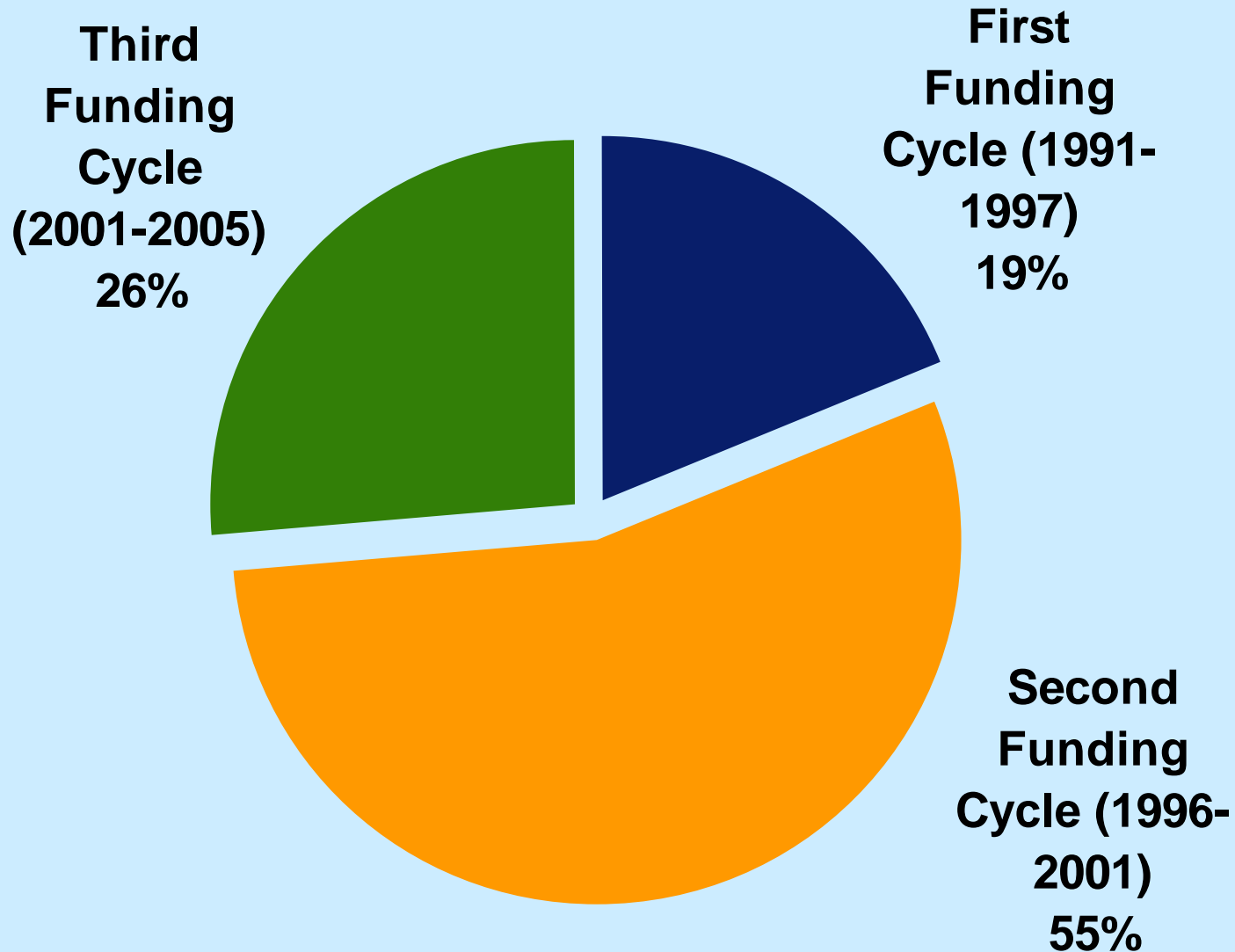
Healthy Start Grantee Agencies, 2003



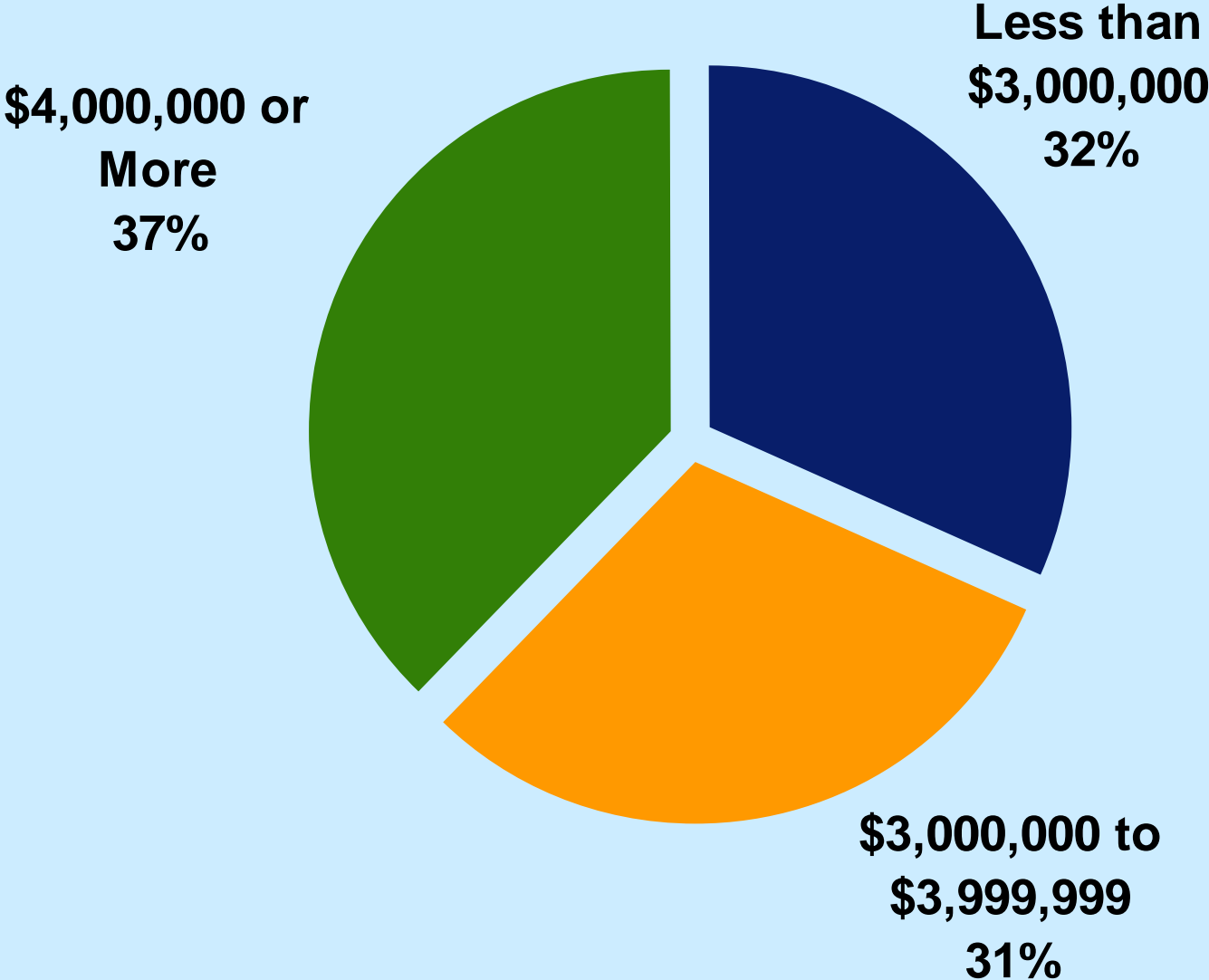
Geographic Distribution of Healthy Start Grantees, 2003



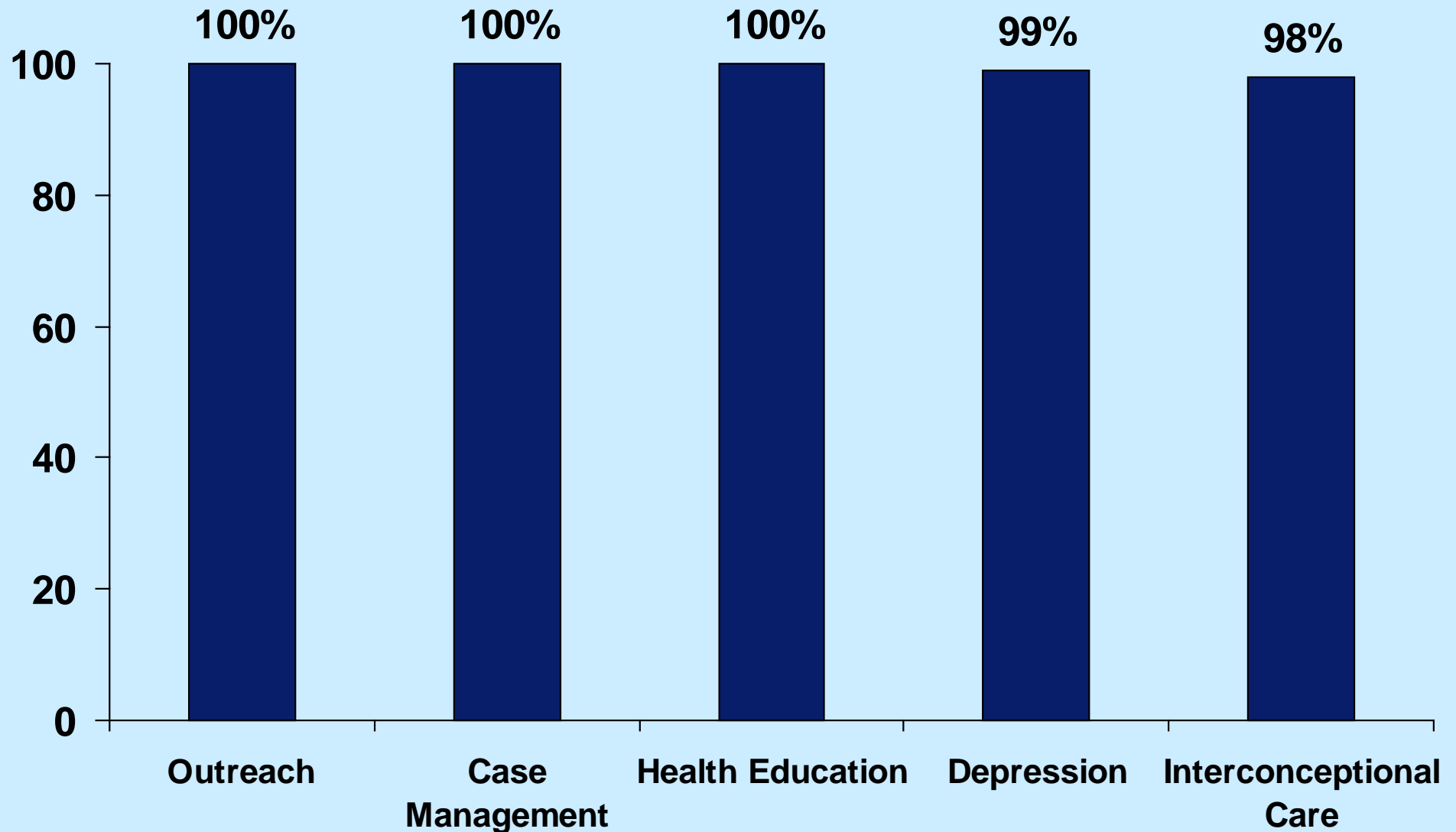
Period of Initial Funding for Healthy Start Grantees



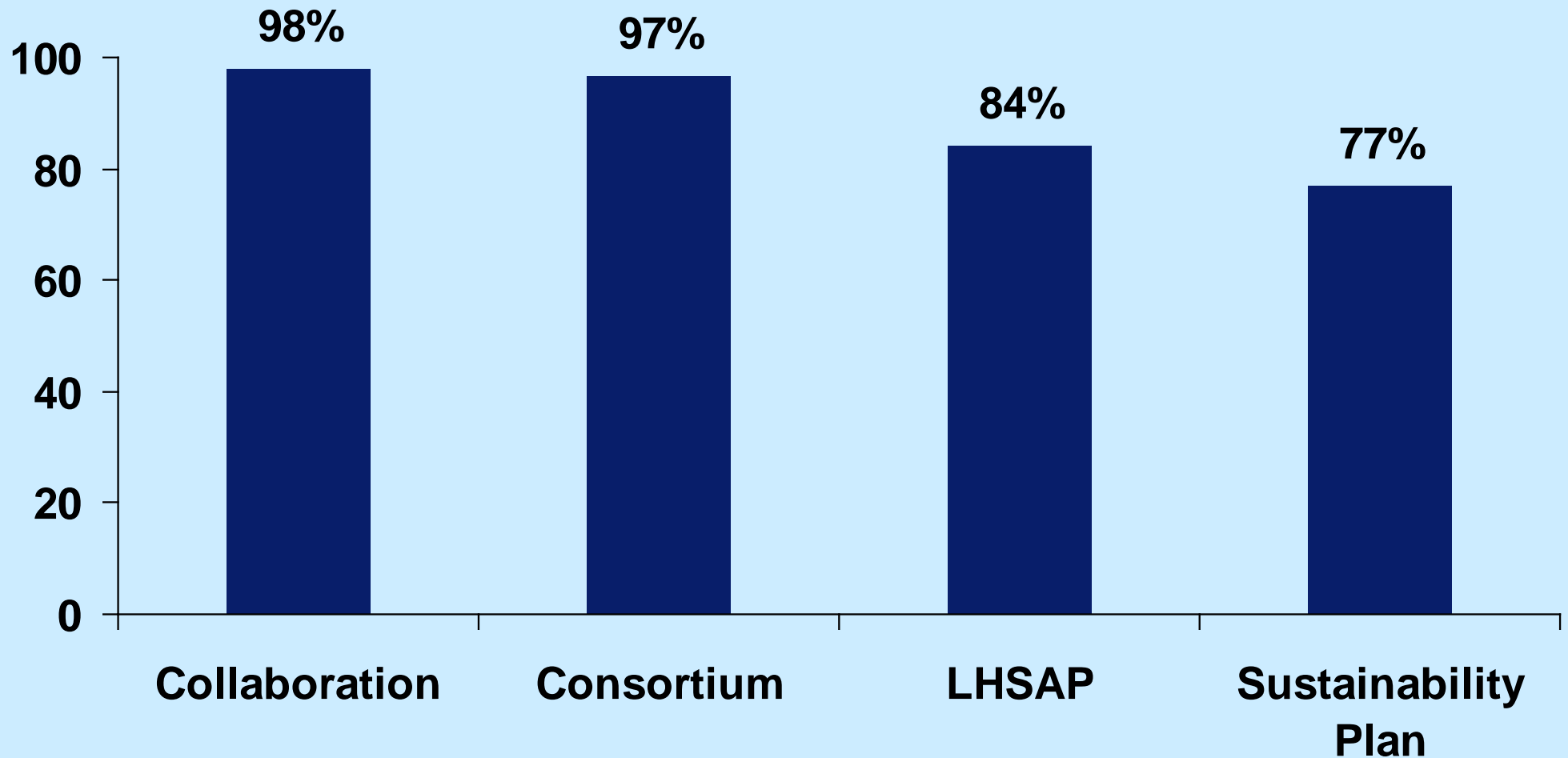
Amount of Funding Awarded (Four Year Period) to Healthy Start Grantees During Third Cycle



Percent of Grantees that Implemented Healthy Start Service Components, 2003



Percent of Grantees that Implemented Healthy Start Systems Components, 2003



Cultural Competence Strategies

■ Staffing Strategies (95 grantees)

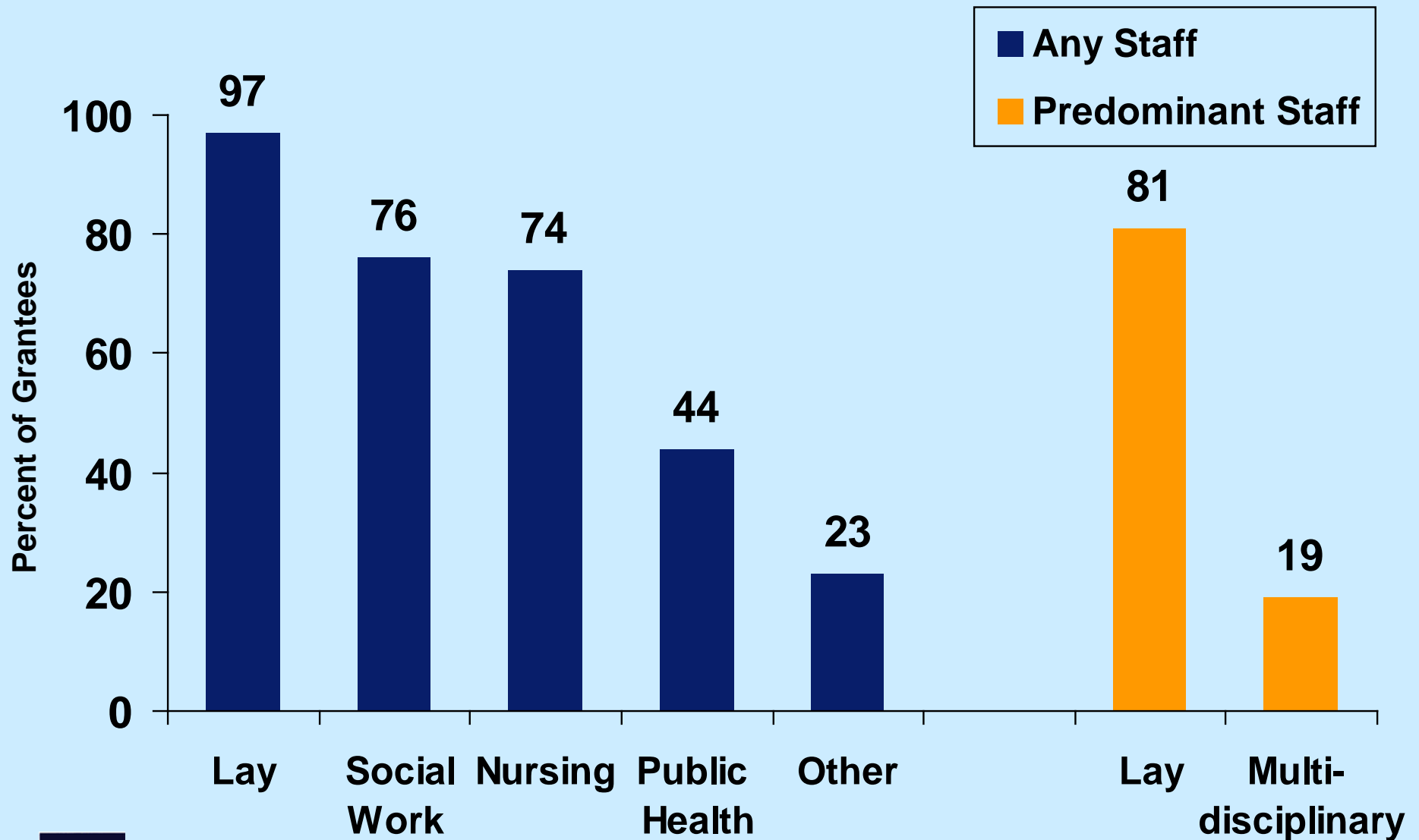
- 86% hired staff who represented target population
- 64% conducted training with staff
- 44% required contractors to hire diverse staff

■ Language Strategies (74 grantees)

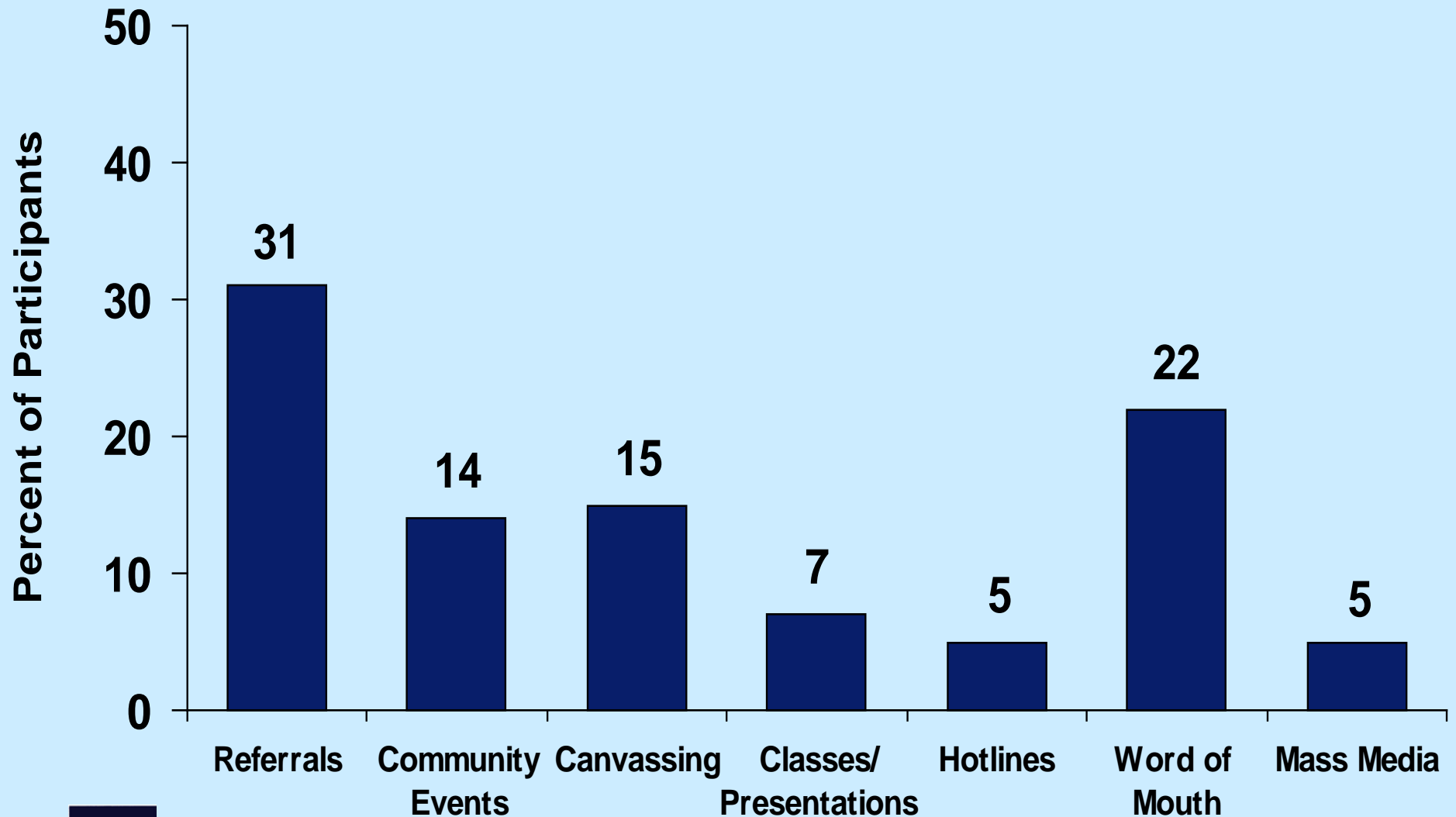
- 77% assigned participants to staff who speak the same language
- 46% enlisted friends or family to translate
- 30% contracted with translation/interpretation services

Outreach and Client Recruitment

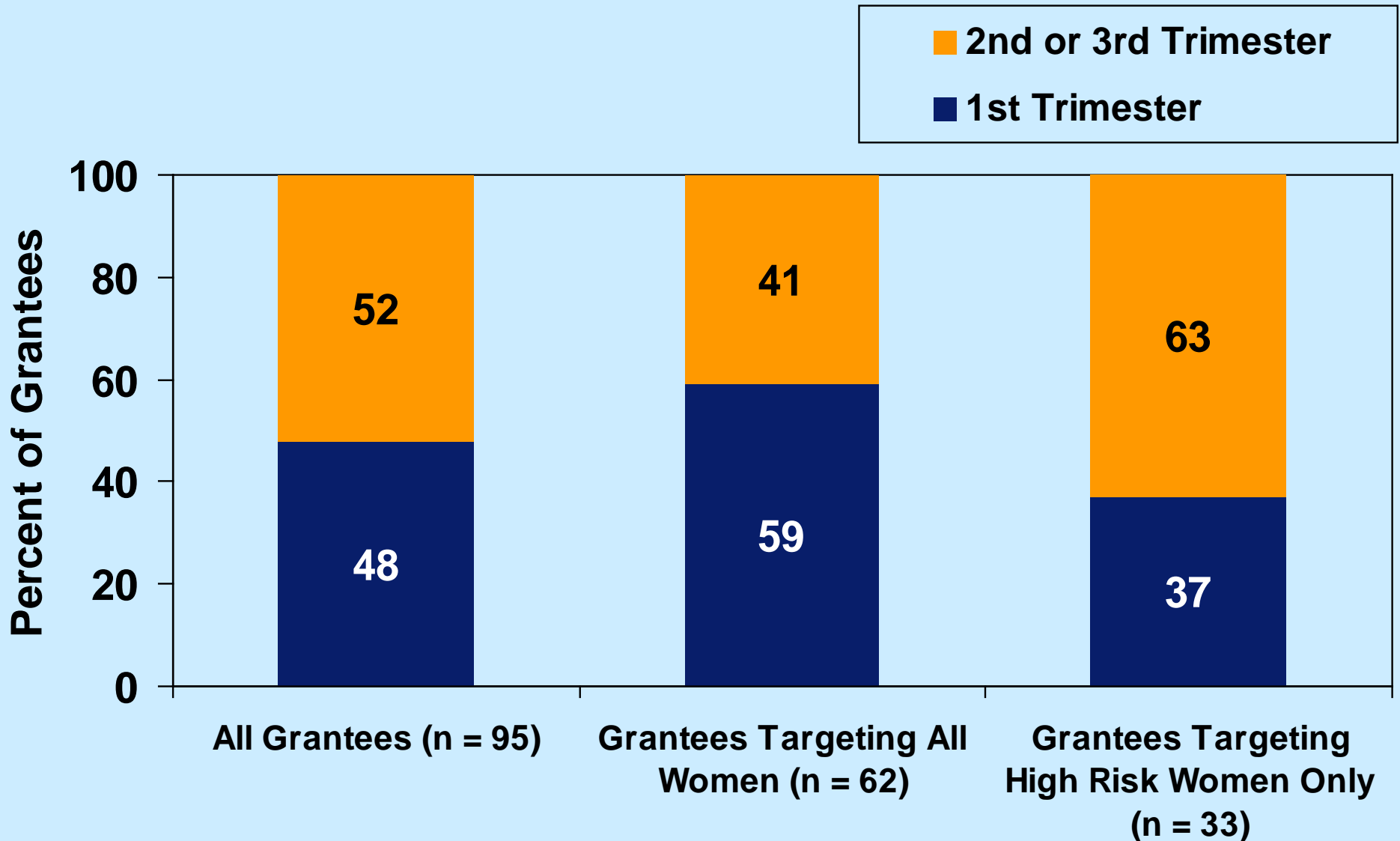
Professional Background of Healthy Start Staff Who Conducted Outreach and Client Recruitment, 2003 (n = 95)



Percent of Participants Who Learned about Healthy Start through Outreach and Recruitment Strategies, 2003 (n = 95)



Percent of Grantees that Enrolled a Majority of Their Prenatal Clients in the First Trimester of Pregnancy, by Target Population, 2003



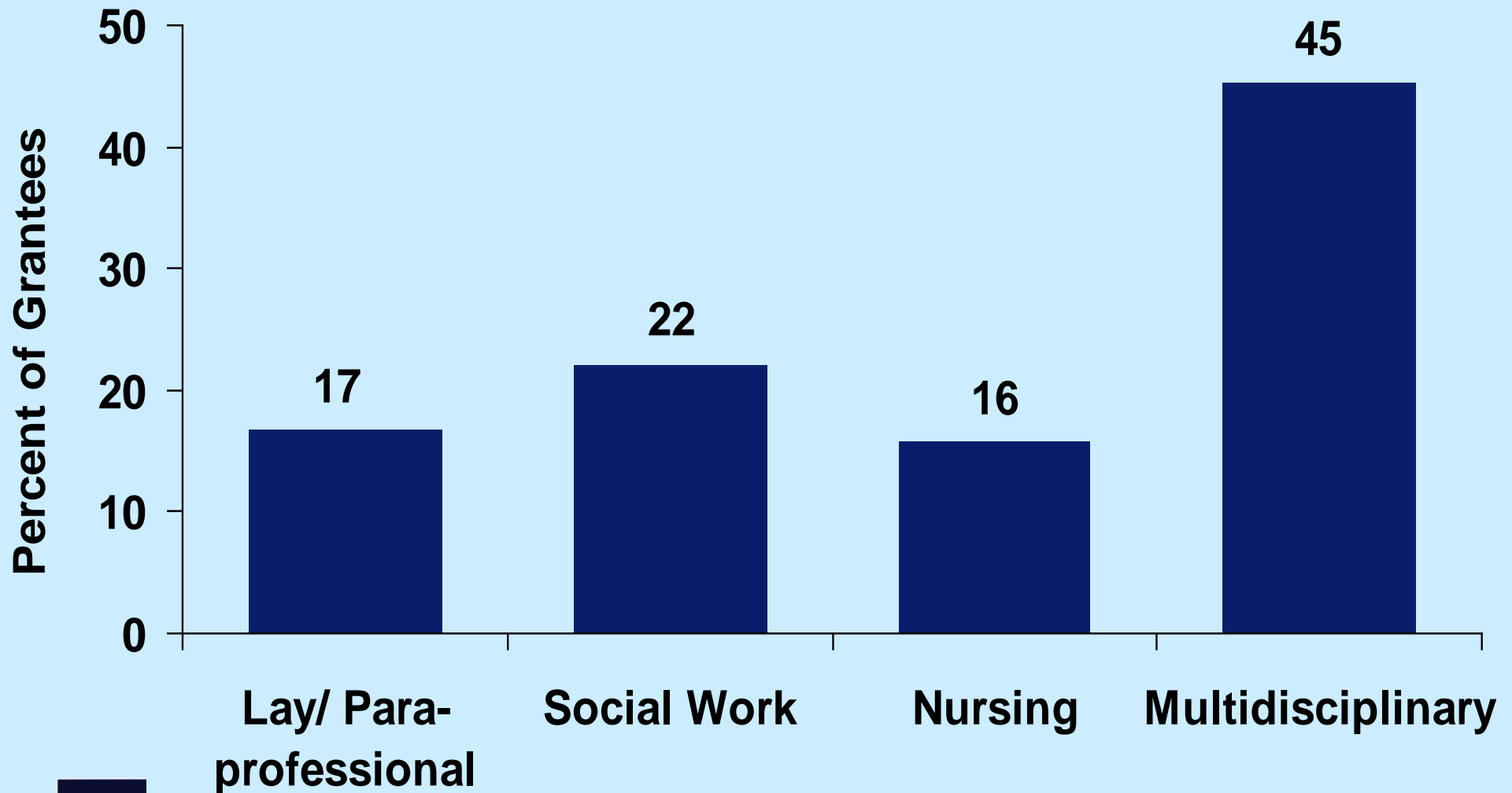
Healthy Start Enrollment and Retention Barriers

Four barriers were consistently reported for pregnant and interconceptional clients:

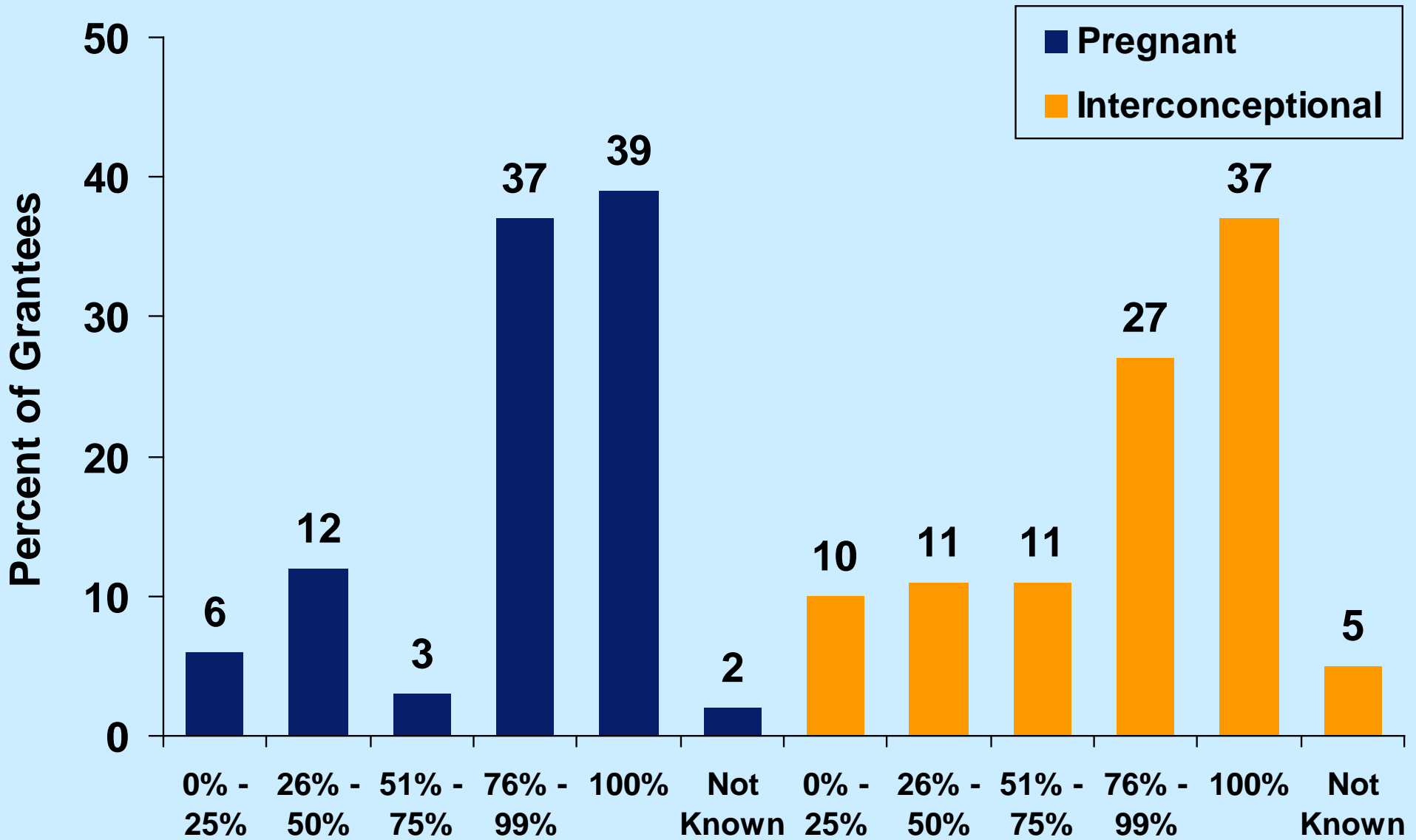
- **Lack of transportation**
- **Unstable housing**
- **Mobility of clients**
- **Low priority of Healthy Start services**

Case Management

Predominant Case Management Staff Background of Healthy Start Grantees, 2003



Percent of Grantees that Conducted Home Visits for Pregnant and Interconceptional Clients, 2003 (n = 95)



Percent of Clients Who Received Home Visits

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Health Education

Health Education and Training

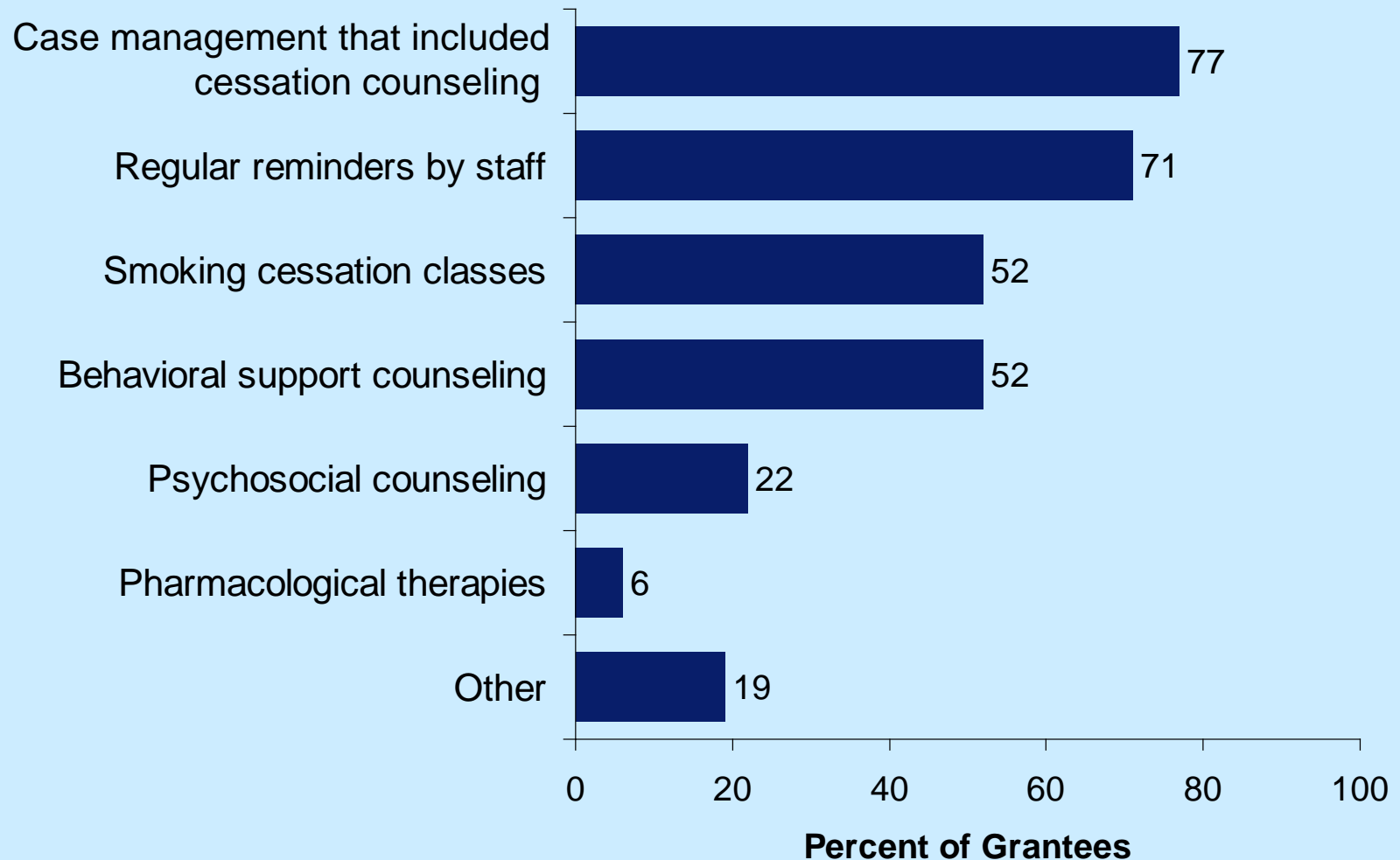
■ Audiences targeted by Healthy Start grantees

- 100% clients
- 92% Healthy Start staff
- 86% consortium members
- 83% general population
- 71% providers

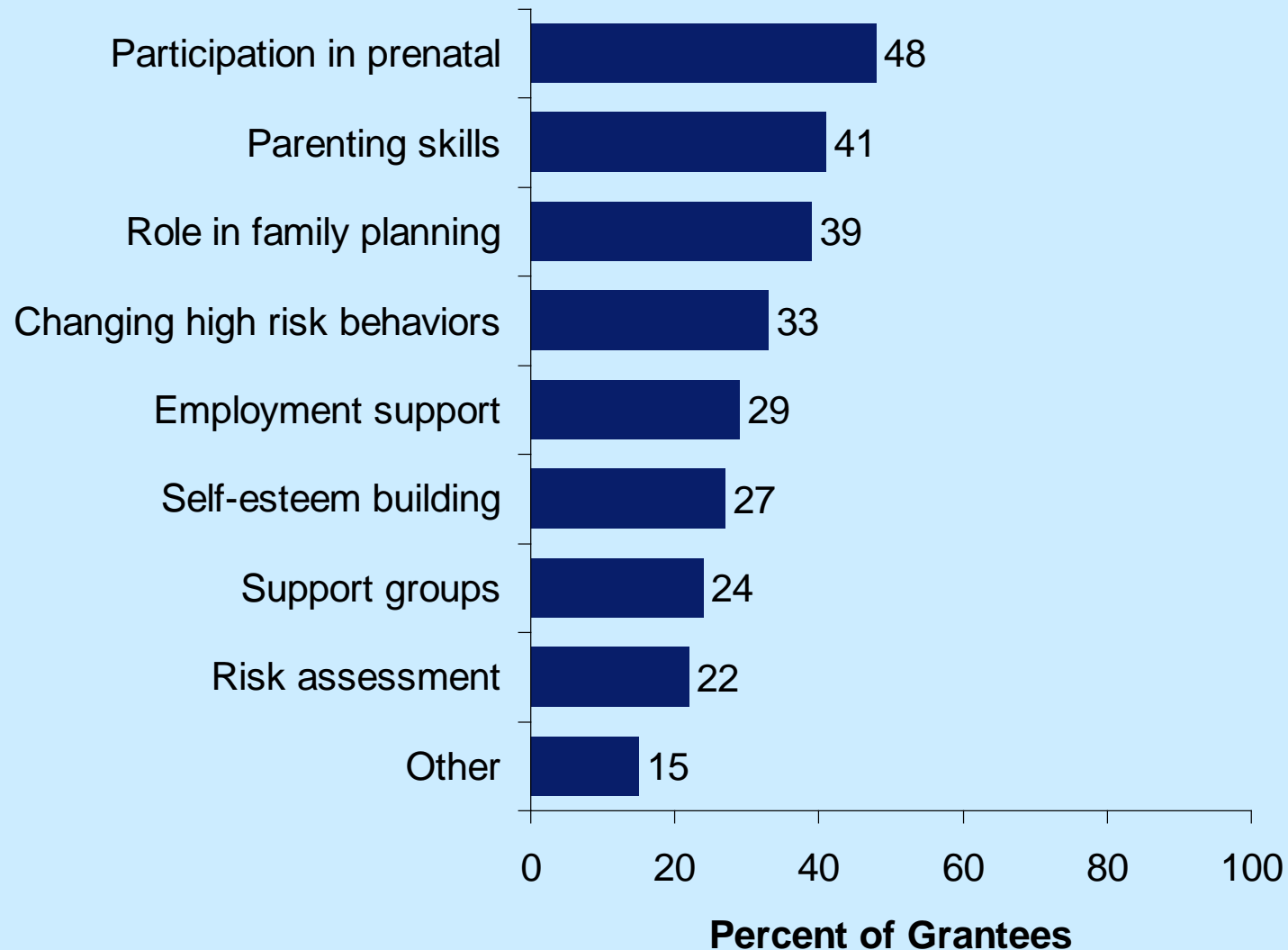
■ Healthy Start grantees provided client health education on a wide range of topics

- All or most grantees addressed psychosocial risk factors (drug and alcohol abuse, depression, domestic violence)
- Less common topics included management of chronic conditions, infections, stress management, and exercise

Percent of Grantees that Offered Selected Smoking Cessation Interventions, 2003 (n = 69)

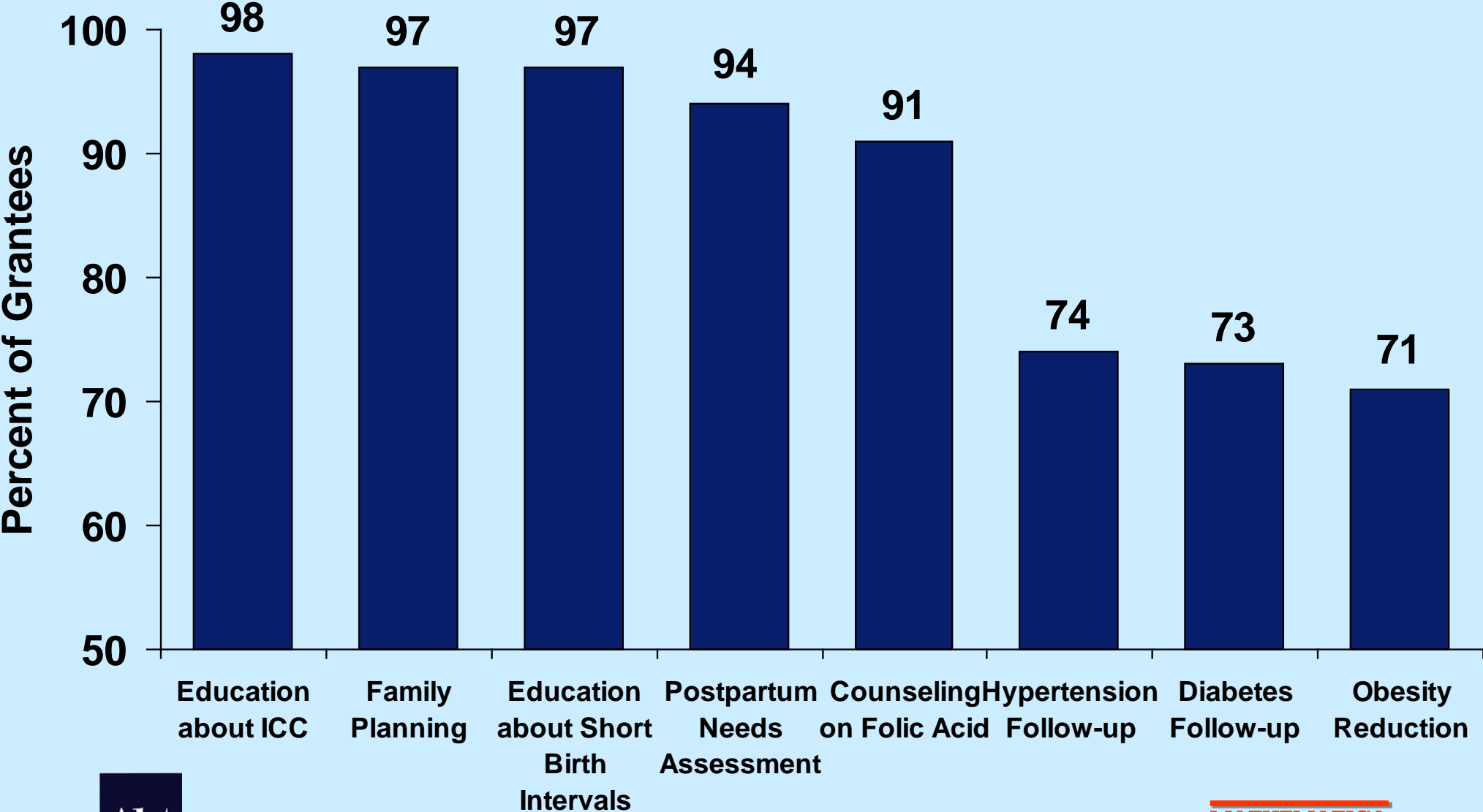


Percent of Grantees that Offered Selected Male Involvement Services, 2003 (n = 95)



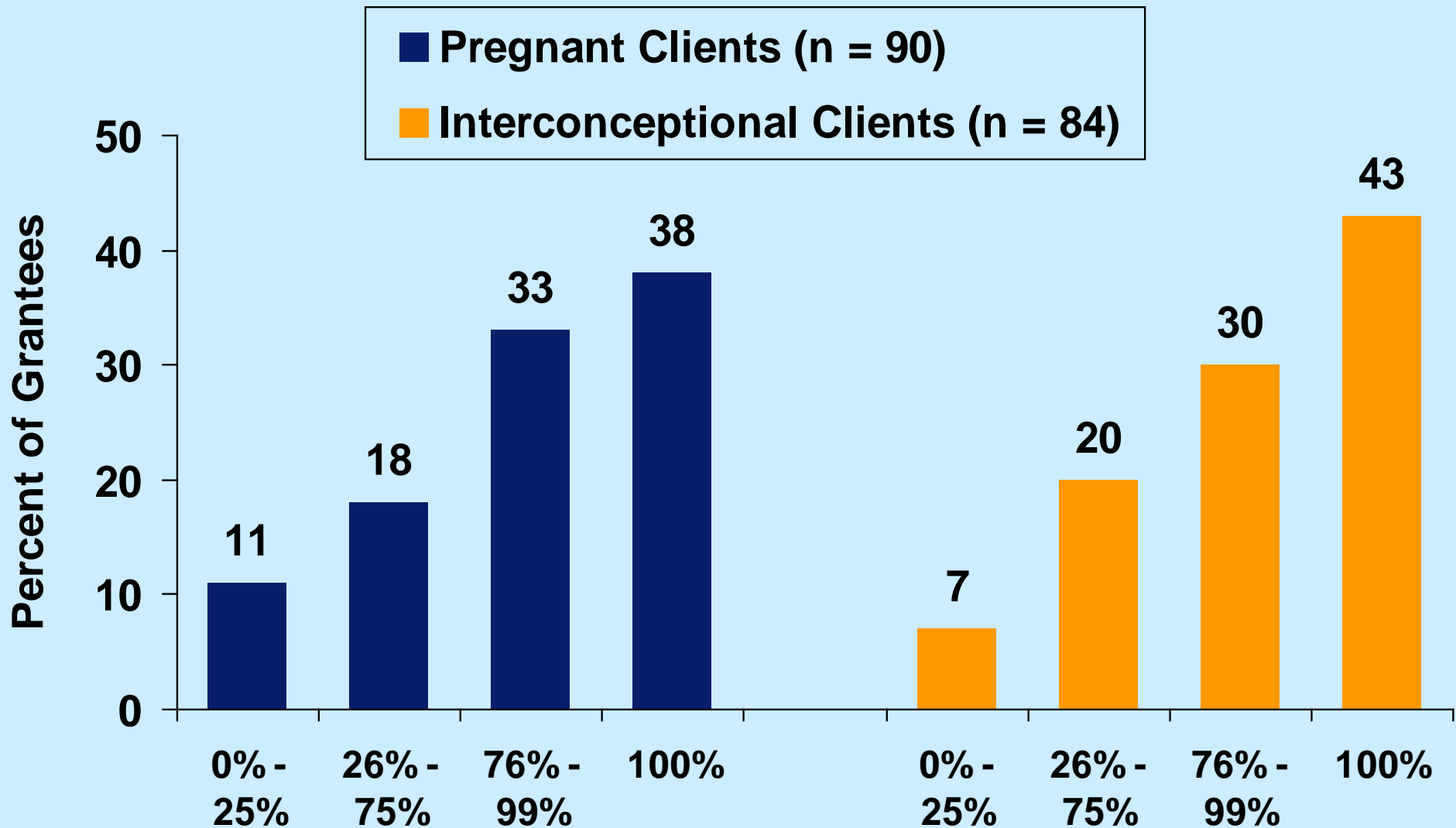
Interconceptional Care Services

Types of Interconceptional Care Services that Grantees Offered, 2003 (n = 95)

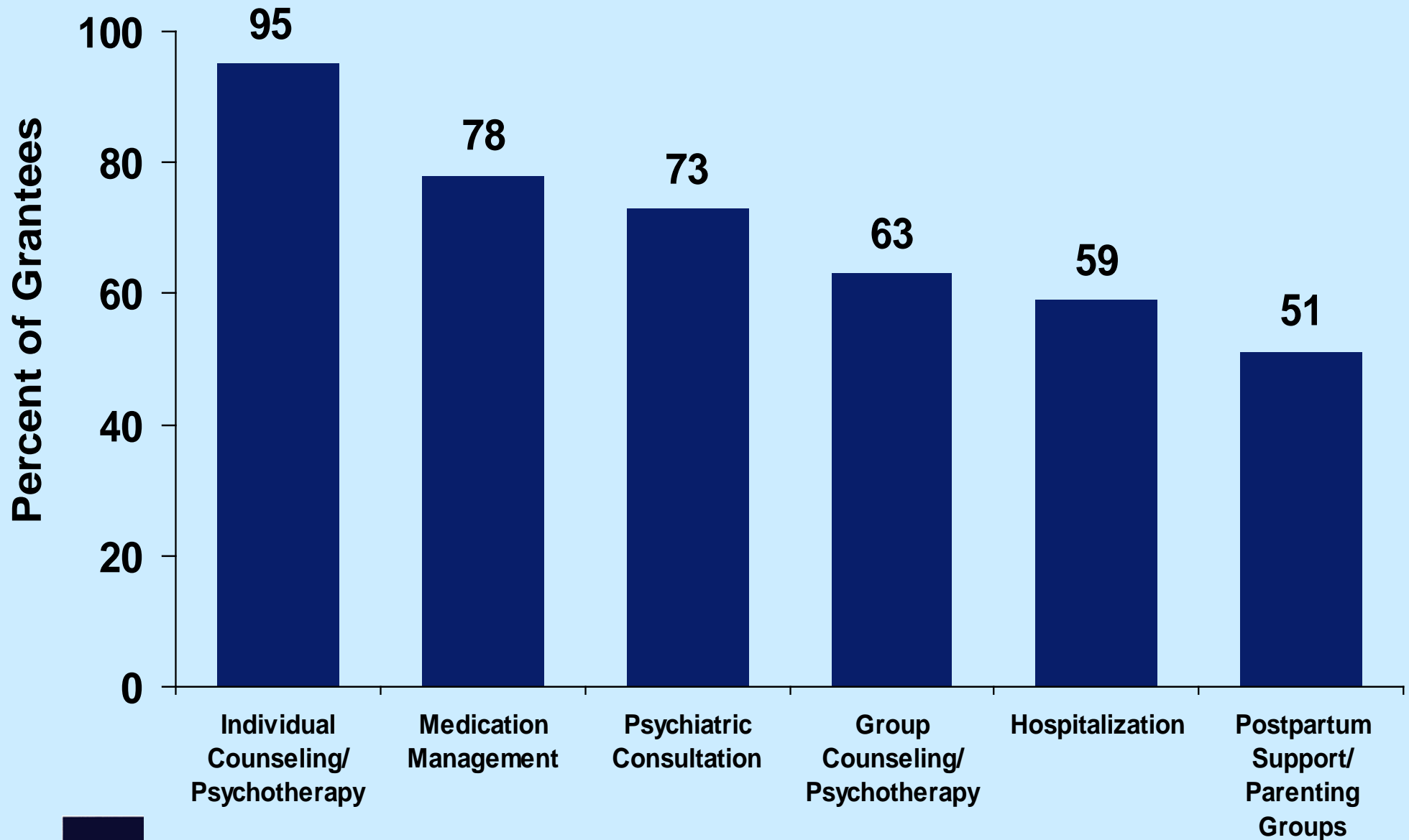


Perinatal Depression Services

Percent of Grantees that Screened Pregnant and Interconceptional Clients for Perinatal Depression, 2003



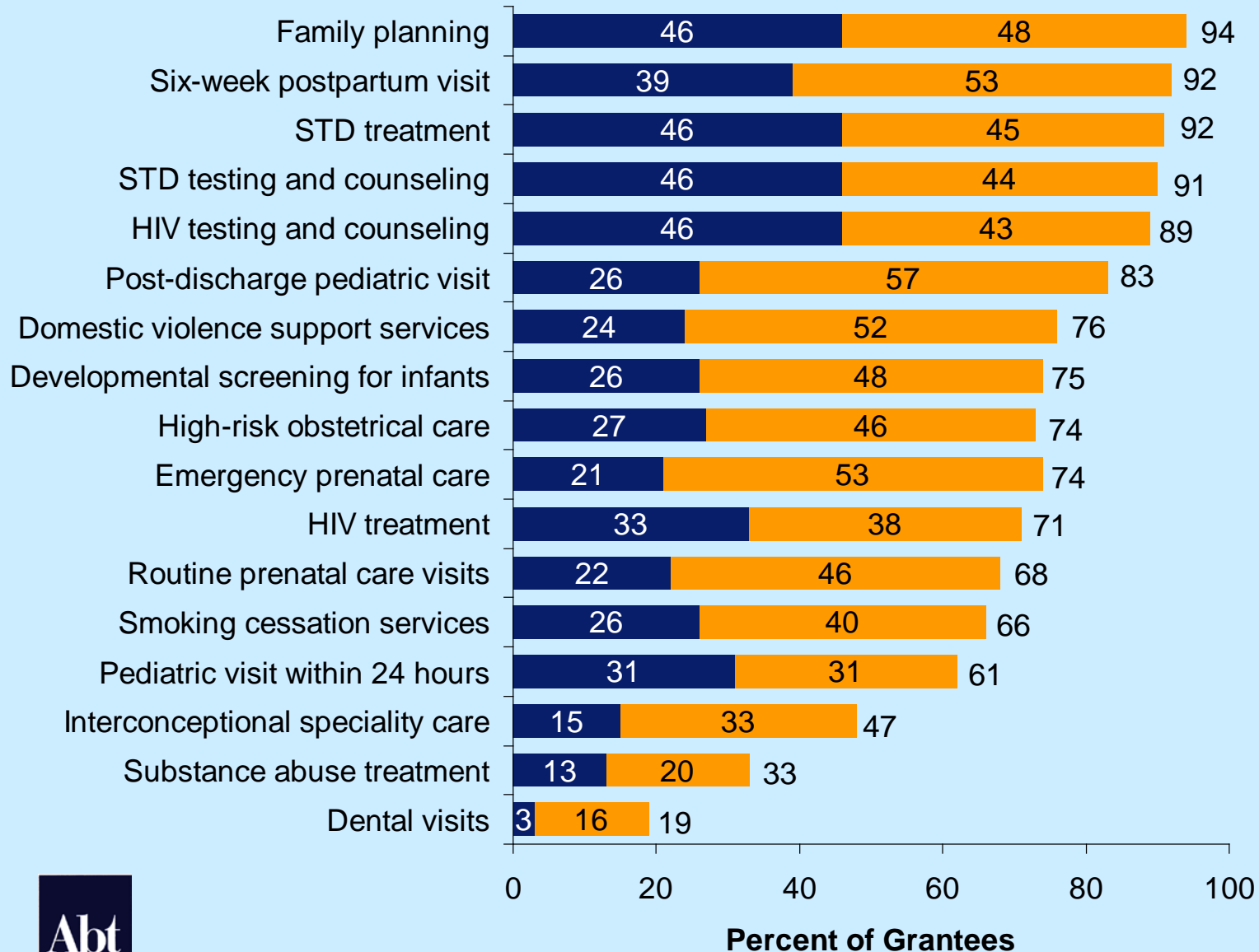
Percent of Grantees that Offered Selected Perinatal Depression Services to Clients, 2003 (n = 94)



Access and Barriers to Services

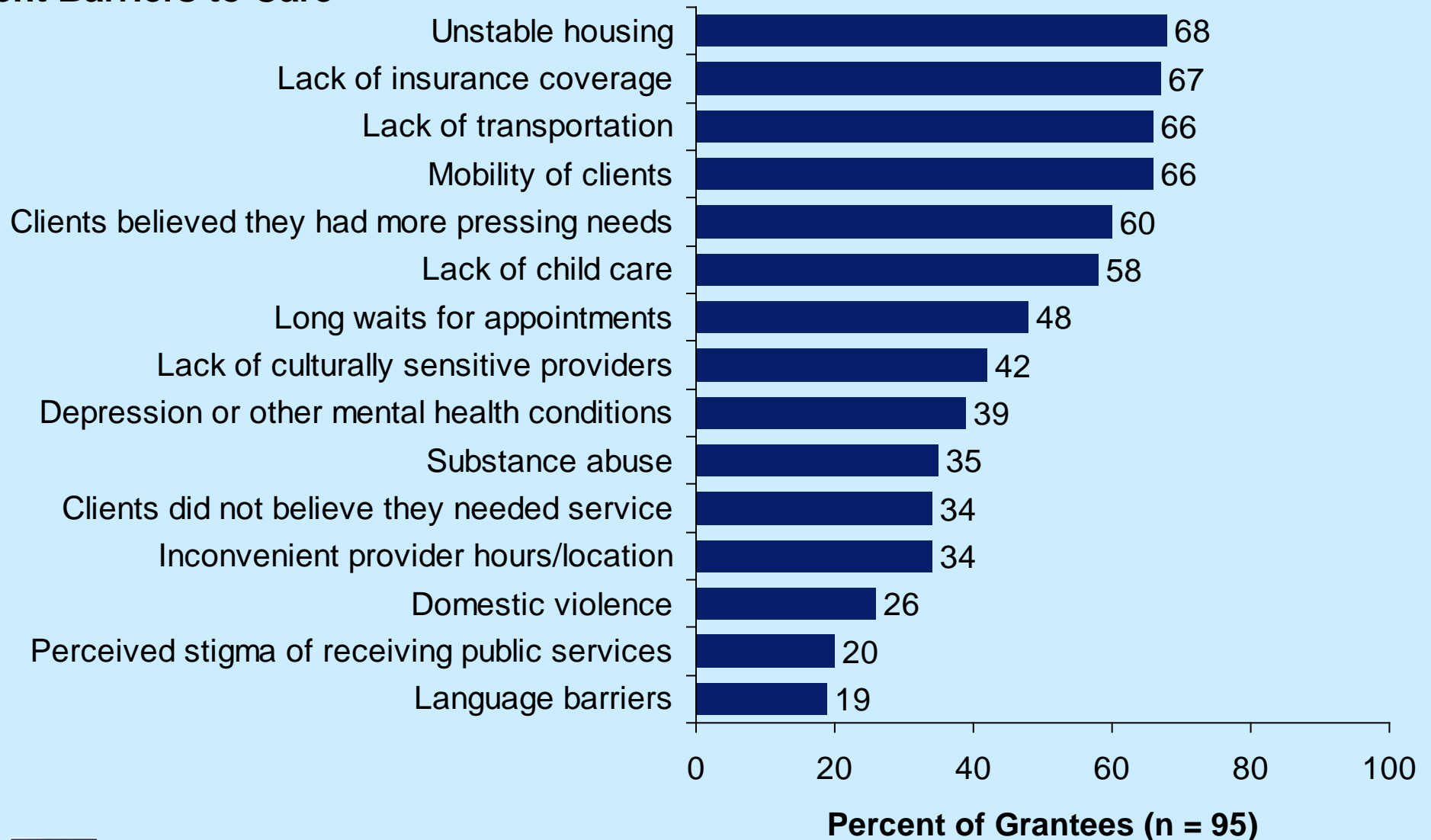
Percent of Grantees that Reported that Access to Care was Very or Somewhat Easy, by Type of Service, 2003 (n = 95)

Ease of Access to Care



Percent of Grantees that Reported Selected Barriers to Care, 2003 (n = 95)

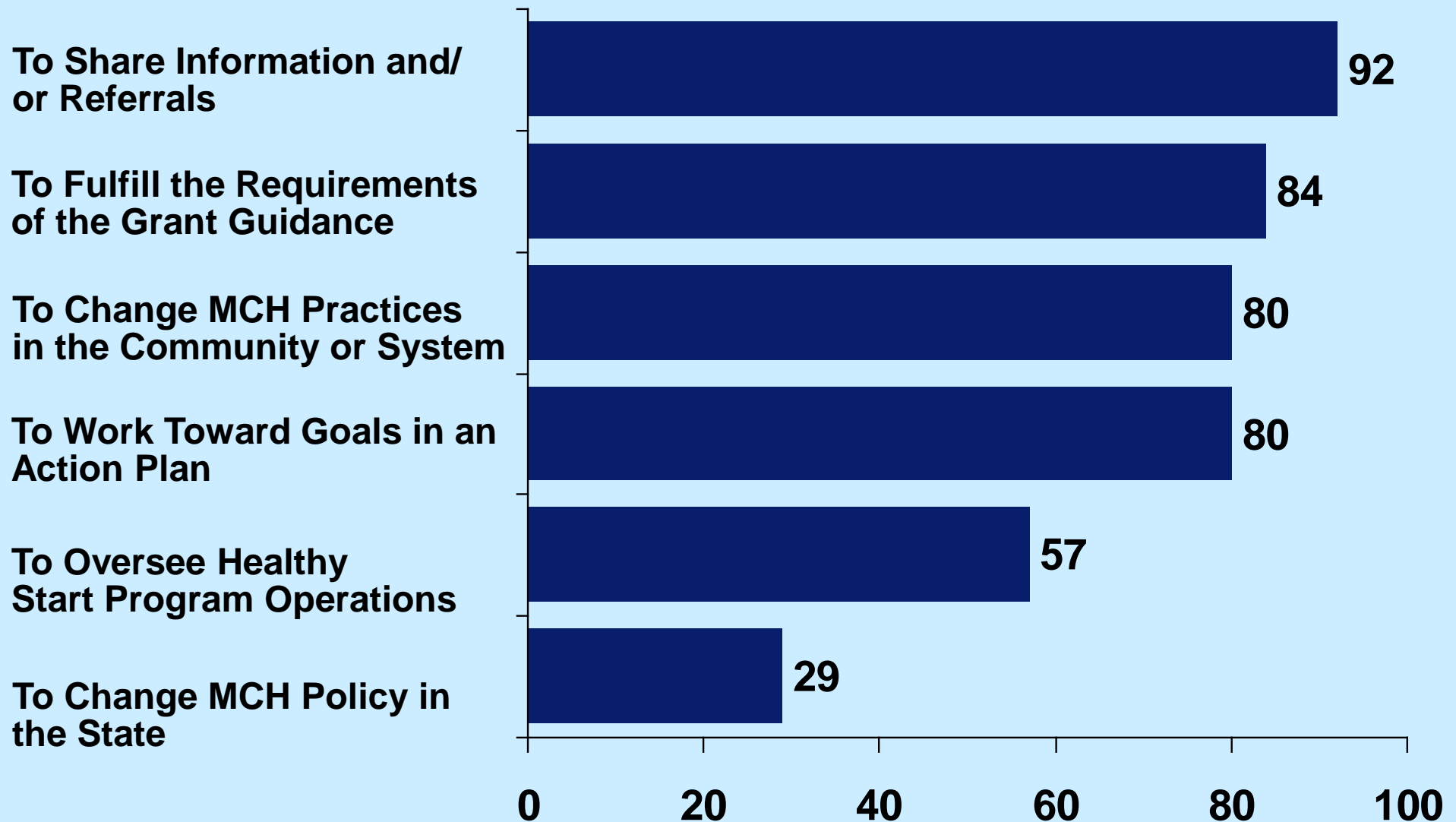
Client Barriers to Care



Notes: Grantees were asked to report up to five barriers that presented the most significant challenges to obtaining services for their Healthy Start clients. Barriers were reported separately for prenatal care, infant/toddler care, interconceptional care, and perinatal depression care. The results were combined to reflect barriers encountered by any Healthy Start population.

Consortium

Percent of Grantees that Reported Selected Purposes of Their Consortia, 2003 (n = 92)



Selected Strategies Used by Grantees to Encourage Consumer Participation on Consortia, 2003 (n = 92)

Healthy Start Staff Actively Recruited Consumers	97%
Served Food at Meetings	91%
Used Convenient Locations	84%
Used Convenient Meeting Times	81%
Provided Transportation Assistance	76%
Distributed Information of Interest to Families at Meetings	75%

Selected Strategies Used by Grantees to Promote Leadership among Consumers, 2003 (n = 92)

Invited Consumers to Serve on Subcommittees	75%
Sent Consumers to Conferences	70%
Conducted Training Sessions	66%
Invited Consumers to Facilitate Meetings	43%
Held Retreats that Included Consumers	35%

Most Frequently Reported Accomplishments of Consortia, 2003 (n = 92)

Increased Awareness of Infant Mortality	86%
Enhanced Ability of Healthy Start Program to Address Disparities in Access and Utilization	70%
Created Sustainable Partnerships	70%
Increased Service Capacity in the Community	62%
Increased Consumer Participation in Decision-Making	58%
Increased Data Available to Partners on Target Population	58%
Increased Integration of Service Systems	54%
Enhanced Providers' Cultural Competence	49%

Local Health System Action Plan

Percent of Grantees that Involved Entities in the Development of LHSAP Goals, 2003 (n = 80)

Healthy Start staff	86%
Key community partners	71%
Local health department	68%
Healthy Start consortium or subcommittee of the consortium	68%
State Title V agency	54%
Consumers	46%
Local Title V agency	43%
Local government agencies	40%

^a Grantee could report more than one category

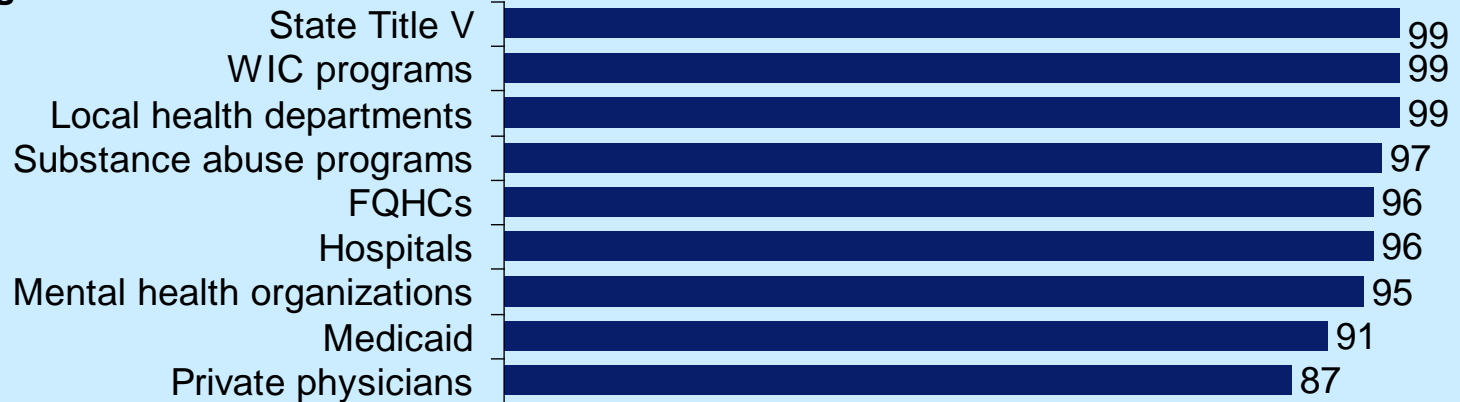
Most Frequently Reported Methods of Identifying Priorities for the Development of LHSAP Goals, 2003 (n = 80)

Discussions with community organizations and/or agencies	74%
Discussions with provider stakeholders	66%
Work conducted during a prior Healthy Start grant	65%
Discussions with the consortium	64%
Discussions with consumers	55%
Findings of a local (or state) mortality review program	45%
Another needs assessment (such as Title V or United Way-initiated)	45%
Healthy Start-funded needs assessment	44%

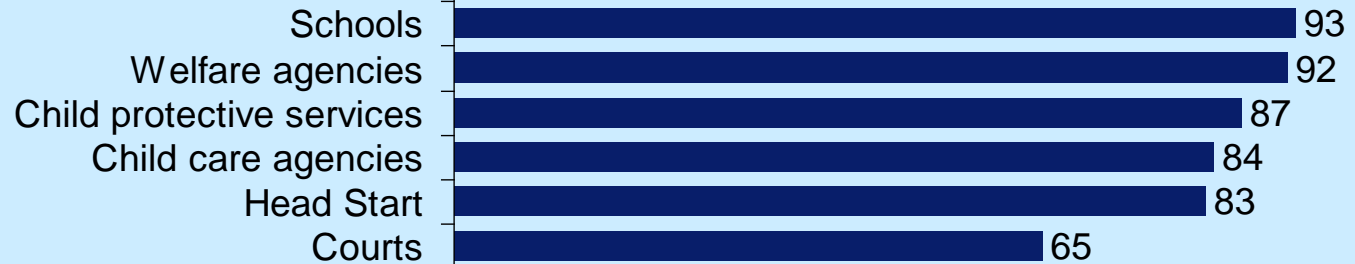
Coordination and Collaboration

Percent of Grantees with Collaborative Activities, by Type of Entity, 2003

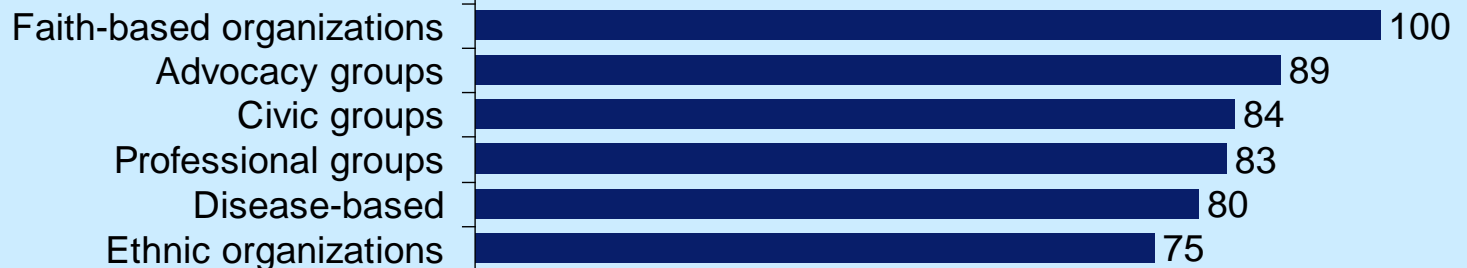
Health-Related Organizations



Service-Related Organizations



Community and Civic Entities



0 20 40 60 80 100

Percent of Grantee*



Note: Grantees could report more than one entity with which they collaborated.

* Percent is the number of grantees that reported a relationship out of the number of grantees that have that entity in their community.

Percent of Grantees that Reported Benefits they Received from Coordinating with State Title V Programs, 2003 (n = 92)



Notes: Grantees could report more than one benefit. These results exclude the 10 grantee agencies that are state health departments, as well as grantees that do not have a relationship with the Title V programs.

Sustainability Plan

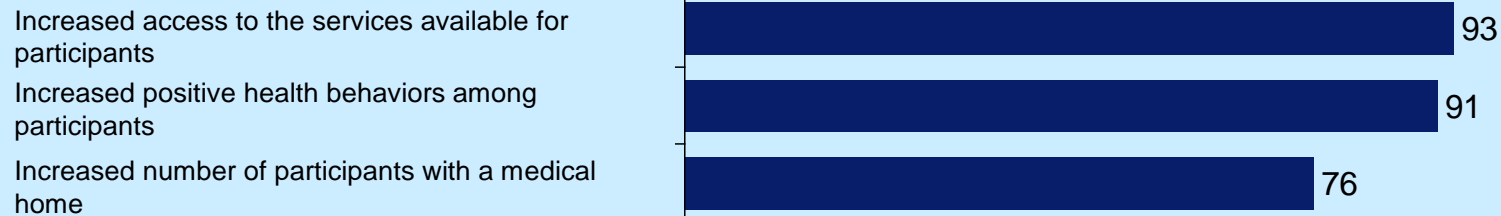
Percent of Grantees that Pursued the Following Types of Sustainability Strategies, 2003 (n = 73)

Seeking Other Local Funding	79%
Seeking Additional HS Funding	79%
Seeking Other Federal Funding	78%
Collaborating with Other Organizations	71%
Collaborating with State or Local Title V	66%
Packaging Services for Health Plan Reimbursements(Medicaid)	64%
Implementing a Fund-Development Strategy	37%
Incorporating to Apply for Funds	25%

Grantee Reflections on Healthy Start Outcomes

Percent of Grantees that Reported They Achieved Selected Intermediate Outcomes, 2003 (n = 95)

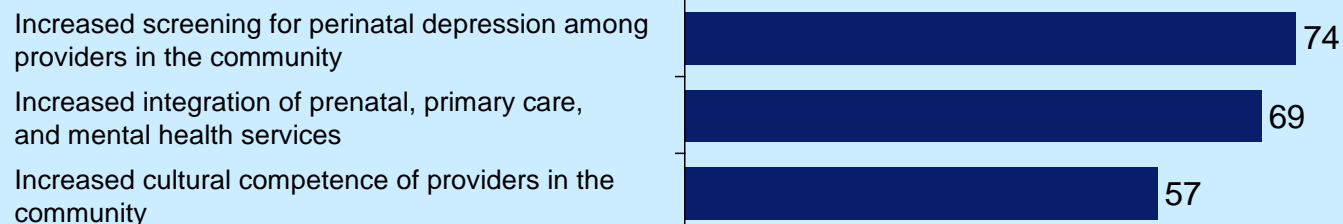
Participant/Service Outcomes:



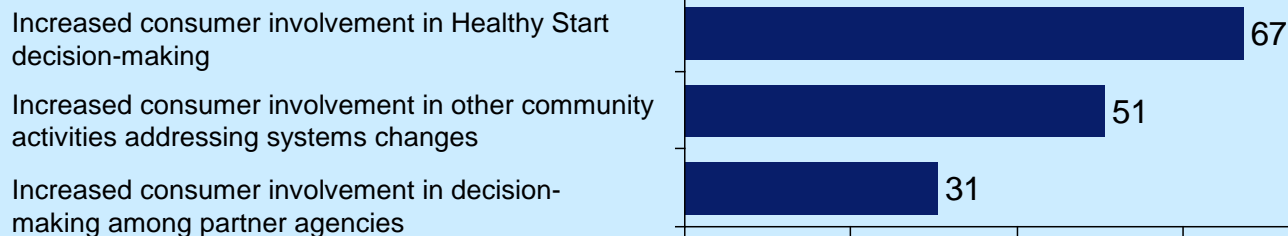
Increased Awareness Outcomes:



Improved Systems-of-Care Outcomes:



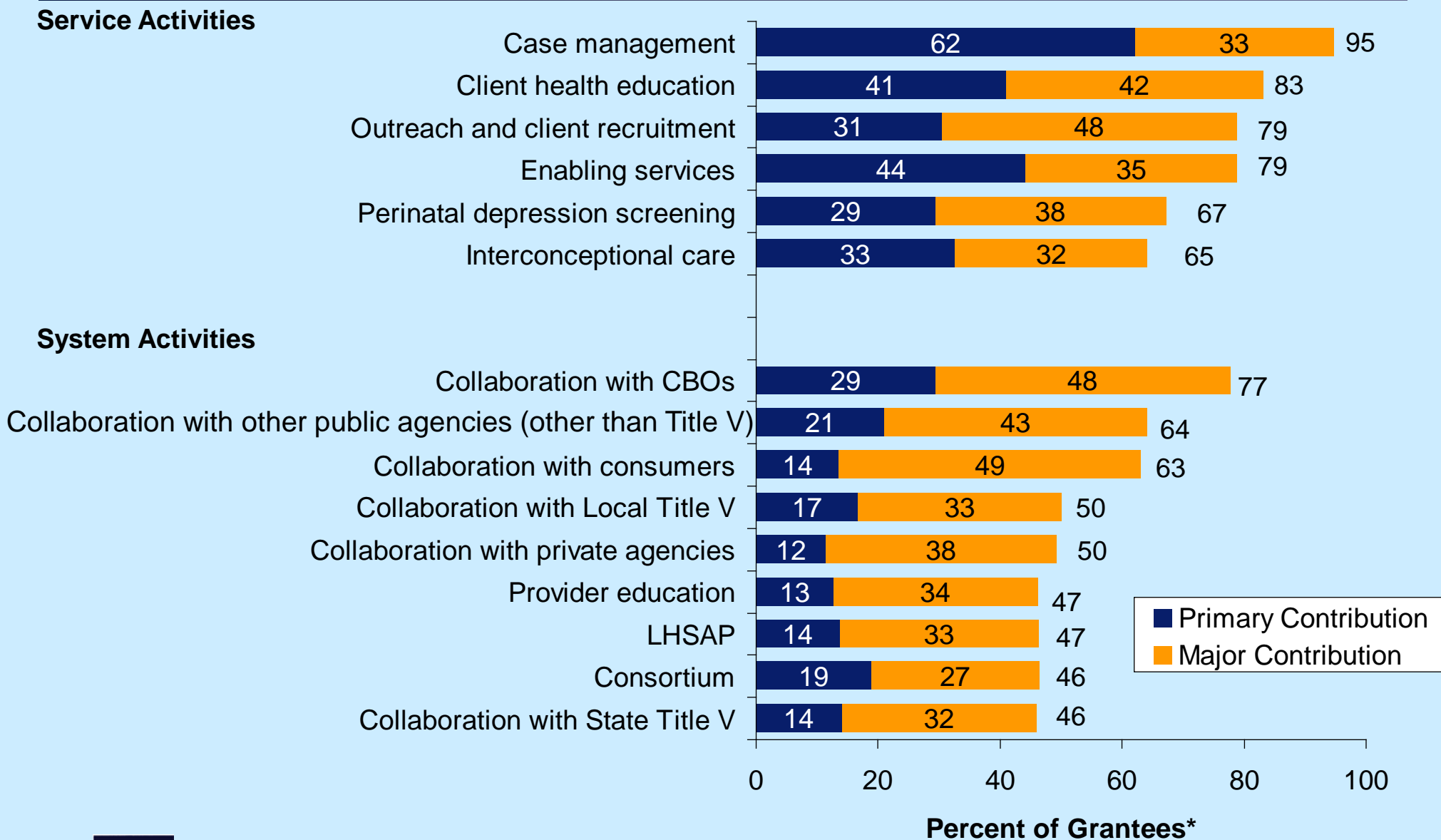
Increased Consumer Involvement Outcomes:



0 20 40 60 80 100
Percent of Grantees (n = 95)



Percent of Grantees that Reported Selected Services and Systems Activities to be a Primary or Major Contribution to Achieving Intermediate Outcomes, 2003



* Consortium calculations include grantees with a consortium (n = 92); LHSAP calculations include grantees with a LHSAP (n = 80). Local Title V calculations include grantees that are not local Title V agencies, in order to measure the degree to which all other grantees collaborate with local Title V (n = 60). State Title V calculations include only grantees that are not state Title V agencies (n = 85).

Percent of Grantees that Reported Selected Community Outcomes, 2003 (n = 95)

Identification of Issues:

Healthy Start has identified access problems in the health care system

Healthy Start has identified strategies for addressing disparities

Developing the Basis for Change:

Healthy Start is an integral part of the delivery system in the community

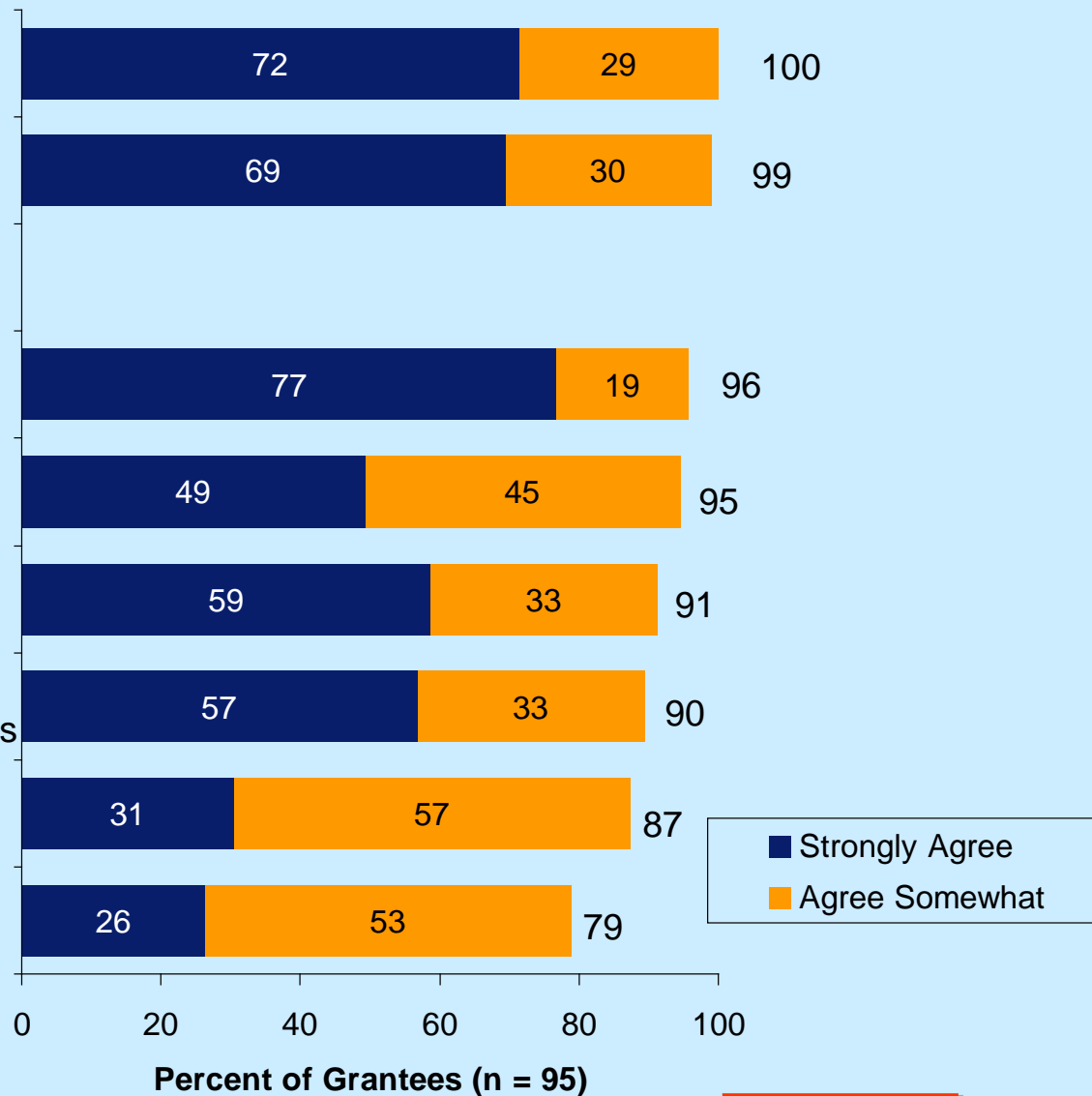
Residents of our community are aware of the Healthy Start program

The consortium takes into account consumers' views^a

Healthy Start maintain a good balance between medical, public health, and community viewpoints

Policy-makers participate in or are accessible to the Healthy Start program

Healthy Start is connected to the community's power structure



^a Consortium calculations include all grantees with a consortium (n = 92).

Percent of Grantees that Reported Selected Community Outcomes, 2003 (cont'd)

Change in Results:

Healthy Start can document a positive impact on local maternal and child health issues

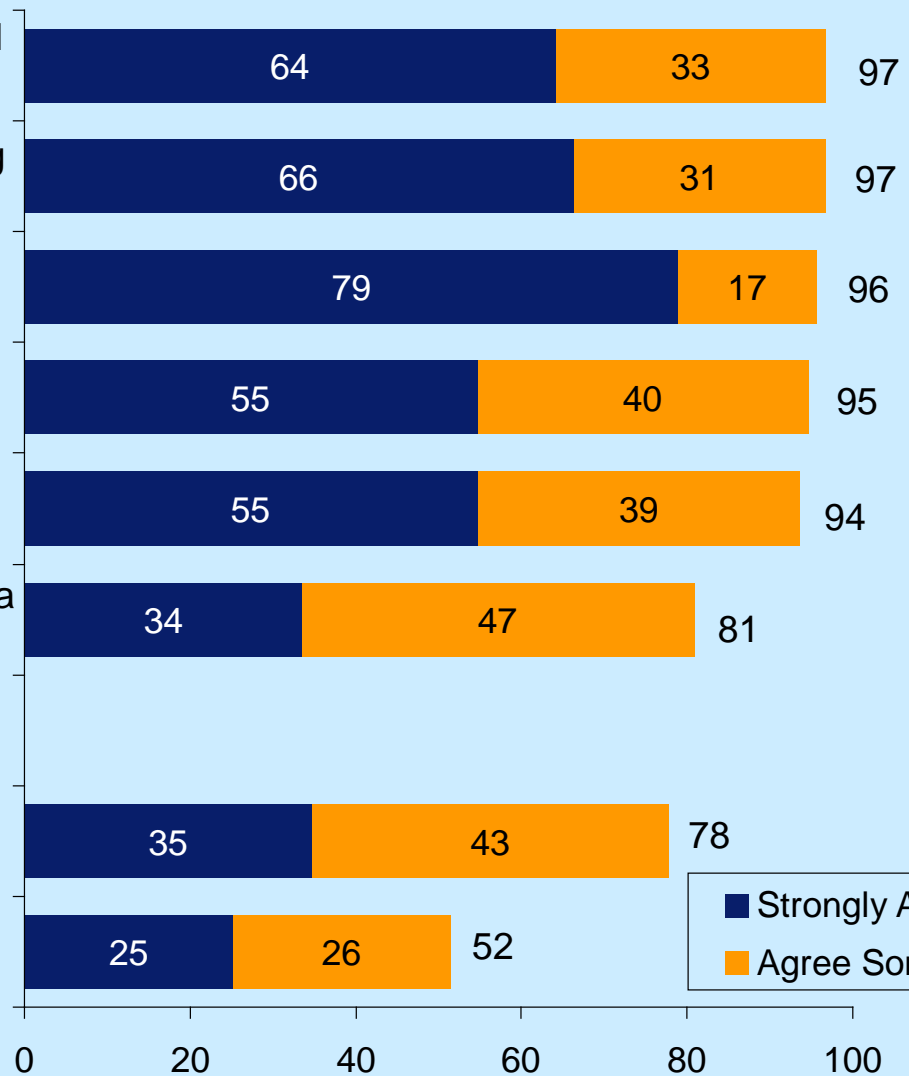
Healthy Start has implemented strategies for reducing disparities

Healthy Start contributes to the community's capacity for assessing maternal and child health issues

Communication between community agencies and institutions has improved as a result of Healthy Start

Healthy Start has created solutions to address health care access problems

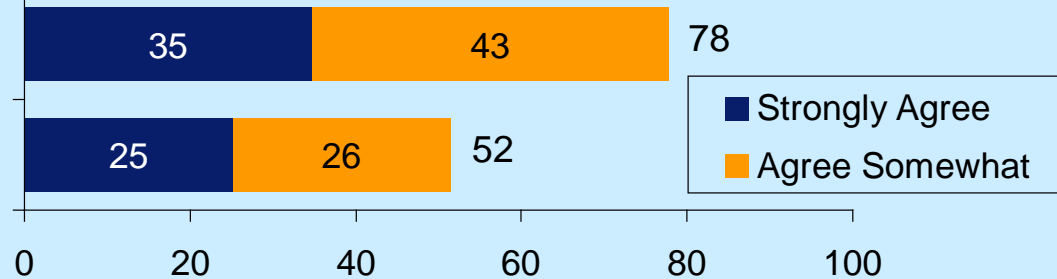
Many changes/ solutions have been implemented as a result of Healthy Start recommendations



Sustainability:

MCH agencies/providers take ownership of Healthy Start goals

An institutional and fiscal base of support sustains Healthy Start activities



Percent of Grantees (n=95)



Benchmarks Paper

■ Objective

- Describe racial/ethnic disparities in birth outcomes and risk factors for poor birth outcomes
- Provide an evidence-base for perinatal health initiatives

■ Focus on racial/ethnic disparities in:

- Infant mortality
- Low birthweight
- Risk and protective factors

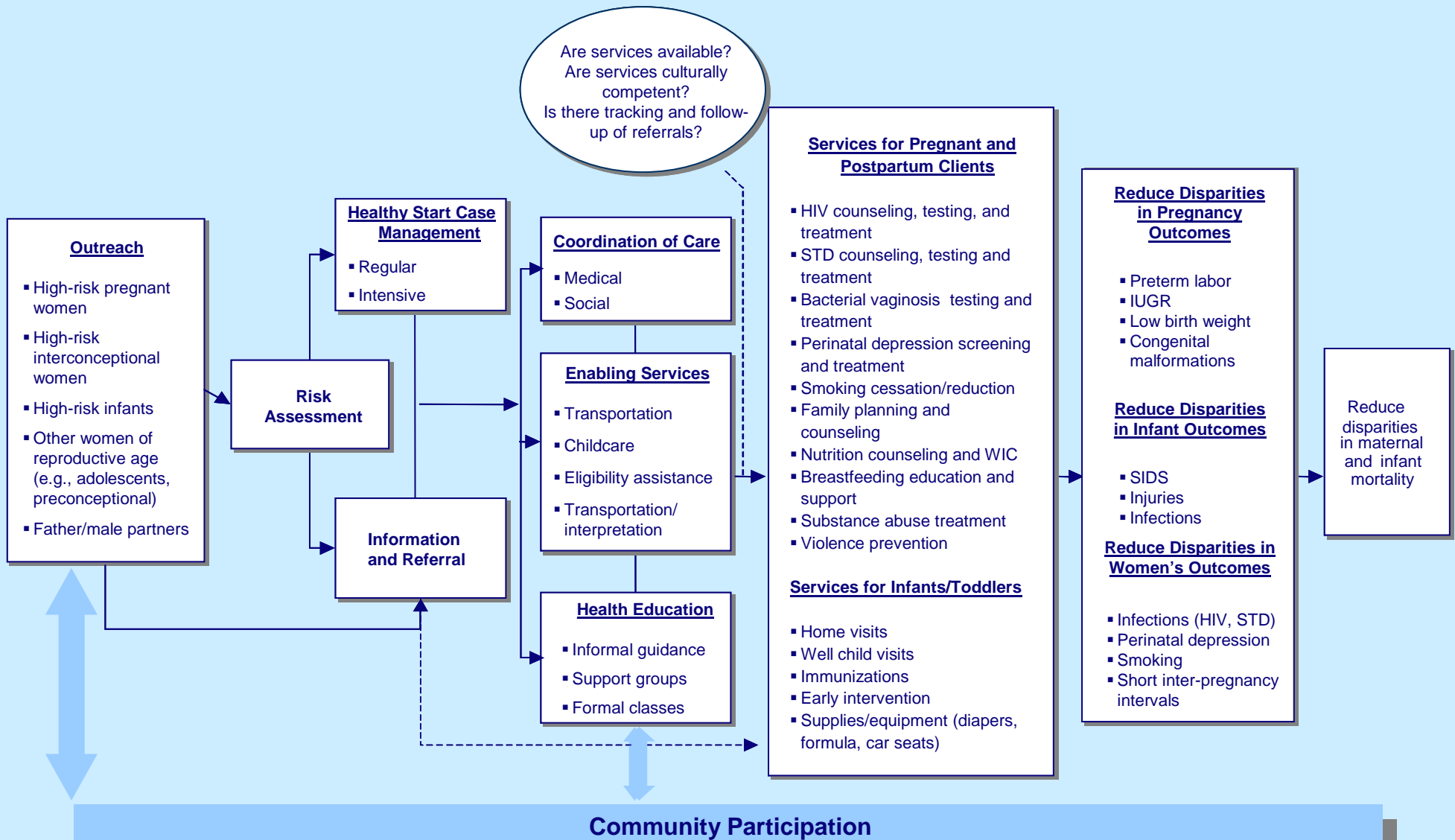
Risk and Protective Factors

Behavioral Factors		Biological/ Social Factors
Preventive Behaviors	Risky Behavior	
Prenatal care	Maternal smoking	Perinatal depression
Folic acid use	Alcohol and other drug use	Stress
Peridontal care	Adolescent pregnancy	Bacterial vaginosis
Infant sleep position		Domestic violence
Breastfeeding		Maternal birthweight
Well-child care		
Interconceptional care		

Key Findings

- **Disparities in infant mortality correspond to patterns of risk factors for poor birth outcomes**
 - African Americans had the highest rate of risk factors associated with preterm births and low birthweight
 - American Indian/Alaska Natives had the highest rate of risk factors associated with SIDS
- **Implications for perinatal interventions**
 - Reducing late or no prenatal care, drug abuse, stress, depression, and bacterial vaginosis may help to reduce disparities in low birthweight and preterm birth
 - Reducing smoking and binge drinking during pregnancy may help to reduce disparities in SIDS

Conceptual Framework



Phase II Evaluation Update

Phase II Evaluation Goals

- To obtain a more in-depth understanding of a small group of grantee program models
- To determine the methods that grantees are using to meet Healthy Start program objectives, with a particular focus on efforts to influence the system of care in the community
- To identify and describe promising practices implemented by Healthy Start grantees
- To reflect input and advice from HRSA, SACIM, and HSP

The Key Evaluation Questions

- **What are the features of Healthy Start programs?**
- **What results have Healthy Start programs achieved?**
- **What is the link between program features and program results?**
- **What types of Healthy Start programs (or program features) are associated with improved perinatal outcomes?**

Key Themes in Phase II

- **Strategies used by programs to reduce racial disparities in the community**
- **Strategies for including “consumer voice” in program planning and implementation**
- **Approaches to cultural competency**
- **Services and supports during the interconceptional period**
- **Strategies for addressing perinatal depression**
- **Strategies for using planning processes (such as LHSAP and sustainability plan) to pursue program goals and objectives**
- **Flow of clients from outreach through service referrals and case management activities**
- **Role of consortium in community and systems development**

Phase II Evaluation Approach

Case studies with 8 grantees include two components:

- **Site visits with individual and group interviews**
- **Survey of Healthy Start participants**

Grantee Selection Criteria: First Stage

- Grantees must have completed the National Survey of Healthy Start Programs

AND

- They must have implemented all nine required components of the Healthy Start program

AND

- They must track referrals to providers within and outside Healthy Start

AND

- They must maintain electronic records to facilitate access to data for the participant survey

Grantee Selection Criteria: Second Stage

- **From the 26 eligible grantees, 8 were selected to reflect the following grantee characteristics:**
 - Four U.S. census regions
 - Mix of urban and rural sites
 - Different funding levels
 - Range in size, according to the number of live births in 2004
 - At least one grantee had to be relatively close to the United States/Mexico border, if not considered an official Border grantee
 - At least one site had to serve a predominantly indigenous population

- **Collectively, selected grantees had to have enough live births to obtain at least 1000 responses to the participant survey**

Grantees Selected for Phase II Evaluation

- Fresno, California
- Tallahassee, Florida
- Des Moines, Iowa
- East Baton Rouge, Louisiana
- Worcester, Massachusetts
- Las Cruces, New Mexico
- Pittsburgh, Pennsylvania
- Lac du Flambeau, Wisconsin

Subset not intended to be “nationally representative”

Site Visits

Goals of Site Visits

- To gain an understanding of how projects are designed and implemented to improve perinatal outcomes
- To determine which program features grantees associate with success
- To explore how grantees implement culturally competent services/systems
- To identify promising practices (evidence-based and non-traditional)
- To assess the links between services, systems, and outcomes – test logic model

Site Visit Methods

- **In-depth, individual interviews with project director, case managers, local evaluator, clinicians, consortium members, and other stakeholders**
- **Group interview with outreach/lay workers**
- **Two exercises**
 - Relational mapping with Project Director/Program Manager
 - Client flow graphing with case managers/outreach/lay workers
- **Document review**

How the Information is Being Used

Individual site visit reports include:

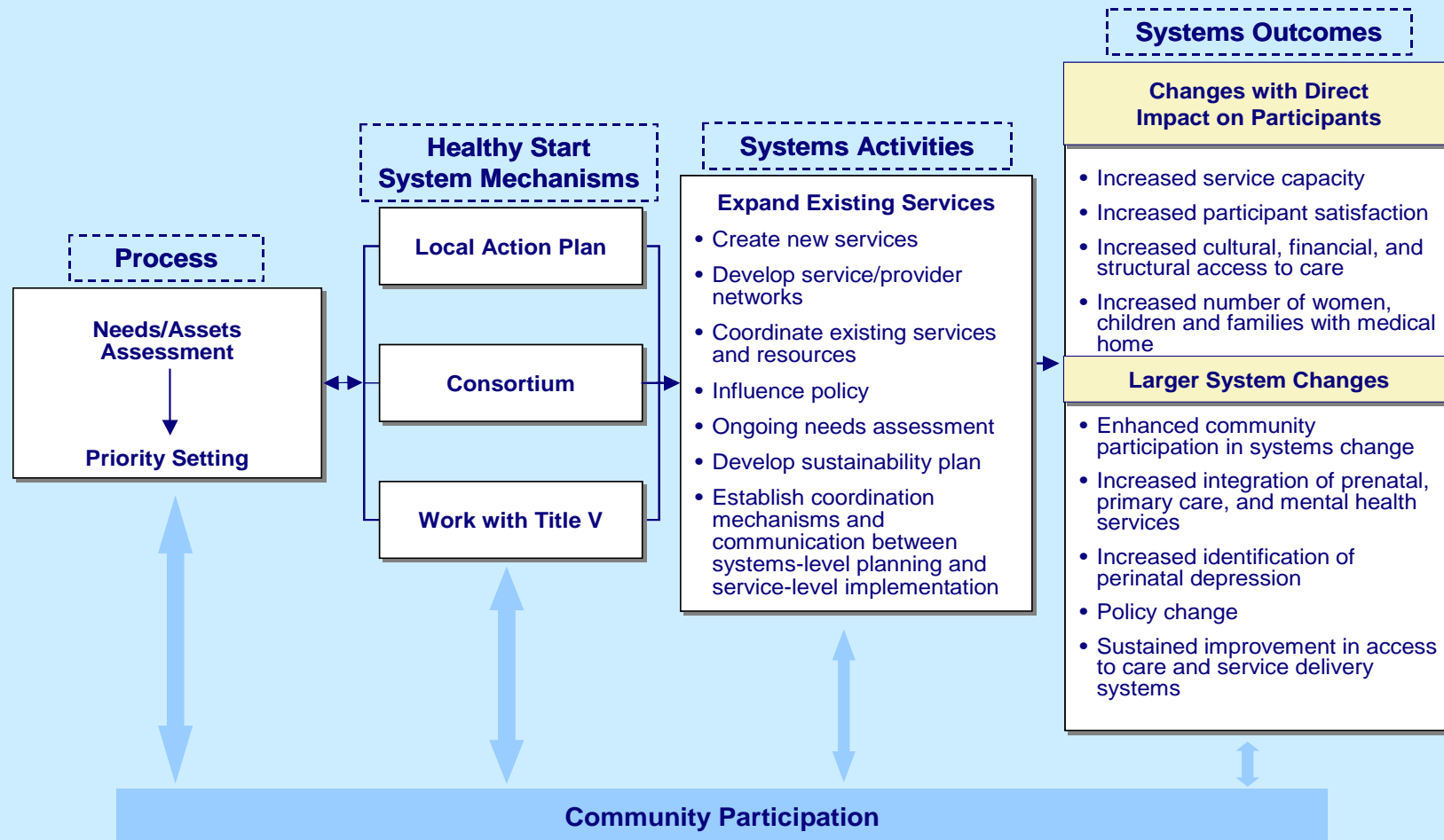
- Project history
- Context and issues community is addressing
- Overall program design
- Accomplishments and challenges
- Promising practices

Cross-site Analysis Plan

Cross-site report will include:

- **Summary of grantee characteristics and community profiles**
- **Comparative analysis of program design and implementation**
- **Results: Typology of successes and challenges at services and systems levels**
- **Assessment of the theory of change as articulated in the logic model**
- **Synthesis of lessons learned**
- **Conclusions**

Hypothesized Link between Healthy Start Systems Efforts and Results



Participant Survey

Survey Objectives

■ Overall Goals

- Gain insight into implementation of Healthy Start from the participant perspective
- Collect data unique to women’s experiences in Healthy Start

■ Specific Aims

- Develop Healthy Start participant profile
- Describe services received during prenatal and interconceptional periods (including unmet need)
- Assess satisfaction with services
- Assess participant health behaviors and perinatal outcomes

Participant Survey Methods

- **Include women who have an infant 6 to 12 months old at the time of interview**
 - Target 75 percent response rate (600 cases)
- **Conduct 30-minute interview via computer-assisted telephone interviewing**
- **Translate survey into Spanish; use interpreters to assist women who speak another language (such as Hmong, Portuguese, Vietnamese, Arabic)**
- **Provide \$25 gift card to encourage participation**

Survey Content

- **12 sections**
 - Screener
 - Healthy start program
 - Health education
 - Prenatal care and pregnancy
 - Cigarette use and alcohol consumption
 - Postpartum care
 - Infant health
 - Pregnancy history and current pregnancy status,
 - Health status and stress
 - Participant Background
 - Health Insurance and WIC
 - Comments

- **Sought input from Healthy Start Panel (HSP) and HRSA**

- **Used questions from existing national surveys**

- **Selected questions based on conceptual model**

Clearance Procedures

- **IRB clearance**
 - Received from Abt's IRB
- **OMB clearance**
- **Site-specific clearance**
 - Signed MOUs with each site
 - Tailored to each site's needs

Contacting Respondents

- **Use of multiple methods to contact respondents**
 - Advance letter
 - Phone
 - Grantee staff
- **Tailored contacts to needs and characteristics of individual programs and clients**

Maximizing Response Rates

- Collaboration with grantees in locating and encouraging participation
- Online locating sources (e.g., Accurint, and Lexus Nexus)
- Postal service “address correction requested” and phone directory assistance
- Survey center operation during business, evening, and weekend hours and toll-free call-in line
- Language services
- Trained professional interviewing staff
- \$25 thank you

Current Status

- **Survey began October 2, 2006 (824 cases)**
- **65 percent of cases completed as of Thanksgiving**
- **Continued collaboration with grantees to locate participants and encourage participation**
- **Survey projected to finish in January 2007**

Participant Survey Analysis Plan

■ Areas of focus

- Demographic characteristics
- Risk status of participants
- Services received
- Participant experiences and satisfaction
- Health behaviors
- Perinatal outcomes

■ Analyses

- Descriptive
- Multivariate
- Benchmarks