



National Healthy Start Evaluation

Update on Evaluation Activities
SACIM Meeting July 10, 2012

Overview of Presentation

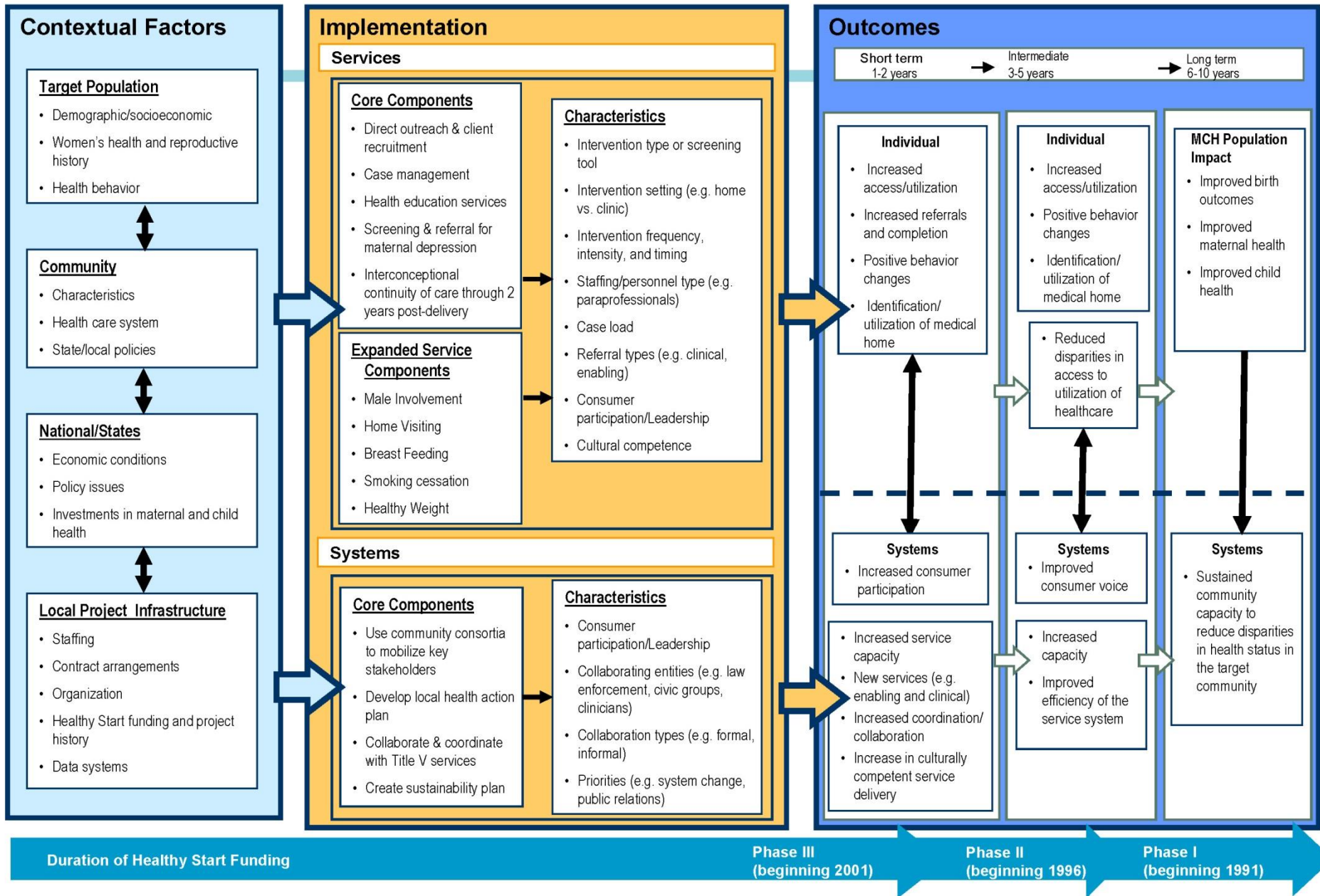
- **Overview of Evaluation**
 - Logic Model
 - Evaluation Questions

- **Highlights of Descriptive Results from PD Survey**
 - Service Components
 - Core
 - Expanded
 - Systems Components
 - Perceived Outcomes

- **Next Steps & Recommendations**



Logic Model for the National Evaluation of Healthy Start



Evaluation Questions

- 1. How are the 9 program components and their features implemented across all Healthy Start projects?**
- 2. What subcomponents are implemented by Healthy Start projects (e.g., home visits, male involvement, cultural competence, family and consumer participation)?**
- 3. How does consumer participation and leadership function as features of Healthy Start service and system components?**

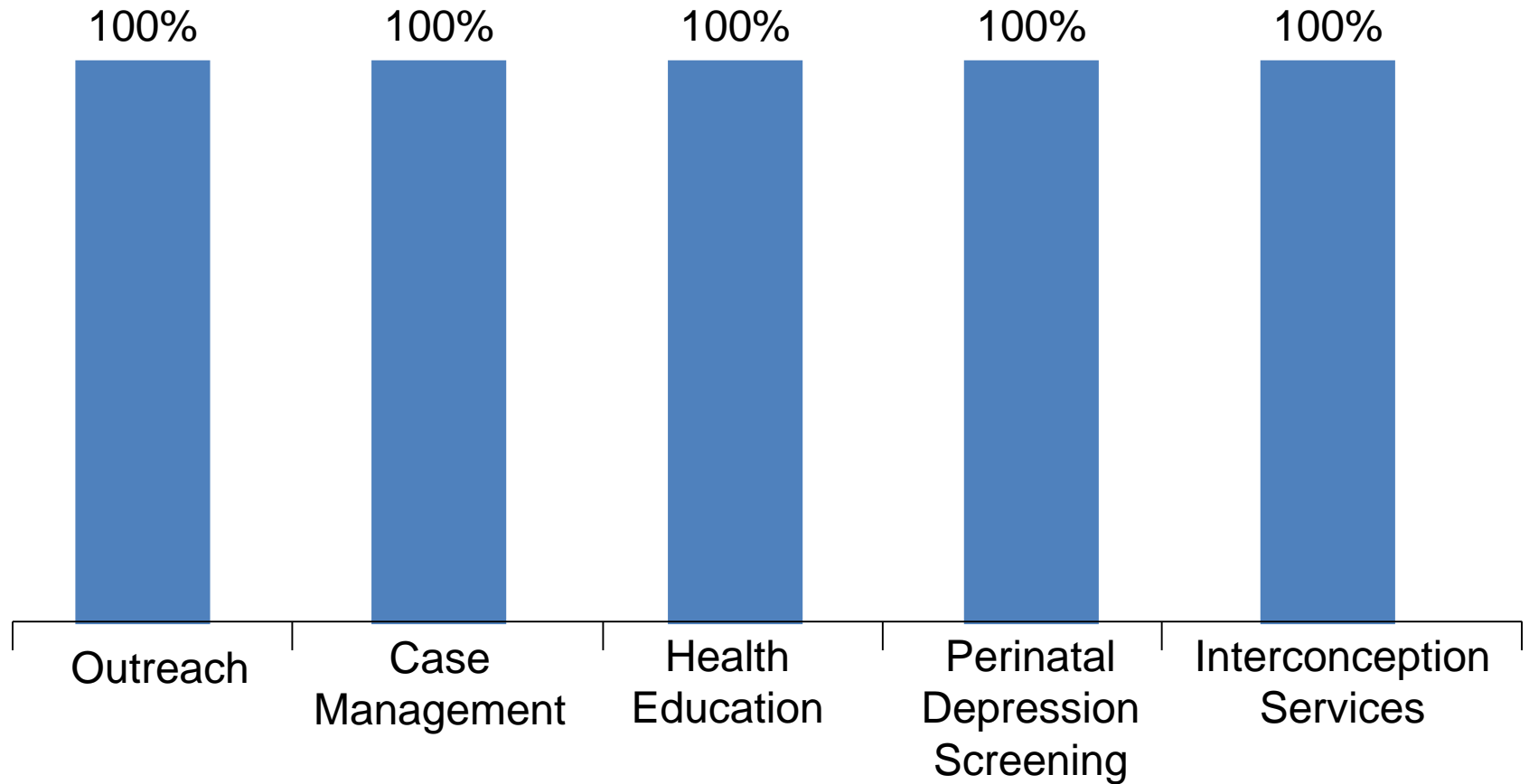


Project Directors' Survey

- **Response Rate = 100 %**
 - N=104 Healthy Start Projects
- **Reporting Year = 2010**
- **Limitations**
 - Self-report
 - Project Director
 - Other Project Staff
 - Potential for variation in the interpretation of questions
 - Variation in the length of time project has been in operation

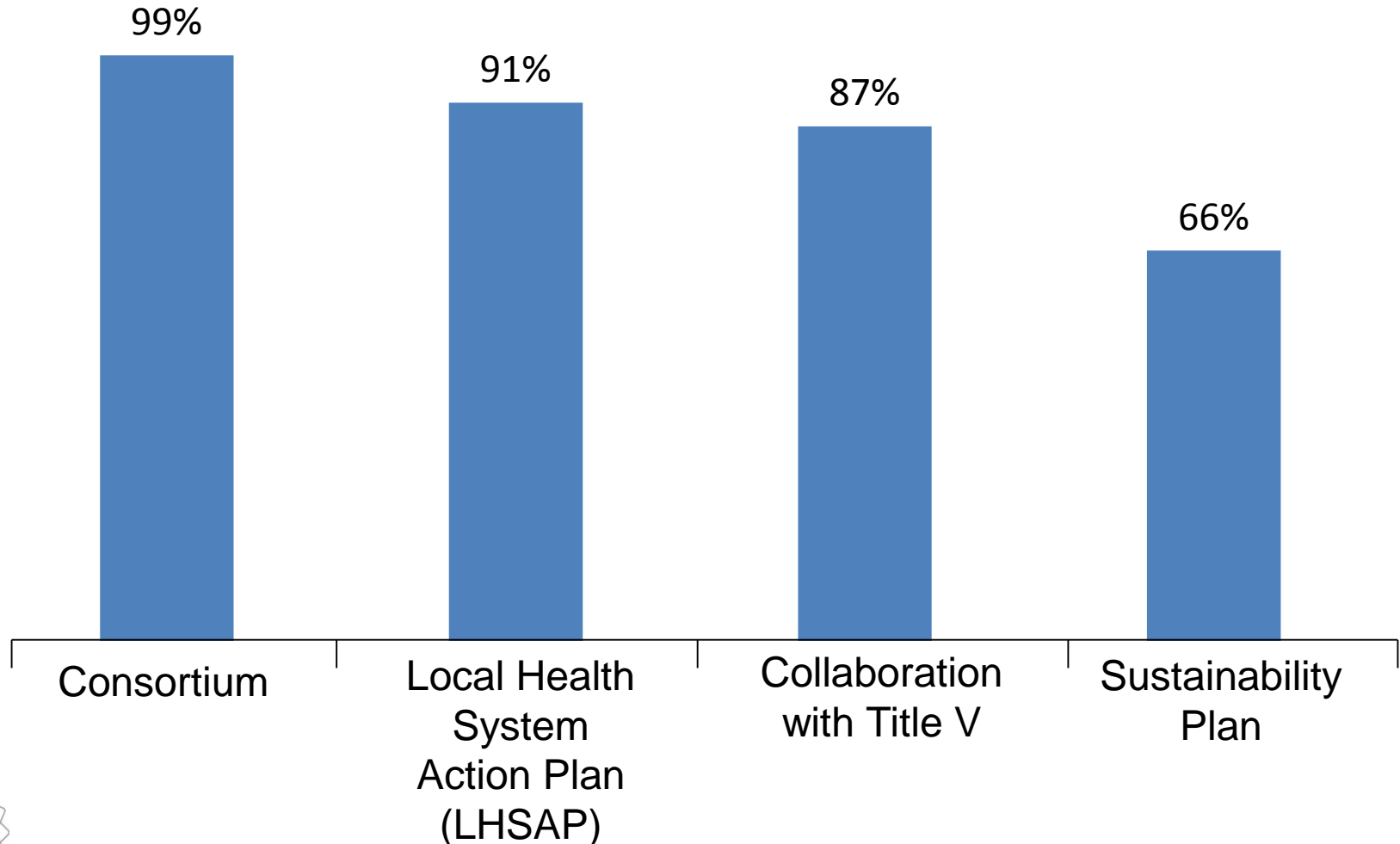


Service Components Implemented by Healthy Start Projects, N=104



Systems Components Implemented by Healthy Start Projects, N=104

- Between 66% and 99% of Healthy Start Projects reported implementation of the four required systems components.

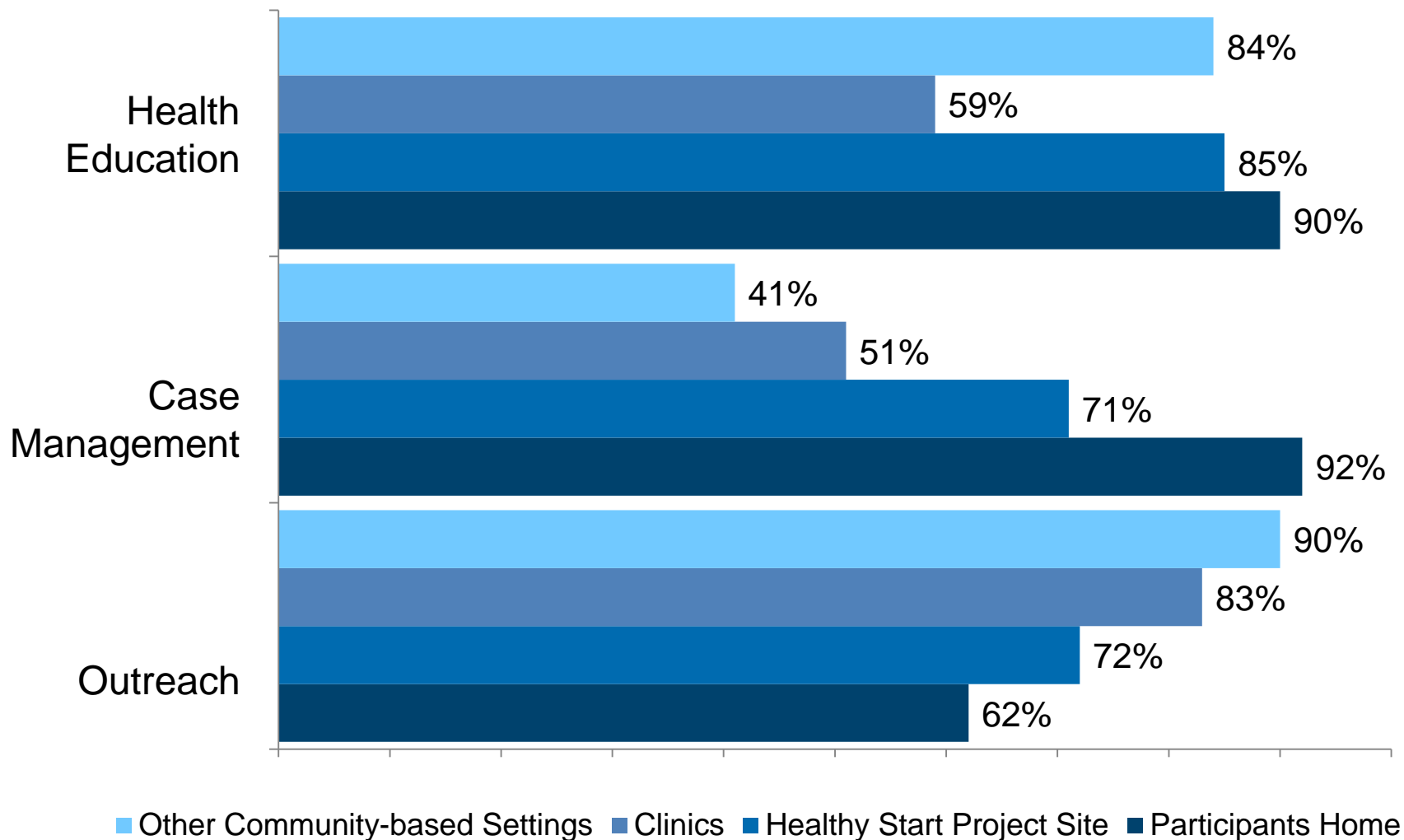


Service Components

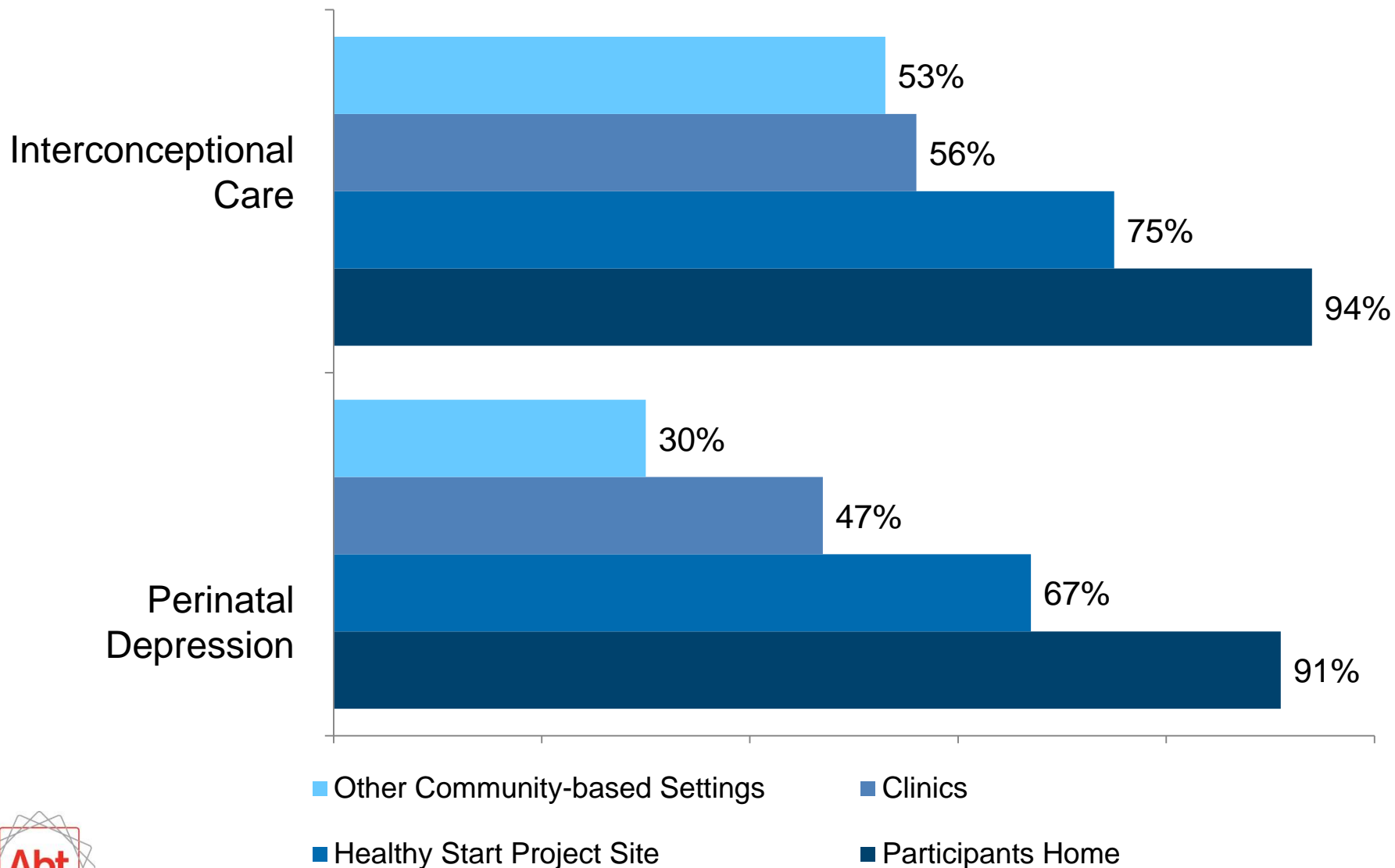
- **Direct outreach and client recruitment**
- **Case management**
- **Health education services**
- **Screening and referral for maternal depression**
- **Interconception continuity of care through 2 years post-delivery**



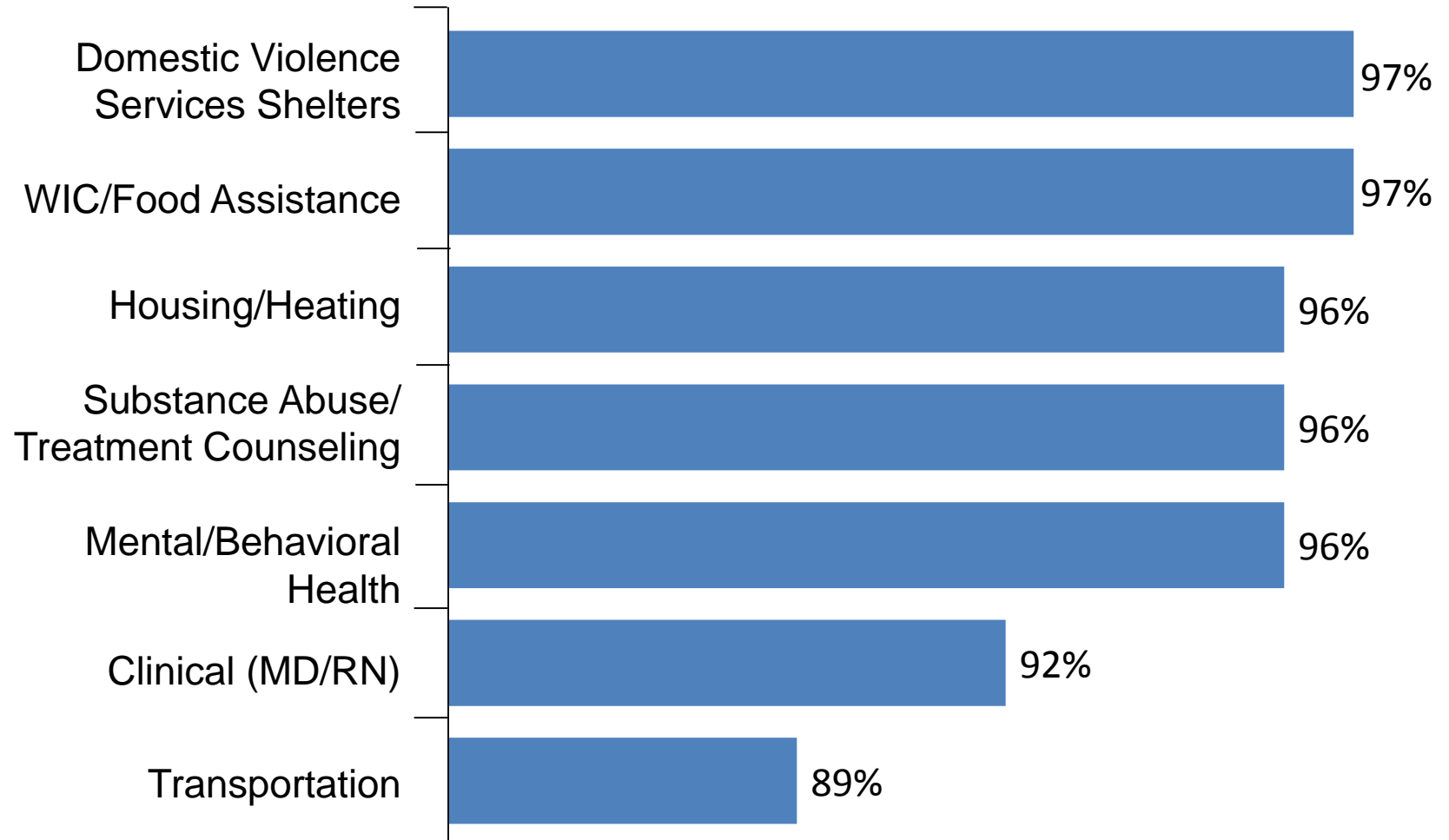
Location/Setting of Healthy Start Core Services, N=104



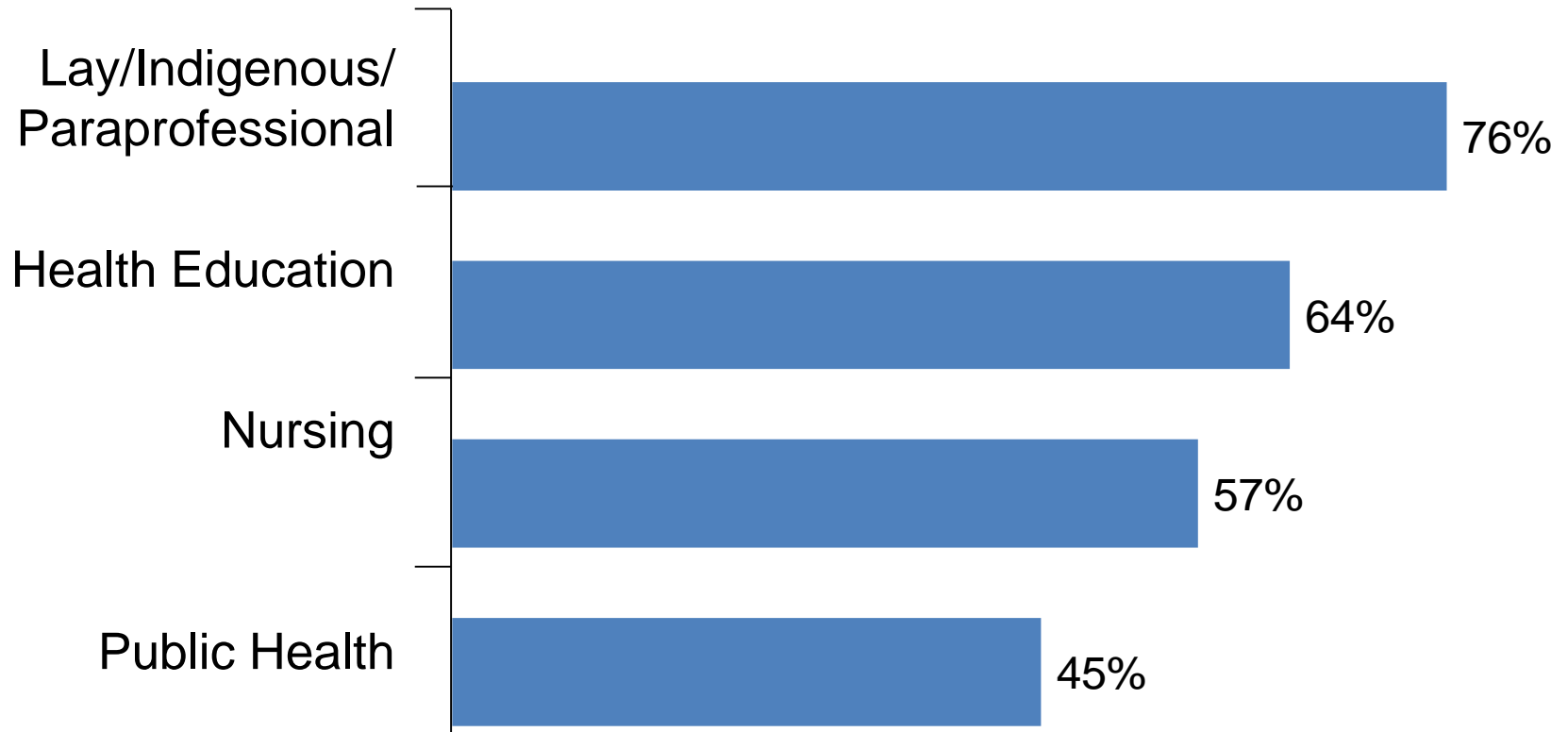
Location/Setting of Healthy Start Core Services, N=104



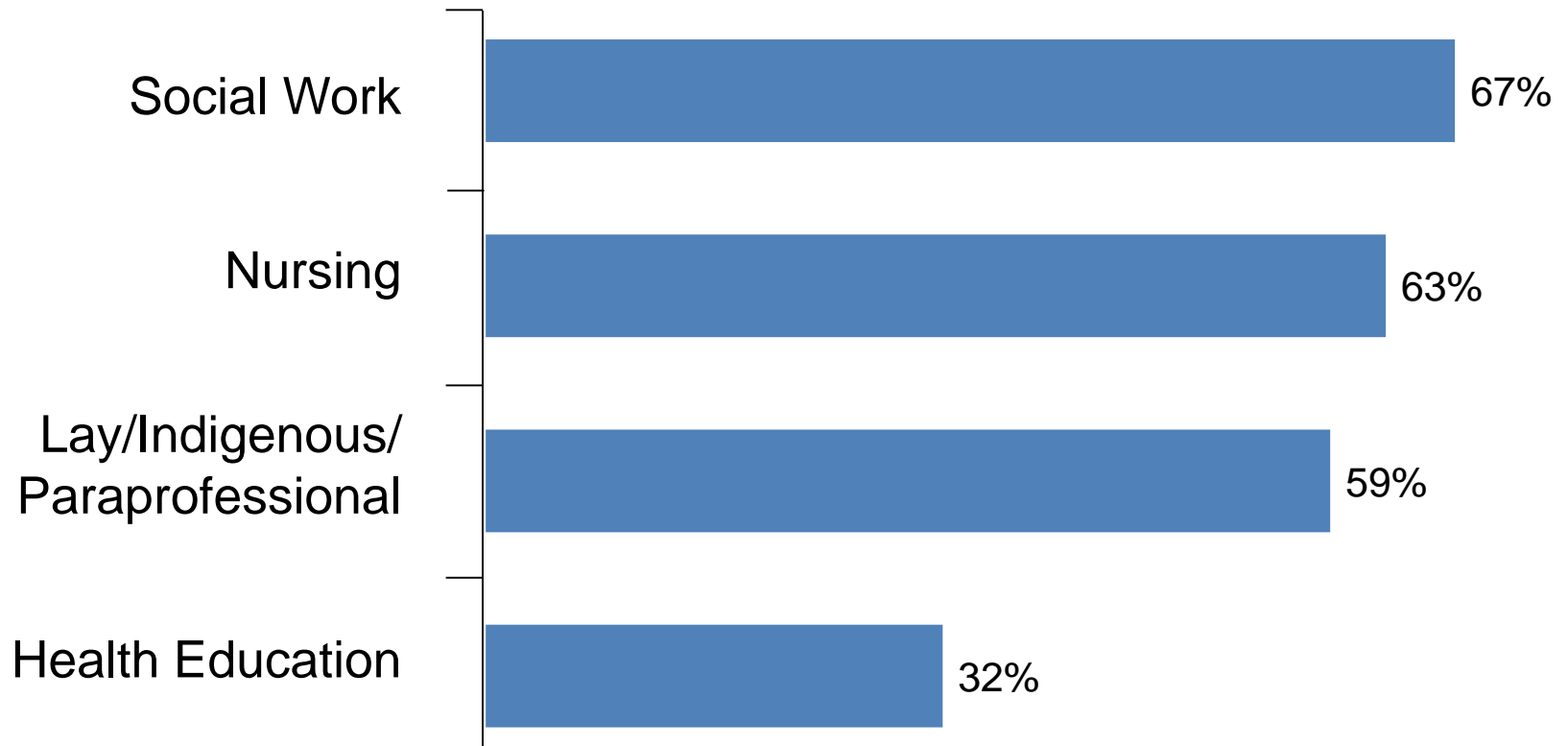
Referrals Offered Through Case Management, N=104



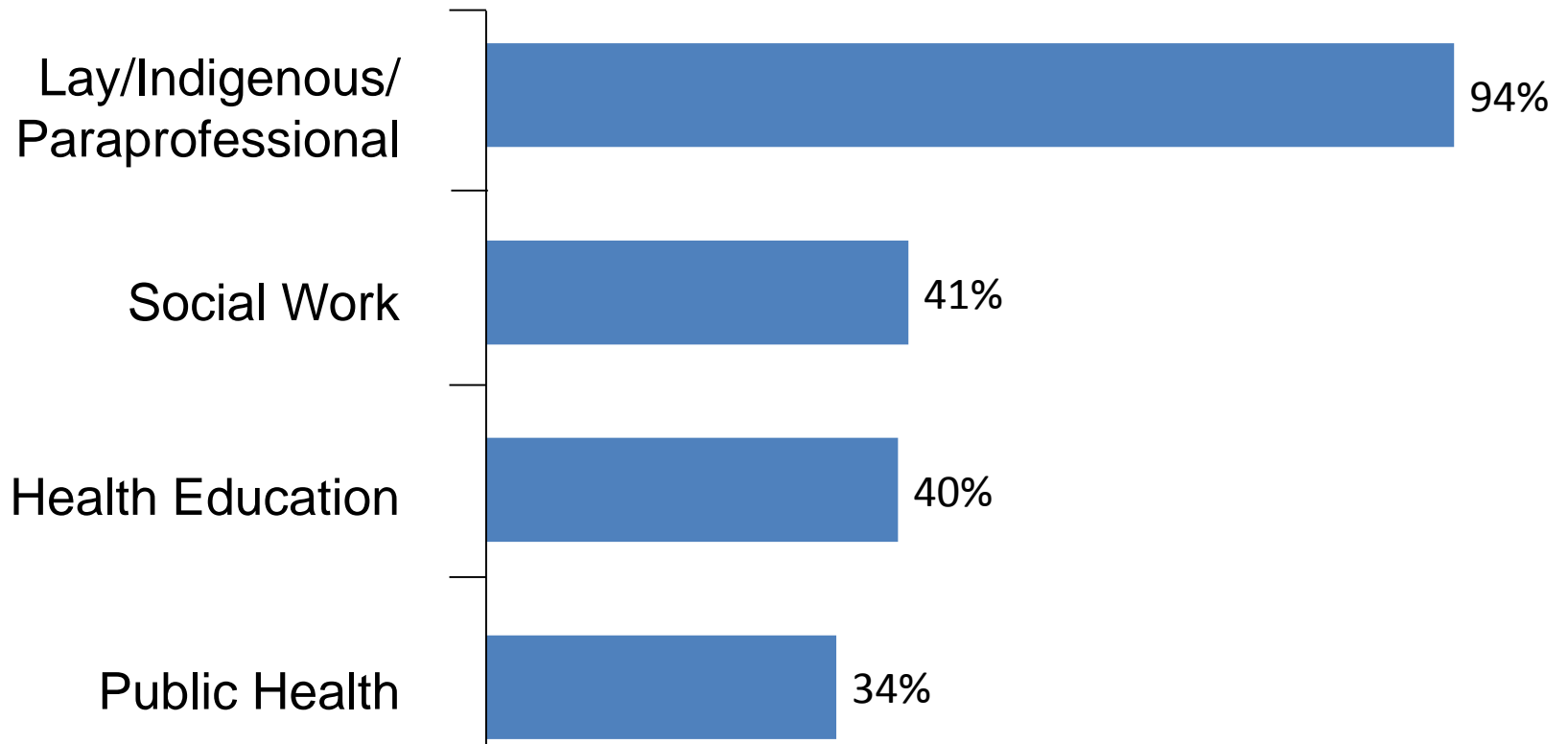
Educational and Professional Background of Staff Providing Health Education Services, N=104



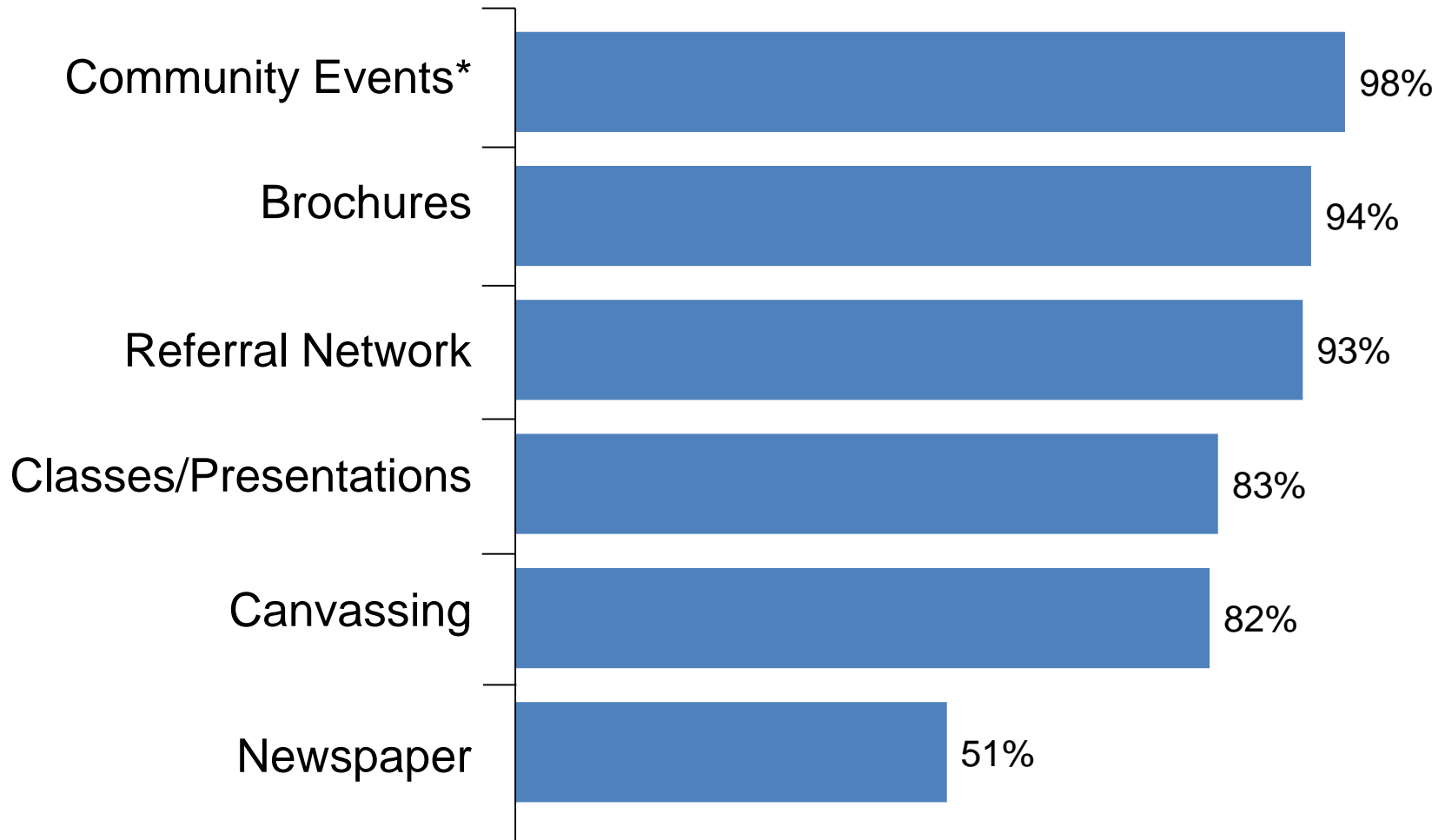
Educational and Professional Background of Staff Providing Case Management Services, N=104



Educational and Professional Background of Staff Providing Outreach Services, N=104

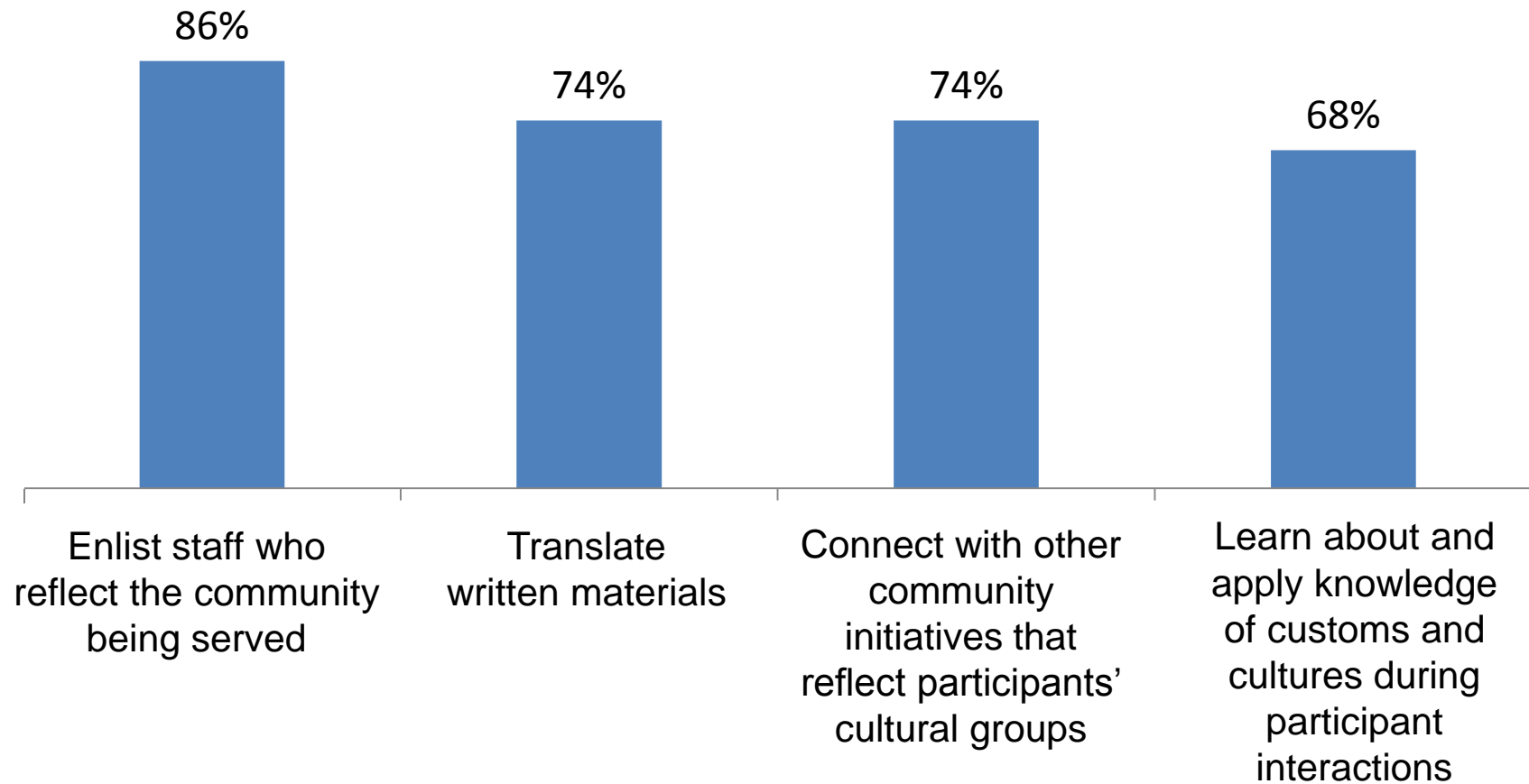


Percent of Healthy Start Projects that Used Selected Outreach and Client Recruitment Strategies, N=104



* Includes Healthy Start Projects who "organized community events" and/or "attended community events."

Targeted Outreach for Cultural or Ethnic Groups in the Community, N=104

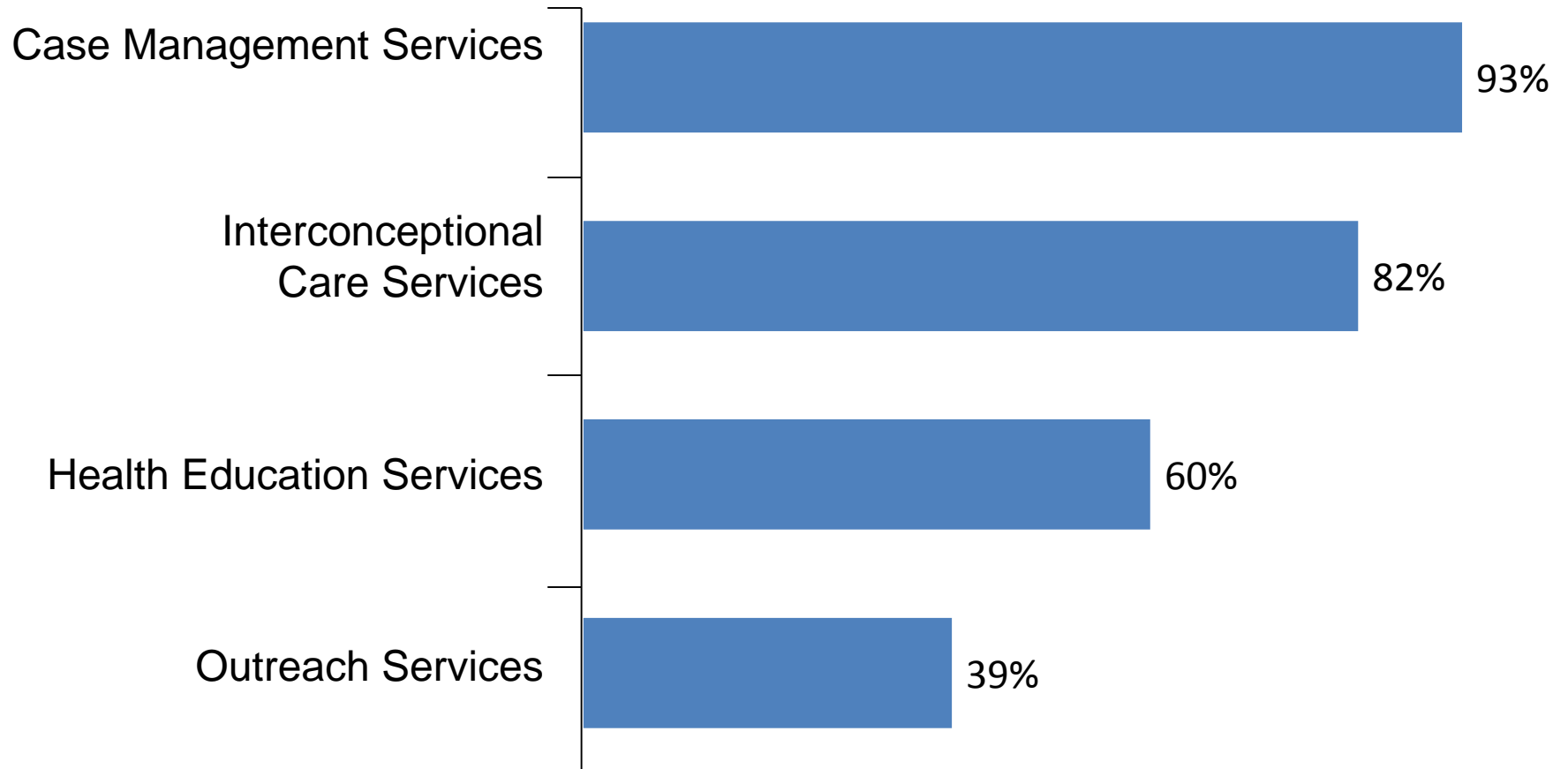


Expanded Service Components

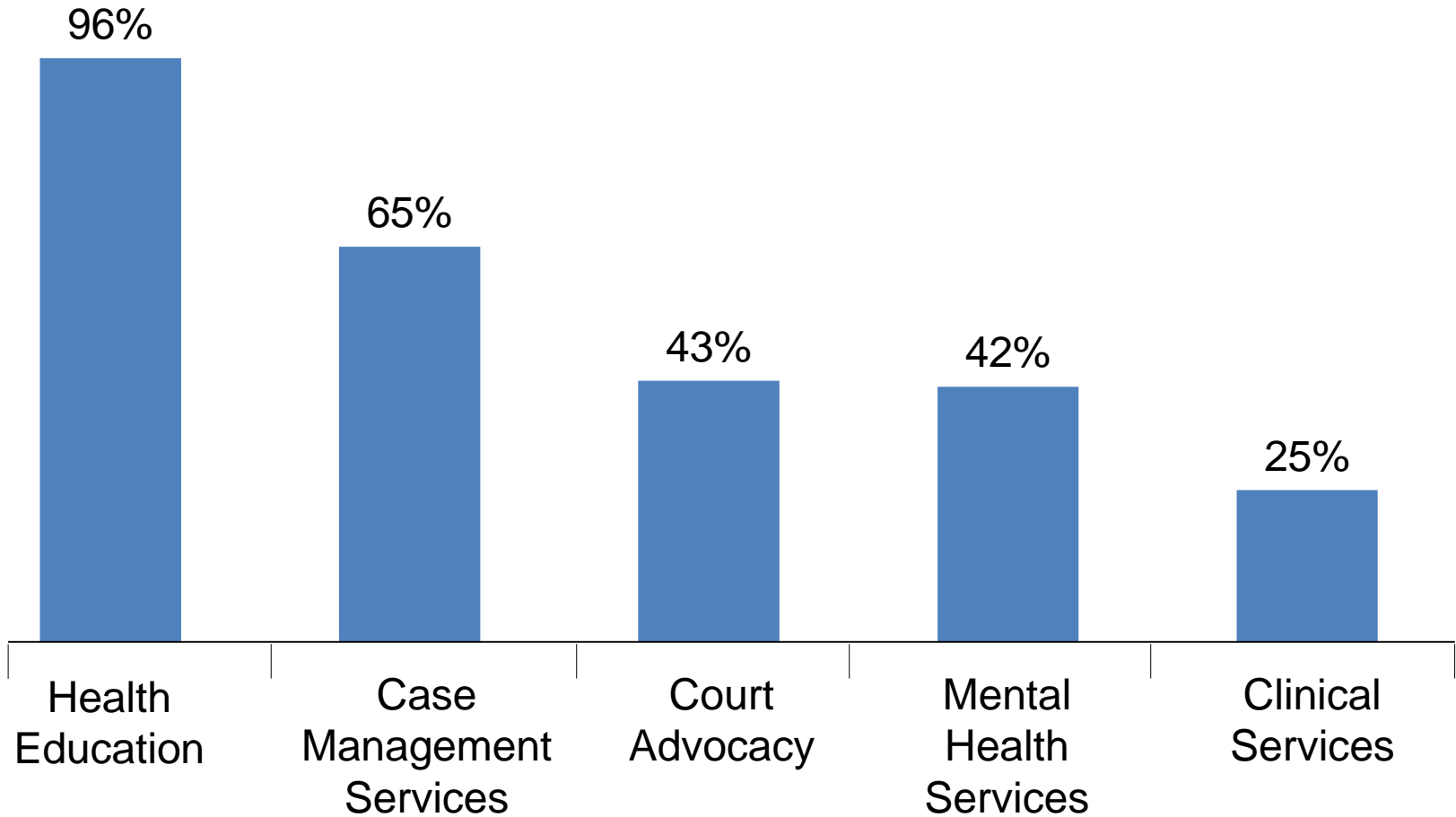
- **Expanded service components implemented by Healthy Start projects**
 - Home Visiting
 - Male Involvement
 - Breast Feeding
 - Healthy Weight
 - Tobacco Use/Smoking Cessation



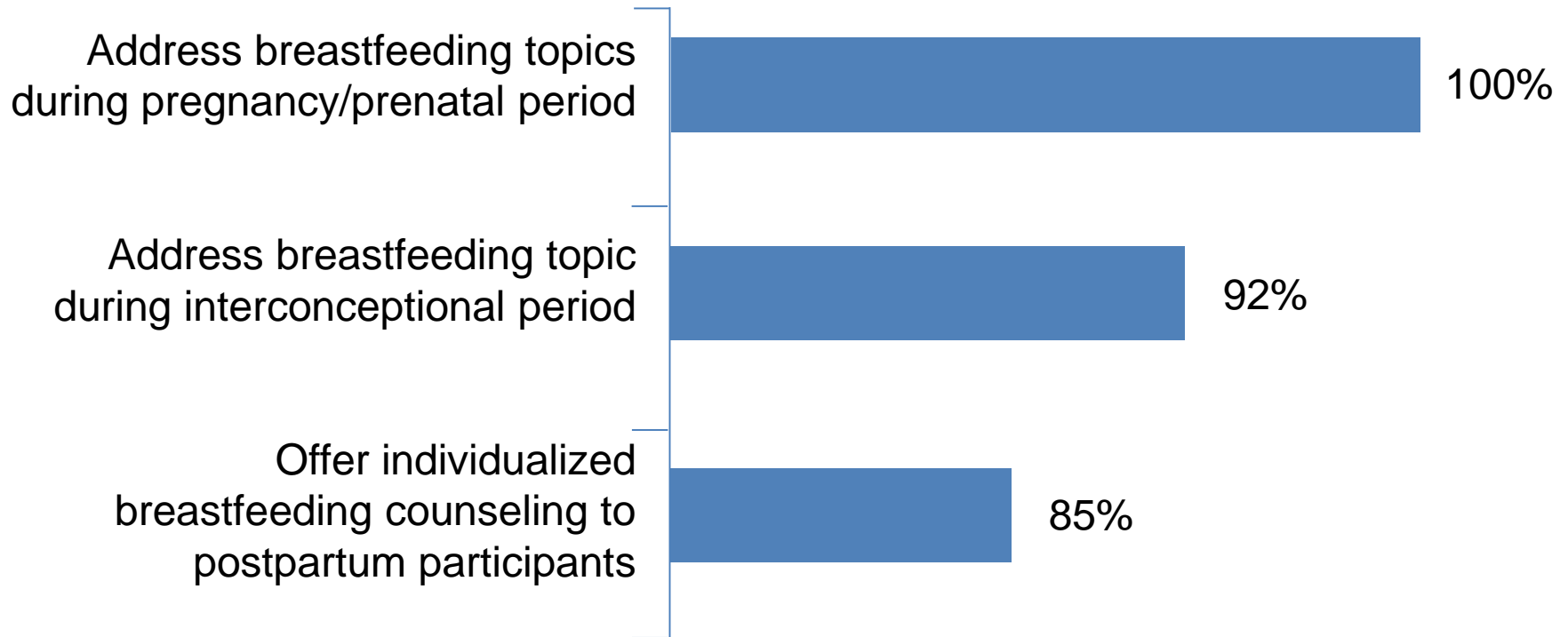
Core Components Employing Home Visiting, N=82



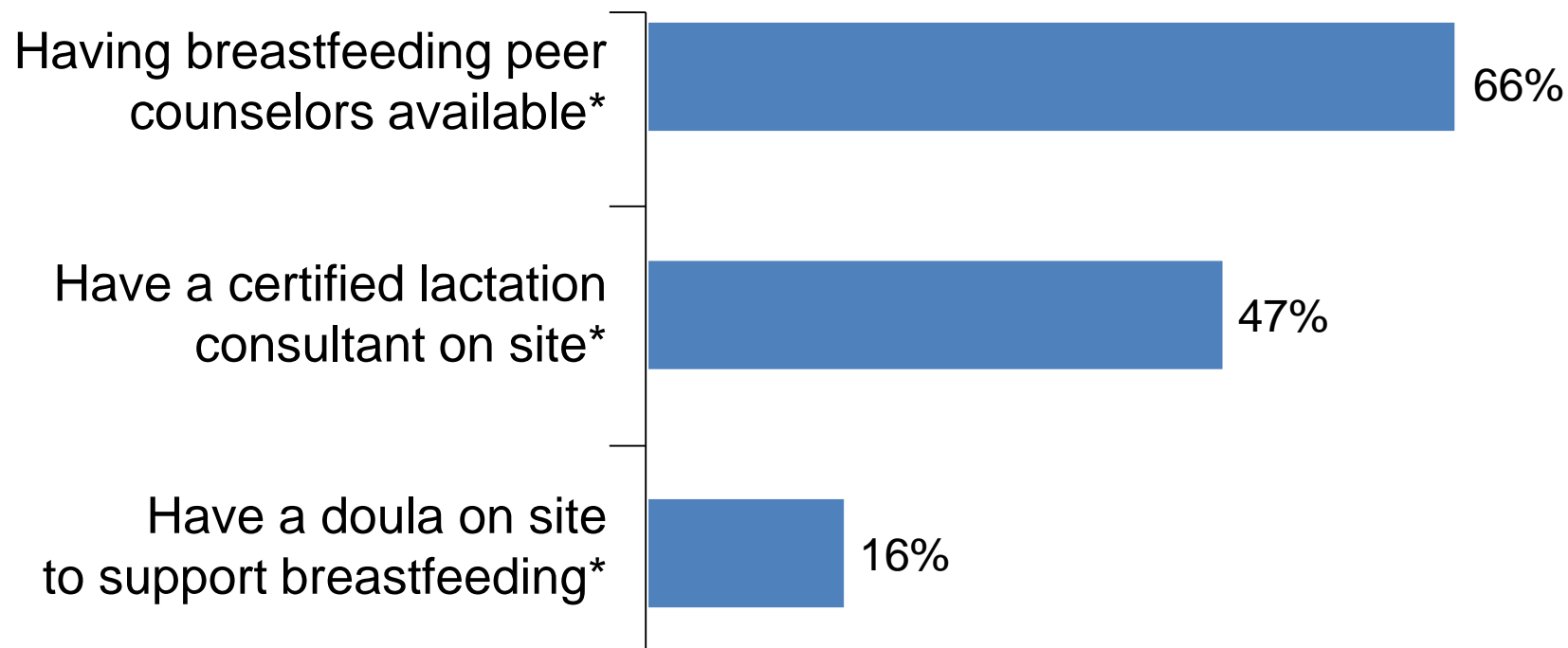
Male Involvement Services Offered, N=72



Breastfeeding Support and Education Services Offered to Healthy Start Participants, N =104

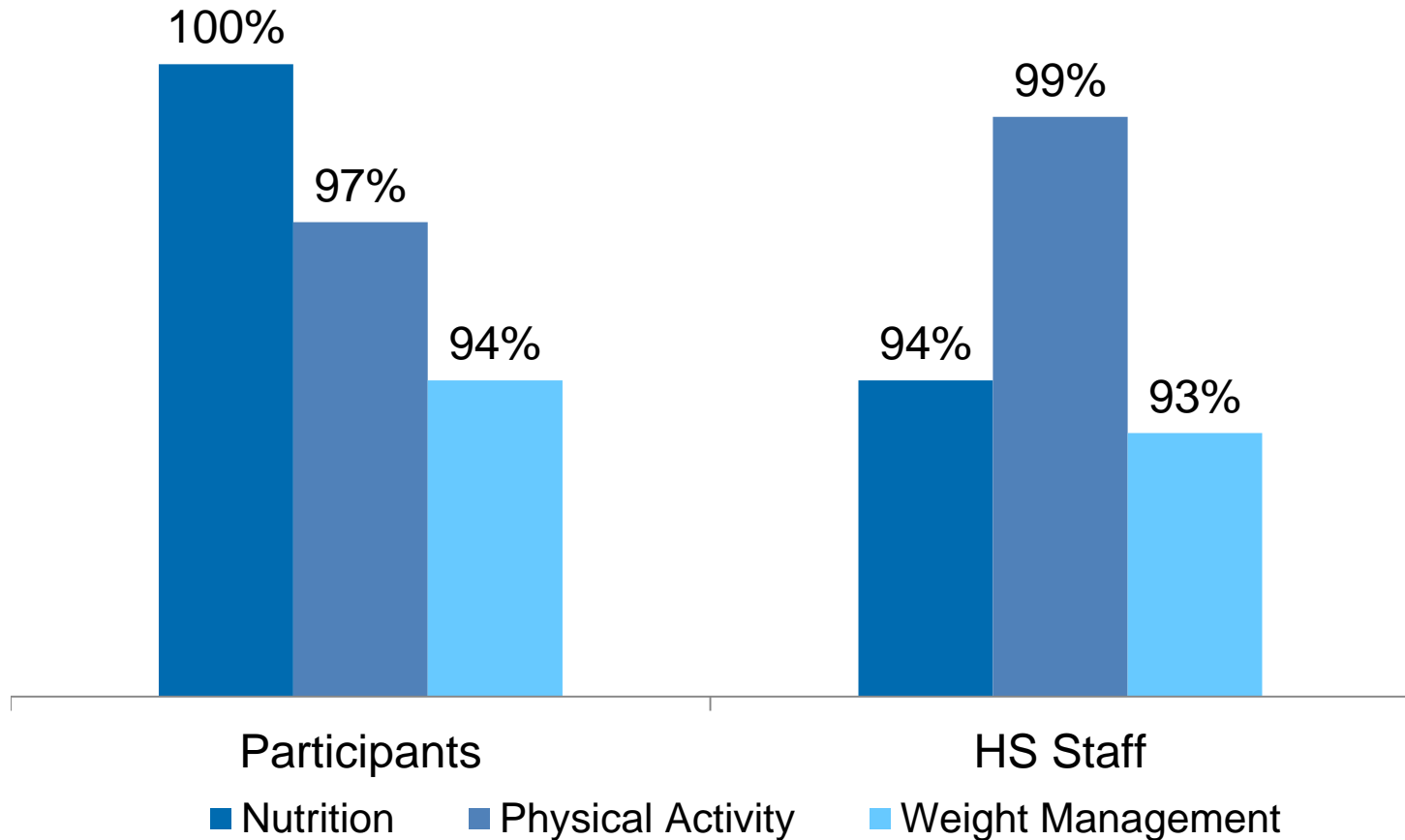


Percent of Healthy Start Projects That Offered Individualized Breastfeeding Counseling to Postpartum Participants, N=88

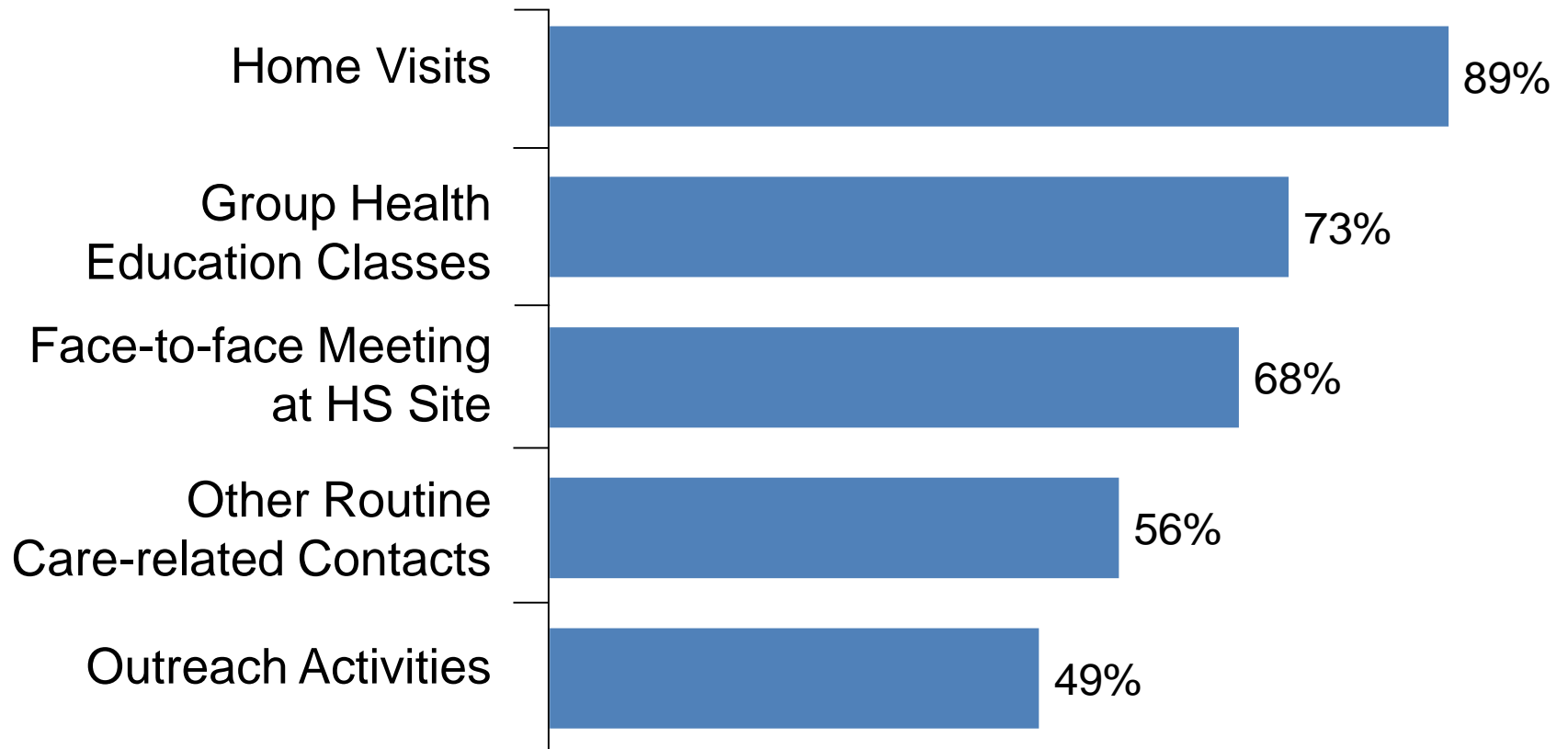


*Only asked of those 88 Healthy Start Projects who "Offer individualized breastfeeding counseling to postpartum participants"

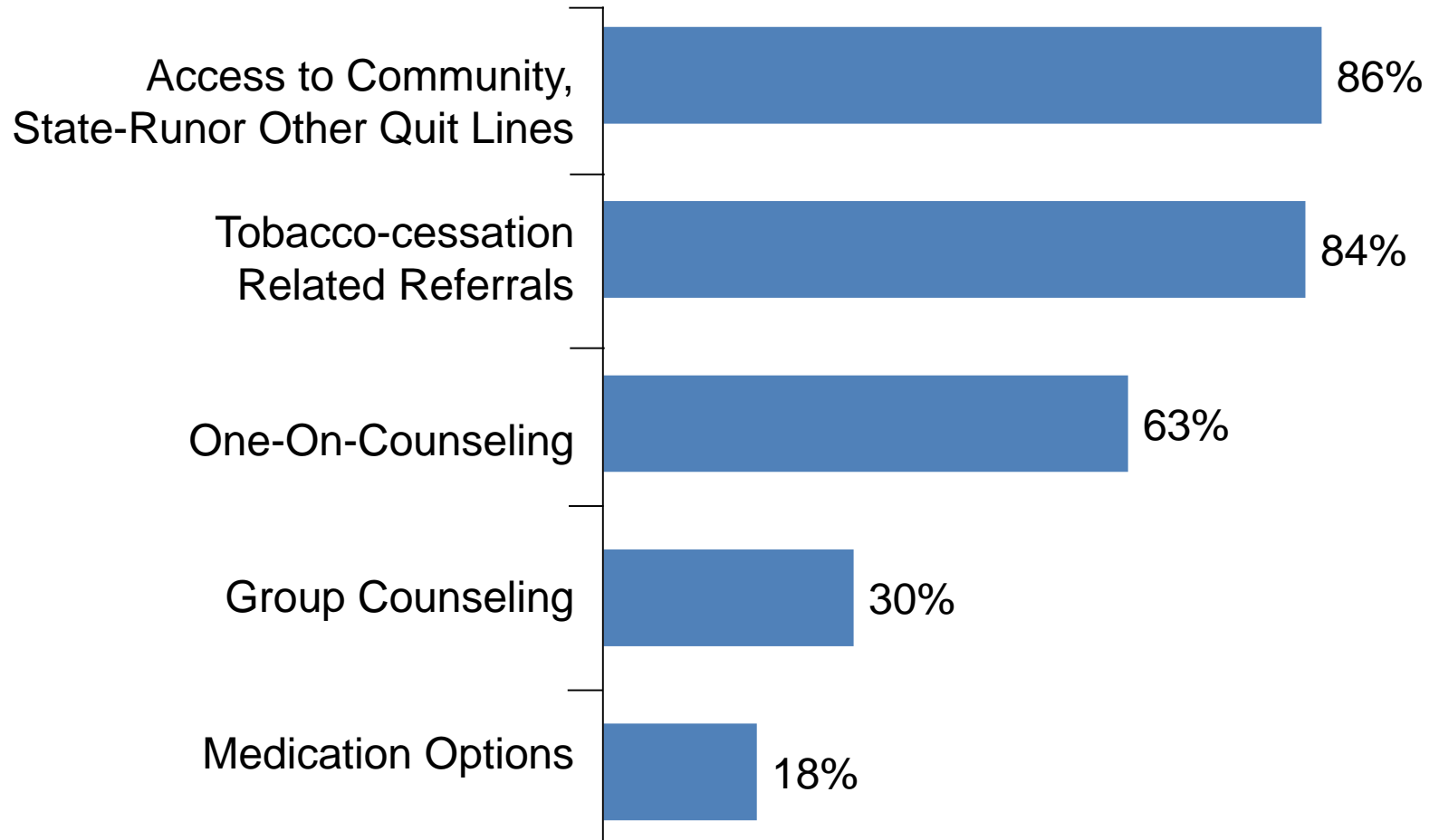
Healthy Weight Components Offered to Healthy Start Participants (N=104) and Staff (N=83)



Settings/Strategies Used to Address Weight Management with Healthy Start Participants, N=101



Tobacco Use Cessation Opportunities Offered to Healthy Start Participants, N=104

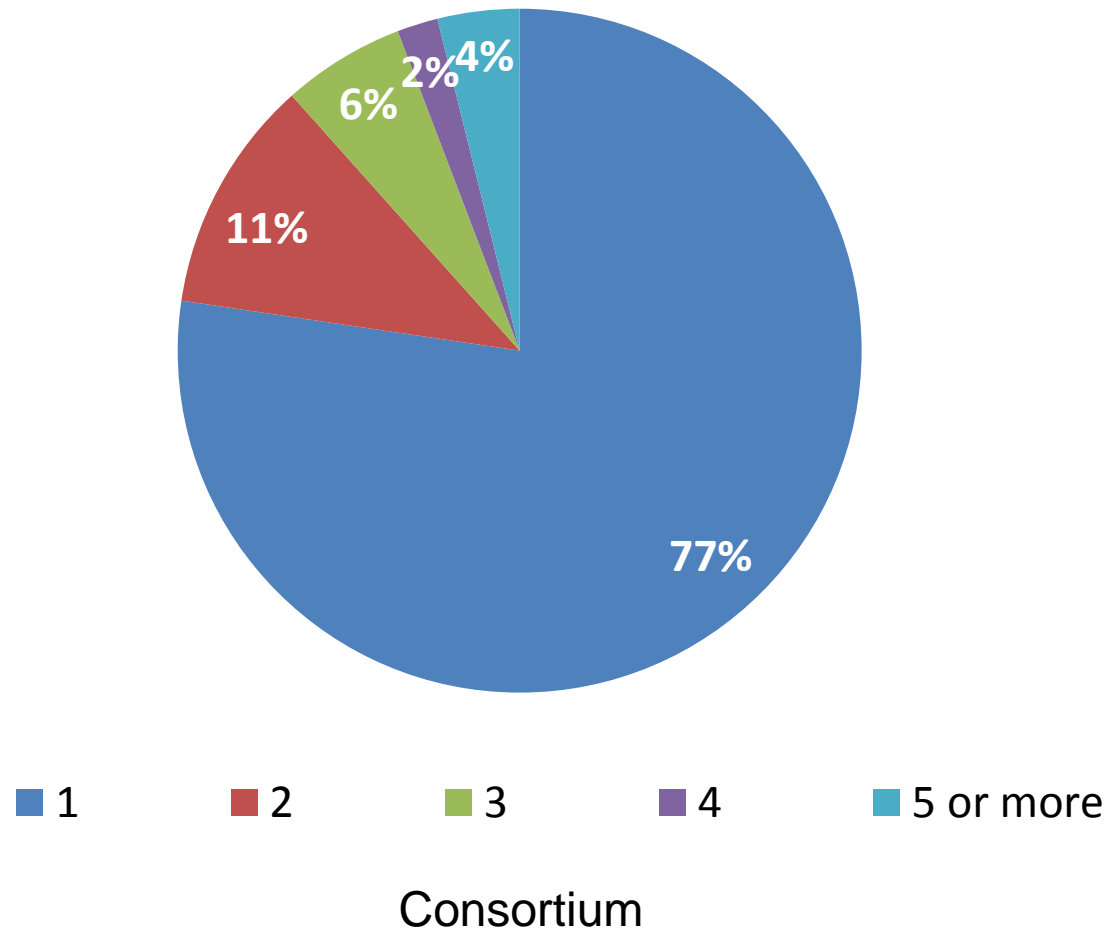


Systems Components

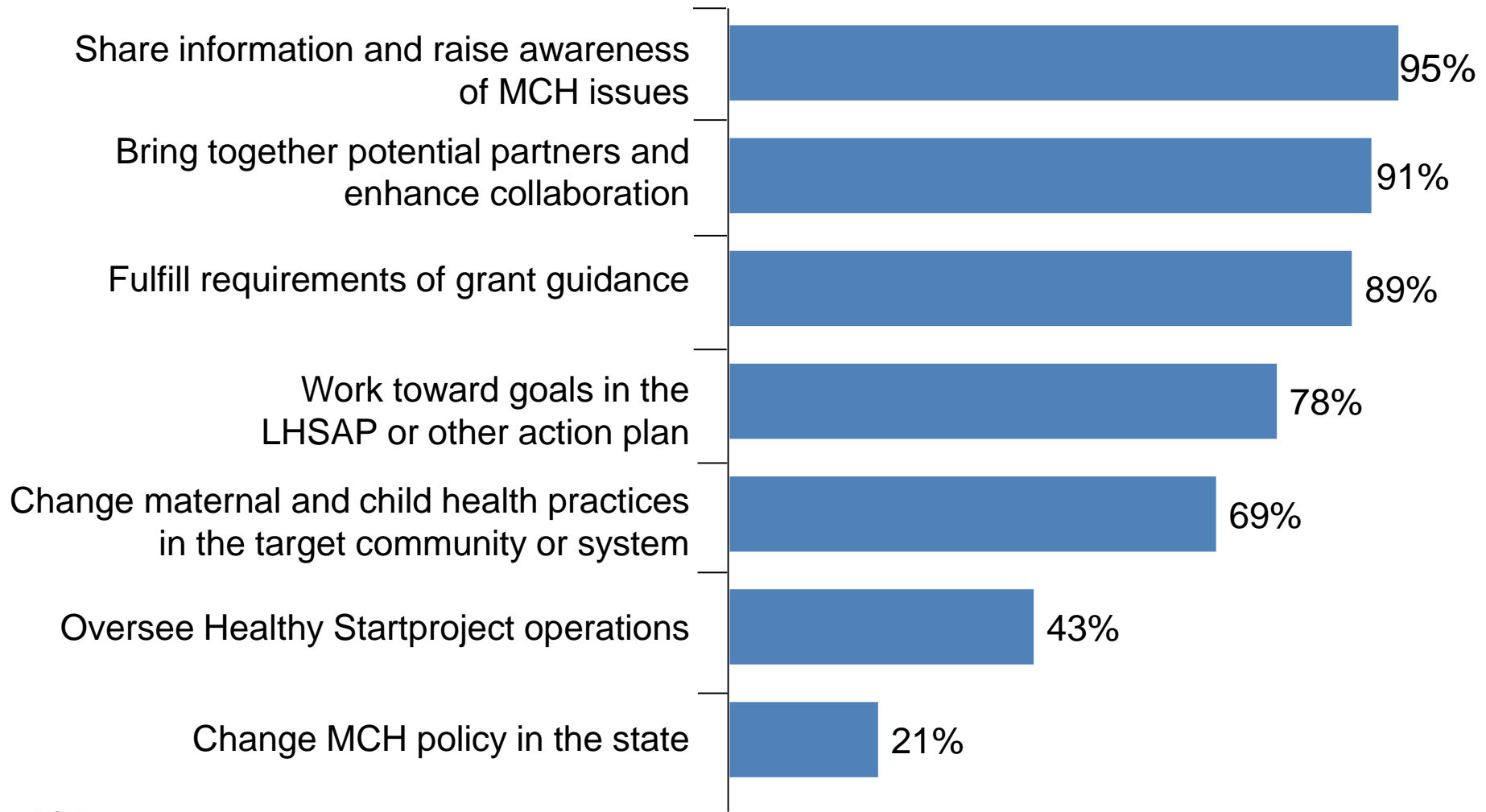
- **Use community consortia to mobilize key stakeholders**
- **Develop local health action plan**
- **Collaborate & coordinate with Title V services**
- **Create sustainability plan**



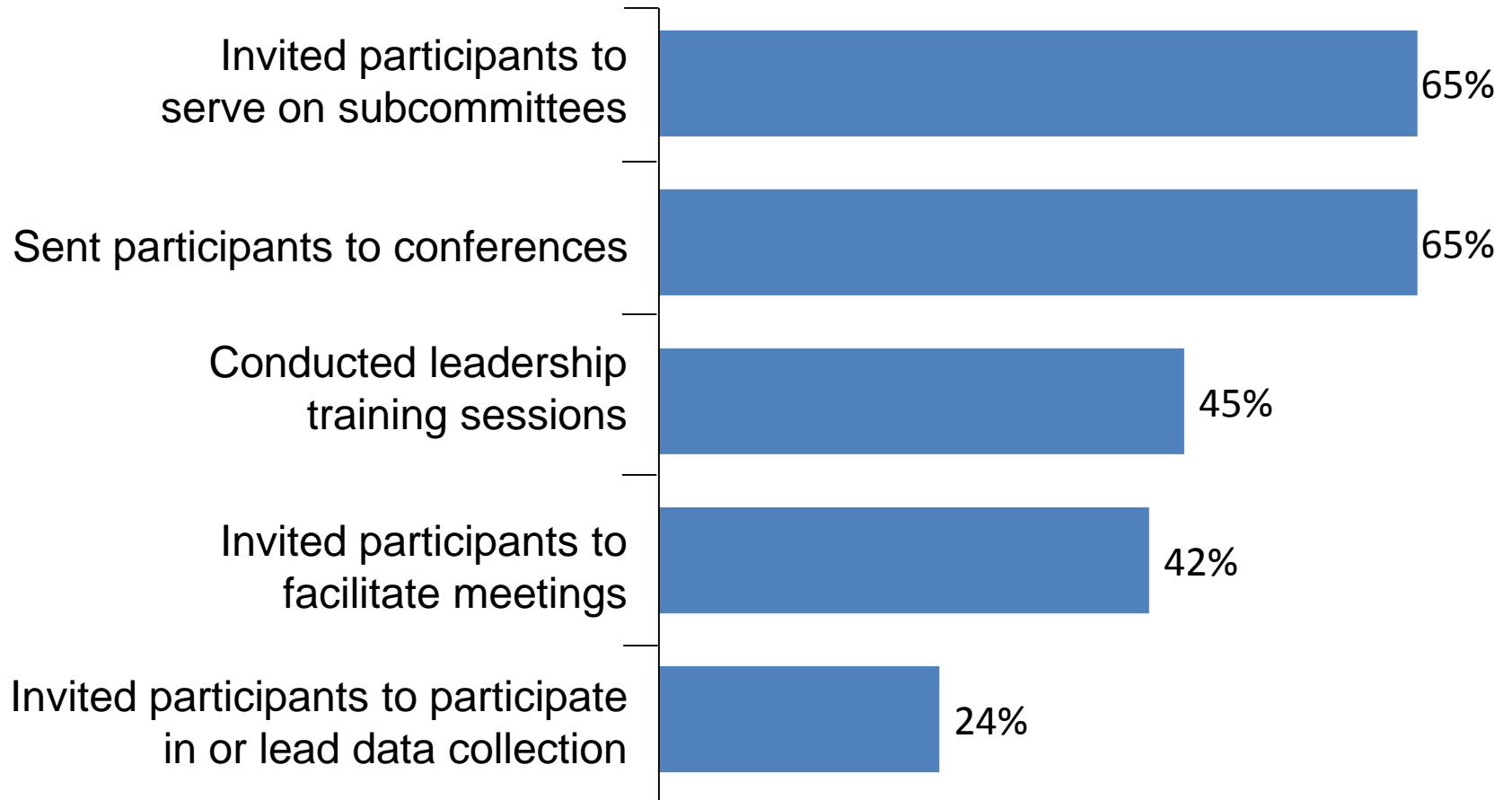
Number of Consortia Reported by Healthy Start Projects, N=104



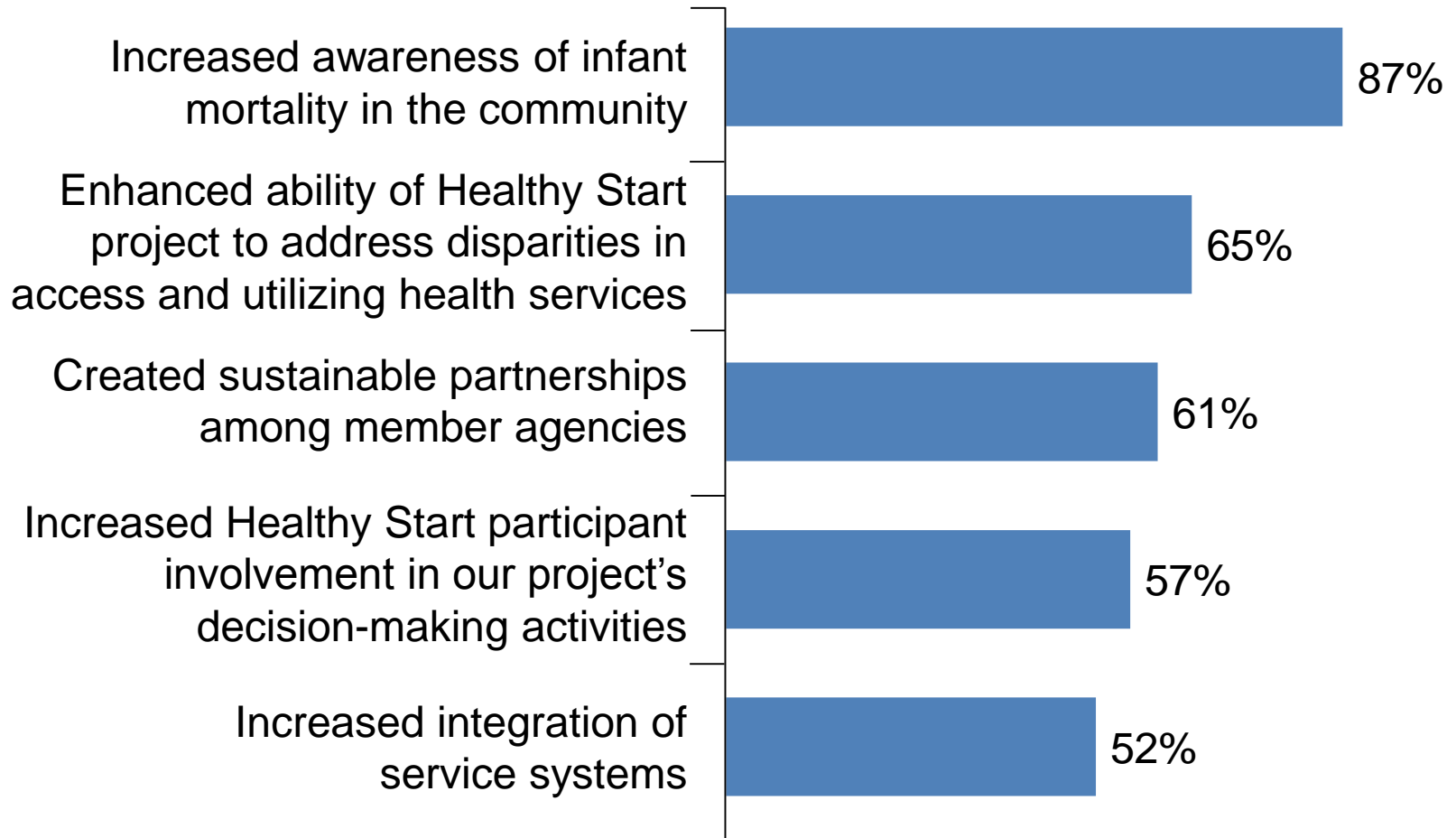
Selected Purposes of Consortia, N=104



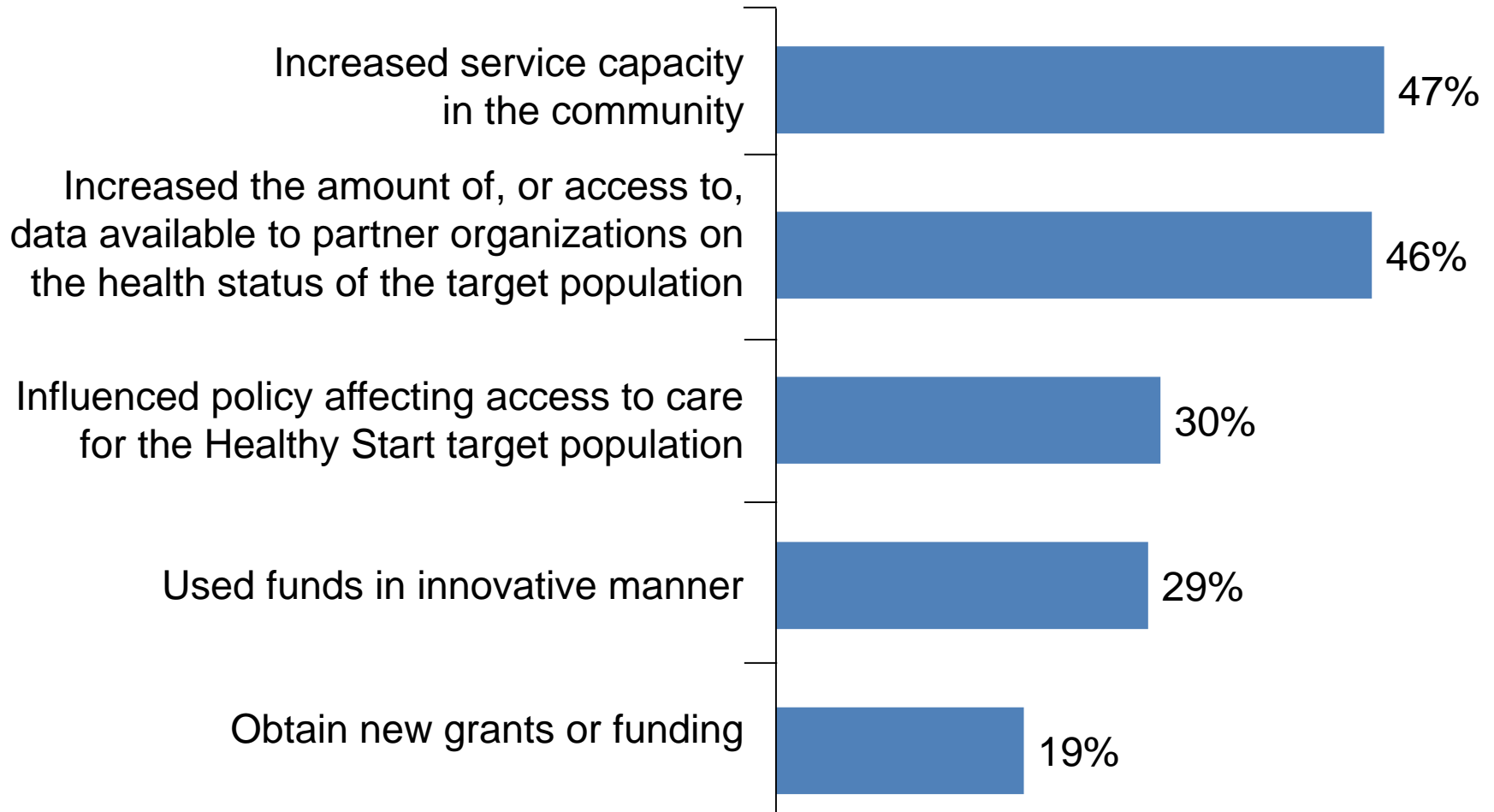
Strategies to Facilitate Involvement of Healthy Start Participants in Consortia N=104



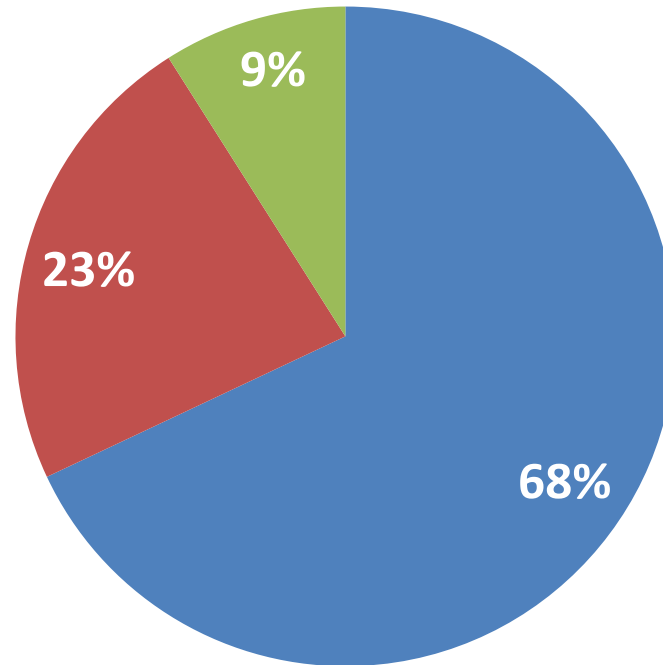
Consortia Accomplishments in 2010, N=104



Consortia Accomplishments in 2010, N=104

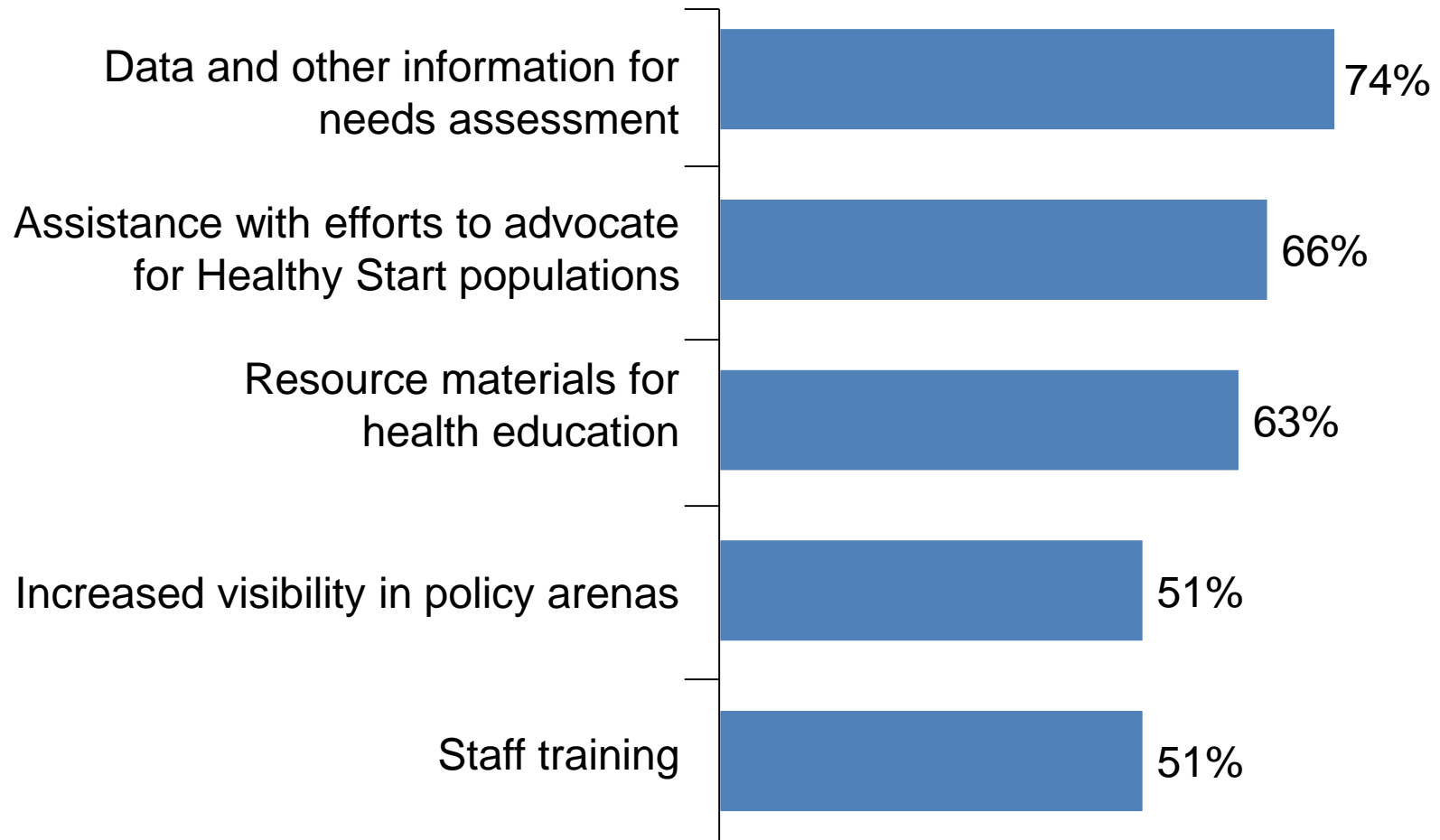


Percent of Healthy Start Projects with and without LHSAP, N=104

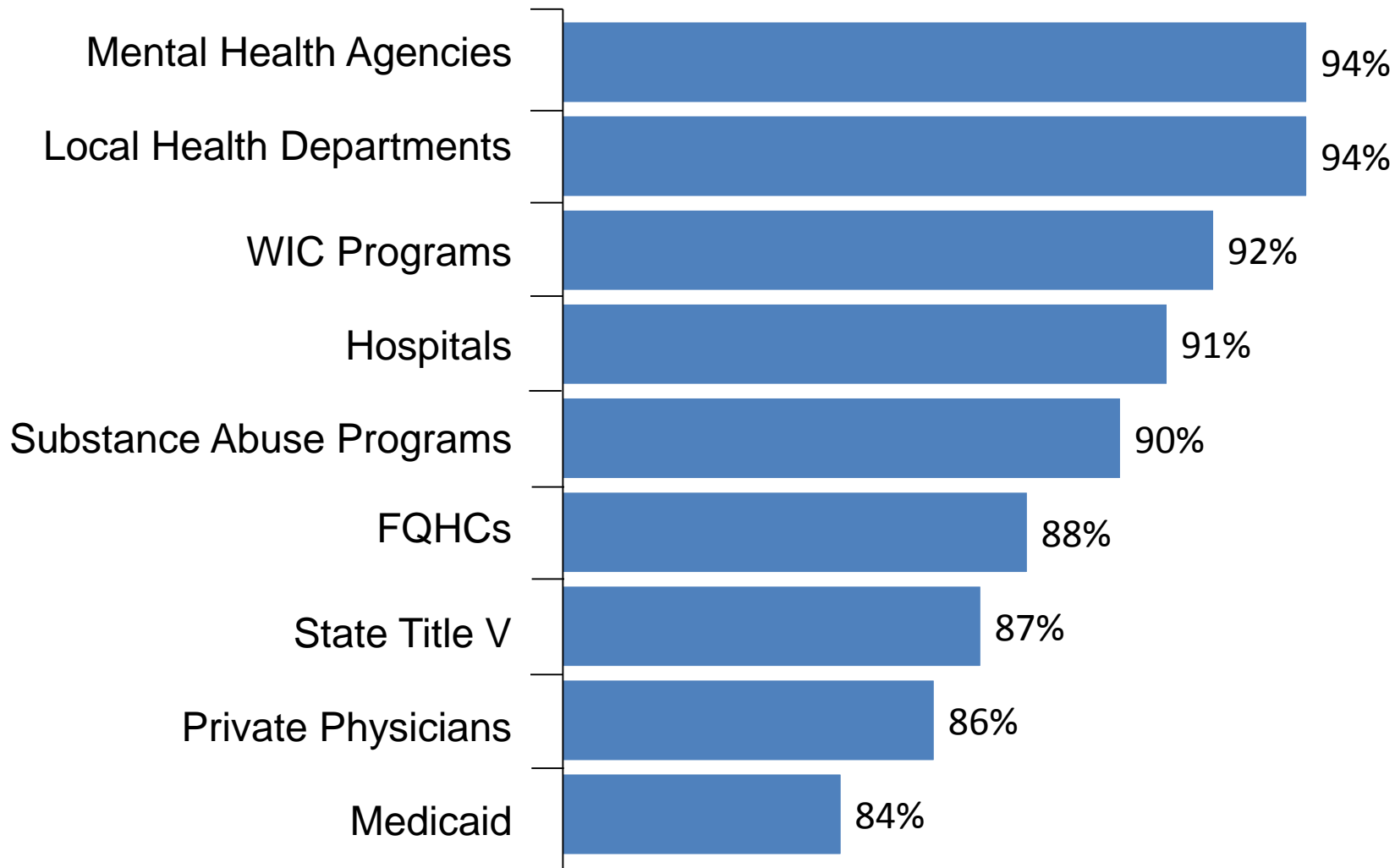


- Healthy Start Projects with LHSAP specific to HS
- Healthy Start Projects with LHSAP not specific to HS
- Healthy Start Projects without LHSAP

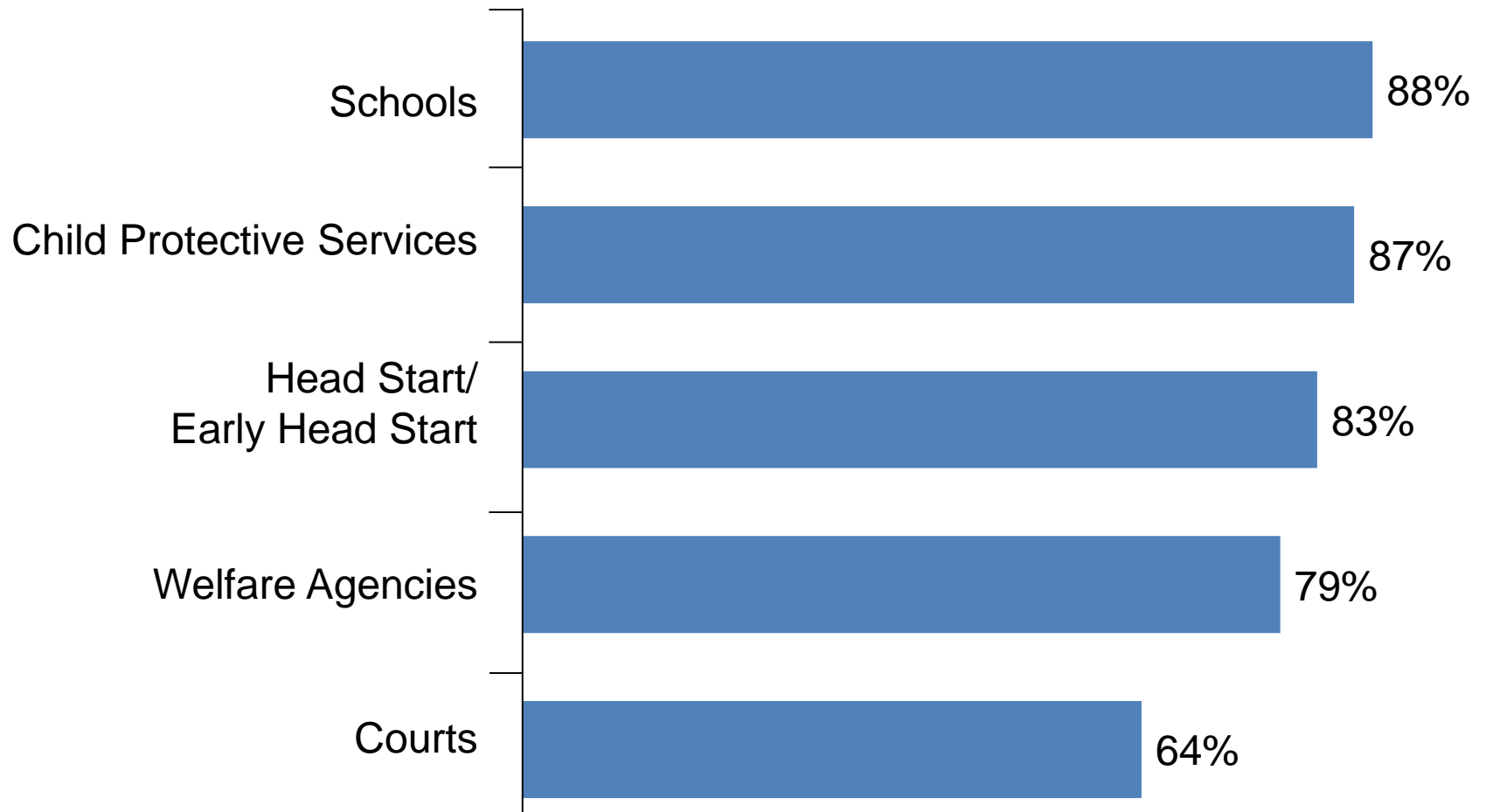
Percent of Healthy Start Projects that Reported Benefits Received From Coordination with State Title V, N=86



Percent of Healthy Start Projects Collaborating with Health-Related Organizations, by Type of Entity, N=104

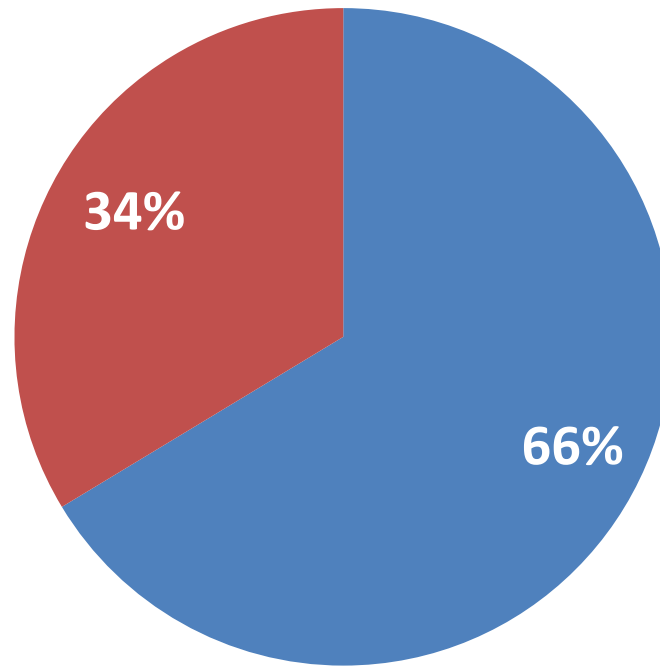


Percent of Healthy Start Projects Collaborating with Service-Related Organizations, by Type of Entity, N=104



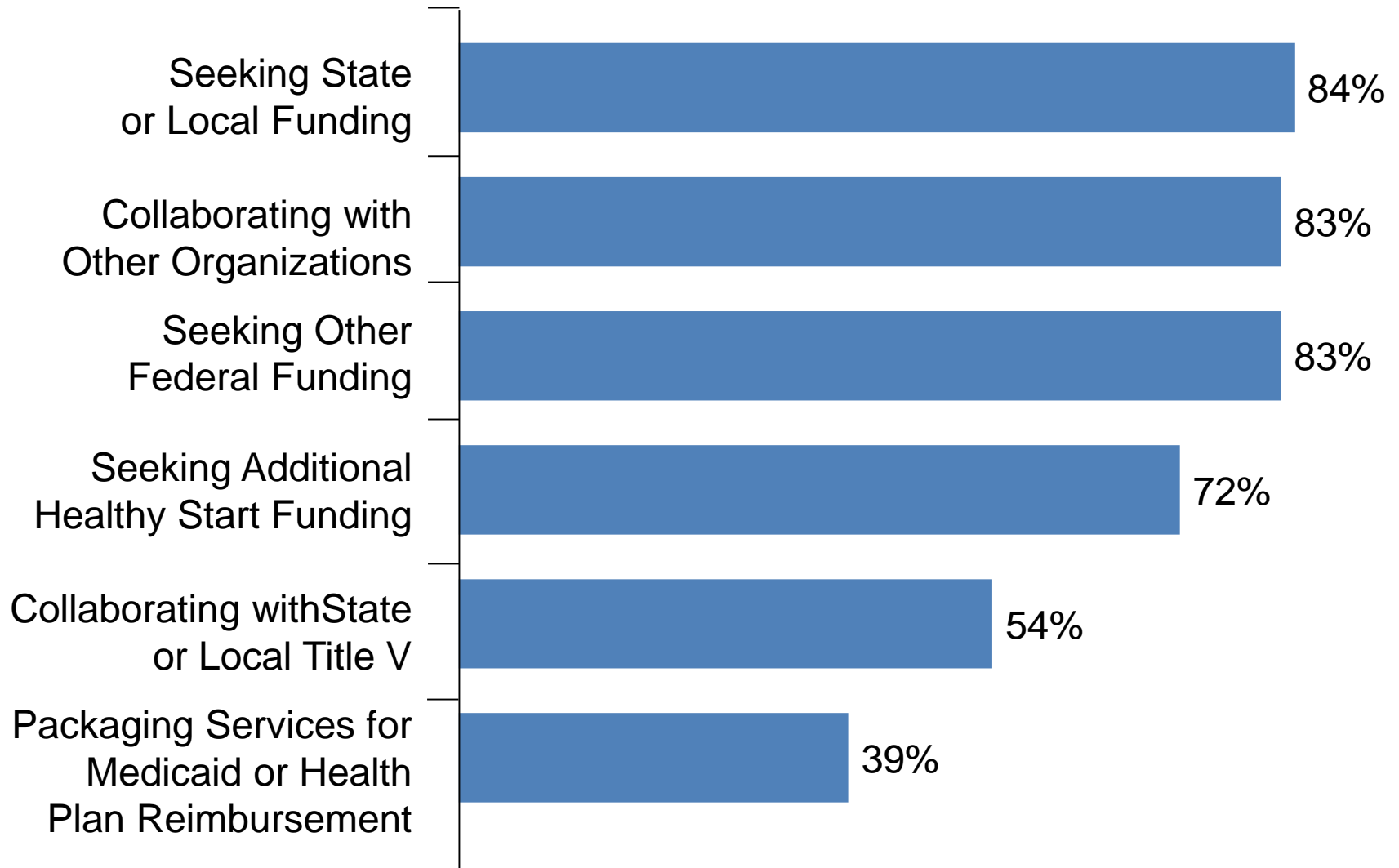
Percent of Healthy Start Projects with a Sustainability Plan, N=104

- **66% of all HS projects had a sustainability plan at the time of the PD survey.**



■ Yes ■ No

Strategies for Sustainability, N=69

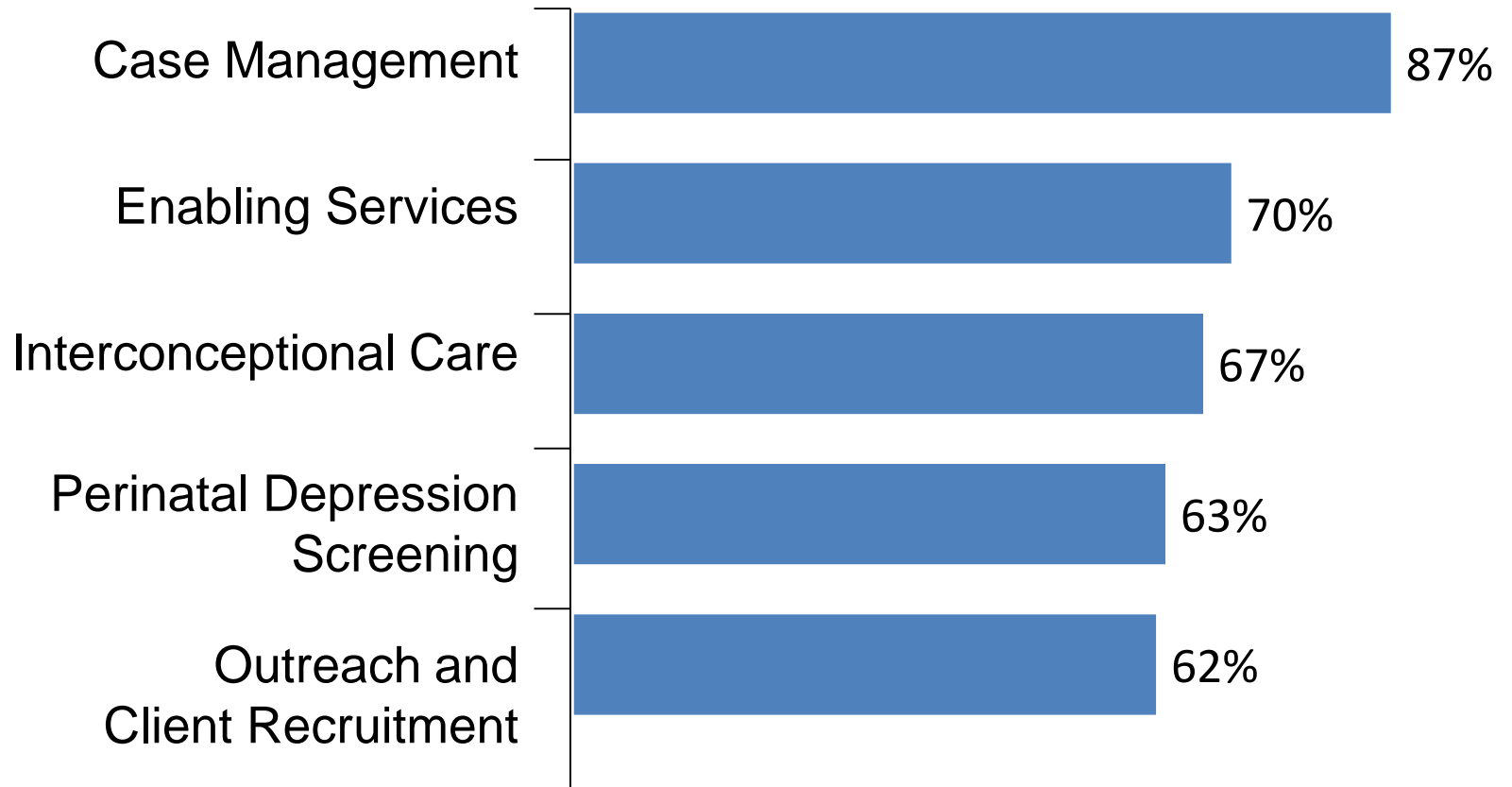


Perceived Outcomes

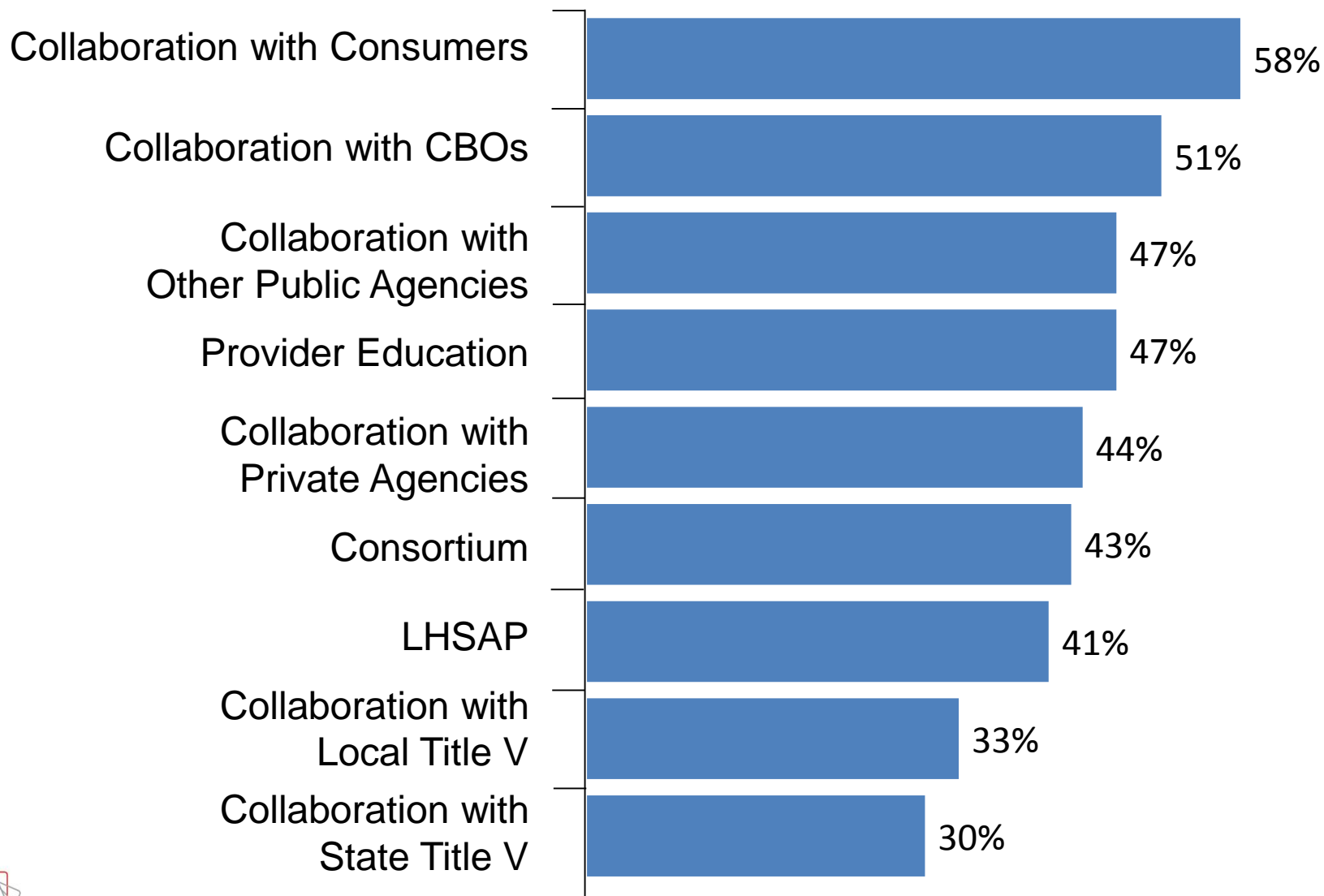
- **Reducing Disparities in MCH**
 - Service Activities
 - Systems Activities
- **Selected Achievements**



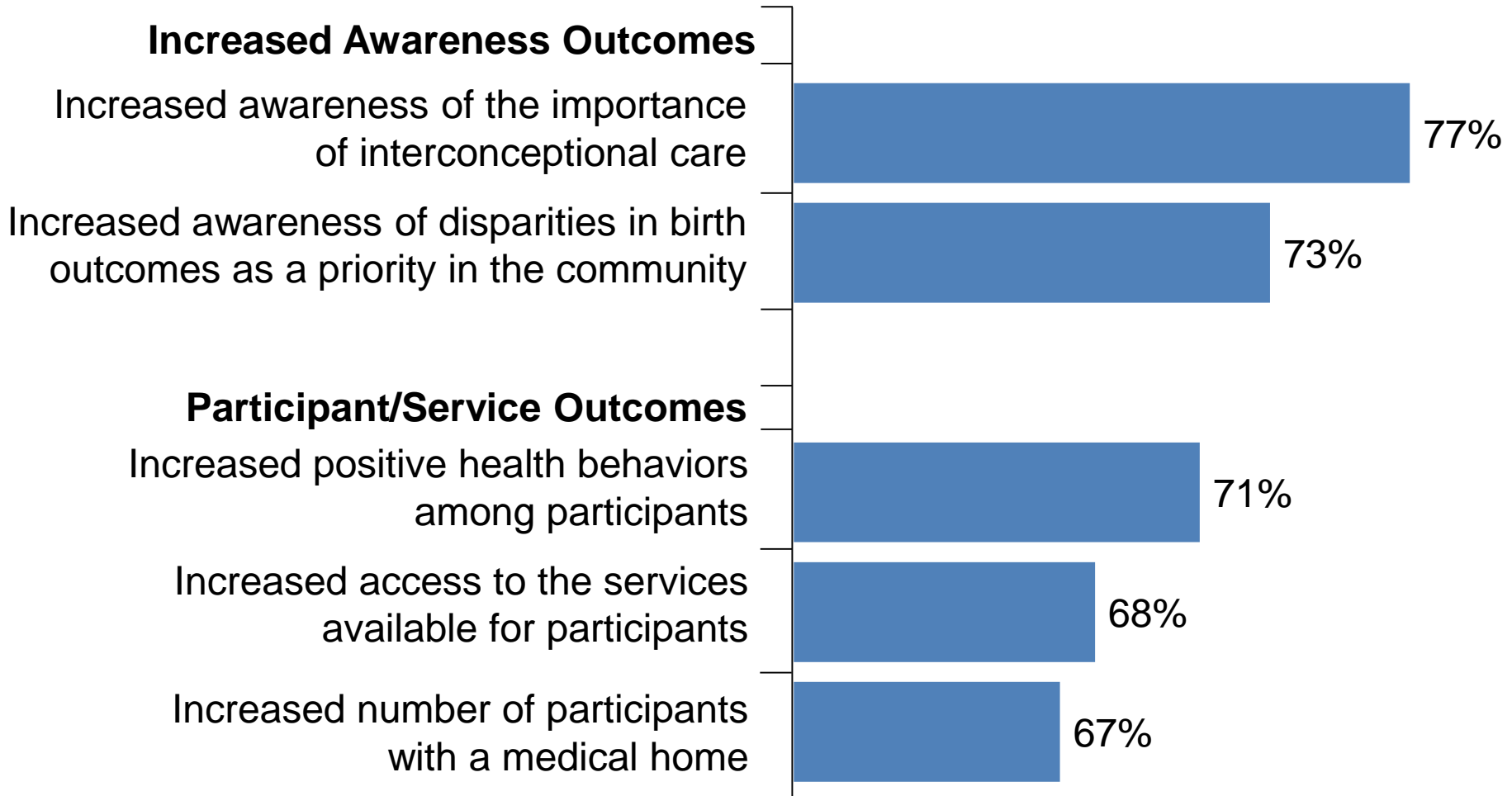
Service Activities Performed that Contributed to Reducing Disparities in Maternal and Child Health Outcomes, N=104



Systems Activities Performed that Contributed to Reducing Disparities in Maternal and Child Health Outcomes, N=104

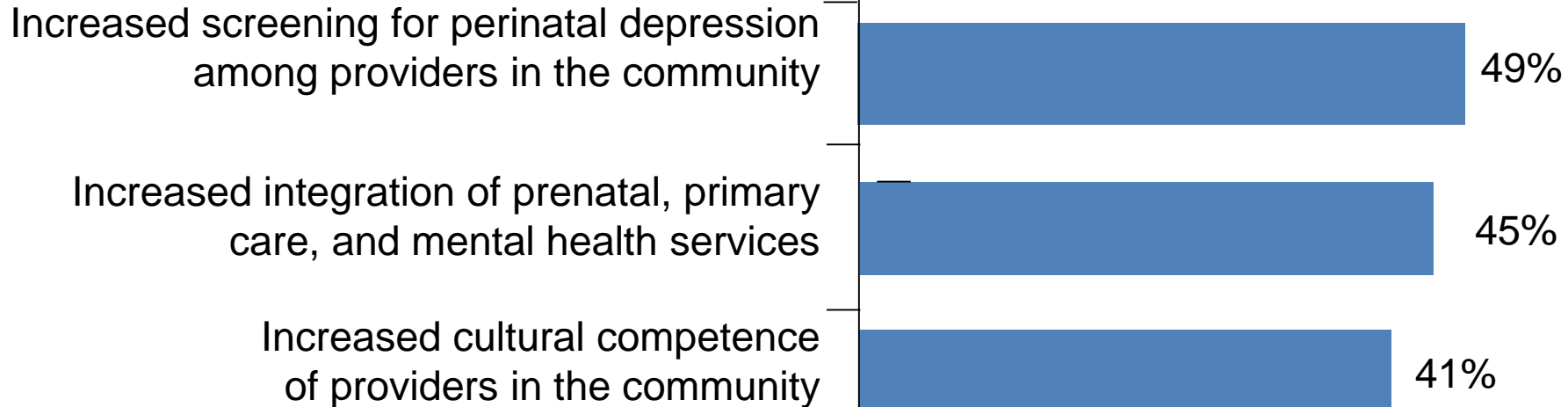


Percent Healthy Start Projects Reporting Achievement of Selected Intermediate Outcomes 1, N=104

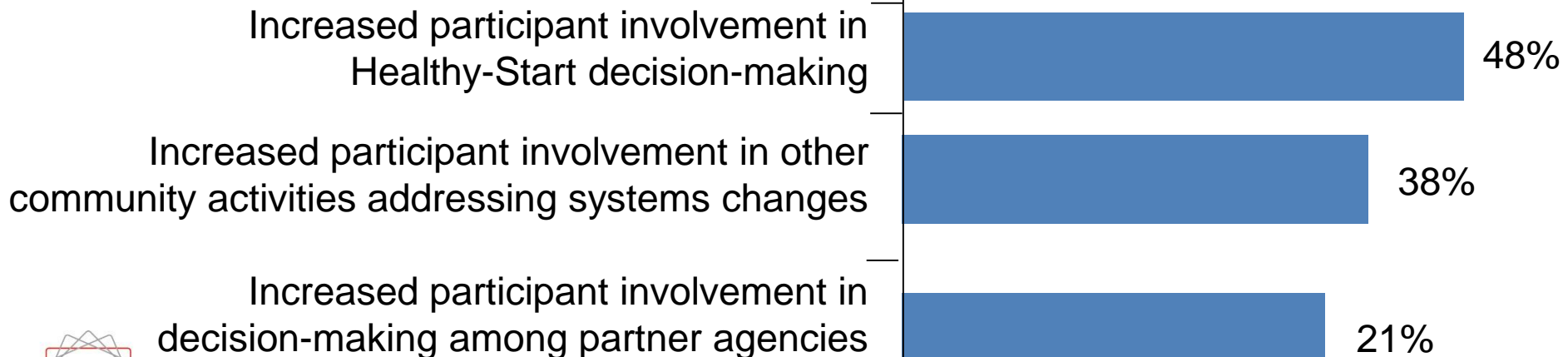


Percent Healthy Start Projects Reporting Achievement of Selected Intermediate Outcomes 2, N=104

Improved Systems-of-Care Outcomes



Participant Involvement Outcomes



Next Steps for National Evaluation

- **Complete Healthy Start Profile report (using survey results) (similar to one published in 2006)**
- **Complete analyses for overall Healthy Start impact using grantee survey results and Healthy Start performance measures**
- **Complete articles:**
 - Overall evaluation results
 - Enhanced program components
 - Use of performance measures in evaluations



Evaluation Questions (continued)

- 4. How do program components and features correlate to intermediate and long-term outcomes?**
- 5. What social determinants and contextual factors influence the implementation of program components and subsequent outcomes?**
- 6. How does the stage of implementation of a project's components or length of project funding influence the project's ability to measure and achieve intermediate and long-term outcomes?**



Healthy Start Performance Measures vs. State and National Benchmarks

6 of 15 Healthy Start Performance Measures (PM) are the same as (▲) State and National Benchmarks

Healthy Start Performance Measures (PM)	MCHB * Title V	HP 2010
PM50: Percent VLBW (<1500 g) births	▲	▲
PM51: Percent LBW (<2500 g) singleton births	▲	▲
PM52: IMR per 1000 live births	▲	▲
PM53: NMR per 1000 live births	▲	▲
PM54: PNMR per 1000 live births	▲	▲
PM55: Perinatal mortality rate per 1000 live births and fetal deaths	▲	▲

*Two MCHB Health Status Indicators: HSI 01B and HSI 02A and four MCHB Outcome Measures: NOM 01, NOM 03, NOM 04, NOM 05.



Healthy Start Performance Measures vs. State and National Benchmarks (con't.)

9 of 15 Healthy Start PMs are related to (△) or the same as (▲) State and National Benchmarks

Healthy Start Performance Measures (PM)	MCHB* Title V	HP 2010
PM07: Family participation		△
PM10: Cultural competence		△
PM14: Use of morbidity/mortality review		△
PM17: Medical home	△	△
PM20: Ongoing primary and preventive care		△
PM21: Completed referrals		△
PM22: Screenings		△
PM35: Comprehensive system for women's health services		△
PM36: 1 st trimester prenatal care visit	△	▲

*Two National MCHB Performance Measures: NPM 03, NPM 18.



Summary of Findings from Review of Local Evaluations Submitted in Response to Request

- **Lack of consistency across grantees in how information was reported**
- **Lack of clarity in methodology used for analyses**
- **Small sample size**
- **Inadequate documentation of how, when, and by whom evaluations were performed**
- **Insufficient studies with measures of effect to conduct meta-analysis**



Recommendations for Improving Local Evaluations in Future

■ Use Available Data to Enhance Evaluation Designs

- Selection of control group from vital records, Medicaid claims and other surveillance systems (e.g. PRAMS)
 - Create comparison groups based on risk profile and geographic proximity, e.g. Medicaid eligible population
- Aggregate data across years to increase sample sizes
- Focus on a specific HS strategy/outcome
 - Case Management/LBW

■ Partner with State and Academic Institutions

- MCH Epidemiologists
- Researchers



Recommendations for Improving Local Evaluations in Future

■ Partner with state agencies

- MCH or other epidemiologists available in health departments
- Advantage – it is easier access to vital records and other data

■ Partner with researchers at universities

■ Create network of Healthy Start researchers to encourage “standardization” of methods and approaches and encourage peer learning



Questions and Discussion

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