

SACIM Meeting: Healthy Start Program Update

Johannie Escarne
Acting Deputy Division Director

Division of Healthy Start and Perinatal Services (DHSPS)
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)



Presentation Outline

- History of Healthy Start
- Current Program Information
- CY16 Program Accomplishments
- FY19 Healthy Start Program



History of Healthy Start

Presidential Initiative, established in 1991 as a demonstration project

- Targets communities with high infant mortality rates and other adverse perinatal outcomes
- Initially focused on community innovation and creativity

Purpose: to improve perinatal health outcomes & reduce racial / ethnic disparities in perinatal outcomes

Program

- Supports communities with infant mortality (IM) rates > 1½ times the U.S. average.
- Provides services and facilitates access to comprehensive health and social services for women, infants, and their families.



Current Healthy Start Program Information



2014 Transformation of Healthy Start

- **Three (3) funding/performance and competency levels**
 - Level 1: Community-based
 - Level 2: Enhanced services
 - Level 3: Leadership & Mentoring
- **A focus on quality by requiring core competencies and standardized interventions**
 - Healthy Start Collaborative Improvement & Innovation Network (HS CoIIN)
- **New focus areas based on emerging science and focus on outcomes**
 - Improve women's health - not just during pregnancy, but before and after as well
 - Engage both parents & address family resilience/stress that underlie many disparities in birth outcomes
 - Community Action Networks (CANs) using collective impact framework to drive systems change
 - Focus on accountability, with performance measures and rigorous evaluation platforms to drive improvements



100 Grant Recipients Nationwide – Current Cycle

National Healthy Start Program

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Total	60	22	18	100
Urban	41	19	17	77
Rural	15	3	0	18
Border	4	0	1	5



Healthy Start Program Accomplishments



EPIC Center Available Services and Resources

Website and Knowledgebase

- Healthstartepic.org
- 209 evidence-based practices
- Map of grantee locations
- Community Health Worker course
- Project Management HUB
- Training calendar and archived webinars
- Resources on 5 Approaches, benchmarks, alcohol and substance -exposed pregnancy prevention and Healthy Living

Technical Assistance

- Peer learning teams
- Individualized TA
- Self assessment tool and resource fact sheets
- Mentoring

Trainings and Webinars

- Community Workshops
- CLC scholarships
- Regional and national meetings
- 80 monthly webinars



Use of Available Resources

74 grantees have received individualized TA

- 206 TA requests for 401 TA days

60 grantees have received CLC training

All grantees have attended 1 or more live webinar

- Grantees' staff attended an average of 26 live webinars
- **The EPIC website is accessed 3000 times per month**

- **45 HS grantees have hosted a community workshop**

- **All grantees have attended national conventions and regional meetings**

- **91 grantees have participated in one or more Peer Learning teams**

- **20 grantees use the EPIC electronic screening tool for reporting to HSMED**



HEALTHY START COMMUNITY HEALTH WORKER COURSE



- **Part 1 Launched February 2017**
- **800+ Healthy Start staff from 96 programs accessed Part 1 of the Healthy Start CHW Course**
- **630+ Healthy Start program staff received the Part 1 certificate of completion**
- **Part 2 Launched February 2018**
- **65+ Healthy Start staff from 25 programs accessed Part 2 of the Healthy Start CHW Course**
- **25+ Healthy Start program staff received the Part 2 certificate of completion**

A high-angle photograph of a woman with dark hair, wearing a white lab coat, examining the abdomen of a pregnant woman. The pregnant woman is wearing a light pink top. The background is a blurred green outdoor setting.

In 2016, HRSA's Healthy Start programs ensured access to healthcare and preventive services that improve women's health.

Connected 60,500+ participants to **health insurance** and 56,500 to a **medical home**.

Facilitated 31,800+ **reproductive life plans**, 13,300+ **postpartum visits**, 29,000+ **well woman visits**, and 36,100+ screenings for **intimate partner violence**.

In 2016, HRSA's
Healthy Start
programs screened
over **31,600** women
for **perinatal**
depression...



...and connected
over **4,000** to
follow-up services
for perinatal
depression.

In 2016, HRSA's Healthy Start programs screened **over 36,100** women for intimate partner violence.



Healthy Start Promotes Infant Health and Safety



In 2016, HRSA's Healthy Start program

17,995+ participants practiced safe sleep behaviors

13,730+ Ever breastfed

4,950+ Exclusively Breastfed to 6 months

20,525+ women abstained from smoking cigarettes during pregnancy

21,684+ Children received well child visits (including immunizations)

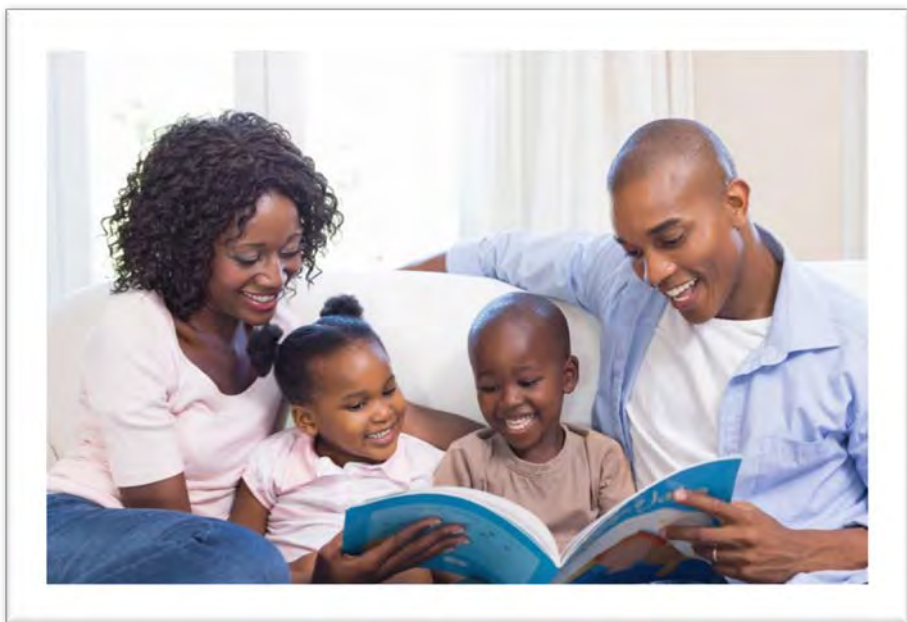
In 2016, over 16,200 fathers/male partners were involved during Healthy Start participant's pregnancy.



In 2016, HRSA's Healthy Start participants reported **over 13,620** of fathers/their male partners were involved with their infant/child up to age 2.



In 2016, **over 11,900** children 0-24 months participating in HRSA's Healthy Start programs were read to daily.



These Healthy Start kids would fill **583** kindergarten classrooms.

FY19 National Healthy Start Program



Program Purpose

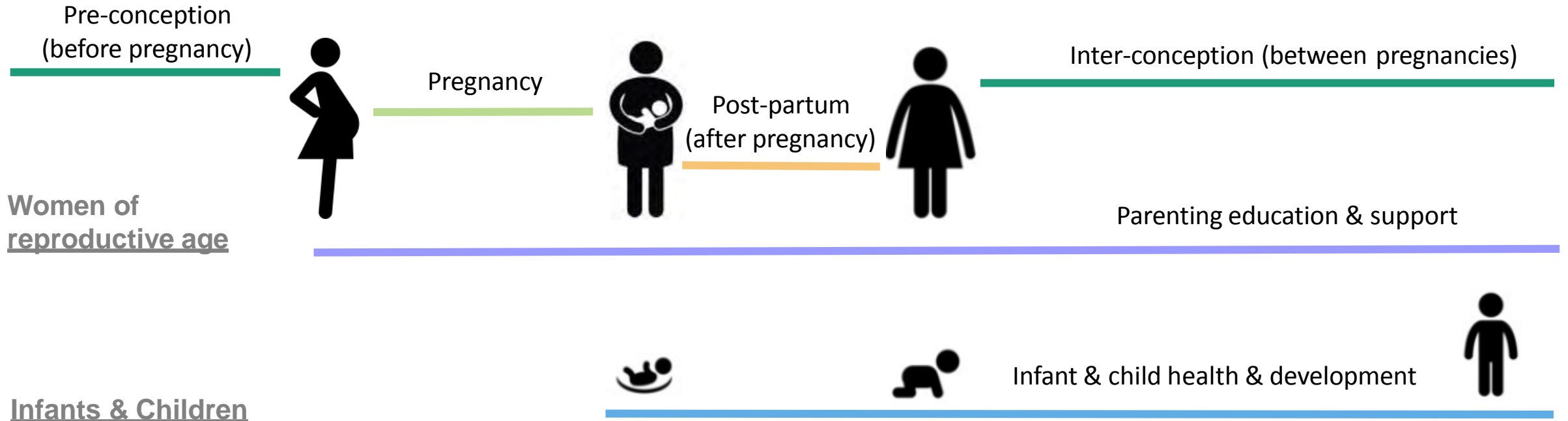
To improve health outcomes before, during, and after pregnancy
And to reduce racial/ethnic differences in rates of infant death and
adverse perinatal outcomes.

Authority: Public Health Service Act, Title III, Part D, § 330H (42 U.S.C. 254c-8).



Healthy Start “Participants” & “Service Period”

Women, infants, and children up to 18 months

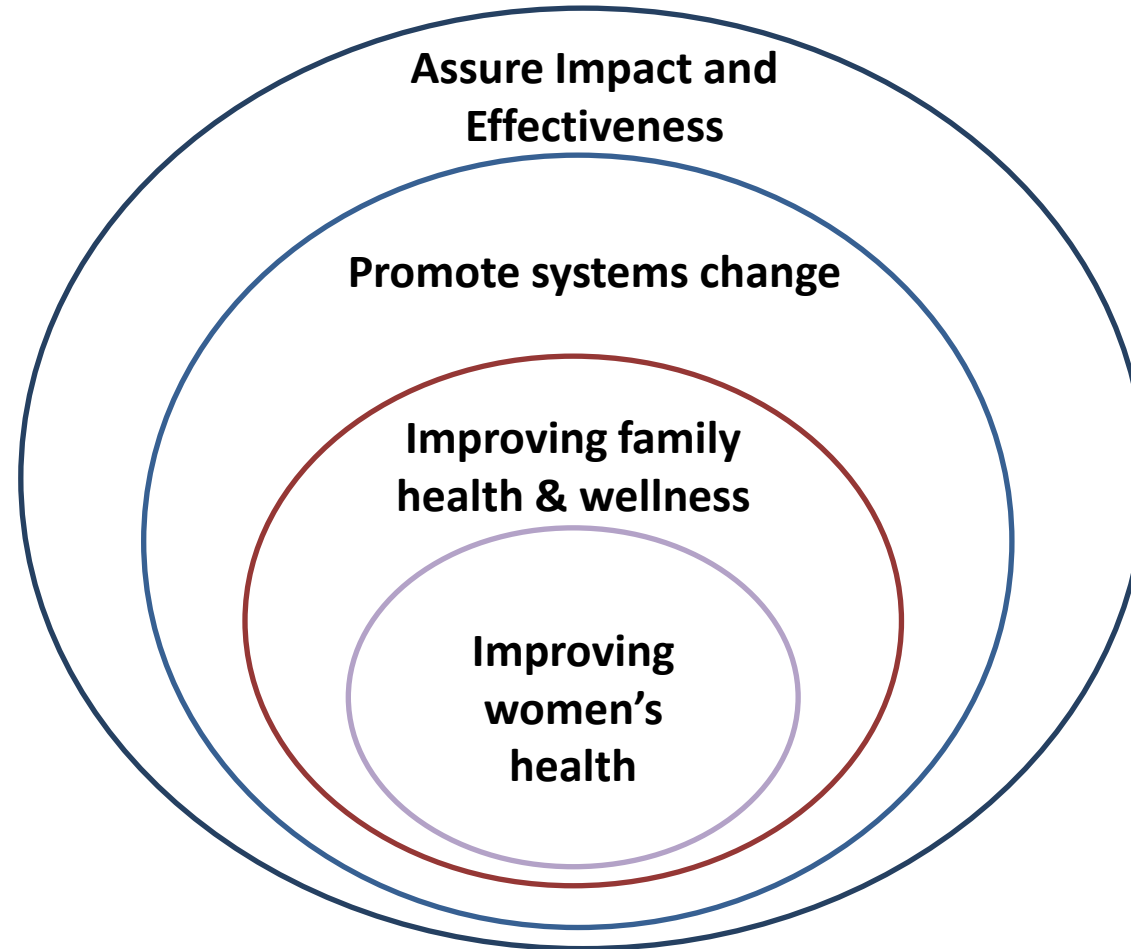


Infants & Children



Healthy Start Program Model

Single Enhanced Model: All programs = one funding level & single set of program requirements



Supported by Technical Assistance Center
Mentoring - HS CoIN - Regional & National Meetings



Program Activities

- **Improve Women's Health:** Activities to improve coverage, access to care, and health promotion and prevention, and health for women before, during, and after pregnancy.
- **Improve Family Health and Wellness:** Activities to improve infant health and development using a two-generation approach. Acknowledging the health of families are interrelated, applicants shall support the parental and community factors that promote family health and wellness.

Program Activities

- **Promote Systems Change:** Activities to maximize opportunities for community action to address social determinants of health (SDOH), including systems coordination and integration among health and social services, other providers, and key leaders in the community and their states.
- **Assure Impact and Effectiveness:** Activities to conduct ongoing HS workforce development, data collection, quality improvement, performance monitoring, and evaluation activities in order to identify best practices, demonstrate implementation of evidence-based practices, and report on results.



Program Activities

- Every HS project funded under this notice should **serve per year/at all times no less than:**
 - total of **at least 700 program participants** per calendar year
 - 300 pregnant women
 - 300 infants/children up to 18 months, preconception women, and interconception women (combined)
 - 100 fathers/male partners affiliated with HS women/infants/children
- **Failure to meet service numbers may result in drawdown restriction, reduction, and/or elimination of funding.**



Eligibility Factors (Urban & Rural)

- **Primary Statistic: 2013 through 2015** combined 3-year infant mortality rate must be equal to or more than 8.8 deaths per 1,000 live births **AND** there must be 20 or more infant deaths in the target population during the 3-year period
 - **Secondary Statistic:** If the combined 2013 through 2015 number of infant deaths are less than (<)20, then to be eligible the following must be met:
 - 2013 through 2015 low birthweight (LBW) rate is equal to or more than 12.1 percent AND there must be 100 or more LBW births in the target population during the 3-year period
- OR**
- 2013 through 2015 preterm birth (PTB) rate is equal to or more than 14.4 percent AND there must be 100 or more PTB births in the target population during the 3-year period

Eligibility Factors (Other)

- Must have at least 1,000 births for **2016** AND **meet at least three indicators** from the list below
 - Percentage of pregnant women with diabetes is 10.2 percent or more
 - Percentage of pregnant women who are obese is 39.2 percent or more
 - Percentage of pregnant women entering prenatal care in the first trimester is less than 38.6 percent
 - Percentage of births to women who had no prenatal care is 2.4 percent or more
 - Percentage of births to women who used tobacco during pregnancy is 10.8 percent or more

Award Notices

Applications were due **November 27, 2018**.

The Notice of Award will be sent prior to the start date of April 1, 2019.



Open Discussion

