

# Healthy Start Update

Hani K. Atrash MD, MPH

Meeting of the Secretary's Advisory Committee on  
Infant Mortality  
Washington DC, April 24, 2013

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



# THE NATIONAL HEALTHY START PROGRAM

*Secretary Louis Sullivan, Healthy Start Press Conference 1991*

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## "Healthy Start" expectations:

- Community-wide commitment and innovative
- Government commitment:
  - Provide resources, and
  - Develop usable model programs that work
- Sustainability, and
- Replication and dissemination



# THE NATIONAL HEALTHY START PROGRAM

*Secretary Louis Sullivan, Healthy Start Press Conference 1991*

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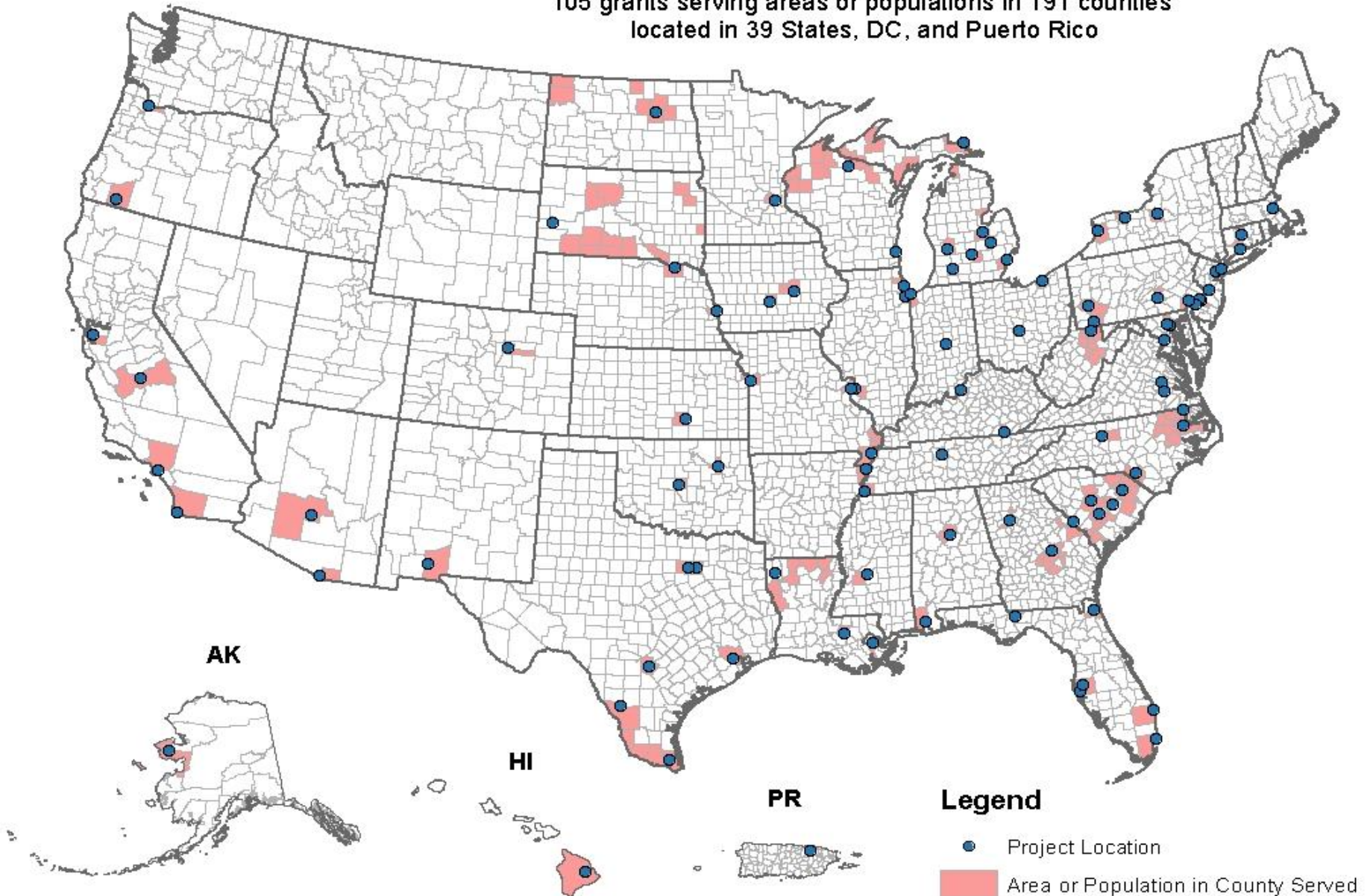
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- Federal investment:
  - 1991-1997: 15 sites
  - 1994-1997 : 7 additional sites
  
- 1998-2001: additional funding made available to “**Replicate best models/lessons learned from the demonstration** phase with existing sites serving as resource centers”;
  - 20 Mentoring and 50-76 New Communities



# Federal Healthy Start Projects, 2013

105 grants serving areas or populations in 191 counties  
located in 39 States, DC, and Puerto Rico



# How Have We Done?

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- In 2010, over 90% of all healthy start sites were implementing all 9 core components.
- Most Healthy Start sites offer the following services:
  - Home visiting,
  - Breastfeeding support and education,
  - Smoking and other tobacco use cessation,
  - Healthy weight services,
  - Male and family involvement,
  - Domestic/intimate partner violence screening, and
  - Child abuse screening or services



*A profile of Healthy Start: Findings from the Evaluation  
of the Federal Healthy Start Program 2012*



# How Have We Done?

## The Good News: Statistics 2010

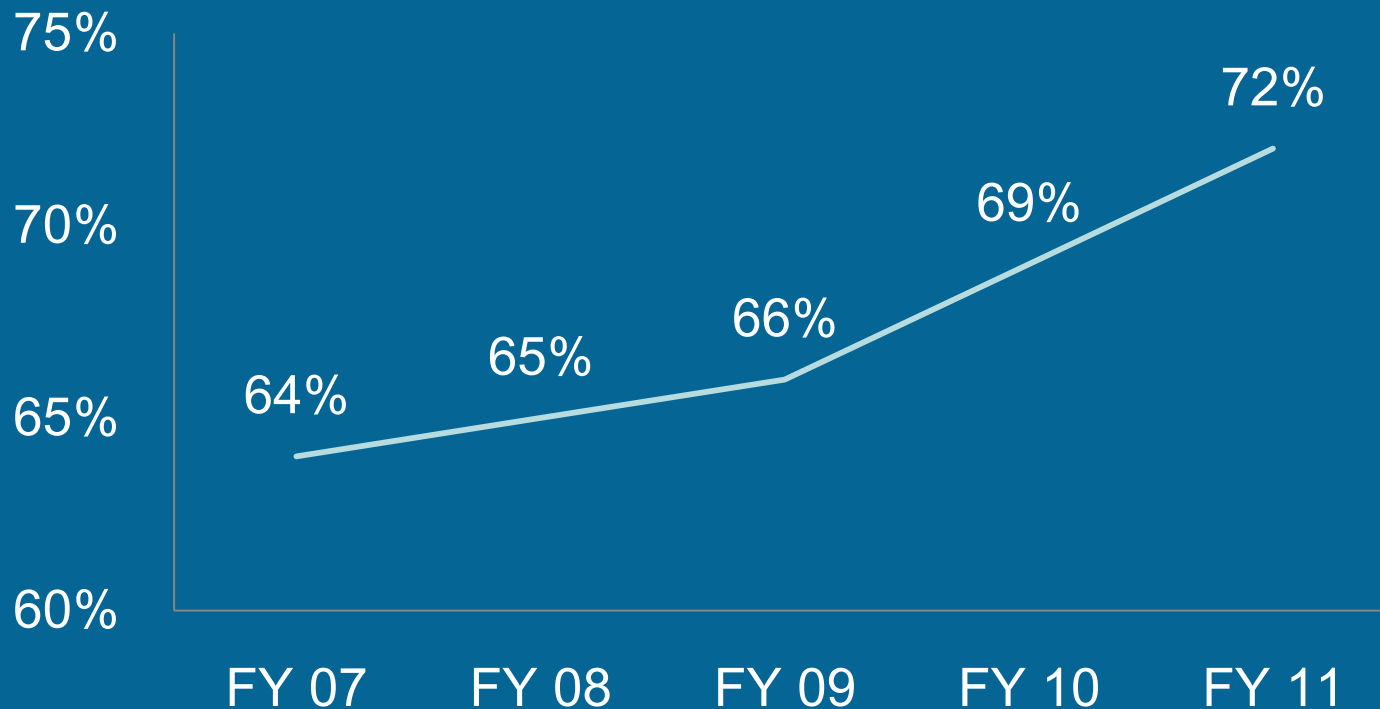
- Number of infant deaths = 90; Expected number of infant deaths = 172\*
  - *IMR in HS sites = 4.78 compared with 6.15 nationally, 5.2 for non-Hispanic Whites, 5.47 for Hispanics, and 11.63 for African Americans*
- Number of babies born low birth-weight -1877
  - *Low birth-weight rate =10% compared with 8.1% nationally, 7.14% for non-Hispanic Whites, 6.97% for Hispanics, and 13.53% for African Americans*
- Number of babies born very low birth-weight 316
  - *Very low birth-weight rate 1.7% compared with 1.45% nationally, 1.16% for non-Hispanic Whites, 1.2% for Hispanics, and 2.98% for African Americans*

\* Estimated number of infant deaths are race/ethnicity adjusted.



# Westside Healthy Start Program - Chicago, IL

Percent of WHS participants who received prenatal care in first trimester

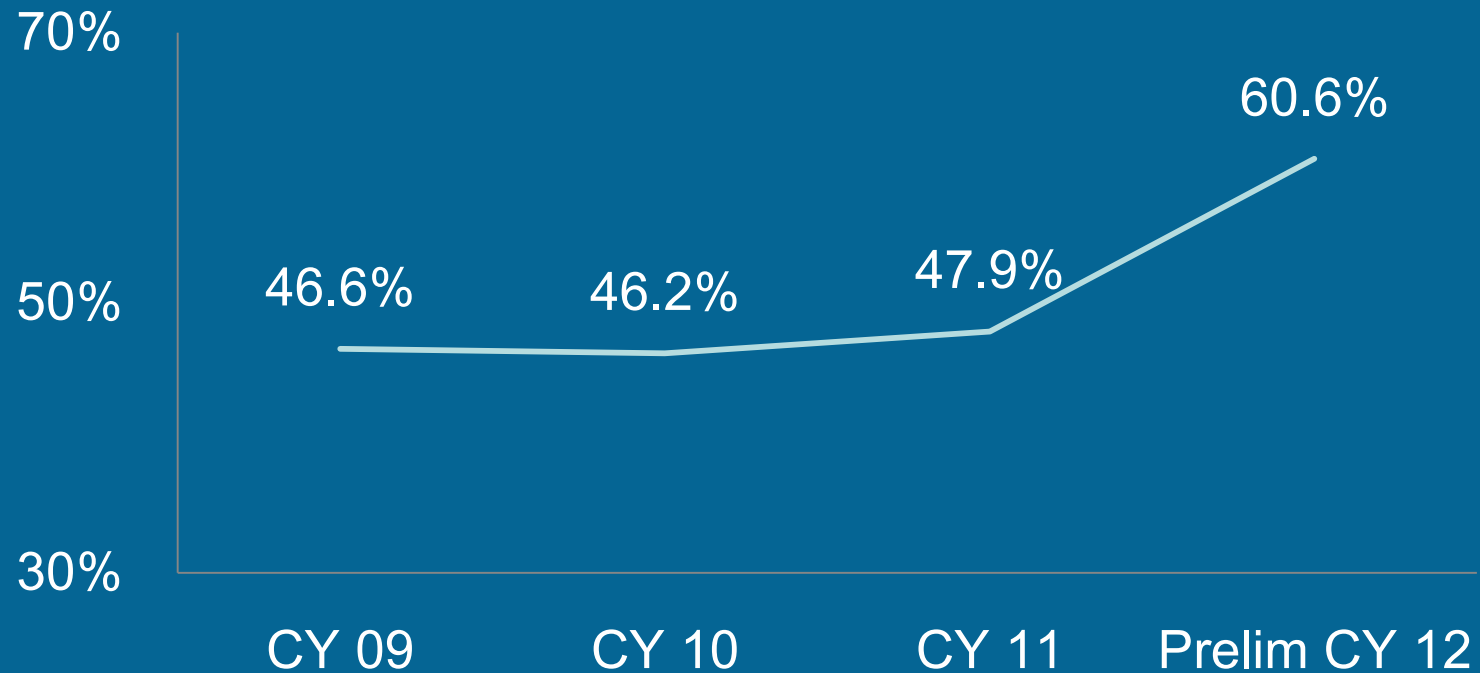


Source: WHS annual performance



# Westside Healthy Start Program - Chicago, IL

## Percent of WHS participants who initiated breastfeeding



Source: WHS annual grant applications





# Have We Lived Up To The Expectations Of Communities And Law Makers?

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- Have we completed the “demonstration phase?”
- Have we “tested innovative, locally driven approaches to reach pregnant women and improve the health of their babies?”
- Have we “demonstrated the effectiveness of these approaches?”
- Are we able to “replicate best models/lessons learned from demonstration?”
- Have we “developed and implemented sustainable programs?”



# HEALTHY START PROGRAM: IMPLEMENTATION LESSONS AND IMPACT ON INFANT MORTALITY, THURSDAY, MARCH 13, 1997. 105 Congress House Hearing

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“Now the test is over, and **it is time to find out what worked and what did not.**”

- It is time to analyze as objectively as possible, the impact of Healthy Start initiatives on the leading causes of infant mortality
- It is time to determine what Healthy Start demonstrated about the effectiveness and sustainability of community action to improve the health of infants at risk”.

*Representative Christopher Shays (Connecticut)*



# HEALTHY START PROGRAM: IMPLEMENTATION LESSONS AND IMPACT ON INFANT MORTALITY, THURSDAY, MARCH 13, 1997. 105 Congress House Hearing

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- “The decisions affecting the lives of 30,000 babies each year should be based on facts, not hopes or theories.
- Federal policies and programs must be based on sound research and current data, not anecdotal information and purely local evaluation.
- Good intentions are no substitute for good health outcomes.
- We invite Healthy Start project directors to describe their work, to bring local solutions to a national problem.”

*Representative Christopher Shays (Connecticut)*



# THE NATIONAL HEALTHY START PROGRAM

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## Our Challenge

- Number of pregnant women served per year = 30,759  
0.78% of the 3,953,593 women who give birth in 2010
- Number of babies born in HS communities per year = 19,273  
0.49% of the 3,953,593 babies born nationally
- Number of infant deaths in Healthy Start sites = 90  
0.37% of the 24,586 infant deaths nationally

# THE NATIONAL HEALTHY START PROGRAM

## What Should Healthy Start be Doing Next?

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We have a responsibility to:

- Demonstrate effectiveness with a focus on health outcomes
- Demonstrate sustainability and impact on systems
- Scale up and disseminate interventions to serve the larger population

*We must respond to critics and acknowledge the need to change*



# THE NATIONAL HEALTHY START PROGRAM

## HEALTHY START 3.0

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### Two Themes

1. Doing the right things, and
2. Doing things right

# THE NATIONAL HEALTHY START PROGRAM – 3.0

Doing the right things - Beyond Infant Mortality Prevention

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1. Informing policy to ensure access
2. Promoting resilience
3. Assuring cultural and linguistic competency
4. Ensuring consumer engagement and involvement, and
5. Promoting health equity

# THE NATIONAL HEALTHY START PROGRAM – 3.0

## Doing the right things - Healthy Start Critical Elements

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1. **Community-Based Service Delivery**
2. **Comprehensive Health Care**
3. **Care Coordination**
4. **Systems Integration**
5. **Quality Improvement and Evaluation**





# THE NATIONAL HEALTHY START PROGRAM – 3.0

## Doing things right - From Demonstration to Replication

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1. Objectively proven effective interventions
2. Uniformly implemented interventions
3. Monitoring of interventions AND outcomes
4. Ongoing evaluation of activities and their impact
5. Feedback for action
6. Documentation of interventions and outcomes
  - Research not published is research not done

# THE NATIONAL HEALTHY START PROGRAM – 3.0

## From Demonstration to Replication

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- Build on lessons learned over the past 22 years
- Develop clear evidence-based tools and guidelines and practice for all interventions at all levels
- Ensure skilled workforce at all levels



# THE NATIONAL HEALTHY START PROGRAM – 3.0

## What Will It take?

- A strong infrastructure and competent management and guidance
- Knowledgeable, skilled, competent, passionate and hard working individuals AT ALL LEVELS
- A feedback loop including collection, analysis, dissemination and use of relevant data
- A strong consortium and meaningful collaboration with Title V and other relevant organizations
- Documentation, documentation, documentation!



# Our Next Steps

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- Division internal strategic plan
- Input from key stakeholders
- Strategic planning principles will be reflected in the guidance for funding in the future

# For More Information

**Hani Atrash, MD, MPH**

**5600 Fishers Lane**

**Rockville, MD 20852**

**Office: 301-443-0543**

**Direct: 301-443-7678**

**Email: [hatrash@hrsa.gov](mailto:hatrash@hrsa.gov)**

