



Healthy Start
Virtual Grantees' Meeting

Updates from the
Division of Healthy Start
& Perinatal Services
(DHSPS):
Healthy Start Evaluation

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HEALTHY
start
TA & SUPPORT CENTER



NICHQ
National Institute for
Children's Health Quality

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Services







Analysis of the National Healthy Start Program 2017 Evaluation Findings

Lee Wilson

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Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Appreciations

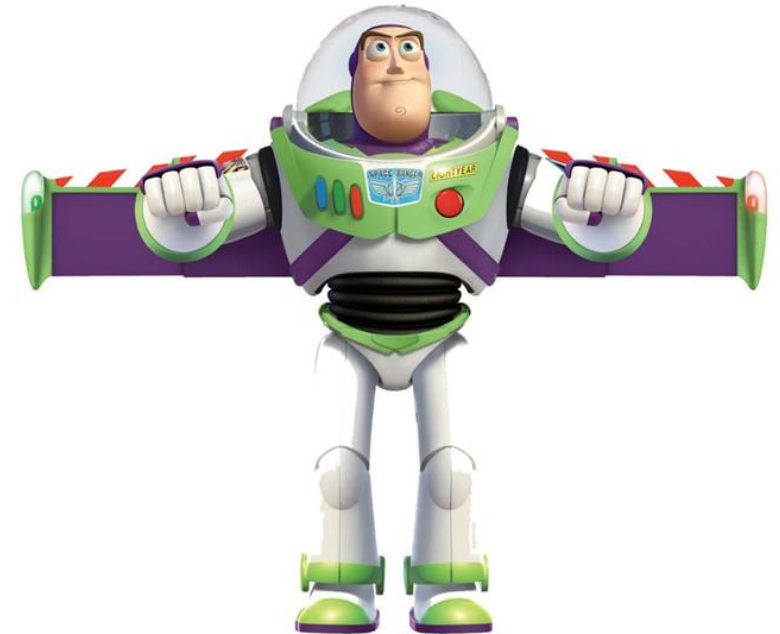


Healthy Start Data and Evaluation: From Here to Eternity

Data Needs: The importance of quality, timely data to support Healthy Start

Data Results: Healthy Start Evaluation 2017

Data Future: Next Steps



Overview of Healthy Start Program

- Healthy Start (HS) was established in 1991 by HRSA's Maternal and Child Health Bureau to improve health equity by providing services and interventions that improve birth outcomes and family wellbeing.
- 2014 Redesign
- 2017 Evaluation
- 2019 Re-competition
- 2020 HSMED II Launch



Data Needs

The importance of high quality, timely data to support Healthy Start



Why Concern Ourselves with the Data?

Does Healthy Start Work?

Is the Money Being Used Effectively?

Could the Program Be Even Better?





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2017 Healthy Start Evaluation

Describe HS participants

Identify factors associated with adverse outcomes

Compare HS participants to similar non-participants

Compare outcomes to program targets



Data Sources

HSMED Program Data

- 29,112 HS participants

CDC PRAMS Data

- 665 HS participants
- 1,736 non-HS participants

Vital Records

- 7,932 HS participants
- 459,196 non-HS participants

Limitations

- Data quality challenges
- Time-consuming data linkage processes
- Lack of baseline data that made it difficult to account for preexisting risk factors
- Variability in the duration of services provided to individual clients during this time

Key Findings - Who Does HS Serve?

- Under 35 years old
- Black/African-American, non-Hispanic
- Spoke English at home
- Did not have education beyond high school/GED completion
- Had public health insurance, such as Medicaid
- Live below the Federal Poverty Line (FPL), with incomes under \$20,000 per year
- ~57% pregnant, ~28% postpartum, ~15% parenting/interconception

Key Findings - Differences Among Healthy Start Participants

- **Tobacco Use**
 - Lower educational attainment
 - Living below the poverty line
 - White participants (when compared to Black participants)
- **Breastfeeding**
 - Higher educational attainment
- **Partner/Father Involvement**
 - Living above the poverty line
- **Safe Sleep**
 - White participants (when compared to Black participants)
- **Health Insurance**
 - English speaking



Key Findings – HS Women vs. Non-HS Women

- HS participants were **more likely than non-HS participants to:**
 - Have their first prenatal care visit at earlier weeks of gestation
 - Have more prenatal care visits
 - Follow recommended infant safe sleep practices
- HS participants, who were also part of the PRAMS analyses, **were less likely to have a low birthweight infant than non-HS participants.**
- HS participants were **more likely to have pre-existing high blood pressure/hypertension** which are risk indicators for poor birth outcomes.
- Differences were not seen in some key pregnancy outcomes including preterm birth and infant mortality.



Key Findings – Program Targets

- **At or Above Targets**
 - Usual source of care for participants and their children
 - Depression screenings
 - Interconception intervals within 18 months of previous pregnancy
- **Below Targets**
 - Intimate partner violence (IPV) screenings
 - Breastfeeding
 - Tobacco use



What Have We Done Well?

- HS plays a role in improving perinatal outcomes
 - Earlier prenatal visits
 - More prenatal visits
 - Safe sleep practices
 - Usual source of care
 - Depression screenings
- HS continues to serve women, children and families with the most need across the United States.
 - Below high school education
 - Public health insurance
 - Below federal poverty line
 - High rates of pre-existing blood pressure/hypertension



Opportunities for Growth and Improvement

Data Quality

- New Data Collection Forms
- HSMED v2
- CAREWare

Preconception/Interconception

- Increase participation

Program Targets

- Tobacco use
- Hypertension
- IPV Screening
- Breastfeeding

The Core of Healthy Start

- Reduce disparities in access to and use of health services
- Improve the quality of the local health care system
- Empower women and their families
- Increase consumer and community participation in health care decisions



Data Future: Next Steps

Updated Data Collection Forms

Updated Monthly Aggregate Reporting Template

Monthly Aggregate Reporting Template Data Dictionary

Survey of evaluator capacity and professional development interests

CAREWare adoption survey



Data Future: Next Steps

HSMED2 XML Schema

HSMED2 Data Dictionary

Grantee vendor and data lead meeting

CAREWare Training

HSMED2 Training

PO Training and tools



Infinity and Beyond





Thank You

Lee Wilson

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