



Healthy Start  
Virtual Grantees' Meeting

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

Lee Wilson, MCHB DHSPS

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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

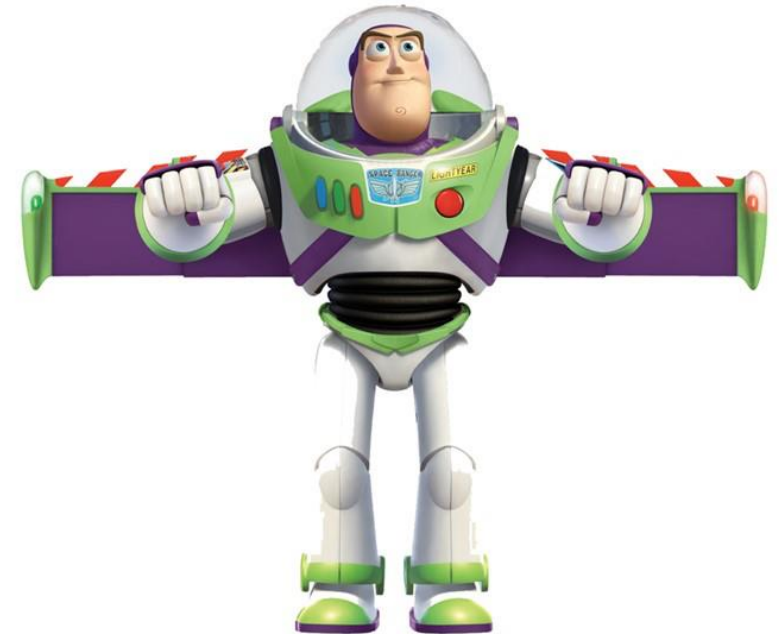


# Healthy Start Data and Evaluation: From Here to Eternity

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

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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?





# Analysis of the National Healthy Start Program 2017 Evaluation Findings

**Vision: Healthy Communities, Healthy People**



# 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

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- 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

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- 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

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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

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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

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