

Compassion on the Go

Engagement Activity

THURSDAY, NOVEMBER 4
11 — 11:15 AM ET

*SHAYLA COLLINS, MINDFULNESS
FACILITATOR, RAIN OR SHINE CONSULTING,
SEATTLE WA*

THE HEALTHY START TA & SUPPORT CENTER IS OPERATED BY THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ). THIS PROJECT IS SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) UNDER GRANT NUMBER 1 UF5MC327500100 TITLED SUPPORTING HEALTHY START PERFORMANCE PROJECT.



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National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER



Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

2021 Healthy Start Virtual Grantees' Meeting

A Message from the MCHB Associate Administrator

Thursday, November 4, 2021 || 11:15 am – 12 pm ET

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THIS SESSION IS BEING RECORDED.



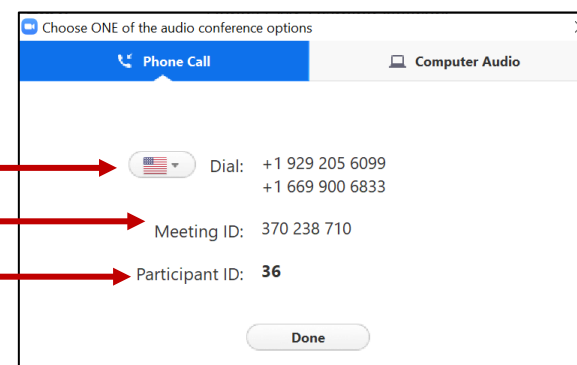
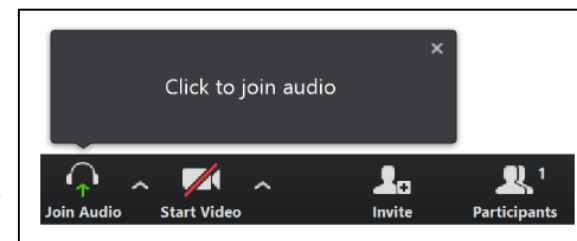
ALL PARTICIPANTS ARE MUTED DURING THIS SESSION.



PARTICIPANTS ARE ENCOURAGED TO SHARE COMMENTS VIA THE CHAT MODULE AND ASK QUESTIONS VIA THE Q&A MODULE IN WHOVA (ON THE MOBILE APP OR BROWSER).

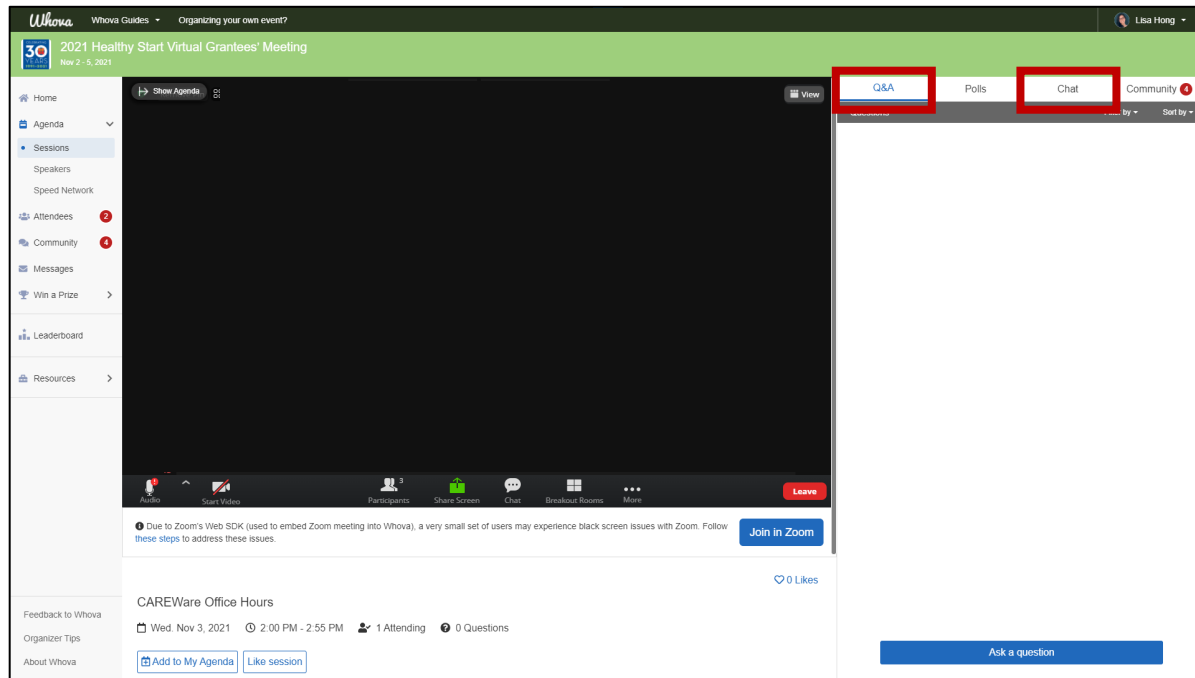
Audio

- AFTER YOU JOIN THE ZOOM SESSION, AN AUDIO CONFERENCE BOX MAY APPEAR
 - IF YOU DO NOT SEE THE BOX, CLICK **'Join Audio'**
- FROM THE AUDIO CONFERENCE BOX, SELECT **'Phone Call'** OR **'Computer Audio'**
 - IF USING THE PHONE:
 - DIAL ONE OF THE GIVEN NUMBERS NEXT TO **'Dial'**
 - YOU WILL BE PROMPTED TO ENTER THE **Meeting ID**
 - THEN YOU WILL BE PROMPTED TO ENTER THE **Participant ID**

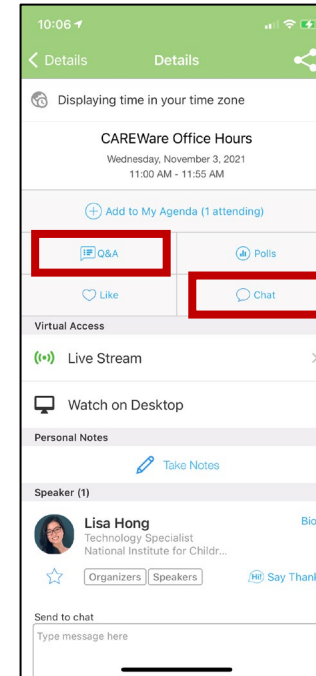


Chat and Q&A via Whova

DESKTOP BROWSER



MOBILE APPLICATION



Like what you see?

THE HEALTHY START TA & SUPPORT CENTER IS NOW ACTIVE ON SOCIAL MEDIA!

1. TAKE A PICTURE OR A SCREENSHOT
2. SHARE ON INSTAGRAM OR TWITTER!
3. DON'T FORGET TO TAG @HS_TASC AND @NICHQ AND INCLUDE HASHTAGS #HEALTHYSTARTVGM2021 AND #HEALTHYSTARTSTRONG

Technical Issues

IF YOU EXPERIENCE ANY TECHNICAL CHALLENGES WITH WHOVA,
PLEASE EMAIL SUPPORT@WHOVA.COM

FOR ALL OTHER QUESTIONS,
PLEASE EMAIL HEALTHYSTART@NICHQ.ORG

Reminder: Complete the Day 1 Evaluation Survey

SCAN THE QR CODE OR VISIT
<https://link.nichq.org/VGM-Day-1-Evaluation>

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*We truly value your
feedback!*

2021 Healthy Start Virtual Grantees' Meeting | Day 2 – November 4, 2021

Start (ET)	End (ET)	Session
10:15 AM	11:00 AM	JavaTalk - <i>OPTIONAL</i>
11:00 AM	11:15 AM	Compassion on the go - <i>OPTIONAL</i>
11:15 AM	12:00 PM	A Message from the MCHB Associate Administrator
12:15 PM	12:45 PM	AIM CCI - A Community Approach to Improving Maternal Outcomes
12:45 PM	1:15 PM	Healthy Start TA & Support Center Mental Health Training Opportunities
1:15 PM	1:45 PM	Grants Management
1:45 PM	2:00 PM	Healthy Starts at Home
2:00 PM	2:55 PM	CAREWare Office Hours & Networking Cafés - <i>OPTIONAL</i>
3:00 PM	4:20 PM	Breakout Sessions
4:25 PM	4:55 PM	Division of Healthy Start and Perinatal Services Update
4:55 PM	5:00 PM	Wrap-up
5:00 PM	6:00 PM	Networking Table - <i>OPTIONAL</i>
5:30 PM	6:30 PM	Family Feud - <i>OPTIONAL</i>



A Message from the MCHB Associate Administrator

Plenary

THURSDAY, NOVEMBER 4

11:15 AM - 12 PM ET

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Our Speaker

Michael D. Warren, MD, MPH, FAAP

ASSOCIATE ADMINISTRATOR

MATERNAL AND CHILD HEALTH BUREAU (MCHB)

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)



Healthy Start All Grantee Meeting

November 3-5, 2021

Michael D. Warren, MD MPH FAAP
Associate Administrator
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



HRSA's Maternal and Child Health Bureau

- **Mission:** To improve the health and well-being of America's mothers, children, and families.
- **Vision:** An America where all mothers, children, and families are thriving and reach their full potential.



Maternal and Child Health Bureau Strategic Plan

MCHB MISSION

To improve the health and well-being of America's mothers, children, and families.

MCHB VISION

An America where all mothers, children, and families are thriving and reach their full potential.

GOAL 1

Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

GOAL 2

Achieve **health equity** for MCH populations.

GOAL 3

Strengthen **public health capacity and workforce** for MCH.

GOAL 4

Maximize **impact** through leadership, partnership, and stewardship.

The full strategic plan may be found here:

<https://mchb.hrsa.gov/sites/default/files/mchb/AboutMCHB/mchb-strategic-plan.pdf>



Healthy Start & the MCHB Strategic Plan

MCHB MISSION

To improve the health and well-being of America's mothers, children, and families.

MCHB VISION

An America where all mothers, children, and families are thriving and reach their full potential.

GOAL 1

Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

Provide services for women, children & families

GOAL 2

Achieve **health equity** for MCH populations.

Focus on eliminating disparities

GOAL 3

Strengthen **public health capacity and workforce** for MCH.

Expand maternal and infant health workforce

GOAL 4

Maximize **impact** through leadership, partnership, and stewardship.

Lead community partnerships



Healthy Start

Purpose:

- Improve health outcomes before, during, and after pregnancy
- Reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes

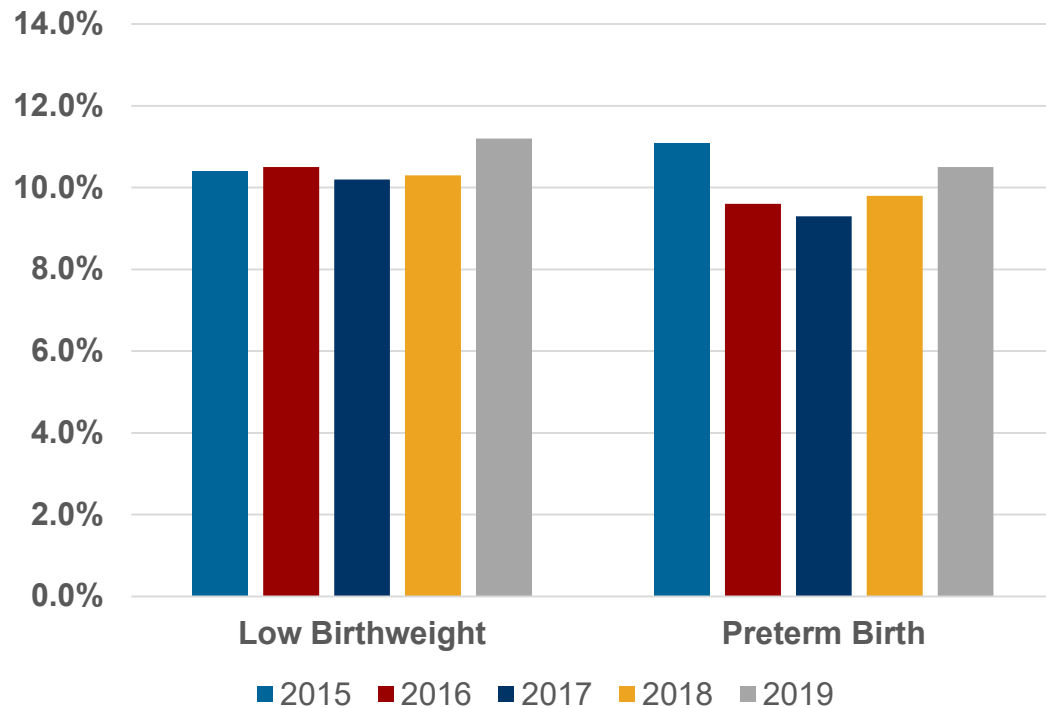
Strategic Approaches:

- Improve Women's Health
- Improve Family Health and Wellness
- Promote Systems Change
- Assure Impact and Effectiveness

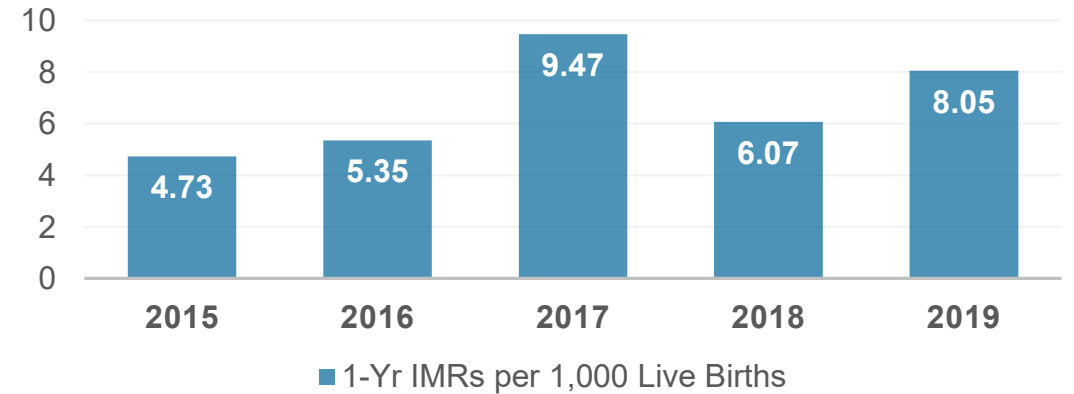


HS Birth Indicators & Infant Mortality Rates (2015-2019)

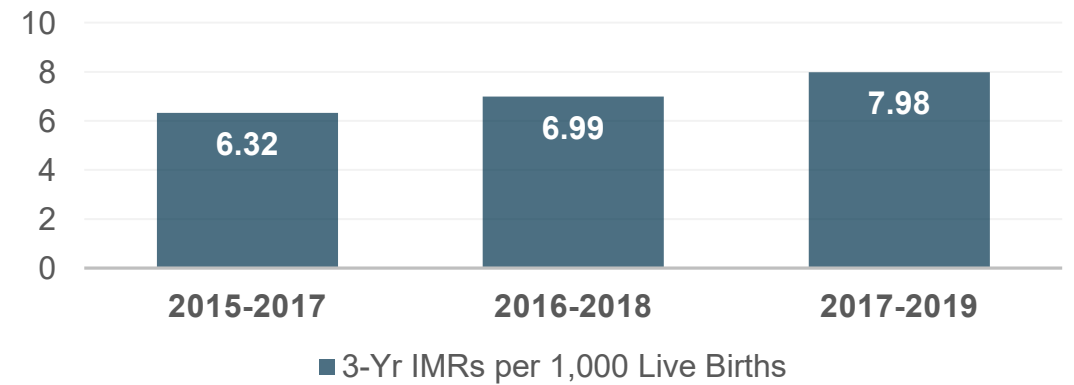
Percent Low Birthweight & Preterm Birth by Year



Single Year HS Infant Mortality Rates



Three-Year HS Infant Mortality Rates



Achieving Equity in Infant Mortality



MCHB Commitment to Equity

MCHB MISSION

To improve the health and well-being of America's mothers, children, and families.

MCHB VISION

An America where all mothers, children, and families are thriving and reach their full potential.

GOAL 1

Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

GOAL 2

Achieve **health equity** for MCH populations.

GOAL 3

Strengthen **public health capacity and workforce** for MCH.

GOAL 4

Maximize **impact** through leadership, partnership, and stewardship.

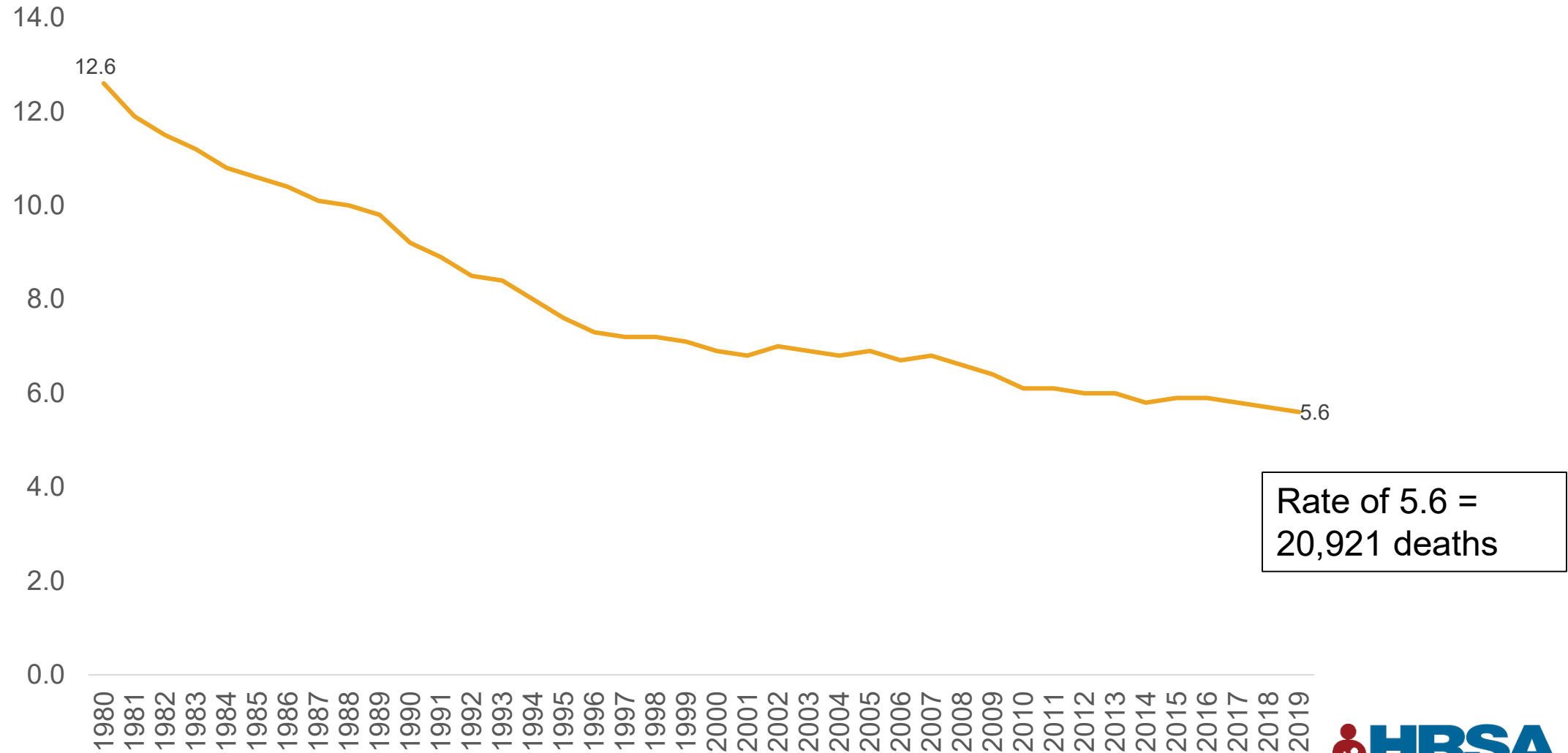
Healthy Start will play a vital role in helping MCHB achieve health equity for MCH populations.



What would it take to achieve equity in infant mortality rates by 2030?



Infant Mortality Rate, United States (1980-2019)



Healthy People 2030: Infant Mortality



U.S. Department of Health and Human Services



Office of Disease Prevention and Health Promotion

Objectives and Data ▾

Tools for Action ▾

About ▾

Custom List (0)



Healthy People 2030

Search

[Home](#) » [Objectives and Data](#) » [Browse Objectives](#) » [Infants](#) » [Reduce the rate of infant deaths — MICH-02](#)

Reduce the rate of infant deaths — MICH-02

Objective Overview

Data Methodology and Measurement

Add to Custom List

Status: Baseline only

[Learn more about our data release schedule](#)

Reduce the rate of infant deaths within 1 year of age

Baseline: 5.8 infant deaths per 1,000 live births occurred within the first year of life in 2017

Target: 5.0 infant deaths per 1,000 live births

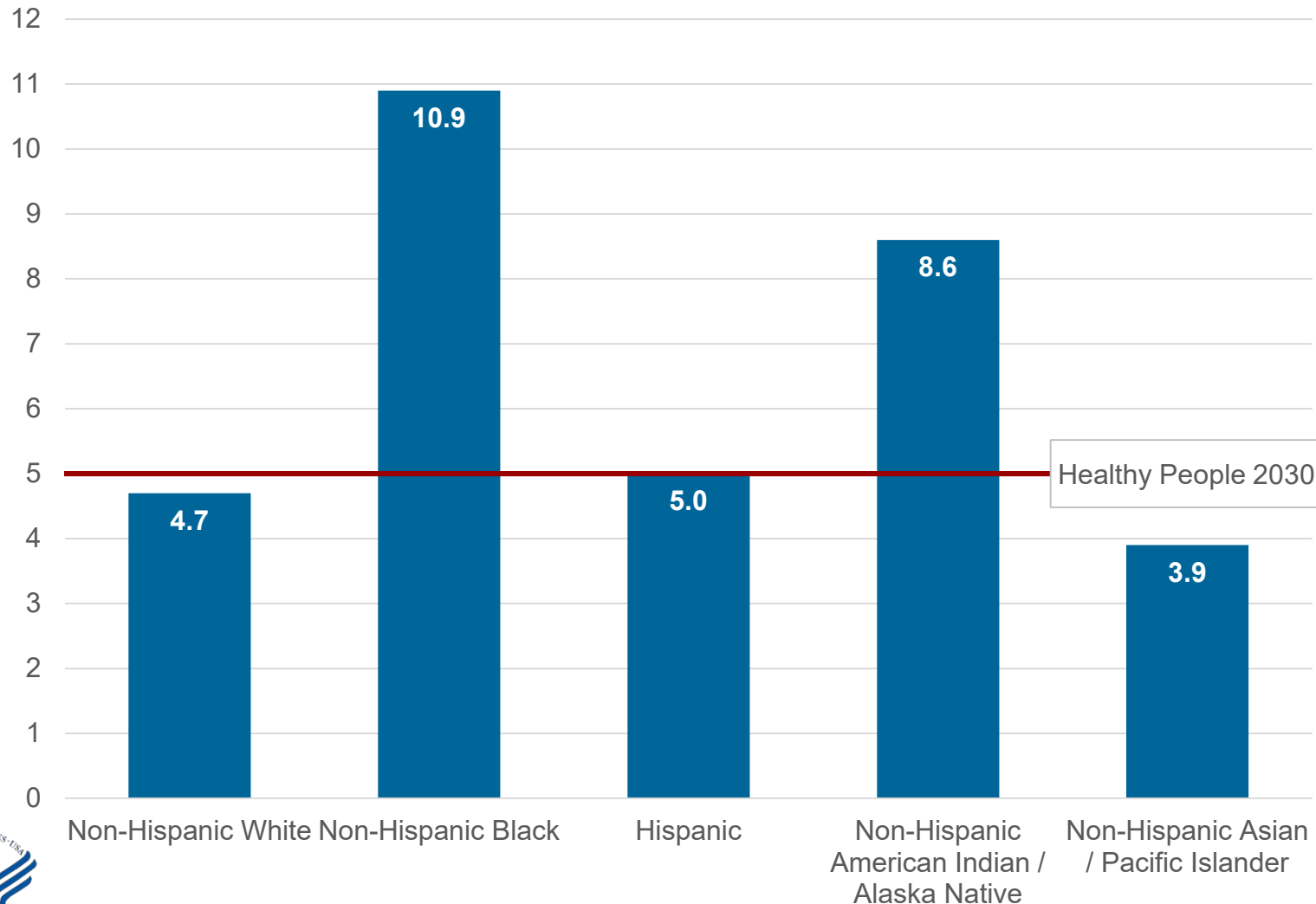
Target Setting Method: Projection

Data Source: [Linked Birth/Infant Death Data Set, CDC/NCHS](#)

[Learn more about data measurement for this objective](#)



Where Are We Now?



Among broad or bridged race/ethnic groups, **our policies, systems, and environments have failed** to reduce infant mortality among NH Black and AI/AN infants down to the HP2030 target.



Where Do We Go From Here?

- Ultimately, we want to **prevent every infant death possible**.
- Given the large and persistent gap between black and AI/AN infant mortality rates compared to the white rate, we need to **accelerate efforts to achieve equity now**.

“We’re not there
until we’re *all* there.”

Wanda D. Barfield, MD, MPH, FAAP, RADM USPHS (ret.)



What Would It Take to Achieve Equity Now?

Population	Annual Births	Infant Mortality Rate (per 1,000)	Reduction to Achieve Equity (Subtract 4.7)	Number of Annual Deaths Needed to Prevent (Multiply by Births/1,000)
NH Black	583,439	10.9	6.2	3,592
NH AI/AN	34,801	8.6	3.9	135

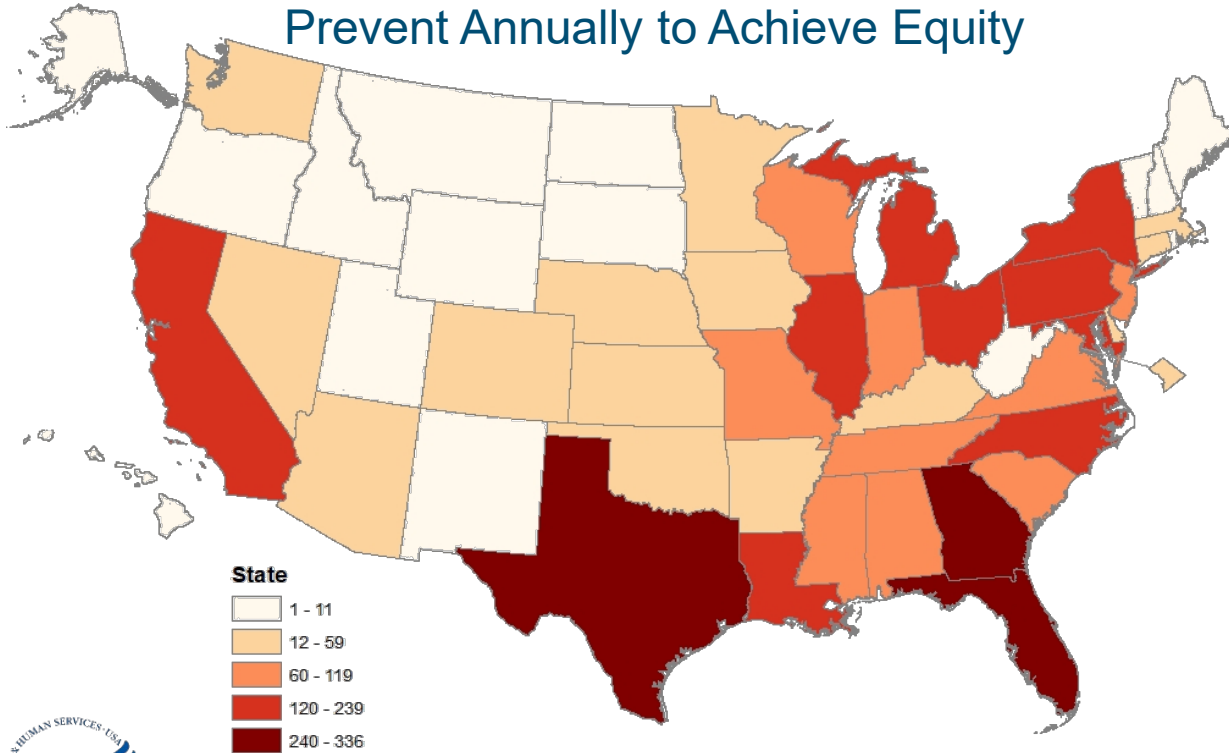
To achieve equity, we need to make policy and system changes that make it possible for an additional **3,727 babies** need to celebrate their first birthday. That's **~10 babies/day**.

For context: ~10,500 babies born each day in the United States.



What Can States Do to Achieve Equity Now?

Number of Black Infant Deaths to Prevent Annually to Achieve Equity

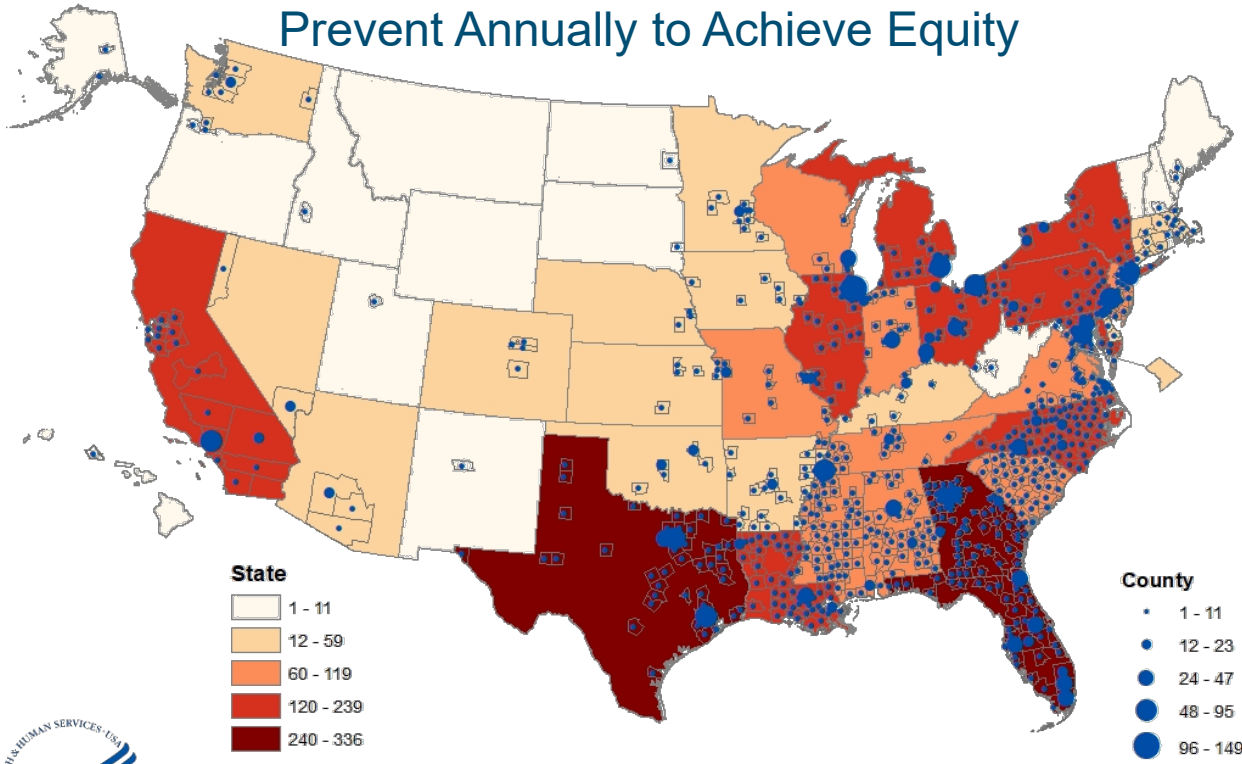


To Achieve Equity		
Black Infant Deaths to Prevent Annually	# States	% of Total Black Infant Deaths to Prevent
1-11	15	1%
12-59	15	11%
60-119	9	22%
120-239	9	42%
240-336	3	24%



What Can Counties Do to Achieve Equity Now?

Number of Black Infant Deaths to Prevent Annually to Achieve Equity



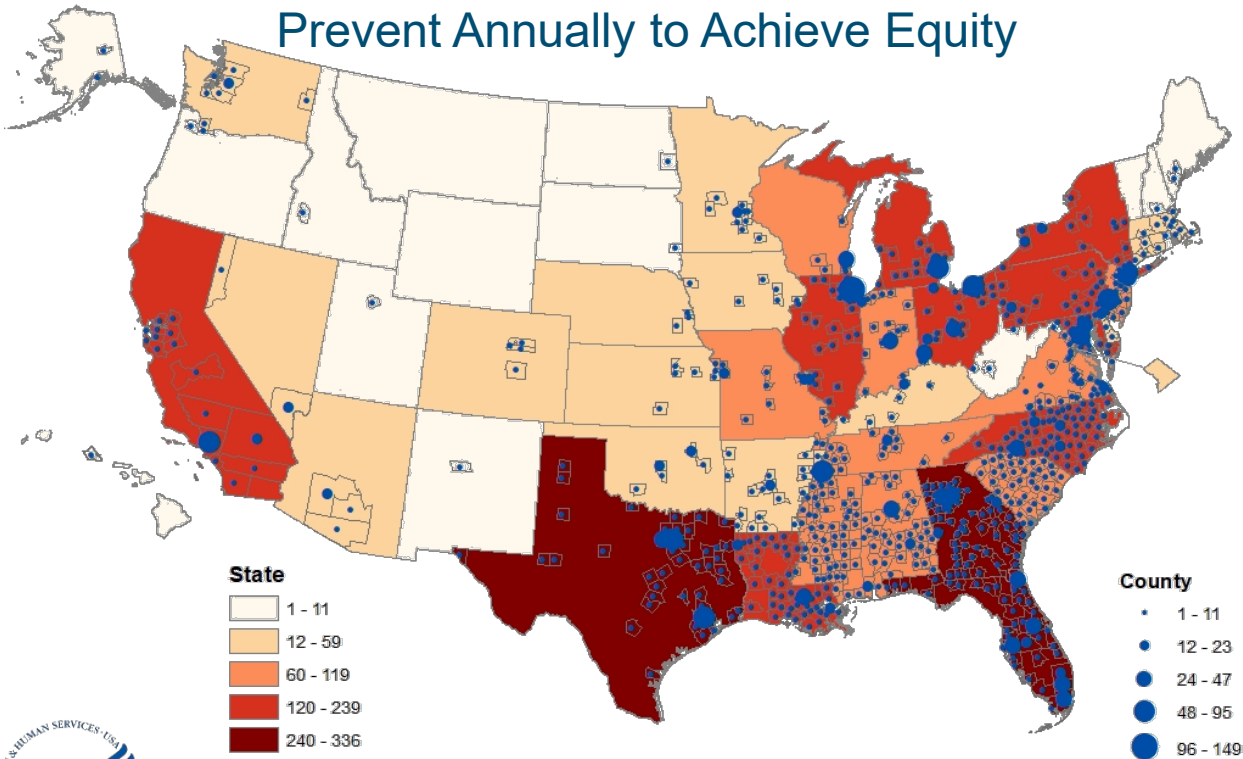
To Achieve Equity		
Black Infant Deaths to Prevent Annually	# Counties	% of Total Black Infant Deaths to Prevent
1-5	597	30%
6-11	67	14%
12-23	40	18%
24-47	20	20%
48-95	5	7%
96-149	3	9%



Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates; 324 counties had no Black births and 2,081 counties had too few births to expect one excess death per year.

What Can Counties Do to Achieve Equity Now?

Number of Black Infant Deaths to Prevent Annually to Achieve Equity



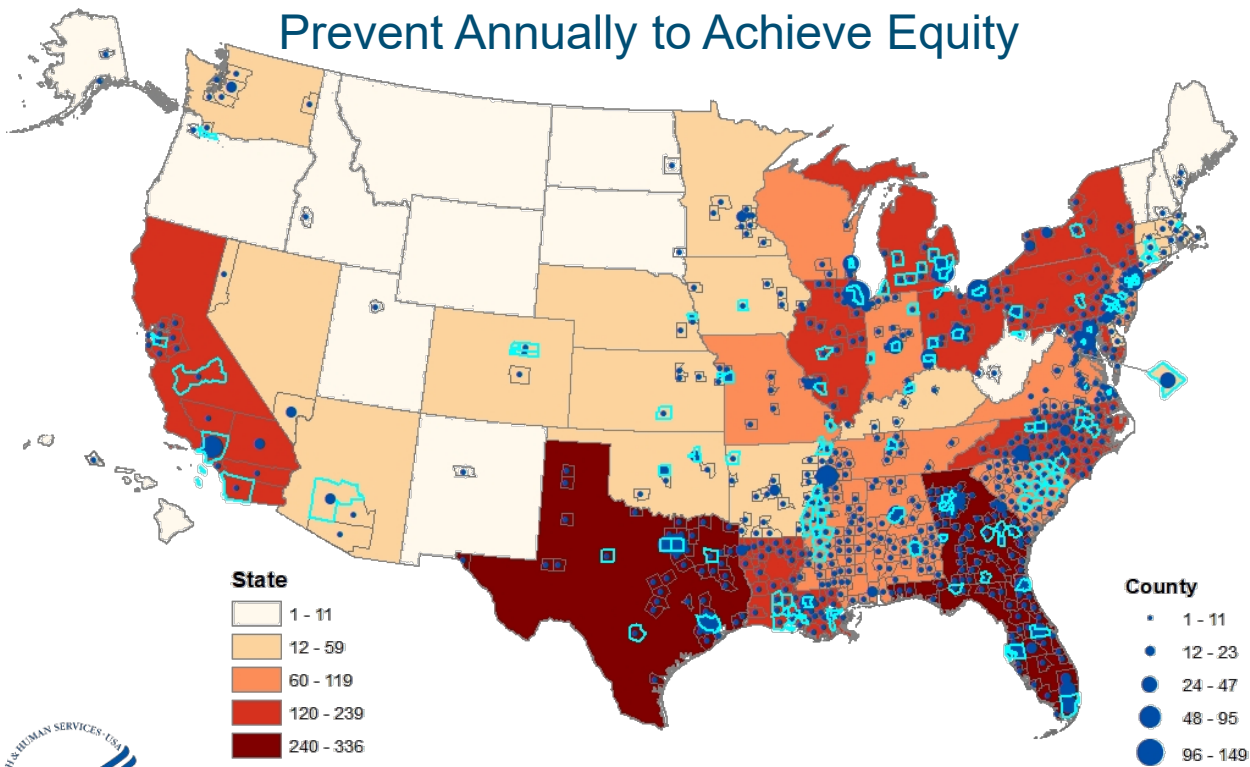
To Achieve Equity		
Black Infant Deaths to Prevent Annually	# Counties	% of Total Black Infant Deaths to Prevent
1-5	704 counties (63% of deaths) Need to prevent ≤ 1 additional death/month	
6-11		
12-23		
24-47	20	20%
48-95	5	7%
96-149	3	9%



Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates; 324 counties had no Black births and 2,081 counties had too few births to expect one excess death per year.

Opportunity for Healthy Start Grantees

Number of Black Infant Deaths to Prevent Annually to Achieve Equity



To Achieve Equity

Black Infant Deaths to Prevent Annually	# Counties with Healthy Start	% of Total Black Infant Deaths to Prevent
1-5	63	131 counties (50% of deaths)
6-11	26	
12-23	19	
24-47	16	
48-95	6	
96-149	1	

**131 counties
(50% of deaths)**



Opportunity for Healthy Start Grantees

6 grantees have service areas in counties that account for
~15% of all excess AI/AN infant deaths

To Achieve Equity			
Grantee Name	Service County/Counties	AI/AN Infant Deaths to Prevent Annually	% of All U.S. AI/AN Infant Deaths to Prevent
Great Plains Tribal Health Board	40 Counties in NE, ND, SD	6	4%
UNC Pembroke	Robeson, NC	5	4%
Maricopa County Health Dept.	Maricopa, AZ	4	3%
Community Health Centers, Inc.	Oklahoma & Pottawatomie, OK	3	2%
Tulsa City/County Health Dept. Community Service Council	Tulsa, OK	2	1%



MCHB Activities Related to Infant Mortality

EXISTING ACTIVITIES

- Title V/MCH Block Grant
- **Healthy Start**
 - **Existing project grants**
 - **Infant Health Equity supplements**
 - **Doula Support supplements**
- Maternal, Infant and Early Childhood Home Visiting Program
- Child Death Review/Fetal Infant Mortality Review
- National Safe Sleep Partnership

INFANT MORTALITY INITIATIVE

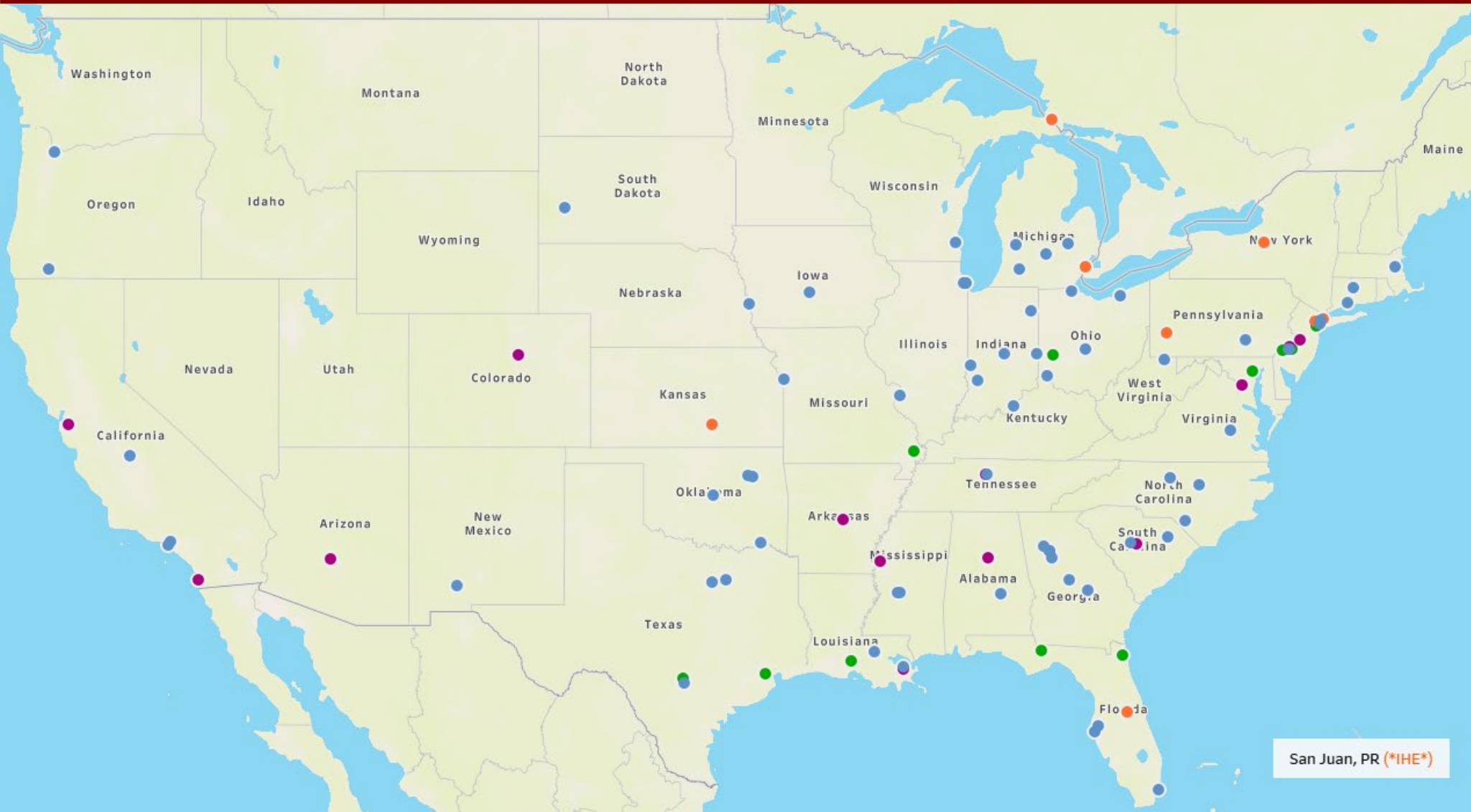
- Region 5 Project
- Exploring FY22/beyond funding opportunities
- Contractor-supported activities
 - Literature review of national, state, & local interventions
 - Environmental scan of federal agency and national organization activities
- Engagement of federal partners
- Broader external engagement/coalition
- Conversations with private funders

Newly Funded HS Activities

- **Community-Based Doulas:**
 - More than \$3 million in supplemental funding to increase the availability of doulas
 - 25 Healthy Start grantees
 - Can cover costs associated with training, certifying, and compensating doulas
- **Infant Health Equity Planning:**
 - More than \$1.6 million in supplemental funding to accelerate reduction of disparities in Non-Hispanic Black and AI/AN infant deaths
 - 21 Healthy Start grantees



Map of All HS Programs by Supplement Type



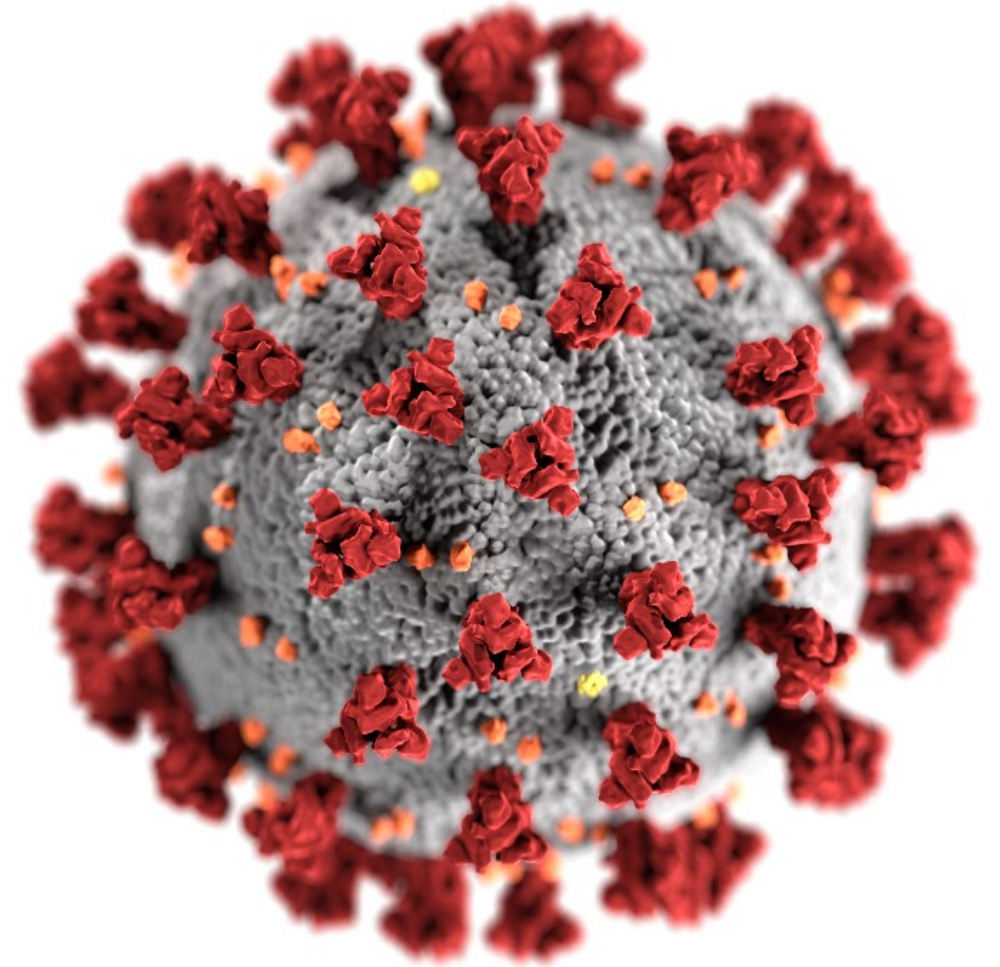
Supplements Awarded	#
Infant Health Equity (IHE)	21
Doula	25

HS Grantee Site Type	#
No Supplement	66
IHE Site Only	10
Doula Site Only	14
IHE & Doula Site	11
Total	101

San Juan, PR (*IHE*)



Responding to the COVID-19 Pandemic

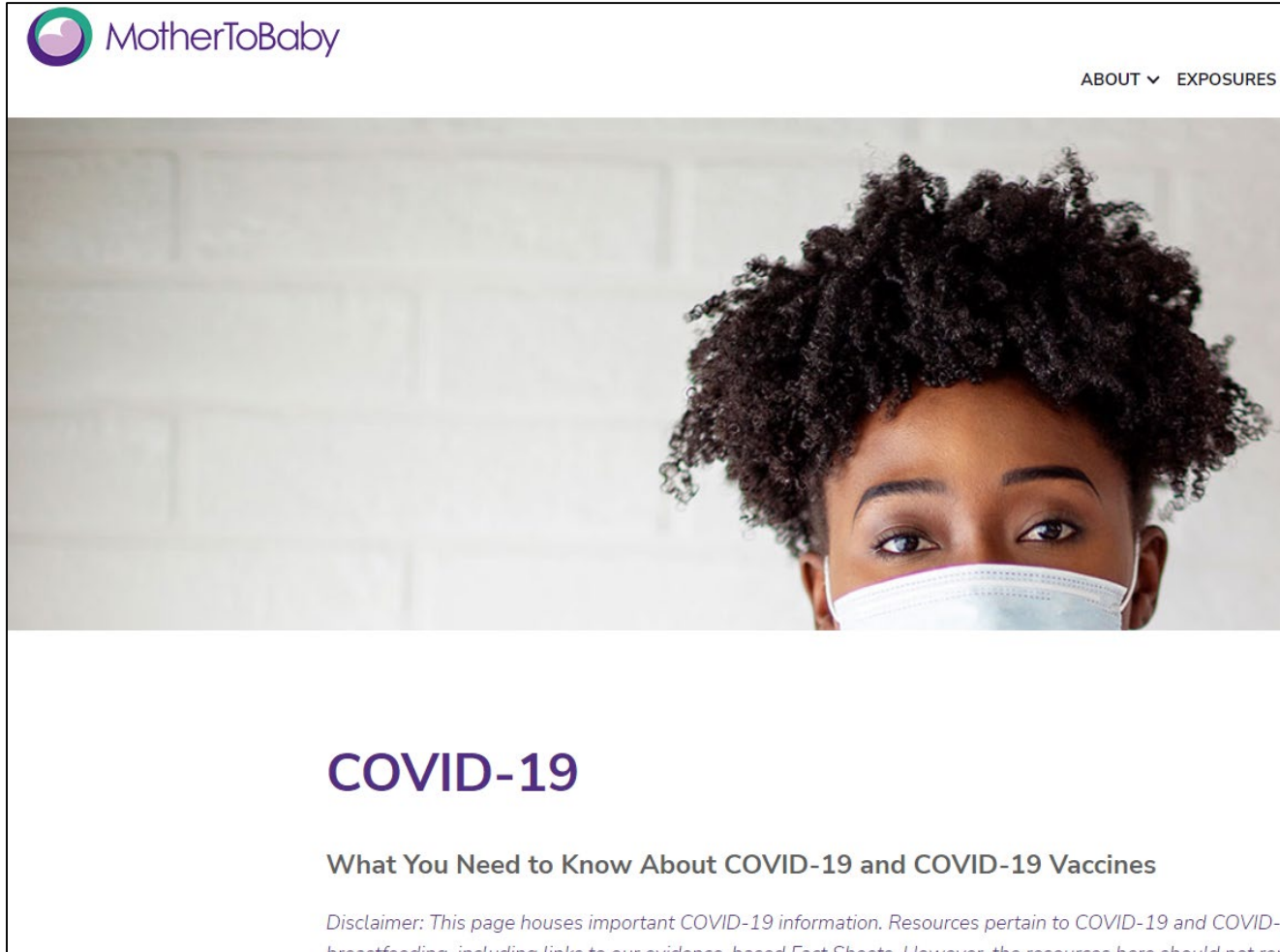


COVID-19 Vaccination

- Pregnant and recently-pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people
- In August, the CDC updated their guidance to recommend COVID-19 vaccination for all people 12 years and older, **including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future**
- As of 10/16/2021: Only **34.3%** of pregnant people age 18-49 were fully vaccinated with COVID-19 vaccine prior to and during pregnancy



MCHB-Funded Resource: MotherToBaby



- Call, text, chat or email with questions
- 866-626-6847
- mothertobaby.org

Thank You! What You Do Makes a Difference!



Contact Information

Michael D. Warren, MD, MPH, FAAP

Associate Administrator

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Web: mchb.hrsa.gov



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AIM CCI - A Community Approach to Improving Maternal Outcomes

Plenary

THURSDAY, NOVEMBER 4

12:15 - 12:45 PM ET



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The logo icon for Healthy Start, featuring a stylized plant with three red and orange leaves and a green stem.



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Children's Health Quality

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Our Speakers

Ashley Calderone, MSN, RN, CLC, IBCLC, C-ONQS
CLINICAL IMPLEMENTATION MANAGER
ADVANCE FOR INNOVATION ON MATERNAL HEALTH COMMUNITY
CARE INITIATIVE (AIM CCI)
NATIONAL HEALTHY START ASSOCIATION (NHSA)

Karen A. Chustz, MSW
SENIOR PROGRAM MANAGER
AIM CCI, NHSA

Lidyvez Sawyer, MPH, EdD(c)
EQUITY IMPLEMENTATION STRATEGIST
AIM CCI, NHSA

Saanie Sulley, MD, PhD, MBA
DATA MANAGER AND ANALYST
AIM CCI, NHSA

*2021 HEALTHY START VIRTUAL GRANTEE'S MEETING
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ
ON NOVEMBER 4, 2021*

#HealthyStartVGM2021
#HealthyStartStrong
@HS_TASC @NICHQ



ALLIANCE FOR INNOVATION ON MATERNAL HEALTH Community Care Initiative (AIM CCI)

Healthy Start Virtual Grantees' Meeting

November 4, 2021

12:15pm-12:45pm (EST)

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U7BMC33635 Alliance for Innovation on Maternal Health Community Care Initiative (AIM CCI) Cooperative Agreement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.



Today's Presentation

- What is AIM CCI?
- Meet the Team
 - Inculcating Equity
 - The Approach
 - Patient Safety Bundles
 - Pilot Sites & Local Maternal Safety Workgroups
 - Listening - *Community Voices Focus Groups*
- Measuring – *Data, QI, and Evaluation*
- AIM CCI In Short – *Animated Video*



NHSA's AIM CCI Team



AIM CCI Team



Deborah Frazier, NHA CEO
Project Director & Co-PI



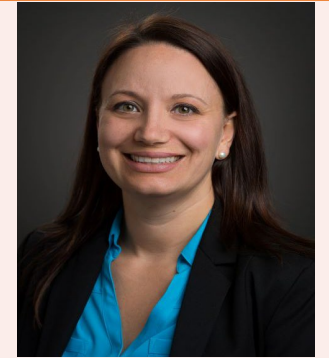
Haywood Brown, MD
Co- Principal Investigator



Saanie Sulley, MD, PhD
Data Manager & Analyst



Karen Chustz, MSW
Senior Program Manager



**Ashley Calderone, MSN, RN,
CLC, IBCLC, C-ONQS**
Clinical Implementation Manager



Lidyvez Sawyer, MPH, Ed.D.(c)
Equity Implementation Strategist



Valerie Newsome Garcia, PhD
Community Transformation
Strategist



Alicia Aroche
Communications Director



Amber Wilson, CLC, IBCLC
Program Coordinator



AIM CCI Team: Consultants



Sue Kendig, JD, WHNP-BC
Clinical – Community Integration &
Patient Safety Implementation
Strategist



Deidre McDaniel, MSW, LCSW
Clinical-Community Bundle
Integration Specialist



Fleda Jackson, PhD
Perinatal Mental Health Expert



Joia Crear-Perry, MD
Founder & President
National Birth Equity Collaborative



Derek M. Griffith, PhD
Co-Founder and Co-Director of the Racial Justice Institute
Founder and Director of the Center for Men's Health Equity
Professor of Health Systems Administration and Oncology
Georgetown University

State of Maternal Health

“While rates of pregnancy-related deaths have been falling globally for the last 25 years, **the rate has more than doubled in the United States**. In addition to a rising number of deaths, Americans are experiencing an increase in severe health complications as a result of pregnancy and childbirth. For birthing persons of color, the statistics are even more concerning and demand a change in how we approach maternal health as a nation.”

700

AROUND 700 BIRTHING PERSONS
die due to complications from pregnancy &
childbirth each year in the U.S.

+3x

BLACK & NATIVE PERSONS DIE
AT A RATE 3 TIMES HIGHER
than White birthing persons

60%

APPROXIMATELY 60%
of these deaths are preventable



What is AIM CCI?

The purpose of the AIM – Community Care Initiative is to:

- 1) support the development and implementation of non-hospital focused maternal safety bundles within community-based organizations and outpatient clinical settings across the United States and
- 2) build upon the foundational work of AIM by addressing preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings

One Agreement Awarded

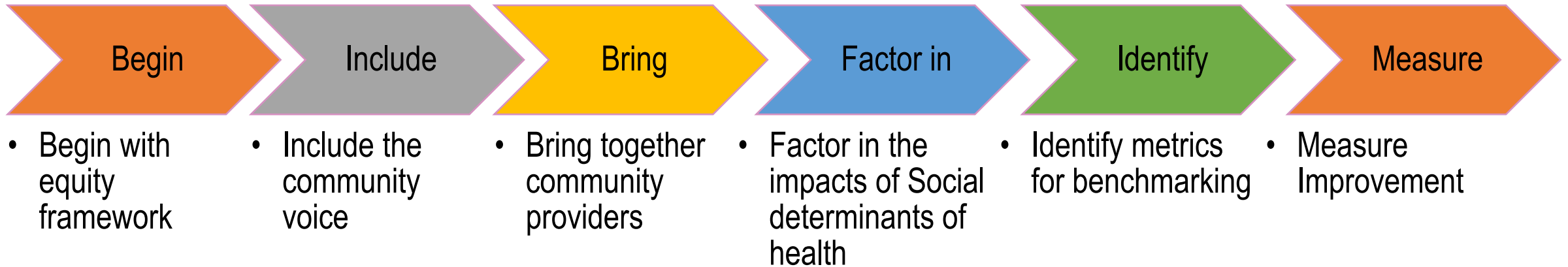
National Healthy Start Association

Five-year Pilot

Pilot Period 2019 - 2024

The AIM CCI Goal

Standardize Care and Services





Centered in Equity

Lidyvez Sawyer, MPH, Ed.D.(c)
Equity Implementation Strategist



Upcoming Initiatives

SAMREC Tool

The Equity Learning Series

The Equity Work Group





Patient Safety Bundles

Ashley Calderone, MSN, RN, CLC
Clinical Implementation Manager



How do we standardize care and services?

Patient Safety Bundles

- A Bundle is a small set of evidence-based interventions that combines medical and improvement science to achieve improved outcomes
 - When care processes are grouped into simple bundles, caregivers are more likely to implement them by making fundamental changes in how the work is done.
 - When the care processes are evidence based, subsequent outcomes will improve.
 - Encourages interdisciplinary teams to organize work, adapt the delivery system, and deliver bundle components reliably.



Postpartum Care Basics for Maternal Safety

Provides a framework for postpartum care and support for one year postpartum.

- From birth through the transition to well woman care
- Addresses identification and management of risk to women's

Incorporates medical, mental health, behavioral health, social and material care and support.

Application across settings – outpatient clinics, community-based organizations, home visiting programs, and other offerings that touch women's lives.

Facilitates care coordination to assure seamless processes are in place to support transitions in care, follow-up and follow through... **equitably**.





Pilot Site Communities





Who is implementing the safety bundles?

Pilot sites

- Diverse group of community providers both clinical and non-clinical
- Working together in a collaborative
- Systemic, community focused
- Standardized



Who are the stakeholders at pilot sites?

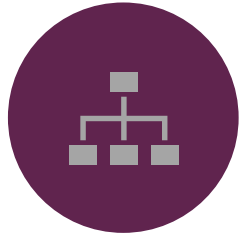
1. Healthy Start
2. City, County, and State Departments of Health
3. Title V representative
4. Community Health Centers
5. Behavioral Health
6. Early Head Start
7. WIC
8. March of Dimes
9. Local hospital Association and / or local hospital representation
10. Medicaid, United Health and other third part payors
11. Substance Abuse Provider
12. State AIM Coordinating Organization or PQC
13. Breast feeding organizations
14. Doula organizations
15. Nurses (can include- OB nurses, Nurse Practitioners, Community Nurses)
16. ACOG representative and / or practicing OB member of ACOG
17. Academy of Pediatrics (AAP) rep or practicing pediatrician who is member of AAP
18. Academy of Family Practice rep or practicing Family Practice physician / active member of AAFP
19. Nurse practitioners, including women's health nurse practitioners
20. Local Maternal Review Team (if exists)
21. Social Worker
22. Urban League
23. Local School of Medicine, Nursing, Public Health
24. Locally funded efforts to address maternal morbidity and mortality
25. Local Community Foundations
26. Four (4) Community residents / consumers who are involved with or receiving services from Healthy Start, WIC, CHC, Early Head Start or other services impacting pregnant and postpartum women. This can include moms and dads.

*Should include all community providers or representatives from provider organizations that treat, interact, advocate for, and serve postpartum women.

AIM CCI Engagement and Onboarding Process



BASELINE
ASSESSMENT TO
CAPTURE
CAPABILITIES, NEEDS
AND OPPORTUNITIES
PER ORGANIZATION



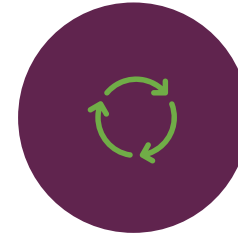
ORGS. RETURN
BASELINE
ASSESSMENT AND
AIM CCI SELECT
LEAD OR CO-LEAD
ORGS



LEAD ORG
FACILITATES
COLLABORATION TO
COMPLETE PILOT-
SITE WORK PLAN
AND BUDGET



CONTRACTS AND
DUA ARE SIGNED



IMPLEMENTATION
PROCESS (OF
BUNDLES) BEGINS

Pilot Site Successes

Collective impact

Intersects with other initiatives

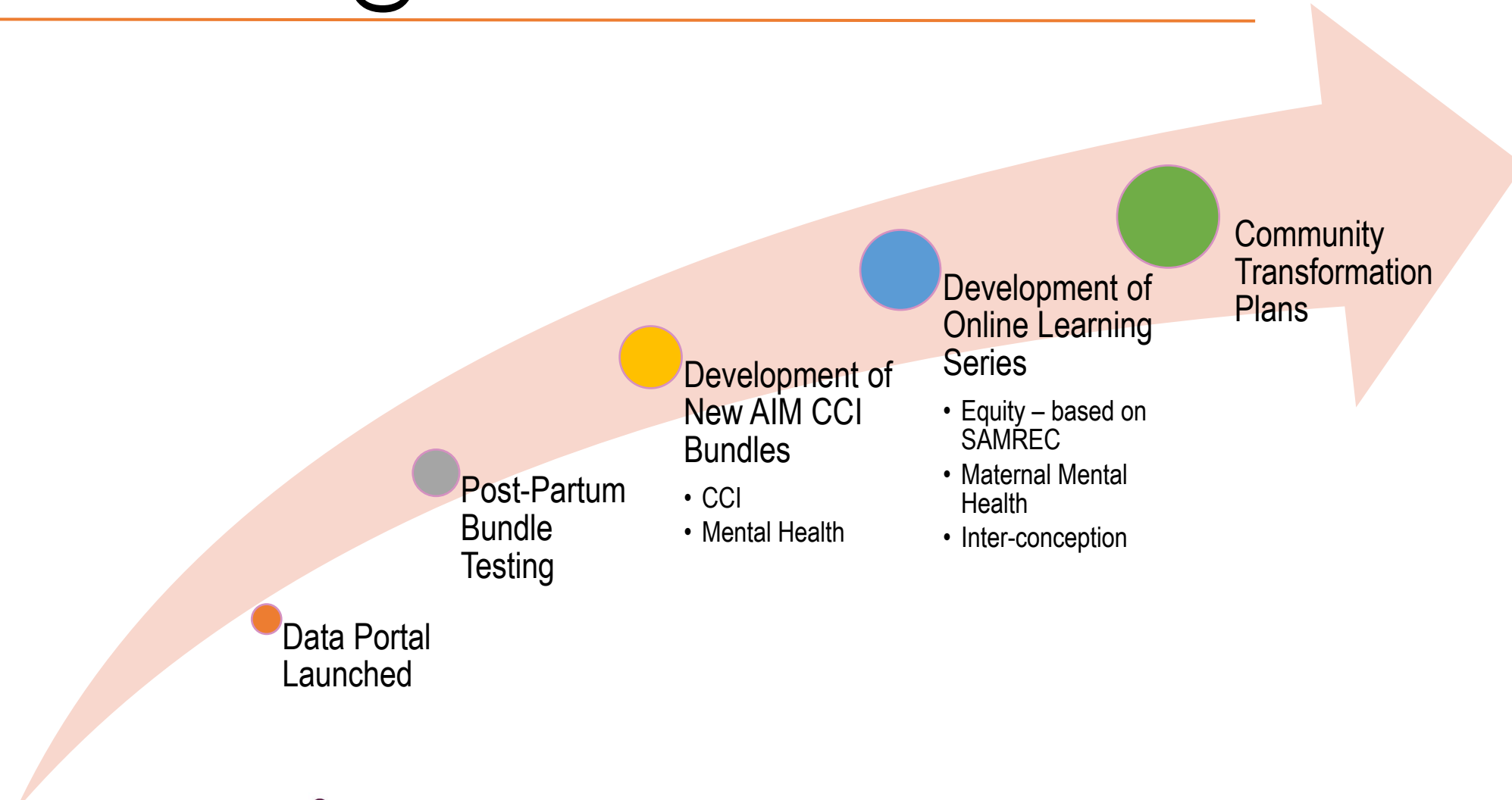
COLLABORATION

Commitment
Enthusiasm
Alignment
Partnership
HEAR HER CAMPAIGN
AIM CCI Staff Support
ENGAGEMENT

Pilot Site Challenges



A Look Ahead @ Year 3



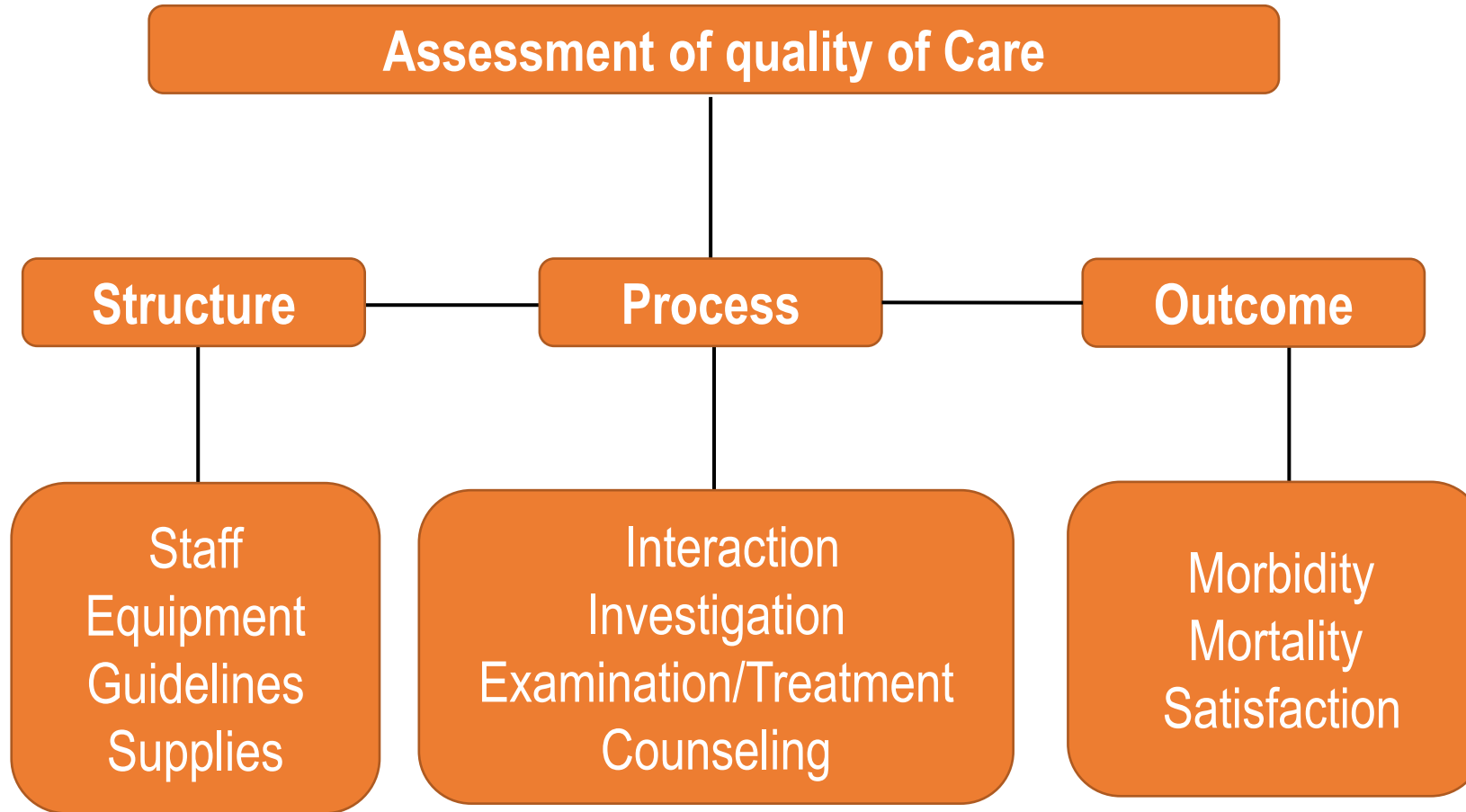


Data, QI, and Evaluation Approaches

Dr. Saanie Sulley
Data Manager & Analyst



AIM CCI QI Evaluation Approach



Proposed Outcome Measures

Measure	Description	Source & Frequency
O1: Postpartum Care-Follow up & Care Coordination	<p>Denominator- All mothers with a recent birth history (1year), including ectopics and miscarriages.</p> <p>Numerator: Among the denominator, all cases with ongoing contact with an OB/GYN provider 12 weeks following L & D?</p>	<p>HS Mandatory form Outpatient Records</p> <p>Quarterly or Annually</p>
O2: Social Determinants of Health	<p>Denominator- All mothers with a recent birth history (1year), including ectopics and miscarriages.</p> <p>Numerator: Among the denominator, all individuals that meet the criteria of Social determinants of health (SDOH)?</p>	<p>HS Mandatory form Outpatient Records</p> <p>Quarterly or Annually</p>
O3: Contraceptive Care - Postpartum	<p>Denominator- All mothers with a recent birth history (1year), including ectopics and miscarriages.</p> <p>Numerator: Among the denominator, all women 15 through 44 who had a live birth and were provided a most (sterilization, intrauterine device, implant) or moderately (pill, patch, ring, injectable, diaphragm) effective method of contraception within 3 and 60 days of delivery.</p> <p>Sub-measure: Women ages 15 through 44 who had a live birth and were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.</p>	<p>HS Mandatory form Outpatient Records</p> <p>Quarterly or Annually</p>



Community Voices: Focus Groups

National Birth Equity Collaborative
and

Georgetown University, Center for Men's Health Equity,
Racial Justice Institute



Why focus groups?

Community perspective

Insight into factors that influence behaviors

Center knowledge to improve AIM CCI

2 pre bundle and 2 post bundle groups per site





AIM in Short

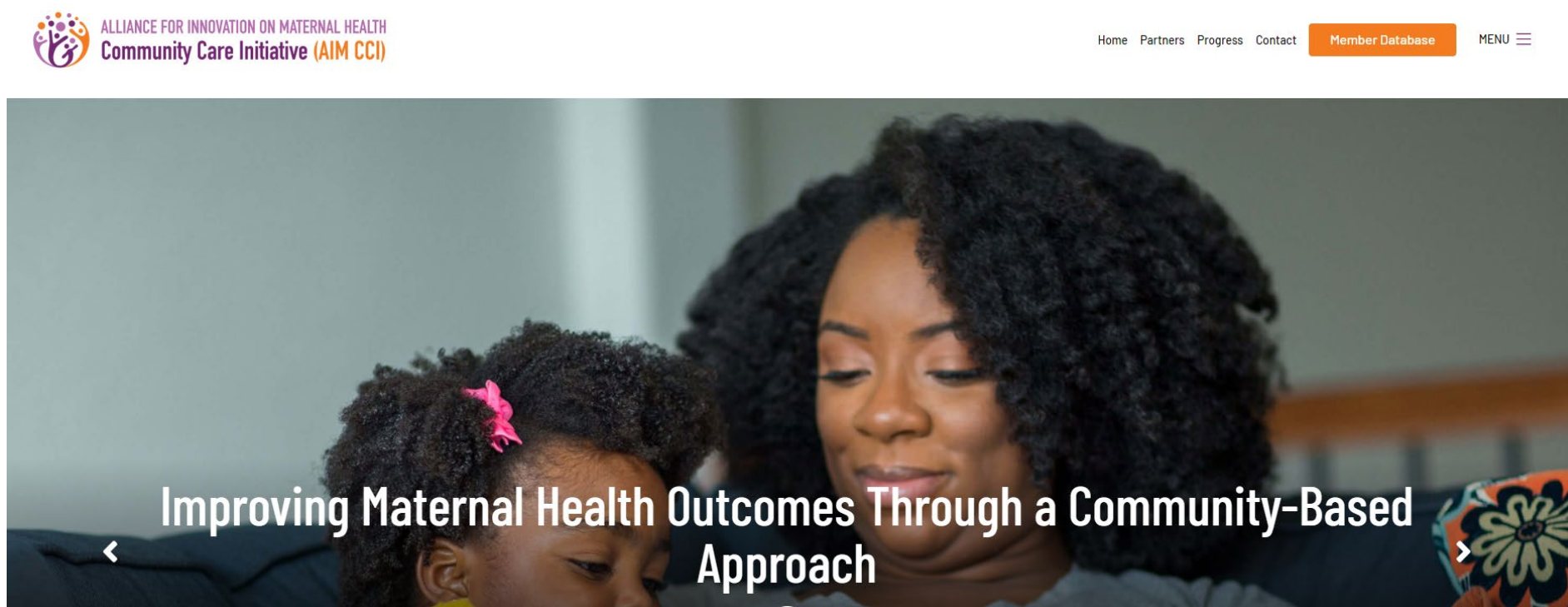




Contact Information

Website

[Home - Alliance for Innovation on Maternal Health Community Care Initiative \(aimcci.org\)](https://aimcci.org)





Thank You

Team

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Q&A

*2021 HEALTHY START VIRTUAL GRANTEE'S MEETING
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT
NICHQ ON NOVEMBER 4, 2021*

#HealthyStartVGM2021
#HealthyStartStrong
@HS_TASC @NICHQ

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HEALTHY
start
TA & SUPPORT CENTER

Healthy Start TA & Support Center Mental Health Training Opportunities

Plenary

THURSDAY, NOVEMBER 4
12:45-1:15 PM ET



THE HEALTHY START TA & SUPPORT CENTER IS OPERATED BY THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ). THIS PROJECT IS SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) UNDER GRANT NUMBER 1 UF5MC327500100 TITLED SUPPORTING HEALTHY START PERFORMANCE PROJECT.

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Our Speakers

Dawn Levinson, MSW

BEHAVIORAL HEALTH LEAD
INTERIM DEPUTY DIRECTOR

HEALTH RESOURCES AND SERVICES
ADMINISTRATION

MATERNAL AND CHILD HEALTH BUREAU
DIVISION OF HEALTHY START AND
PERINATAL SERVICES

Duane L. Herron

PROJECT MANAGER

TOLEDO-LUCAS COUNTY HEALTHY START

Sunny Jones

PUBLIC HEALTH EDUCATOR
SYRACUSE HEALTHY START

Olivia Giordano Kean, MPH

PROJECT MANAGER

HEALTHY START TA & SUPPORT CENTER
NATIONAL INSTITUTE FOR CHILDREN'S
HEALTH QUALITY

Wendy Davis, PhD, PMH-C

EXECUTIVE DIRECTOR

POSTPARTUM SUPPORT INTERNATIONAL



Welcome

Dawn Levinson, MSW

DIVISION OF
HEALTHY START AND
PERINATAL SERVICES

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*2021 HEALTHY START VIRTUAL GRANTEE'S MEETING
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ
ON NOVEMBER 3, 2021*



Overview

Olivia Giordano Kean

HEALTHY START TA &
SUPPORT CENTER

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With support from DHSPS, the Healthy Start TA & Support Center (TASC) is pleased to offer several mental health training opportunities to HS grantees

Offerings include:

- HS GROUP TRAININGS
- INDIVIDUAL COURSE OFFERINGS
- COMMUNITIES OF PRACTICE
- SUPPORT GROUPS

2021 HEALTHY START VIRTUAL GRANTEEES' MEETING

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TASC Mental Health Training Offerings

Group Trainings

- **I.N.S.P.I.R.E Method Training**
 - OFFERED BY SHADES OF BLUE
- **Mental Health First Aid for Adults Training**
 - OFFERED BY THE NATIONAL COUNCIL FOR MENTAL WELLBEING
- **Perinatal Mood and Anxiety Disorders: Components of Care Training**
 - OFFERED BY PSI

Support Groups

- **Healthy Start Project Directors/Managers and Frontline Staff Support Groups**
 - OFFERED BY POSTPARTUM SUPPORT INTERNATIONAL (PSI)

Communities of Practice

- **Trauma-informed, Resilience-Oriented, and Equitable Care Community of Practice (TIROE CoP)**
 - OFFERED BY THE NATIONAL COUNCIL

Individual Course Offerings

- **Mental Health First Aid Instructor Certification Training**
 - OFFERED BY THE NATIONAL COUNCIL
- **Wellness Coaching Certification Training**
 - OFFERED BY THE INSTITUTE FOR WELLNESS COACHING

I.N.S.P.I.R.E. Training

- HOSTED BY SHADES OF BLUE, AN ORGANIZATION DEDICATED TO BREAKING CULTURAL BARRIERS IN MATERNAL MENTAL HEALTH
- VIRTUAL TWO-DAY TRAINING
- TEACHES COMPASSION CARE METHODS THAT CAN BE USED WHEN PROVIDING MENTAL HEALTH CARE TO WOMEN OF COLOR AND MINORITIES
- OBJECTIVES:
 - IDENTIFY UNIQUE STRESSORS IN BLACK WOMEN AND MINORITIES DEALING WITH MATERNAL MENTAL HEALTH COMPLICATIONS
 - UNDERSTAND SOCIAL DETERMINANTS OF HEALTH AND CULTURAL BARRIERS
 - IMPLEMENT THE I.N.S.P.I.R.E METHOD OF COMPASSION CARE, INCLUDING MINDFULNESS, HUG THERAPY, MUSIC AND MORE

I.N.S.P.I.R.E Training

SUNNY JONES

*PUBLIC HEALTH EDUCATOR
SYRACUSE HEALTHY START*

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MHFA Instructor Training

- HOSTED BY NATIONAL COUNCIL FOR MENTAL WELLBEING, WHICH BUILDS THE CAPACITY OF MENTAL HEALTH AND SUBSTANCE USE TREATMENT ORGANIZATION
- VIRTUAL THREE-DAY CERTIFICATION TRAINING
- MHFA TRAINS PEOPLE TO IDENTIFY, UNDERSTAND AND RESPOND TO SIGNS AND SYMPTOMS OF MENTAL HEALTH AND SUBSTANCE USE CHALLENGES
- INSTRUCTOR TRAINING INCLUDES:
 - SELF-PACED PRE-WORK
 - THREE-DAY IN-DEPTH INSTRUCTION ON FACILITATING THE MHFA CURRICULUM
 - WRITTEN EXAM AND A PRESENTATION THAT EVALUATES EACH CANDIDATE'S ABILITY TO PRESENT THE MHFA COURSE TO VARIOUS AUDIENCES

Mental Health First Aid Instructor Training

DAWN LEVINSON, MSW

*DIVISION OF HEALTHY START &
PERINATAL SERVICES*

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*SUCCESSFUL GRANTEE COLLABORATIONS & PARTNERSHIPS
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ ON NOVEMBER 4, 2021*

Trauma-Informed, Resilience-Oriented, and Equitable Care Community of Practice (TIROE CoP)

- GOAL: SUPPORT HEALTHY START GRANTEES IN ADOPTING AND IMPLEMENTING TRAUMA-INFORMED, RESILIENCE-ORIENTED, AND EQUITABLE PRINCIPLES AND PRACTICES; IN AN EFFORT TO STRENGTHEN AND ENHANCE HS DELIVERY, IMPROVE CLIENT AND STAFF ENGAGEMENT AND RETENTION, AND ADVANCE EQUITY AMONG HS COMMUNITIES
- TIROE CoP CONSISTS OF:
 - 10 MONTHLY VIRTUAL LEARNING SESSIONS
 - INDIVIDUAL TEAM COACHING CALLS
 - MONTHLY IMPLEMENTATION TEAM MEETINGS
- 10 HEALTHY START PROJECTS ACCEPTED INTO EACH CoP

Trauma-Informed, Resilience-Oriented Community of Practice (TIROE CoP)

DUANE HERRON

PROJECT DIRECTOR

TOLEDO-LUCAS COUNTY HEALTHY START

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*SUCCESSFUL GRANTEE COLLABORATIONS & PARTNERSHIPS
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PSI Healthy Start Staff Support Groups

- LAUNCHED IN RESPONSE TO BEHAVIORAL AND MENTAL HEALTH IMPLICATIONS OF COVID
 - VICARIOUS TRAUMA AND STRESS OF WORKING WITH CLIENTS FACING INCREASED MORBIDITY AND MORTALITY, LOSS OF INCOME, AND FOOD INSECURITY, COUPLED WITH THE CHALLENGES OF SERVING CLIENTS REMOTELY
- TWO WEEKLY ONLINE HEALTHY START STAFF SUPPORT GROUPS:
 - ONE FOR HEALTHY START PROJECT DIRECTORS/MANAGERS
 - ONE FOR HEALTHY START FRONTLINE STAFF
- CONFIDENTIAL PLACE FOR HS STAFF TO SHARE, RECEIVE SUPPORT, AND SUPPORT ONE ANOTHER

HEALTHY START

SUPPORT GROUP



MONDAYS @ 2:00 P.M. (EST)

**for Project Directors
and Managers**



DEANN DAVIES, MS, CLC, C-IPMH



RANDIESA SPIRES, LCSW

This support group will be open only to Healthy Start Project Directors and other managerial level Healthy Start staff members.

Facilitated by Postpartum Support International (PSI) Peer Providers

HEALTHY START

SUPPORT GROUP



TUESDAYS @ 3:00 P.M. (EST)

**for Frontline Staff
Members**



JABINA COLEMAN, LSW, IBCLC



BIRDIE MEYER, RN, MA, PMH-C

This support group is open to Healthy Start frontline staff such as caseworkers, community health workers, administrative staff, lactation consultants, etc.

Facilitated by Postpartum Support International (PSI) Peer Providers

PSI Healthy Start Staff Support Groups

WENDY DAVIS, PHD, PMH-C
EXECUTIVE DIRECTOR
POSTPARTUM SUPPORT INTERNATIONAL

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SUCCESSFUL GRANTEE COLLABORATIONS & PARTNERSHIPS
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ ON NOVEMBER 4, 2021

If you participated
in any of these
trainings this
summer, please
complete our
evaluation survey.



*YOUR INPUT IS EXTREMELY
VALUABLE TO US AND WILL HELP
SHAPE FUTURE TRAINING OFFERINGS.*

TASC will provide information about future mental health training opportunities in 2022!

PLEASE BE IN TOUCH IF THERE ARE SPECIFIC MENTAL AND BEHAVIORAL HEALTH OFFERINGS YOU'D LIKE TO SEE.

2021 HEALTHY START VIRTUAL GRANTEE'S MEETING
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NICHQ ON NOVEMBER 4, 2021

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Grants Management

THURSDAY, NOVEMBER 4
1:15 -1:45 PM ET

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A logo graphic consisting of four colored squares (two orange, two red) arranged in a 2x2 grid, with a green plant stem growing from the center.



Our Speakers

Cardora Barnes, MS

ACTING TEAM LEAD & PROJECT OFFICER
DIVISION OF HEALTHY START AND PERINATAL SERVICES
MATERNAL AND CHILD HEALTH BUREAU
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Tonya Randall

GRANTS MANAGEMENT SPECIALIST
OFFICE OF FINANCIAL ASSISTANCE MANAGEMENT
DIVISION OF GRANTS MANAGEMENT OPERATIONS HEALTH
RESOURCES AND SERVICES ADMINISTRATION

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HEALTHY START VIRTUAL GRANTEES' MEETING

TONYA RANDALL
GRANTS MANAGEMENT SPECIALIST

MATERNAL AND CHILD HEALTH SERVICES BRANCH
DIVISION OF GRANTS MANAGEMENT OPERATIONS



AGENDA

- **ROLES AND RESPONSIBILITY OF A GRANTS MANAGEMENT SPECIALIST**
- **NOA INFORMATION**
- **EHB**
- **FFR**
- **EXPANDED AUTHORITY**
- **CARRYOVER**
- **PRIOR APPROVAL**
- **REVISED BUDGET**



Roles and Responsibilities: GMS

(Budget/Grants Management)

- Provides clarification on grants regulations and financial aspects of the project
- Reviews and make recommendations on continued Federal support
- Monitors compliance with grant requirements and cost policies
- Monitors receipt of all required reports and follow-up as necessary to obtain delinquent reports
- Issues Notice of Awards (Signed by the HRSA GMO)



NoA Information

- **Standard Terms**

- Appears on the initial award for the budget/project grant period and describes general terms and conditions of the award

- **Reporting Requirements**

- Identifies the various reporting requirements and due dates of the award, such as FFRs and Progress Reports

NoA Information

- **Program/Grant Conditions of Award**

- Always require a response by a specific date – please respond to the HRSA Division of Grants Management Operations in a timely manner to avoid reporting issues
- HRSA will remove the condition once it is met (by issuing a new NoA)

- **Program/Grant Terms**

- Generally informational and advisory by nature (e.g., uses and limitations of funds and post award administration)

- **Contacts**

- Identifies the Federal contacts for assistance



The HRSA Electronic Handbooks (EHBs)

- All post award administration is done through EHBs
- Register for EHBs. <https://grants.hrsa.gov/webexternal/login.asp> “create account” link
- Project Directors/Principal Investigators are responsible for the user management and permissions for their cooperative agreement
- If you have a registered account but do not have the permission to access the given Grant Portfolio, then login to HRSA EHBs and click on the ‘Add Portfolio’ link on the side menu. Follow the instructions on the Add Portfolio page to gain access to the Grant Portfolio
- If you need assistance regarding registering with HRSA EHBs, gaining access to the Grant Portfolio, or other EHBs issues, please contact the HRSA Call Center by email: CallCenter@HRSA.gov or by phone 1-877-464-4772. The HRSA Call Center is available 9:00 am to 5:30 pm ET, Monday through Friday



Managing your Grant

- **Federal Financial Report (FFR) – SF 425**
 - FFR combines Quarterly Report SF-272 Federal Transaction Report and Financial Status Report SF-269.
 - Submit within 120 days after the end of budget period.
 - FFR form must be submitted through PMS. This change from submitting the FFR from EHB to PMS ensures all financial data is reported consistently through one source.



Managing your Grant – continued

- **EXPANDED AUTHORITY**
- Allows HRSA grant recipients to carryover unobligated funding into the subsequent funding period without the need to submit a separate prior approval request. You can simply identify your intent for the UOB in the “Remark” section of the Federal Financial Report (FFR)
- Prior Approval is required via EHB if the carryover request is \$250,000 or more than 25% of the amount awarded whichever is less.
- The NoA will indicate in the remark section of NOA if your grant is under Expanded Authority
- Contact your Grants Management Specialist about appropriate use of carryover funds.



Managing your Grant- continued

- **CARRYOVER**

- Carryover Definition – unspent funds from previous funding period available for use in the current funding period.
- Carryover funds must be used for the original approved purpose(s) of the award.
- Recipients should use the FFR Remarks section regarding the intent to carryover funds, including the use of any expanded authority.
- If request occurs at time of FFR submission, submit letter request and budget justification via EHB Prior Approval.
- If request is not at the time of FFR submission, recipient should submit a prior approval request to carryover a UOB within 30 days of submitting the FFR.

Managing your Grant - continued

- **REVISED BUDGET**
- HRSA recipients are allowed to make post-award programmatic and budget revisions within and between approved budget categories.
- Significant re-budgeting requires prior approval via EHB. Significant re-budgeting occurs when transfers among line item categories for the current budget period exceeds 25% of the total approved budget.
- Where prior approval is needed for re-budgeting, the prior approval request must include a revised SF-424A, line item budget and narrative justification.



Managing Your Grant- continued

- **Prior Approval***

- Change in Project Director
- Replacement of Key Personnel Specified in the NoA
- Change of Awardee Organization
- Changes in Scope, Goals & Objectives
- Revisions in Budget and/or Budget Justification
- Carryover Request

*Prior approval not necessary if changes within budget line items do not exceed 25% of total budget.

Tips and Reminders

- ❑ Read your NoA carefully
- ❑ Make sure that the contact information, including e-mail addresses, of the Project Director, Business Official and other key persons identified in the application are correct
- ❑ Submit financial reports on time
- ❑ Exercise sound fiscal responsibility
- ❑ Regularly communicate with your GMS & PO
- ❑ Maintain accuracy and currency of your information in the System for Award Management (SAM)
- ❑ Resource: <http://hrsa.gov/grants/hhsgrantspolicystatement.pdf>

Contact Information

Tonya Randall
Grants
Management
Specialist

Trandall@hrsa.gov
301-594-4259





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Q&A

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TA & SUPPORT CENTER

Healthy Starts at Home: Cross-Sector Opportunities to Advance Maternal and Child Health Through Housing

Plenary

THURSDAY, NOVEMBER 4

1:45–2 PM ET

THE HEALTHY START TA & SUPPORT CENTER IS OPERATED BY THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ). THIS PROJECT IS SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) UNDER GRANT NUMBER 1 UF5MC327500100 TITLED SUPPORTING HEALTHY START PERFORMANCE PROJECT.

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Our Speaker

Richard S. Cho, Ph.D.

SENIOR ADVISOR FOR HOUSING AND
SERVICES, OFFICE OF THE SECRETARY U.S.
DEPARTMENT OF HOUSING AND URBAN
DEVELOPMENT

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Healthy Starts at Home: Cross-Sector Opportunities to Advance Maternal and Child Health through Housing



Richard Cho, PhD
Senior Advisor for Housing and Services
November 2021



US Dept Housing & Urban Development

HUD is responsible for overseeing the nation's housing and community development policies

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all

Annual budget of approximately \$60 billion
(medium-sized agency)

Secretary Marcia Fudge is the 18th Secretary of HUD



Scope – HUD-Assisted Families

Women and Children Living in Public and Assisted Housing

- Women represent approximately **70% of all HUD-assisted adults** (*4.2 million women*)
- **77%** of HUD-assisted women identify with a racial or ethnic minority group
- Approximately **25,000 new babies** are born every year to HUD-assisted women
- Children comprise **35.5% of all HUD-assisted persons** (*3.3 million children, including nearly 900,000 children aged 0-5*)

Health Status of HUD-Assisted Women and Children

Women

- **36%** self-reported fair or poor health
- **24%** had 2+ emergency room visits during the prior year
- **12%** had serious psychological distress
- **35%** had unmet medical needs due to cost

Children

- **5.2%** had fair or poor health
- **14%** had 2+ emergency room visits during the prior year
- **21%** had current asthma
- **27%** had a learning disability

Scope – Unstably Housed Families

Infancy is the period of life when a person is most likely to live in a homeless shelter

- In 2015, approximately half of families experiencing homelessness had a child aged 0-5
- Approximately 10% of homeless families had an infant under 12 months of age

Strong link between housing stability and maternal and child health

- Prenatal homelessness associated with higher odds of low birth weight and preterm delivery
- Homelessness during infancy is associated with higher odds of poor infant health
- Compared with consistently housed mothers, mothers with a history of homelessness had worse physical and mental health outcomes



Promising Housing + MCH Efforts

Emerging research shows that when housing assistance is paired with health services, there are striking results for MCH outcomes.

Ohio Healthy Beginnings at Home (HBAH) Study

- Assessed the impact of providing rental assistance to unstably-housed, pregnant women
- Significantly more newborns in the intervention group were full-term and healthy weight
- Babies in the intervention group were less likely to be admitted to the NICU
- When NICU required, average days spent in NICU was much lower for intervention group



Promising Housing + MCH Efforts

[Family Options Study \(RCT\)](#)

- Experiment for homeless families with young children that introduced four possible interventions, including receipt of a housing voucher
- Families offered vouchers reported less child separations, decreased maternal psychological distress, decreased economic stress, fewer child behavior problems, and less household food insecurity

[Boston's Healthy Start in Housing Program \(HSiH\)](#)

- Collaboration: Boston Public Health Commission & Boston Housing Authority
- Prioritizes access to public housing for homeless and housing-insecure pregnant women who have medical risks associated with poor birth outcomes
- Home visitors identify housing insecurity as social determinant of health
- Evaluation shows participants experienced improved mental health status and reduced stress

Opportunities

What is HUD doing?

- Commitment to improving outcomes for women, children, and families
- Strategically examining emerging evidence on housing's role in improving maternal and early infant health outcomes
- Facilitating data linkage and cross-agency research to better understand MCH outcomes and housing status
- Building partnerships with MCH stakeholders at the federal, state, and local level

What can Healthy Start Grantees Do?

- Screen clients for housing status (include housing status on intake forms)
- Connect clients to housing services and resources
- Build partnerships with your local [public housing authority](#). Discuss shared goals.
- Help prevent eviction by connecting clients to resources (see HUD's [Eviction Protection Grant Program](#)).
- Encourage families to apply for the expanded child tax credit

Resources

[Boston Uses Public Housing to Promote Healthy Birth Outcomes](#) *The Health Equity Guide*

[Opinion: Housing stability can lead to better health for pregnant women and their babies.](#) *The Columbus Dispatch, May 2021*

[Associations With Infant and Maternal Health and Hardship Outcomes.](#) *Cityscape, 2018*

[Landmark Family Options Study Has Clear Policy Implications.](#) *HUD Edge Article, 2016*

[Healthy Start in Housing: A Case Study of a Public Health and Housing Partnership To Improve Birth Outcomes.](#) *Cityscape, 2014*

[Bringing life course home: a pilot to reduce pregnancy risk through housing access and family support.](#) *The Maternal and Child Health Journal, 2013*





Thank You!

Richard Cho

Email:
Richard.S.Cho@hud.gov



Q&A

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The logo graphic for Healthy Start features a stylized plant with four leaves in shades of orange and red, positioned to the right of the text.

We hope you enjoyed this morning's plenaries!

Upcoming session:

Networking Cafés and CAREWare Office Hours

2-2:55 pm ET

NETWORKING CAFÉ TOPICS:

- *BREASTFEEDING*
- *COMMUNITY ACTION NETWORK*
- *COMMUNITY-BASED DOULA SUPPLEMENT*
- *CONSUMERS*
- *EVALUATION*

*2021 HEALTHY START VIRTUAL GRANTEES' MEETING
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ
ON NOVEMBER 3, 2021.*

NICHQ
National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER

IF YOU NEED ANY SUPPORT...

Please email healthystart@nichq.org