Overview of Presentation

Overview of Evaluation
- Logic Model
- Evaluation Questions

Highlights of Descriptive Results from PD Survey
- Service Components
  - Core
  - Expanded
- Systems Components
- Perceived Outcomes

Next Steps & Recommendations
Evaluation Questions

1. How are the 9 program components and their features implemented across all Healthy Start projects?

2. What subcomponents are implemented by Healthy Start projects (e.g., home visits, male involvement, cultural competence, family and consumer participation)?

3. How does consumer participation and leadership function as features of Healthy Start service and system components?
Project Directors’ Survey

- **Response Rate = 100 %**
  - N=104 Healthy Start Projects

- **Reporting Year = 2010**

- **Limitations**
  - Self-report
    - Project Director
    - Other Project Staff
  - Potential for variation in the interpretation of questions
  - Variation in the length of time project has been in operation
Service Components Implemented by Healthy Start Projects, N=104

- Outreach: 100%
- Case Management: 100%
- Health Education: 100%
- Perinatal Depression Screening: 100%
- Interconception Services: 100%
Between 66% and 99% of Healthy Start Projects reported implementation of the four required systems components.
Service Components

- Direct outreach and client recruitment
- Case management
- Health education services
- Screening and referral for maternal depression
- Interconception continuity of care through 2 years post-delivery
Location/Setting of Healthy Start Core Services, N=104

<table>
<thead>
<tr>
<th>Service</th>
<th>Other Community-based Settings</th>
<th>Clinics</th>
<th>Healthy Start Project Site</th>
<th>Participants Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education</td>
<td>59%</td>
<td>85%</td>
<td>90%</td>
<td>92%</td>
</tr>
<tr>
<td>Case Management</td>
<td>41%</td>
<td>51%</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Outreach</td>
<td>62%</td>
<td>72%</td>
<td>83%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Other Community-based Settings: Outreach, Case Management, Health Education
Clinics: Outreach, Case Management, Health Education
Healthy Start Project Site: Outreach, Case Management, Health Education
Participants Home: Outreach, Case Management, Health Education
Location/Setting of Healthy Start Core Services, N=104

- **Interconceptional Care**
  - Other Community-based Settings: 30%
  - Clinics: 56%
  - Healthy Start Project Site: 75%
  - Participants Home: 94%

- **Perinatal Depression**
  - Other Community-based Settings: 47%
  - Clinics: 67%
  - Healthy Start Project Site: 91%
  - Participants Home: 91%
Referrals Offered Through Case Management, N=104

- Domestic Violence Services Shelters: 97%
- WIC/Food Assistance: 97%
- Housing/Heating: 96%
- Substance Abuse/Treatment Counseling: 96%
- Mental/Behavioral Health: 96%
- Clinical (MD/RN): 92%
- Transportation: 89%
Educational and Professional Background of Staff Providing Health Education Services, N=104

- Lay/Indigenous/Paraprofessional: 76%
- Health Education: 64%
- Nursing: 57%
- Public Health: 45%
Educational and Professional Background of Staff Providing Case Management Services, N=104

- Social Work: 67%
- Nursing: 63%
- Lay/Indigenous/Paraprofessional: 59%
- Health Education: 32%
Percent of Healthy Start Projects that Used Selected Outreach and Client Recruitment Strategies, N=104

- Community Events*: 98%
- Brochures: 94%
- Referral Network: 93%
- Classes/Presentations: 83%
- Canvassing: 82%
- Newspaper: 51%

* Includes Healthy Start Projects who "organized community events" and/or "attended community events."
Targeted Outreach for Cultural or Ethnic Groups in the Community, N=104

- Enlist staff who reflect the community being served: 86%
- Translate written materials: 74%
- Connect with other community initiatives that reflect participants’ cultural groups: 74%
- Learn about and apply knowledge of customs and cultures during participant interactions: 68%
Expanded Service Components

- Expanded service components implemented by Healthy Start projects
  - Home Visiting
  - Male Involvement
  - Breast Feeding
  - Healthy Weight
  - Tobacco Use/Smoking Cessation
Core Components Employing Home Visiting, N=82

- Case Management Services: 93%
- Interconceptional Care Services: 82%
- Health Education Services: 60%
- Outreach Services: 39%
Male Involvement Services Offered, N=72

- Health Education: 96%
- Case Management Services: 65%
- Court Advocacy: 43%
- Mental Health Services: 42%
- Clinical Services: 25%
Breastfeeding Support and Education Services Offered to Healthy Start Participants, N = 104

- Address breastfeeding topics during pregnancy/prenatal period: 100%
- Address breastfeeding topic during interconceptional period: 92%
- Offer individualized breastfeeding counseling to postpartum participants: 85%
Percent of Healthy Start Projects That Offered Individualized Breastfeeding Counseling to Postpartum Participants, N=88

- Having breastfeeding peer counselors available*: 66%
- Have a certified lactation consultant on site*: 47%
- Have a doula on site to support breastfeeding*: 16%

*Only asked of those 88 Healthy Start Projects who "Offer individualized breastfeeding counseling to postpartum participants"
Healthy Weight Components Offered to Healthy Start Participants (N=104) and Staff (N=83)

- **Participants**
  - Nutrition: 100%
  - Physical Activity: 97%
  - Weight Management: 94%

- **HS Staff**
  - Nutrition: 99%
  - Physical Activity: 94%
  - Weight Management: 93%
Settings/Strategies Used to Address Weight Management with Healthy Start Participants, N=101

- Home Visits: 89%
- Group Health Education Classes: 73%
- Face-to-face Meeting at HS Site: 68%
- Other Routine Care-related Contacts: 56%
- Outreach Activities: 49%
Tobacco Use Cessation Opportunities Offered to Healthy Start Participants, N=104

- Access to Community, State-Run or Other Quit Lines: 86%
- Tobacco-cessation Related Referrals: 84%
- One-On-Counseling: 63%
- Group Counseling: 30%
- Medication Options: 18%
Systems Components

- Use community consortia to mobilize key stakeholders
- Develop local health action plan
- Collaborate & coordinate with Title V services
- Create sustainability plan
Number of Consortia Reported by Healthy Start Projects, N=104

- 77% reported 1 consortium
- 11% reported 2 consortia
- 6% reported 3 consortia
- 4% reported 4 consortia
- 2% reported 5 or more consortia

Consortium

[Pie chart showing the distribution of consortia reported by Healthy Start Projects]
Selected Purposes of Consortia, N=104

- Share information and raise awareness of MCH issues: 95%
- Bring together potential partners and enhance collaboration: 91%
- Fulfill requirements of grant guidance: 89%
- Work toward goals in the LHSAP or other action plan: 78%
- Change maternal and child health practices in the target community or system: 69%
- Oversee Healthy Start project operations: 43%
- Change MCH policy in the state: 21%
Strategies to Facilitate Involvement of Healthy Start Participants in Consortia N=104

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invited participants to serve on subcommittees</td>
<td>65%</td>
</tr>
<tr>
<td>Sent participants to conferences</td>
<td>65%</td>
</tr>
<tr>
<td>Conducted leadership training sessions</td>
<td>45%</td>
</tr>
<tr>
<td>Invited participants to facilitate meetings</td>
<td>42%</td>
</tr>
<tr>
<td>Invited participants to participate in or lead data collection</td>
<td>24%</td>
</tr>
</tbody>
</table>
Consortia Accomplishments in 2010, N=104

- Increased awareness of infant mortality in the community: 87%
- Enhanced ability of Healthy Start project to address disparities in access and utilizing health services: 65%
- Created sustainable partnerships among member agencies: 61%
- Increased Healthy Start participant involvement in our project’s decision-making activities: 57%
- Increased integration of service systems: 52%
Consortia Accomplishments in 2010, N=104

- Increased service capacity in the community (47%)
- Increased the amount of, or access to, data available to partner organizations on the health status of the target population (46%)
- Influenced policy affecting access to care for the Healthy Start target population (30%)
- Used funds in innovative manner (29%)
- Obtain new grants or funding (19%)
Percent of Healthy Start Projects with and without LHSAP, N=104

- 68% Healthy Start Projects with LHSAP specific to HS
- 23% Healthy Start Projects with LHSAP not specific to HS
- 9% Healthy Start Projects without LHSAP

Legend:
- Healthy Start Projects with LHSAP specific to HS
- Healthy Start Projects with LHSAP not specific to HS
- Healthy Start Projects without LHSAP
Percent of Healthy Start Projects that Reported Benefits Received From Coordination with State Title V, N=86

- Data and other information for needs assessment: 74%
- Assistance with efforts to advocate for Healthy Start populations: 66%
- Resource materials for health education: 63%
- Increased visibility in policy arenas: 51%
- Staff training: 51%
Percent of Healthy Start Projects Collaborating with Health-Related Organizations, by Type of Entity, N=104

- Mental Health Agencies: 94%
- Local Health Departments: 94%
- WIC Programs: 92%
- Hospitals: 91%
- Substance Abuse Programs: 90%
- FQHCs: 88%
- State Title V: 87%
- Private Physicians: 86%
- Medicaid: 84%
Percent of Healthy Start Projects Collaborating with Service-Related Organizations, by Type of Entity, N=104

- Schools: 88%
- Child Protective Services: 87%
- Head Start/Early Head Start: 83%
- Welfare Agencies: 79%
- Courts: 64%
66% of all HS projects had a sustainability plan at the time of the PD survey.
Strategies for Sustainability, N=69

- Seeking State or Local Funding: 84%
- Collaborating with Other Organizations: 83%
- Seeking Other Federal Funding: 83%
- Seeking Additional Healthy Start Funding: 72%
- Collaborating with State or Local Title V: 54%
- Packaging Services for Medicaid or Health Plan Reimbursement: 39%
Perceived Outcomes

- Reducing Disparities in MCH
  - Service Activities
  - Systems Activities

- Selected Achievements
Service Activities Performed that Contributed to Reducing Disparities in Maternal and Child Health Outcomes, N=104

- Case Management: 87%
- Enabling Services: 70%
- Interconceptional Care: 67%
- Perinatal Depression Screening: 63%
- Outreach and Client Recruitment: 62%
Systems Activities Performed that Contributed to Reducing Disparities in Maternal and Child Health Outcomes, N=104

- Collaboration with Consumers: 58%
- Collaboration with CBOs: 51%
- Collaboration with Other Public Agencies: 47%
- Provider Education: 47%
- Collaboration with Private Agencies: 44%
- Consortium: 43%
- LHSAP: 41%
- Collaboration with Local Title V: 33%
- Collaboration with State Title V: 30%
Percent Healthy Start Projects Reporting Achievement of Selected Intermediate Outcomes 1, N=104

Increased Awareness Outcomes
- Increased awareness of the importance of interconceptional care: 77%
- Increased awareness of disparities in birth outcomes as a priority in the community: 73%

Participant/Service Outcomes
- Increased positive health behaviors among participants: 71%
- Increased access to the services available for participants: 68%
- Increased number of participants with a medical home: 67%
Percent Healthy Start Projects Reporting Achievement of Selected Intermediate Outcomes 2, N=104

**Improved Systems-of-Care Outcomes**
- Increased screening for perinatal depression among providers in the community: 49%
- Increased integration of prenatal, primary care, and mental health services: 45%
- Increased cultural competence of providers in the community: 41%

**Participant Involvement Outcomes**
- Increased participant involvement in Healthy-Start decision-making: 48%
- Increased participant involvement in other community activities addressing systems changes: 38%
- Increased participant involvement in decision-making among partner agencies: 21%
Next Steps for National Evaluation

- Complete Healthy Start Profile report (using survey results) (similar to one published in 2006)

- Complete analyses for overall Healthy Start impact using grantee survey results and Healthy Start performance measures

- Complete articles:
  - Overall evaluation results
  - Enhanced program components
  - Use of performance measures in evaluations
4. How do program components and features correlate to intermediate and long-term outcomes?

5. What social determinants and contextual factors influence the implementation of program components and subsequent outcomes?

6. How does the stage of implementation of a project’s components or length of project funding influence the project’s ability to measure and achieve intermediate and long-term outcomes?
Healthy Start Performance Measures vs. State and National Benchmarks

6 of 15 Healthy Start Performance Measures (PM) are the same as (▲) State and National Benchmarks

<table>
<thead>
<tr>
<th>Healthy Start Performance Measures (PM)</th>
<th>MCHB * Title V</th>
<th>HP 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM50: Percent VLBW (&lt;1500 g) births</td>
<td>▲</td>
<td>▲</td>
</tr>
<tr>
<td>PM51: Percent LBW (&lt;2500 g) singleton births</td>
<td>▲</td>
<td>▲</td>
</tr>
<tr>
<td>PM52: IMR per 1000 live births</td>
<td>▲</td>
<td>▲</td>
</tr>
<tr>
<td>PM53: NMR per 1000 live births</td>
<td>▲</td>
<td>▲</td>
</tr>
<tr>
<td>PM54: PNMR per 1000 live births</td>
<td>▲</td>
<td>▲</td>
</tr>
<tr>
<td><strong>PM55: Perinatal mortality rate per 1000 live births and fetal deaths</strong></td>
<td>▲</td>
<td>▲</td>
</tr>
</tbody>
</table>

*Two MCHB Health Status Indicators: HSI 01B and HSI 02A and four MCHB Outcome Measures: NOM 01, NOM 03, NOM 04, NOM 05.
Healthy Start Performance Measures vs. State and National Benchmarks (con’t.)

9 of 15 Healthy Start PMs are related to (Δ) or the same as (▲) State and National Benchmarks

<table>
<thead>
<tr>
<th>Healthy Start Performance Measures (PM)</th>
<th>MCHB* Title V</th>
<th>HP 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM07: Family participation</td>
<td></td>
<td>Δ</td>
</tr>
<tr>
<td>PM10: Cultural competence</td>
<td></td>
<td>Δ</td>
</tr>
<tr>
<td>PM14: Use of morbidity/mortality review</td>
<td></td>
<td>Δ</td>
</tr>
<tr>
<td>PM17: Medical home</td>
<td>Δ</td>
<td>Δ</td>
</tr>
<tr>
<td>PM20: Ongoing primary and preventive care</td>
<td></td>
<td>Δ</td>
</tr>
<tr>
<td>PM21: Completed referrals</td>
<td>Δ</td>
<td></td>
</tr>
<tr>
<td>PM22: Screenings</td>
<td>Δ</td>
<td></td>
</tr>
<tr>
<td>PM35: Comprehensive system for women’s health services</td>
<td>Δ</td>
<td></td>
</tr>
<tr>
<td>PM36: 1st trimester prenatal care visit</td>
<td>Δ</td>
<td>▲</td>
</tr>
</tbody>
</table>

*Two National MCHB Performance Measures: NPM 03, NPM 18.
Summary of Findings from Review of Local Evaluations Submitted in Response to Request

- Lack of consistency across grantees in how information was reported
- Lack of clarity in methodology used for analyses
- Small sample size
- Inadequate documentation of how, when, and by whom evaluations were performed
- Insufficient studies with measures of effect to conduct meta-analysis
Recommendations for Improving Local Evaluations in Future

Use Available Data to Enhance Evaluation Designs

- Selection of control group from vital records, Medicaid claims and other surveillance systems (e.g. PRAMS)
  - Create comparison groups based on risk profile and geographic proximity, e.g. Medicaid eligible population
- Aggregate data across years to increase sample sizes
- Focus on a specific HS strategy/outcome
  - Case Management/LBW

Partner with State and Academic Institutions

- MCH Epidemiologists
- Researchers
Recommendations for Improving Local Evaluations in Future

- Partner with state agencies
  - MCH or other epidemiologists available in health departments
  - Advantage – it is easier access to vital records and other data

- Partner with researchers at universities

- Create network of Healthy Start researchers to encourage “standardization” of methods and approaches and encourage peer learning
Questions and Discussion

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- Deborah_Walker@abtassoc.com