An Overview of Healthy Start

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The MCH Block Grant (Title V) States’ Program 501(a)(1)(a-d)

• “Title V authorizes appropriations to states to improve the health of all mothers and children”

• “To provide and assure mothers and children... access to quality maternal and child health services”

• “To reduce infant mortality...preventable diseases and handicapping conditions among children... and increase number of...immunized children...”
The MCH Block Grant (Title V) States’ Program 501(a)(1)(a-d)

- “To increase [the number of] low income children receiving health assessments and...diagnosis and treatment services”

- “Promote health...by providing prenatal, delivery, and postpartum care...”

- “Promote health of children by providing preventive and primary care services...”
Healthy Start
Where are we now?

- 39 States
- District of Columbia
- Puerto Rico
- Indigenous Populations
- Border Communities
- New Immigrants
Infant Mortality Rate, 2005-2007

U.S. IMR: 6.8 per 1,000
4.9 in WA, UT -- 12.8 in DC

IMR per 1,000
- 4.9 - 6.0
- 6.1 - 6.7
- 6.8 - 7.8
- 7.9 - 12.8

Map showing the infant mortality rate per 1,000 births across the United States for the years 2005-2007, with different shades indicating varying rates. The map highlights the states with the highest and lowest rates.
Authorization Language

- Factors that contribute to infant mortality
- Include a focus on Low Birthweight
- Community Based approach to delivery of services
- Comprehensive approach to women’s health care to improve perinatal outcomes
HEALTHY START AND PERINATAL SERVICES

HEALTHY START

Goals:

- Improve health care access and outcomes for (high risk) women and infants

- Promote healthy behaviors and reduce the causes of infant mortality
HEALTHY START’S ROLE IN ADDRESSING DISPARITIES

• Reduce the rate of Infant Mortality

• Eliminate disparities in perinatal health

• Implement innovative community-based interventions to support & improve perinatal delivery systems in project communities
HEALTHY START’S ROLE IN ADDRESSING DISPARITIES

• Assure that every participating woman & infant gains access to the health delivery system & is followed through the continuum of care

• Provide strong linkages with the local & state perinatal system
TARGET AUDIENCE
Families Across the Lifespan -- particularly women of reproductive age and their infants

FOCI OF PROGRAM ACTIVITIES
- Risk Prevention/Reduction
- Health Promotion
- Infrastructure/Systems Building
- Programmatic Involvement of Women, Their Families (Including Male Partners) & Communities
HEALTHY START COMPONENTS

- **5 Core Services:** Outreach, case management, health education, screening for depression, and interconceptional continuity of care

- **4 Core Systems Building:** Consumer and consortium involvement in policy formation and implementation, local health system action plan, collaboration with Title V, and sustainability
Core Interventions: Outreach

• **Definition:** Provision of case finding services that actively reach out into the community to recruit & retain Perinatal/interconceptional clients in a system of care

• **Purpose:** To identify, enroll & retain clients most in need of Healthy Start services
Core Interventions: Case Management

- **Definition:** Provision of services in a coordinated culturally sensitive approach through client assessment, referral, monitoring, facilitation, & follow-up on utilization of needed services

- **Purpose:** To coordinate services from multiple providers to assure that each family's individual needs are met to the extent resources are available, & the **client agrees** with the scope of planned services
Core Interventions: Health Education & Training

- **Definition:** Health education includes not only instructional activities & other strategies to change individual health behavior but also organizational efforts, policy directives, economic supports, environmental activities & community-level programs.

- **Purpose:** The purpose of a health education campaign is to disseminate information with the goal of improving an audience’s knowledge, attitudes, behaviors & practices regarding a particular area of health promotion.
Core Interventions: Screening for Perinatal Depression

• A depressive disorder is defined as an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things.
INTERCONCEPTION CARE FOR WOMEN

- Outreach and case management (e.g., risk assessment, facilitation, monitoring) for women to assure they are enrolled in ongoing care (women’s health/medical home) and are obtaining necessary referrals

- Availability of and access to a system of integrated and comprehensive services

- Health education (tied to identified needs includes attention to mental health, substance abuse, smoking, domestic violence, HIV and STDs)
Core System Intervention: Community Consortium

**Definition:** Individuals & organizations including, but not limited too, agencies responsible for administering block grant programs under Title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under Section 330 (C/MHC, Homeless Rural) & other significant sources of health care services
Core System Intervention:

Local Health System Action Plan

Definition:

A realistic, yet comprehensive plan of achievable steps within the four-five year funding period that will improve the functioning & capacity of the local health system for pregnant and parenting women and their families.
SUSTAINABILITY

*Essential elements:*

- Integrate activity into current funding sources
- Maximize third-party reimbursement
- Leverage other funding sources
- Funding sources may include State, local, private funding; in-kind contributions
- Use the consortium
Discretionary Grant Information System (DGIS)

www.mchdata.hrsa.gov
Program Participants

• Total Women Served: 30,759
  • 29,587 – General Population
  • 1,172 – Border Population

• African American 60.6 percent
• White 20.4 percent
• Hispanic/Latino 22.2 percent
• AI/AN 3.3 percent
• Asian 1.5 percent

Source: DGIS, Calendar Year 2010 Data
Live Births to Participants

• Total Number of Live Births: 38,075

• African American 58.2 percent
• White 19.6 percent
• Hispanic/Latino 24.8 percent
• AI/AN 3.9 percent
• Asian 1.6 percent
• More than One Race 2.4 percent

Source: DGIS, Calendar Year 2010 Data
Male Participants

- Total Number of Males Served: 5,369
- African American: 61.5 percent
- White: 19.3 percent
- Hispanic: 11.8 percent
- 17 Years and Under: 20.4 percent
- 18 Years and Over: 67.8 percent

Source: DGIS, Calendar Year 2010 Data
Interconcepcional Care

- Number of Women Receiving IC: 28,876
- African American: 63.2 percent
- Hispanic: 21.5 percent
- White: 19.7 percent
- Aged 20-23: 29.9 percent
- Aged 24-34: 39.2 percent

Source: DGIS, Calendar Year 2010 Data
Major Services: Direct Health Care

- Prenatal Care Visits: 116,732
- Well Baby Pediatric Visits: 50,592
- Postpartum Clinic Visits: 20,725
- Women’s Health: 26,157
- Family Planning: 22,541
- Adolescent Health: 18,937

Source: DGIS, Calendar Year 2010 Data
## Major Services: Enabling Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
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<tbody>
<tr>
<td>Number of Families Served</td>
<td>74,938</td>
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<tr>
<td>Case Managed Families (PNC)</td>
<td>30,677</td>
</tr>
<tr>
<td>Case Managed Families (IC)</td>
<td>26,210</td>
</tr>
<tr>
<td>Outreached Families (PNC)</td>
<td>26,397</td>
</tr>
<tr>
<td>Outreached Families (IC)</td>
<td>19,271</td>
</tr>
<tr>
<td>Home Visiting (PNC)</td>
<td>21,369</td>
</tr>
<tr>
<td>Home Visiting (IC)</td>
<td>20,530</td>
</tr>
</tbody>
</table>

Source: DGIS, Calendar Year 2010 Data
Major Services: Enabling Services

- Breastfeeding Education: 30,026
- Pregnancy/Childbirth Education: 23,759
- Parenting Skills: 30,745
- Transportation: 18,182
- Housing Assistance: 6,814
- Job Training: 5,231
- Translation: 3,268

Source: DGIS, Calendar Year 2010 Data
Infrastructure Building

- Consortia Training: 13,517
- Provider Training: 10,860

Source: DGIS, Calendar Year 2010 Data
Healthy Start Program IMR per 1,000 Live Births

- HS IMR
- HP2020 IMR Target
- US IMR

NOTE: Neonatal is less than 28 days; Postneonatal is 28 days to less than 1 year. *Includes persons of Hispanic and non-Hispanic origin.

Division of Healthy Start and Perinatal Services
Other Programs & Activities

• National Fetal & Infant Mortality Review Program
• Women’s Health Initiatives
• Fetal Alcohol Spectrum Disorders Initiative
• First Time Motherhood/New Parents Initiative
• Community-Based Doula Program
Taking Care of Mom: Bright Futures for Women’s Health & Wellness

U.S. Department of Health and Human Services
Health Resources & Services Administration
5600 Fishers Lane
Rockville, MD 20857

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This booklet is available at
www.mchb.hrsa.gov/pregnancyandbeyond
Print copies can be obtained from the HRSA Information Center by calling 1-888-Ask-HRSA

These tools are part of a series of materials called “Bright Futures for Women’s Health and Wellness.” These materials were developed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The aim of the Bright Futures Initiative is to help women of all ages achieve better physical, mental, social, and spiritual health by encouraging healthy practices. More information about the Bright Futures Initiative is available at http://mchb.hrsa.gov/about/owhb.htm
The Business Case for Breastfeeding

HRSA resource kit developed to improve lactation support in the workplace

Steps for creating a breastfeeding friendly workplace
Healthy Start and Perinatal Services

Healthy Women (Men) ➔ Healthy Infant ➔ Healthy Families ➔ Healthy Communities ➔ Healthy Nation
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