



# Healthy Start Engagement Activities and Future Priorities

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**Vision: Healthy Communities, Healthy People**



# Engagement Activities

1

Infant Health Equity Convenings

2

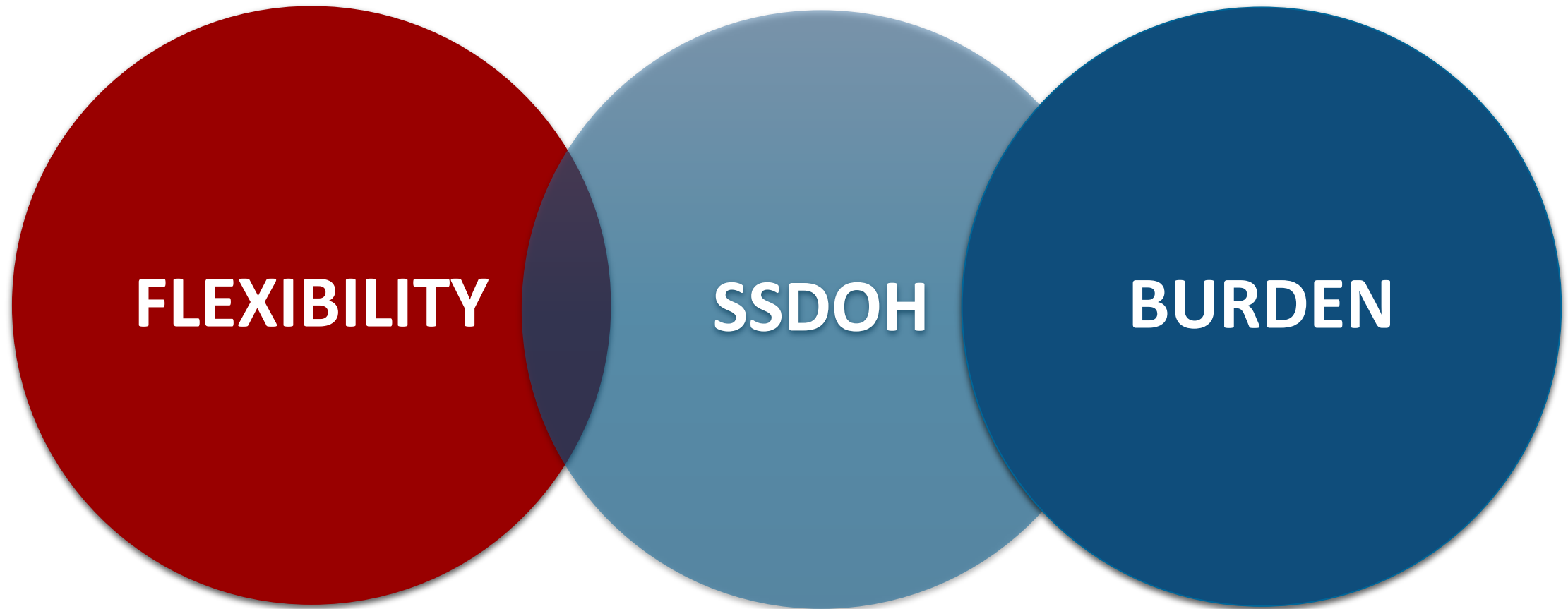
Grantee Listening Sessions

3

Request for Information



# Similarities Across Feedback Received



# Key Takeaways

- 1 Address upstream factors and SDOH impacting perinatal health
- 2 Strengthen family and community engagement
- 3 Increase grantee flexibility to customize approaches addressing the key drivers of infant mortality within the community
- 4 Reduce grantee burden



# Upstream Factors and SSDOH Impacting Perinatal Health

Engagement Activity	Recommendation	Healthy Start Priorities (FY23)
<b>Infant Health Equity Convening</b>	<ul style="list-style-type: none"> <li>• Break down silos and strengthen integration of services:               <ul style="list-style-type: none"> <li>○ Look beyond health equity to overall equity; facilitate a shift from looking at social determinants of health (SDOH) to social determinants more broadly.</li> <li>○ Expand efforts to address non-clinical needs.</li> <li>○ Establish cross sector partnerships</li> </ul> </li> </ul>	<b>Direct and Enabling Services</b> <ul style="list-style-type: none"> <li>• Healthy Start projects address SDOH as part of a continuum of services meeting the unique needs of participants and families. Healthy Start projects are expected to provide:               <ul style="list-style-type: none"> <li>○ Referrals and linkages to clinical care and support services addressing SDOH.</li> <li>○ Navigation support to retain participants in clinical care and maintain connection to services addressing SDOH.</li> </ul> </li> </ul>
<b>Grantee Listening Sessions</b>	<ul style="list-style-type: none"> <li>• Increased emphasis on:               <ul style="list-style-type: none"> <li>○ Upstream interventions</li> <li>○ Addressing social and structural determinants of health (SSDOH) for Healthy Start participants</li> <li>○ activities that address racism and bias in healthcare</li> </ul> </li> <li>• Need for additional funding to address SSDOH</li> <li>• Mental health repeatedly cited as a large unmet need that grantees are working to fill</li> <li>• Trauma informed care</li> </ul>	--
<b>Request for Information</b>	<ul style="list-style-type: none"> <li>• Increase flexibility to implement services that address SSDOH               <ul style="list-style-type: none"> <li>○ Housing</li> </ul> </li> <li>• Increased emphasis on partnerships that address SSDOH (e.g., transportation, built environment).</li> </ul>	<b>Community Consortia</b> <ul style="list-style-type: none"> <li>• Work is guided by a plan addressing SDOH within the community.               <ul style="list-style-type: none"> <li>○ Measurement of progress to address SDOH.</li> </ul> </li> <li>• Opportunities for Consortia Coordinators to participate in technical assistance focused on topics such as housing, food insecurity, transportation, and racism and discrimination.</li> </ul>

# Family and Community Engagement

Engagement Activity	Recommendation	Healthy Start Priorities (FY23)
<b>Infant Health Equity Convening</b>	<ul style="list-style-type: none"> <li>• Prioritize and amplify mothers, fathers, and communities’ lived experiences.               <ul style="list-style-type: none"> <li>○ Foster opportunities for community members to share their expertise and their knowledge about what they need.</li> </ul> </li> <li>• Create a pipeline from the community to MCH careers to ensure the workforce is representative of the project area.</li> <li>• Bolster support for community-based, community-driven organizations.</li> </ul>	<b>Community-Driven Projects</b> <ul style="list-style-type: none"> <li>• The Community Consortium advises and informs the planning and implementation of direct and enabling services</li> <li>• Consortium Coordinator – representative of and from the project area</li> <li>• Consortium Chair/Co-Chair – recommended current or former Healthy Start participant</li> <li>• Doulas – representative of the community</li> <li>• Group- based education – project are encouraged to provide transportation and child care</li> </ul>
<b>Grantee Listening Sessions</b>	Increase incentives to support family engagement.	--
<b>Request for Information</b>	<ul style="list-style-type: none"> <li>• Compensate people with lived experience for their engagement in Community Action Networks (CANs), program design, implementation and evaluation.               <ul style="list-style-type: none"> <li>○ Opportunities that transition into employment</li> </ul> </li> <li>• Grantees should host an annual community meeting where data shared with the public to self-report their assessment of efficacy, effectiveness, and feedback for opportunities for growth.</li> <li>• Support Healthy Start programs to address racism and bias in health care through education and training, family engagement and developing cross-sector partnerships.</li> </ul>	<b>Leadership Development Opportunities</b> <ul style="list-style-type: none"> <li>• Consumer Convening (May 24-26, 2023)               <ul style="list-style-type: none"> <li>○ Build a network of Healthy Start participants, staff and partners collaborating to exchange best practices in participant engagement.</li> <li>○ Build sustainable pathways for Healthy Start participants to develop skills to become advocates and advisors.</li> <li>○ Provide participants with training opportunities and develop skills and activate their agency.</li> </ul> </li> </ul>

# Flexibility to Customize Approaches to Addressing the Key Drivers of Infant Mortality in the Community

Engagement Activity	Recommendation	Healthy Start Priorities (FY23)
<b>Infant Health Equity Convening</b>	<ul style="list-style-type: none"> <li>Facilitate a cultural shift toward honoring community knowledge, expertise, and cultural traditions as “evidence.”</li> </ul>	<ul style="list-style-type: none"> <li>Increased flexibility to customize interventions to meet the unique needs of the target population.</li> <li>Increased flexibility on guidance for state/local/community-level leadership.</li> </ul>
<b>Grantee Listening Sessions</b>	<ul style="list-style-type: none"> <li>Increase flexibility to meet individual and community needs.</li> <li>Leveraging strengths and successful strategies.</li> </ul>	<b>Direct and Enabling Services</b> <ul style="list-style-type: none"> <li>Case management/care coordination and group-based health and parenting education               <ul style="list-style-type: none"> <li>Composition of participants served</li> <li>Health promotion topics</li> </ul> </li> <li>Clinical funding used to support nurse practitioners, certified nurse midwives, physician assistants, behavioral health specialists etc.</li> </ul>
<b>Request for Information</b>	<ul style="list-style-type: none"> <li>Increase flexibility to implement services that address SSDOH.</li> <li>Customize strategies based upon the needs of the target population within the project area.</li> <li>Customize targets for numbers served based upon population size.</li> <li>Ability to develop MOUs/MOAs after applying to adjust project for overlapping geographical areas.</li> </ul>	<b>Community Consortium</b> <ul style="list-style-type: none"> <li>Flexibility to develop and implement a plan addressing the key SDOH within the community.</li> </ul>

# Reduce Grantee Burden

Engagement Activity	Recommendation	Healthy Start Priorities (FY23)
<b>Infant Health Equity Convening</b>	<ul style="list-style-type: none"> <li>• Create systems of support for MCH staff.               <ul style="list-style-type: none"> <li>• Invest in mental health support for staff experiencing burnout, as well as the impacts of racism and historical/intergenerational trauma.</li> <li>• Facilitate cultural shifts in the health care system that ensure the role of midwives, doulas, community health workers, and other frontline staff is respected.</li> </ul> </li> <li>• Prioritize equitable pay as a recruitment and retention strategy.</li> </ul>	<p>Explicit expectations around developing strategies to support staff retention.</p>
<b>Grantee Listening Sessions</b>	<ul style="list-style-type: none"> <li>• Increase staff salaries - consider cost of living variations.</li> <li>• Reduce numbers served – caseloads are unrealistic and lead to burnout.</li> <li>• Consider:               <ul style="list-style-type: none"> <li>○ Mental health support for CHWs</li> <li>○ Healthy start staff are also experiencing financial stressors and other SSSDOH within the community</li> <li>○ Data reporting burden</li> </ul> </li> </ul>	<p><b>Data and Reporting</b></p> <ul style="list-style-type: none"> <li>• Removed 9 benchmarks               <ul style="list-style-type: none"> <li>○ Program priorities</li> <li>○ Optimal type of data to reflect progress</li> <li>○ Redundancy</li> </ul> </li> </ul> <p><b>Direct and Enabling Services</b></p> <ul style="list-style-type: none"> <li>• Supporting quality over quantity (e.g., 450 case managed participants)</li> </ul>
<b>Request for Information</b>	<ul style="list-style-type: none"> <li>• Increased funding for higher salaries and raises throughout the grant cycle.</li> <li>• Limit caseload size and consider the many competing priorities that frontline staff face.</li> <li>• Provide increased support (e.g., reflective supervision) and professional development opportunities.</li> <li>• Considerations regarding data and reporting burden.</li> </ul>	<p>Examining internal monitoring protocols to identify ways to reduce grantee burden</p>



# Contact Information

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