



Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Healthy Start)

Benita Baker, Branch Chief
Division of Healthy Start & Perinatal Services
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



History of Healthy Start

- Healthy Start was first established as a presidential initiative in 1991
- In 1991, 15 urban and rural sites in communities with infant mortality rates that were 1.5-2.5 times the national average were funded
- Goal: to identify and develop community-based systems approaches to reducing infant mortality by 50% over the five-year period



History of Healthy Start, cont.

By 2019, after multiple rounds of funding HS has 101 projects

Since Inception:

- Focus on special projects (adolescent health, health education)
- Eliminating disparities in Perinatal health
- Scope evolved
- 4 pillar approach

Funding: \$125 Million (~ \$980,000 per award)

Project Period: April 1, 2019- March 31, 2024

101 Healthy Start sites located in 35 states, the District of Columbia, and Puerto Rico



Healthy Start Overview

WHAT

Healthy Start is a federally funded, community driven program dedicated to reducing disparities in maternal and infant Health

REACH

As of 2021, HRSA awarded over **\$100 million to 101 Healthy Start Award Recipients** in 35 states, the District of Columbia, and Puerto Rico

PURPOSE

Improve health outcomes before, during and after pregnancy, and **reduce racial/ethnic differences** and rates of infant death and adverse perinatal outcomes

WHERE

Healthy Start works in communities with **infant mortality rates at least 1.5 times the national average**, and high rates of low birth weight, preterm birth, and maternal mortality



Healthy Start Program Model

Current Healthy Start Core Elements

01

IMPROVE WOMEN'S HEALTH

Access to health insurance & health care, preventative services & health promotion

02

IMPROVE FAMILY HEALTH & WELLNESS

Comprehensive screenings, parent education, case management, behavioral health support, father/partner involvement

03

PROMOTE SYSTEMS CHANGE

Community action network; collaboration with local, state, regional, and national government

04

ASSURE IMPACT & EFFECTIVENESS

Data collection & evaluation, performance measure, and quality improvement measures

Who We Serve

Birthing People



Preconception
(before pregnancy)

Pregnancy

Postpartum
(after pregnancy)

Interconception
(between pregnancies)



Infants & Children



Infants

Children
(up to 18 months)



Fathers, Partners & Family



Fathers / Partners

Family



Current Healthy Start Program Services

- Home visiting (in-person & virtual)
- Health insurance enrollment assistance
- Care coordination
- Health education
- Parenting education
- Family planning
- Father/Partner engagement
- Doula support
- Breastfeeding support
- Nutrition counseling
- Childbirth education
- Transportation service
- Behavioral Health Screenings



Community Action Network

Every Healthy Start project has a **Community Action Network (CAN)** in which awardees partner with local communities and address:

- Fragmented service delivery
- Creating culturally and linguistically appropriate services
- Improving the quality of, and access to, health care and other supports



TA and Support Center (EPIC)

- Provides training and capacity-building assistance
- Supports grantees
- Conducts a variety of activities



Funding to Address Maternal Mortality and Severe Maternal Morbidity (Clinician Funding)

- **Purpose:** To support the hiring of clinical service providers
- **Funding:** \$15 Million (~ \$164,000 per award)



Healthy Start Community-Based Doula Supplements



- **Purpose:** To increase the availability of doula services in Healthy Start service areas
- **Funding:** \$3.125 Million
- 44 Healthy Start grantees

Infant Health Equity Action Plans

- **Purpose:** To address the social and structural determinants of health that impact infant mortality (IM) disparities in HS communities.
- **Funding:** \$1.6 Million
- Health Start grantees





Listening Sessions

- HHS Roundtable with Community-Based Doula Organizations
- Strategic Convenings for MCH Alignment & Impact Towards Infant Health Equity
- Grantee Listening Session

Listening Sessions – Key Themes by Program Area

HHS Roundtable with Community- Based Doula Organizations

- Include mentorship in doula trainings
- Fund doula trainees and mentors
- Strengthen administrative support for doula programs
- Offer tiered doula training & certification requirements
- Fund models that support both doulas and midwives

Listening Sessions – Key Themes

Growing and Strategic Coverings for MCH Alignment & Impact towards Infant Health Equity

- Community Engagement
- Workforce Development
- Strengthen Community Relationships
- Look beyond a clinical perspective
- Tie program requirements to funding

Listening Sessions – Key Themes

Grantee Listening Session

- Funding: Behavior Health, Men's Health
- Data: Benchmark Changes
- Required participant counts
- Eligibility
- Fatherhood/Partner Engagement
- Workforce Development
- Local Evaluation

Questions for Consideration

Advancing MCH resources across all communities with a focus on health equity

- What components of community engagement are important in helping to address Social Determinants of Health?
- What specific community engagement activities/strategies should be funded?
- What strategies, policies, and/or practices should MCHB continue using in its efforts to diversify the MCH workforce in community and clinical settings?



Additional Information

Healthy Start information:

- [“Healthy Start is” Video](#)
- [Healthy Start Infographic](#)

How to Find a Healthy Start Project:

- [Healthy Start Grantees](#)



Questions



Contact Information:

Benita Baker
Branch Chief Division of
Healthy Start & Perinatal
Services
Email: bbaker@hrsa.gov
Phone: 301.4431461

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