Healthy Start Initiative:
Eliminating Disparities in Perinatal Health
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THE NATIONAL HEALTHY START PROGRAM
History

- Established in 1991 as a presidential initiative
- Started as a 5-year demonstration project
- Targets communities with high infant mortality rates and other adverse perinatal outcomes
- Initially focused on community innovation and creativity

THE NATIONAL HEALTHY START PROGRAM

- Federal investment:
  - 1991-1997: 15 sites
  - 1994-1997 : 7 additional sites

  - 1998-2001: additional funding made available to "Replicate best models/lessons learned from the demonstration phase with existing sites serving as resource centers";
    - 20 Mentoring and 50-76 New Communities

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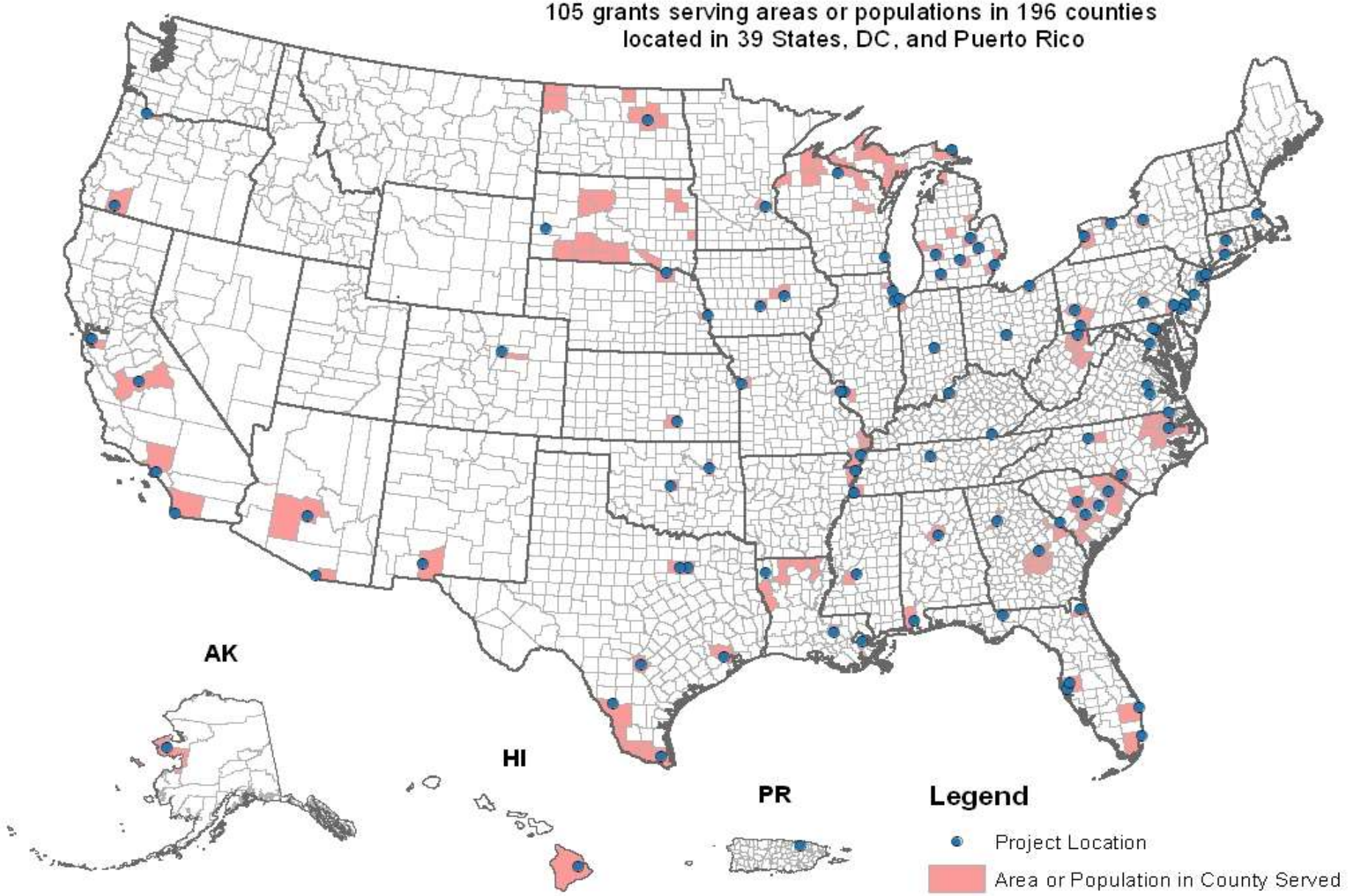
Federal Healthy Start Projects, 2013

105 grants serving areas or populations in 196 counties
located in 39 States, DC, and Puerto Rico



THE NATIONAL HEALTHY START PROGRAM
Approaches

- Targeting communities where infant mortality is highest
- Enlisting full community support
- Encouraging innovation, and
- Concentrating on the real world of high-risk, low-income women and their children

THE NATIONAL HEALTHY START PROGRAM
Goals

- Reduce racial and ethnic disparities in access to and utilization of health services
- Improve local health care systems, and
- Increase consumer and community voice in health care decisions

THE NATIONAL HEALTHY START PROGRAM
Core Components

Five Service Components:

- Outreach and participant recruitment,
- Health education,
- Case management,
- Maternal depression screening, and
- Interconception care services

Four Systems-building components:

- Implementation of a consortium,
- Development of local health system action plans,
- Development of sustainability measures, and
- Collaboration and coordination with Title V

THE NATIONAL HEALTHY START PROGRAM
Progress - Program

- In 2010, over 90% of all healthy start sites were implementing all 9 core components of the program

- Most offered additional services:

  Home visiting, breastfeeding support and education, smoking and other tobacco use cessation, healthy weight services, male and family involvement, domestic/intimate partner violence screening, and child abuse screening or services

A profile of Healthy Start: Findings from the Evaluation of the Federal Healthy Start Program 2012

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THE NATIONAL HEALTHY START PROGRAM
Progress - Outcomes

- Perinatal outcomes significantly improved:
  - *IMR = 4.78 compared with 6.15 nationally, 11.63 for African Americans*
  - *Low birth-weight rate =10% compared with 8.1% nationally, and 13.53% for African Americans*
  - *Very low birth-weight rate 1.7% compared with 1.45% nationally, and 2.98% for African Americans*

Why Change Healthy Start?

- Recommendations of external evaluations
- Recommendations of the Secretary's Advisory Committee on Infant Mortality
- To keep pace, align with, coordinate efforts, and support current Department and Agency programs and priorities
- To integrate current and emerging evidence-based approaches to improving perinatal outcomes

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Combating Infant Mortality – New Directions

- Life-course approach:
  - Preconception / Interconception
- Comprehensive care and prevention
- Collaborative Innovation Networks
- Collective action and impact – beyond collaboration
- Backbone organizations

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Lifecourse Perspective to Improve Pregnancy Outcomes

The lifecourse approach proposes that disparities in birth outcomes are the consequences of differential developmental trajectories set forth by early life experiences and cumulative allostatic load over the life course.

Source: Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. Matern Child Health J. 2003;7:13-30.

Lifecourse Perspective to Improve Pregnancy Outcomes

Scientific evidence from two leading longitudinal models:

- **The early programming model** - exposures in early life could influence future reproductive potential
- **The cumulative pathways model** - decline in reproductive health results from cumulative wear and tear to the body's allostatic systems
- These two models are not mutually exclusive

Source: Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. Matern Child Health J. 2003;7:13-30.

Collaborative Innovation Networks

A CoIN, or Collaborative Innovation Network, is a team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.

Gloor PA. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York: Oxford University Press, 2006.

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Collaborative Innovation Networks

"If you and I swap a dollar, you and I still each have a dollar. If you and I swap an idea, you and I have two ideas each."

By openly sharing ideas and work, a team's creative output is exponentially more than the sum of the creative outputs of all the individual team members.

Source: Gloor PA. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York: Oxford University Press, 2006.

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Key Elements of a CoIN

- Being a "cyber-team" (i.e. most CoIN work will be distance-based)
- Innovation comes through rapid and on-going communication across all levels
- Work in patterns characterized by meritocracy, transparency, and openness to contributions from everyone

Source: Gloor PA. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York: Oxford University Press, 2006.

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The Infant Mortality CoIIN

The Collaborative *Improvement* & Innovation Network to Reduce Infant Mortality

- A new MCHB-HRSA partnership designed to accelerate change and reduction in infant mortality
- Adapted to reflect focus on both innovation and improvement
- Launched in response to stated needs among the 13 States in Regions IV and VI
- Developed and implemented in ongoing partnership with ASTHO, AMCHP, March of Dimes, CityMatCH, CMS, and CDC and other public and private partners
- Builds on previous state-level work by ASTHO and March of Dimes

The Infant Mortality CoIIN

The Collaborative *Improvement* & Innovation Network to Reduce Infant Mortality

- Designed to help States:
  - Innovate and improve their approaches to improving birth outcomes
- Uses the science of quality improvement and collaborative learning
- Team driven
  - Phase 1: Regiona IV and VI
  - Phase 2: Region V
  - Phase 3: National
- Part of a portfolio of efforts to improve birth outcomes and works in partnership with these initiatives

COIN: Strategies & Structure

5 Strategy Teams

1. Reducing early elective deliveries <39 weeks (ED);
2. Enhancing interconception care in Medicaid (ICC);
3. Reducing SIDS/SUID (SS);
4. Increasing smoking cessation among pregnant women (SC);
5. Enhancing perinatal regionalization (RS).

Teams

- 2-3 Leads (Content Experts);
- Data and/or Method Experts
- Staff support (MCHB & partner organizations)
- State representatives
- Shared Workspace
- Data Dashboard

Accomplishments

- Early Elective Delivery: Overall 25% decline in early elective deliveries since 2011 baseline
- Smoking Cessation: Overall 8% decline in smoking during pregnancy since 2011 baseline
- Interconception Care: 7 out of 8 states documented Medicaid policy or procedure change to improve ICC access or content
- Perinatal Regionalization: significant engagement of partners and mobilization of teams in the states to address levels of care designations in context of 2012 American Academy of Pediatrics (AAP) guidelines
- Safe Sleep: collaborative learning sessions to share best practices and innovations are being conducted monthly

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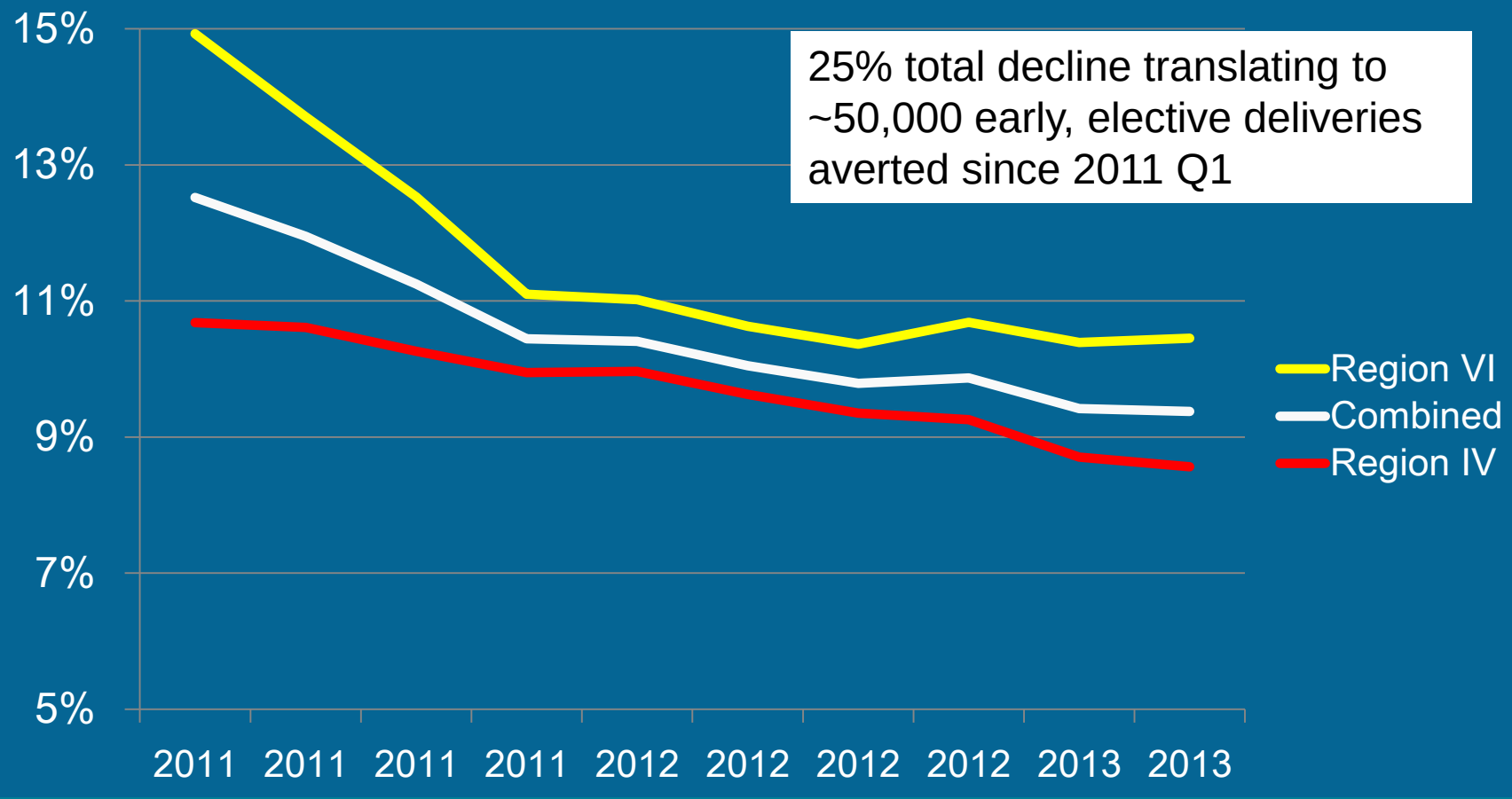
Non-Medically Indicated Early Term Deliveries Among Singleton, Term Deliveries*



* Based on provisional birth certificate data; excludes women with pre-existing conditions

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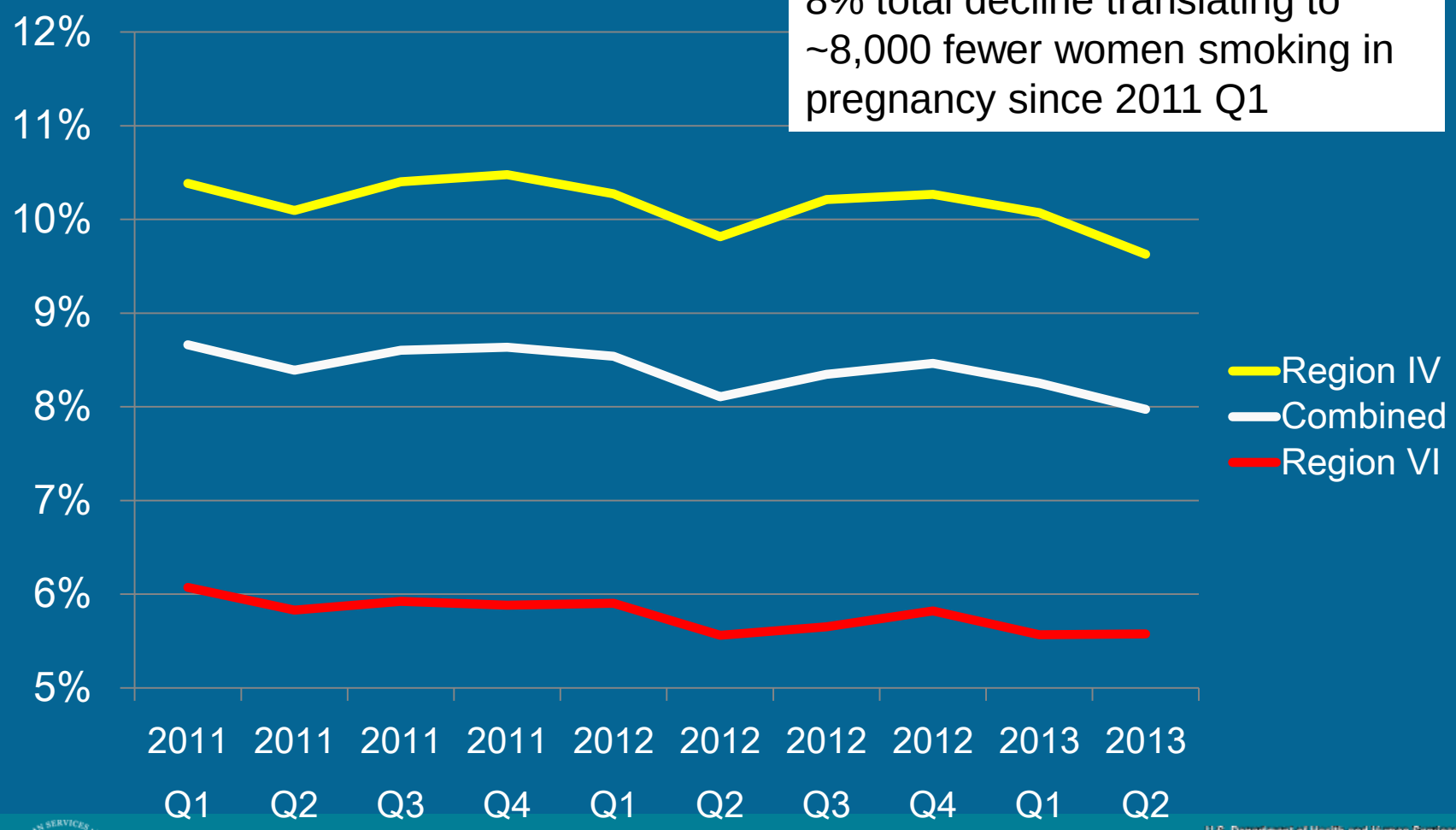
Smoking During Pregnancy*

8% total decline translating to ~8,000 fewer women smoking in pregnancy since 2011 Q1



* Based on provisional birth certificate data reflecting smoking in any trimester; 3 States using unrevised birth certificate; 1 State excluded that did not report 2013 data

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Collective Impact

A systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives.

Collective Impact Initiatives are:

- Long-term commitments
- By a group of important actors
- From different sectors
- To a common agenda
- For solving a specific social problem

Source: Kania J, Kramer M. Collective Impact. Stanford Social Innovation Review. Winter 2011 http://www.ssireview.org/articles/entry/collective_impact Accessed march 2014

Collective Impact

"The power of collective impact lies in the heightened vigilance that comes from multiple organizations looking for resources and innovations through the same lens, the rapid learning that comes from continuous feedback loops, and the immediacy of action that comes from a unified and simultaneous response among all participants."

Source: Kania J, Kramer M. Embracing emergence: how collective Impact addresses complexity. Stanford Social Innovation Review. Jan 21, 2013 http://www.ssireview.org/articles/entry/collective_impact Accessed March 2014

Conditions of Collective Success

1. A common agenda
2. Shared measurement systems
3. Mutually reinforcing activities
4. Continuous communication, and
5. Backbone support organizations

Source: Kania J, Kramer M. Collective Impact. Stanford Social Innovation Review. Winter 2011 http://www.ssireview.org/articles/entry/collective_impact Accessed march 2014

Healthy Start CAN Drive Collective Impact

Healthy Start programs are uniquely situated to:

- **Champion the infant mortality cause in their communities**
- **Serve as backbone organizations to ensure collective impact**
- **Implement its six main functions of a backbone organization:**
  - Provide overall strategic direction
  - Facilitate dialogue between partners
  - Manage data collection and analysis
  - Handle communications
  - Coordinate community outreach, and
  - Mobilize funding

Source: Turner S, Merchant K, Kania J, Martin E. Understanding the Value of Backbone Organizations in Collective Impact: Part 3. Stanford Social Innovation Review. Jul. 19, 2012 http://www.ssireview.org/blog/entry/understanding_the_value_of_backbone_organizations_in_collective_impact_3 accessed March 2014

Main Changes to Healthy Start Healthy Start Approaches - 1

- **Improve Women's Health:** coverage, access , and health promotion and prevention; before, during, and after pregnancy
- **Promote Quality Services:** link families to a medical home, focus on health promotion and prevention, and advance service coordination and systems integration
- **Strengthen Family Resilience:** To support the ability of an individual, family, and community to cope with adversity and adapt to challenges or change

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Main Changes to Healthy Start Healthy Start Approaches - 2

- **Achieve Collective Impact:** To maximize opportunities for community action

- **Increase Accountability** through Quality Improvement, Performance Monitoring, and Evaluation: ongoing quality improvement, performance monitoring, and evaluation activities

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Healthy Start Funding

- Three levels of funding that reflect escalating levels of engagement and competencies
- Provide individual services and community support to women, infants, and families
- Program “clients” includes pregnant women, women of reproductive age and infants up to 2 years of age

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Healthy Start Funding – Level 1: Community-based Healthy Start

- Available funding: up to $750,000 annually
- Minimum program participants/year: 500
- Support the implementation of essential HS program activities needed to achieve five (5) approaches of the HS Model
- Level 1 is responsible for individual level effect

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Healthy Start Funding – Level 2: Enhanced Services Healthy Start

- Up to $1.2 million per year
- Minimum program participants/year: 800
- Support the implementation of level 1 services
- Engage in additional services and activities, such as FIMR, PPOR, and/or MMMR
- Accountable to reach the entire community, thereby driving collective impact and supporting community level change.

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Healthy Start Funding –
Level 3: Leadership and Mentoring Healthy Start

- Funded at up to $2 million per year
- Provide levels 1 and 2 activities
- Serve as leaders and participate in the development of state/ regional/ national programs and policies.
- Participate with other Level 3 grantees and in the development and implementation of a HS Collaborative Innovation and Improvement Network (HS CoIIN).

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Implementing Healthy Start 3.0

- Two new programs will support implementation:
  - Supporting Healthy Start Performance Project
  - Healthy Start Information System

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Supporting Healthy Start Performance Project

- SHSPP will promote the uniform implementation of Healthy Start by:
  - Ensuring skilled, well qualified workers at all levels of the program
  - Identifying and better defining effective services and interventions
  - Offering mentoring, education, and training to staff delivering these interventions and services
  - Providing shared resources

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Healthy Start Information System

- Data Dashboard for real-time monitoring of progress of activities

- Individual client data, program data, and community outcome data for:
  - Continuous quality improvement
  - Provision of targeted technical assistance, and
  - Ongoing local and national evaluations

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Healthy Start and Birth to 3 Opportunities for Collaboration

At the National Level:

- Continue information sharing meetings
- Share communication strategies and information dissemination:
  - Map locators on both websites
  - Information about both programs in newsletters
  - Information dissemination through list serves
- Allow /encourage/require grantees to work closely together where programs are co-located
- Consider joint funding to selected sites

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Healthy Start and Birth to 3 Opportunities for Collaboration

At the Community Level:

- Implement "Collective Impact" strategies:
  - Common agenda
  - Shared measurement systems
  - Mutually reinforcing activities
  - Continuous communication, and
  - Backbone support organizations
- Beyond collaboration and periodic meetings:
  - Consider shared information systems and common indicators
  - Ensure continuity of care
  - Consider joint applications/funding

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For More Information

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