The Healthy Start National Evaluation

Presentation for the APHA Annual Meeting

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Outline of Presentation

- Overview of Healthy Start
- Evaluation Overview, Approach, and Goals
- Site Visits - Methods and Findings
- Participant Survey – Methods and Findings
- Lessons Learned

Healthy Start Overview

- **HS is a federal program to eliminate disparities in infant mortality and other birth outcomes**
- **96 grantees in 37 States, Puerto Rico, and D.C. funded through HRSA/MCHB**
- **9 required components include:**
  - 5 service-related: outreach, health education, case management, perinatal depression screening, and interconceptional care
  - 4 systems-related: consortium, local health system action plan, collaboration with Title V, and sustainability

Evaluation Overview

- **The evaluation is a five-year effort**
  - Phase I was focused on the full universe of grantees
  - Phase II is a more in-depth evaluation of a subset of grantees
- **The evaluation is of the national program not of individual grantee performance**
- **Stakeholders' input is critical to the evaluation effort**

Phase II Evaluation Approach and Goals

Case studies with 8 grantees included site visits and a survey to Healthy Start participants:

- To obtain a more in-depth understanding of a small group of grantee project models
- To determine the methods that grantees are using to meet Healthy Start program objectives
- To learn about Healthy Start from the participant's perspective

Site Visit Overview

Through interviews, relational mapping and client flow graphing, site visits provided

- An understanding of how 8 projects are designed and implemented to improve perinatal outcomes
- Grantees' perceptions of their component strengths, accomplishments, and challenges, and which features they associate with success

Key Findings from Site Visits

- Unique contextual and community issues influence projects' design, implementation, and successes
- There is no single "magic bullet" for reducing disparities in birth outcomes
- Service provision and systems development are both critical for successful Healthy Start projects
- System-level achievements are more likely to be identified via qualitative data collection than surveys

Key Findings from Site Visits (Cont'd)

- The roles of individuals who conduct outreach, case management and health education are interconnected, revealing these components work together
- Consortia rely heavily on having multiple collaborations within the community
- Sustainability efforts are less a priority than other areas
- Acknowledging the need for and working to achieve cultural competence, consumer involvement, or "community voice" are key to reducing disparities

Caveats

- Findings are based on respondents' perceptions and interpretations
- Findings were not verified by examining local evaluation data
- Findings are not generalizable to other Healthy Start projects

Survey Objectives

- **Overall Goal**
  - Gain insight into implementation of Healthy Start from the participant perspective
- **Specific Aims**
  - Develop Healthy Start participant profile (including demographic characteristics, risk factors, health status)
  - Describe services received during prenatal and interconceptional periods (including unmet need)
  - Assess satisfaction with services
  - Measure participant outcomes

Survey Overview

- **Survey fielded 10/2006 to 01/2007 using Computer Assisted Telephone Interviewing (CATI)**
- **Interview took 30 minutes on average**
- **Sample included Healthy Start participants with infants ages 6 to 12 months at time of interview**
- **Interviews conducted in English and Spanish**
  - Interpreters available for other languages
- **$25 gift card mailed to survey respondents to thank them for their time**

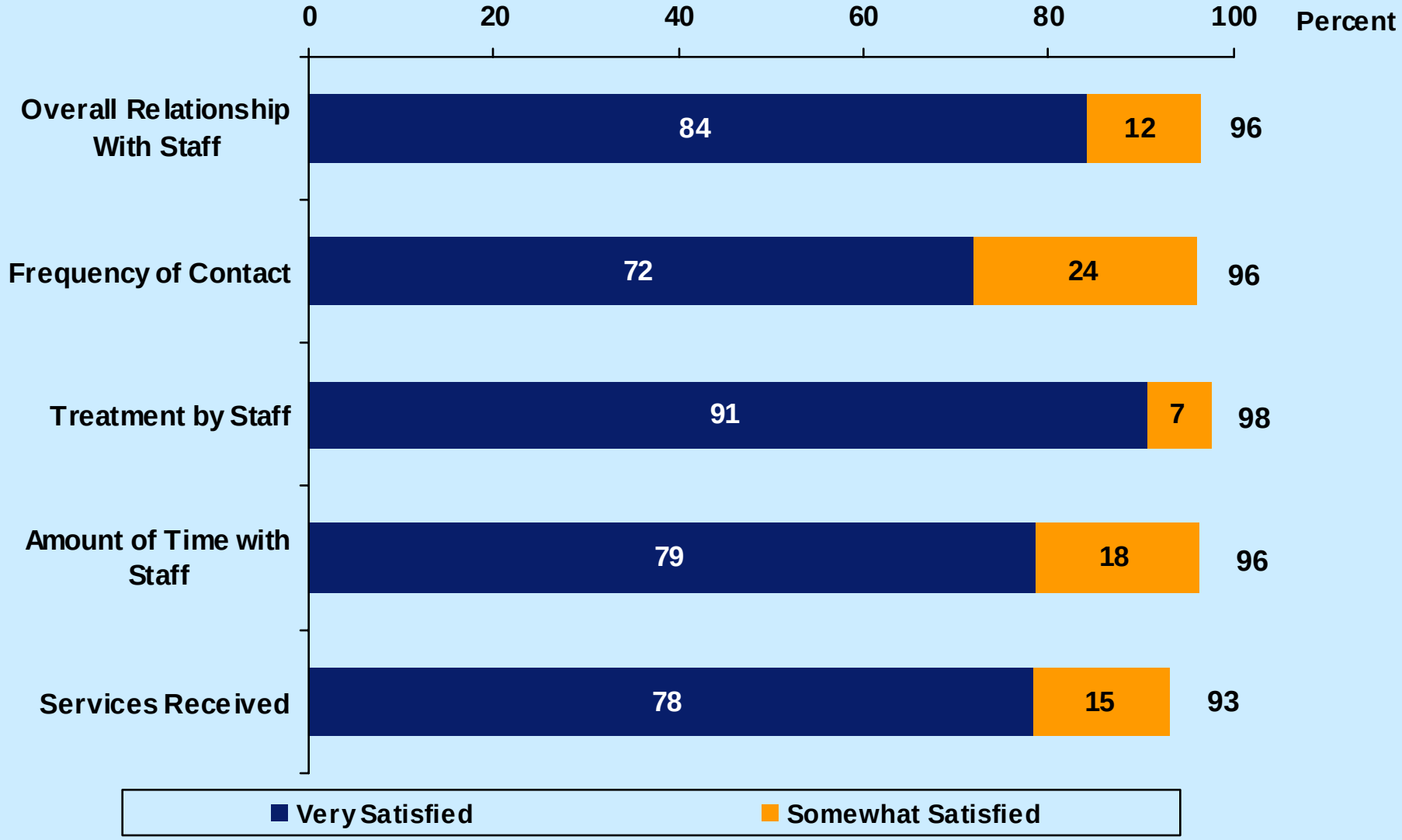
Survey Response

- **646 completed cases across 8 sites (24 to 155 per site)**
- **Overall survey response rate was 66%**
  - More than 80% in 5 sites
  - 73 to 75% in 2 sites
  - 37% in 1 site (low response rate due to grantee requirement to obtain consent before releasing contact information)
- **Weights adjusted for non-response**

Key Findings from Survey

- Healthy Start participants received health education on many topics (less frequent topics were drug use, stress, and weight gain during pregnancy)
- Highest unmet need was for housing, childcare, and getting help with dental appointments
- Infants had higher levels of access to care than their mothers
- Satisfaction with the program was high for all measures

Satisfaction with Healthy Start Services



SOURCE: 2006 Healthy Start Participant Survey

Key Findings from Survey (Cont'd)

- **Compared to a national population of low-income mothers, Healthy Start participants in 8 sites were more likely to:**
  - Breastfeed their infant
  - Put their infant to sleep on his/her back
- **Compared to a national population of low-income mothers, Healthy Start participants had similar rates of low birthweight**

Caveats

- These are not causal relationships
- Differences may represent selection into the program rather than the impact of the program
- We cannot say what would have happened in the absence of Healthy Start

Lessons Learned

- Both services and systems, as hypothesized in the logic model, are important
- There is no single “best practice” for how to structure services or systems that works for all sites
- Implementation of the program components needs to be tailored to the culture and resources in the community
- Healthy Start fills important gaps for vulnerable women and infants

Lessons Learned

- **Services must be provided from many sectors (health, social services, housing, food, etc.) to address "root causes" of health disparities**
- **Two service components (outreach, case management) are interconnected and serve as the "heart" of all projects**
  - Health education is an integral part of these two components
- **Although all use multidisciplinary teams, there is no single model for delivery of services**

Lessons Learned

- **Healthy Start is the first national program to emphasize the interconceptional period**
  - Focus remains on the prenatal period in all sites
  - Interconceptional focus in 8 projects is the infant
- **Developing systems of care is considered as important for achieving improved birth outcomes as are the individual services**
- **Collaborations, especially through a consortium, are critical for success and ultimately, sustainability**

Lessons Learned

- The consortium is the “glue” to creating a system of care and a major way of promoting consumer involvement
- Service integration with other partners, such as Title V, is important for developing sustainable systems
- Consumer and/or community voice is a “hallmark” of Healthy Start and necessary for addressing cultural competence
- Sustained consumer involvement needs support from individual projects

Thank You

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