

Healthy Start Regional Meeting:

DC, MD, NJ Healthy Start Projects

June 23-24, 2015
Trenton, New Jersey

Presentation Outline

- Healthy Start Program & EPIC Center Overview
- Program Implementation (Project Period/Reporting Requirements)
- Healthy Start Profile (Overall, DC, MD, & NJ)
- Other DHSPS Activities – AIM and IM CoIIN

Healthy Start Initiative

Program Overview

The purpose of the grant program is to improve perinatal health outcomes and reduce racial and ethnic disparities in perinatal health outcomes by using community-based approaches to service delivery, and to facilitate access to comprehensive health and social services for women, infants and their families.

Strategic Goals:

- 1) Improve Women's Health
- 2) Promote Quality Services
- 3) Strengthen Family Resilience
- 4) Achieve Collective Impact
- 5) Increase Accountability through Quality Improvement, Performance Monitoring, and Evaluation

Resource: Healthy Start EPIC Center

Resource Description

The Healthy Start EPIC Center serves as the technical assistance center for the Healthy Start community. The HS EPIC Center partners with the MCHB to provide capacity building assistance to grantees, and to ensure program effectiveness in achieving program outcomes.

Available Tools & Resources

- 1) MCH Webinars Presentations to Build Program Capacity
- 2) Training & Technical Assistance to Strengthen the MCH Workforce
- 3) Technology/Information Transfer & Dissemination to Share Lessons Learned

Contact Information: Suz Friedrich, Project Director, S_friedrich@jsi.com

<http://healthystartepic.org/>



*Supporting communities to
give every child a Healthy Start.*

Project Period & Budget Period

NJ Healthy Start Projects
 (Project Period : 6/1/2014 – 3/31/2019)
 Grants Management Specialist – Tonya Randall

DC & MD Healthy Start Projects
 (Project Period: 11/1/2014 – 3/31/2019)
 Grants Management Specialist – LaToya Ferguson

Year 1: Full Funding
 Budget Period: 6/1/14 – 5/31/15
 NCC Report Due: March 13, 2015
 Performance Report: Annual Reporting (Calendar Year)

Year 1: Full Funding
 Budget Period: 11/1/14 -10/31/15
 NCC Guidance Released: July 4, 2015
 NCC Report Due: August 7, 2015
 Performance Report: Annual Reporting (CY)

Year 2: 10-month Project Period w/Full Funding
 Prorated across the 10mo period
 Budget Period: 6/1/15 – 3/31/16
 Performance Report: Annual Reporting (Calendar Year)

Years 2-4: Full Project Period w/ an anticipated 10% reduction in funds.
 Performance Report: Annual Reporting (Calendar Year)

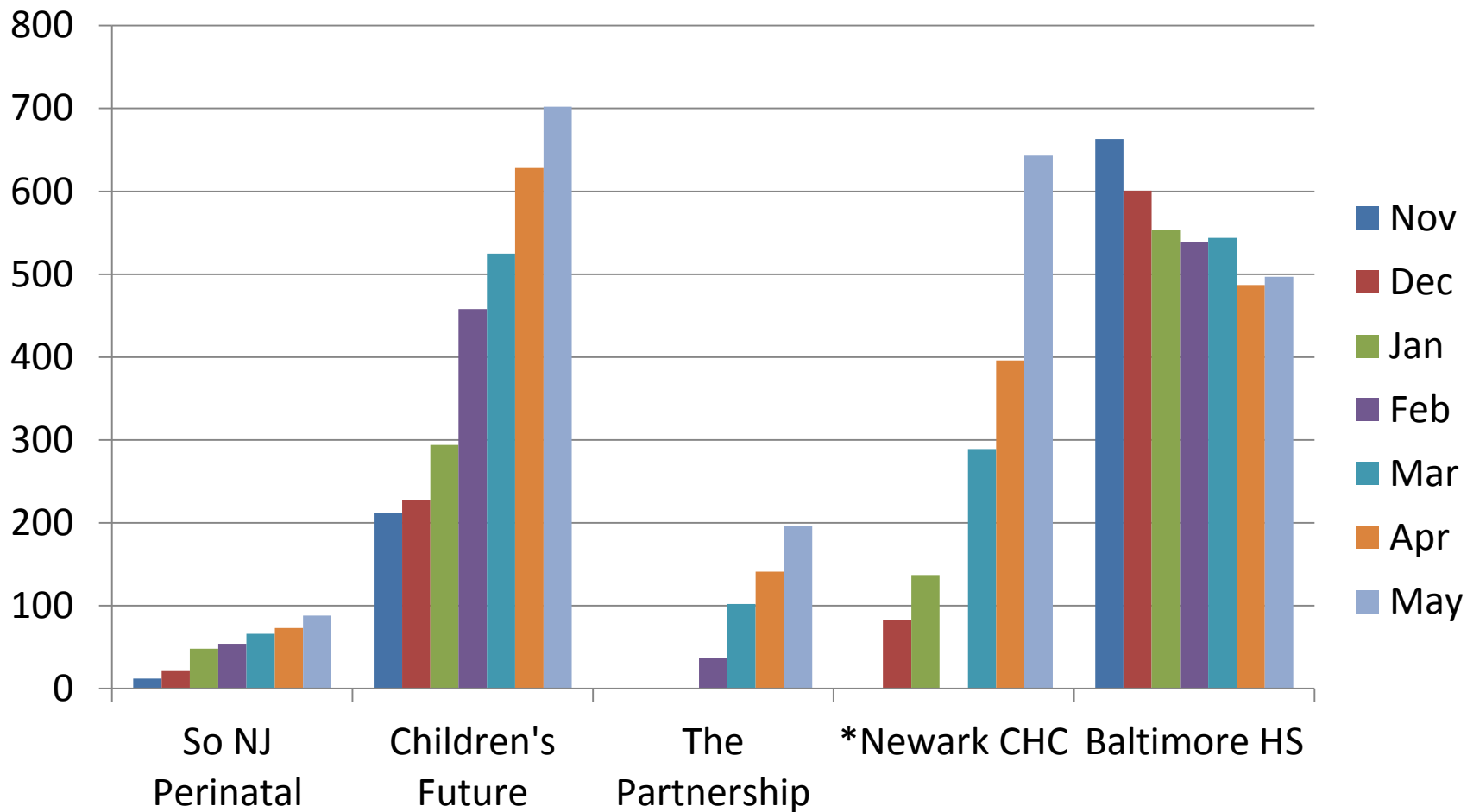
Years 3-5: Budget period will begin April 1 – March 31 w/ an anticipated 10% reduction during this time.
 Performance Report: Annual Reporting (Calendar Year)

Year 5: 5-month project period ending March 31 to align w/the larger group.
 Performance Report: Annual Reporting (Calendar Year)

Overall Healthy Start Grantee Profile

<u>Characteristic</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Type - number	60	22	18	100
Continuing	35	19	17	71
New	25	3	1	29
Population - number	60	22	18	100
Urban	41	19	17	77
Rural	15	3	0	18
Border	4	0	1	5

NJ, MD & DC Healthy Start Total # of Program Participants Served To Date



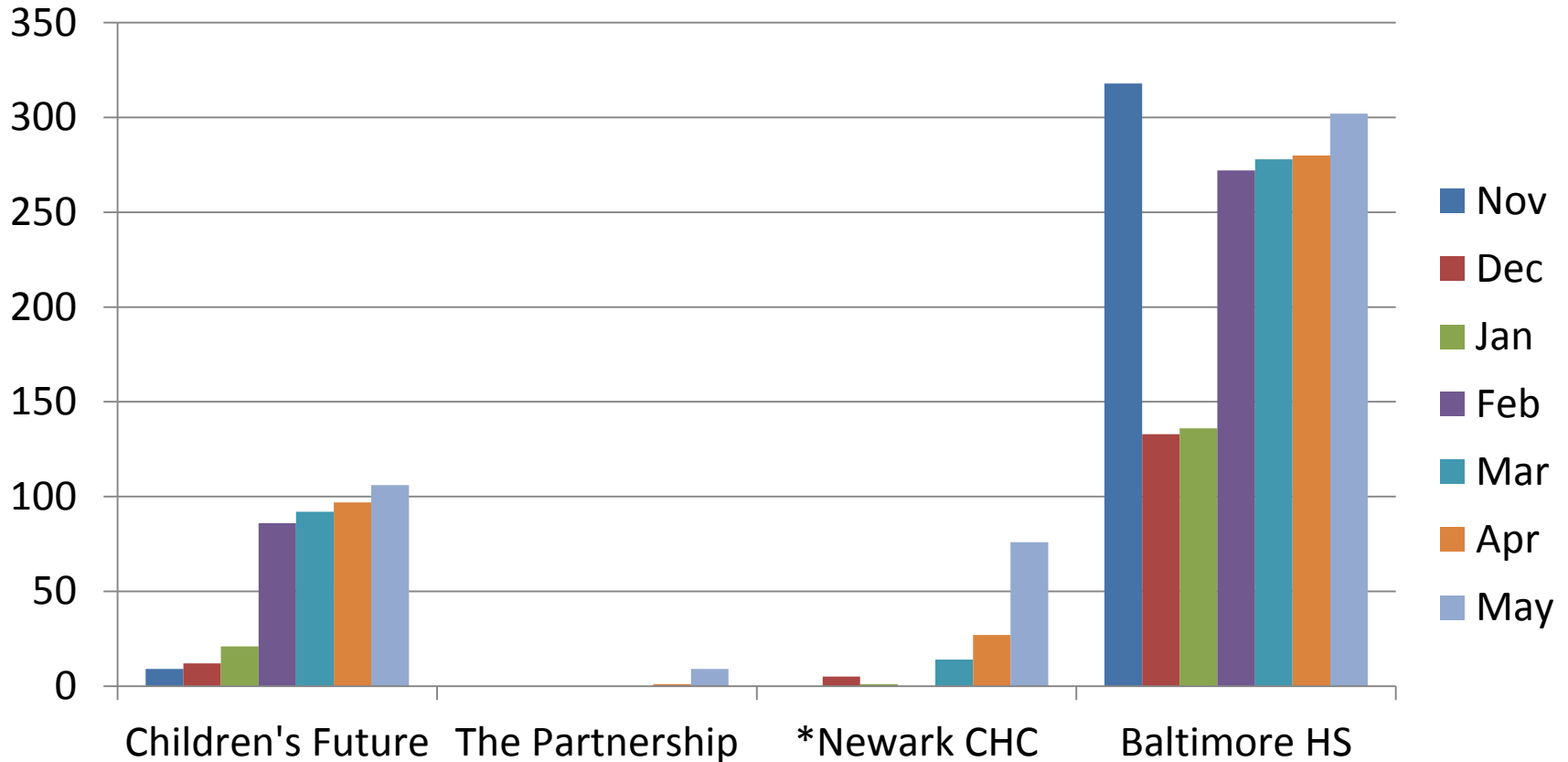
Information generated using data from November 2014 – May 2015 Monthly Data Reports.

*Missing Data in HSMES (Nov & Feb)

DC Healthy Start was excluded enrollment numbers is less than 5

Data Source: Healthy Start Monitoring & Evaluation System (HSMES)

NJ, MD, DC Healthy Start Total # of Births



Information generated using data from November 2014 –May 2015 Monthly Data Reports.

DC Healthy Start was excluded enrollment numbers is less than 5

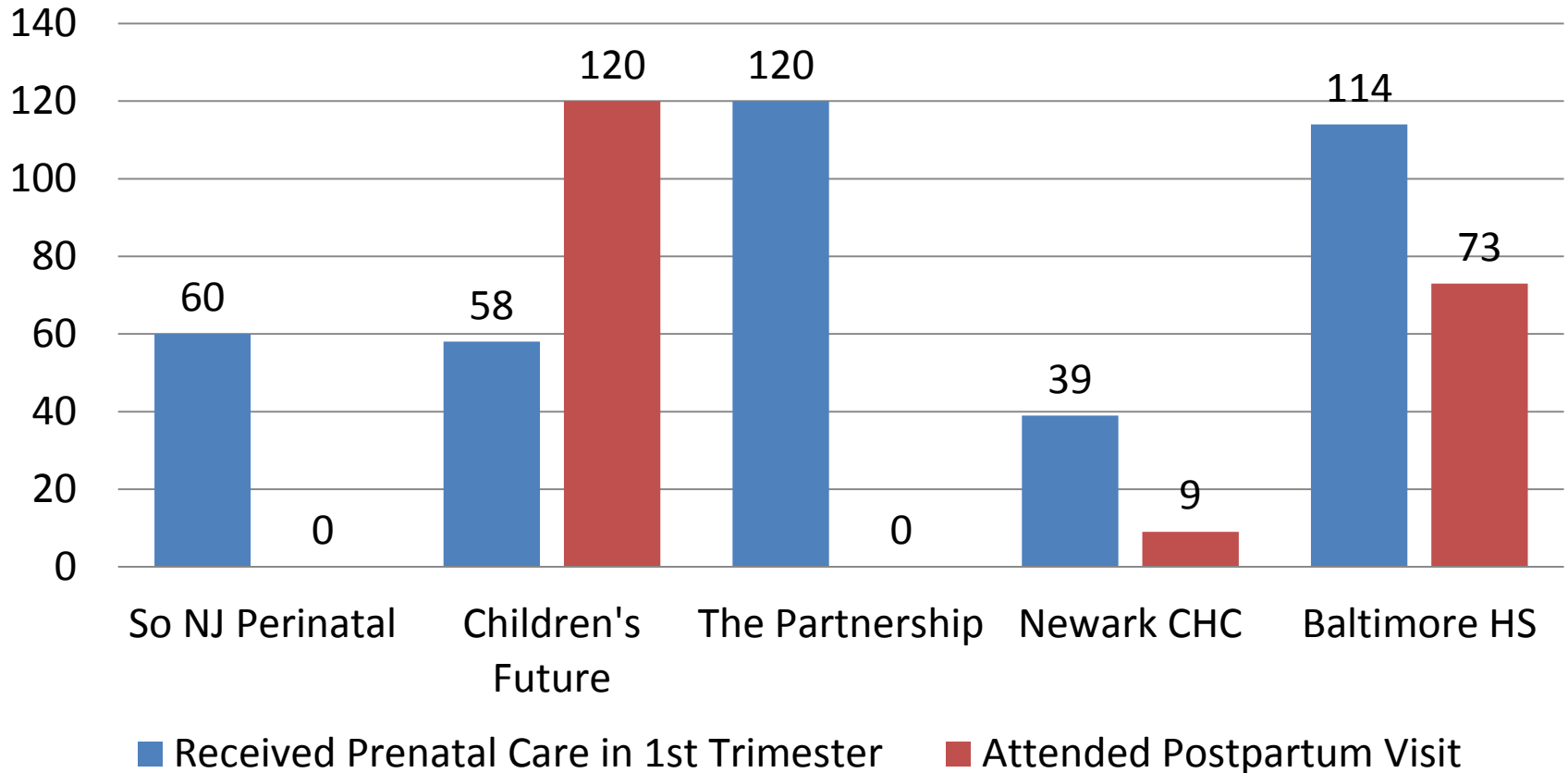
So NJ Perinatal Cooperative Healthy Start excluded due to number of births less than 5

*Missing Data in HSMES (Nov & Feb)

Data Source: Healthy Start Monitoring & Evaluation System (HSMES)

NJ, MD & DC Healthy Start

Total # of Healthy Start Program Participants who received prenatal care in 1st Trimester and Attended Postpartum Visit



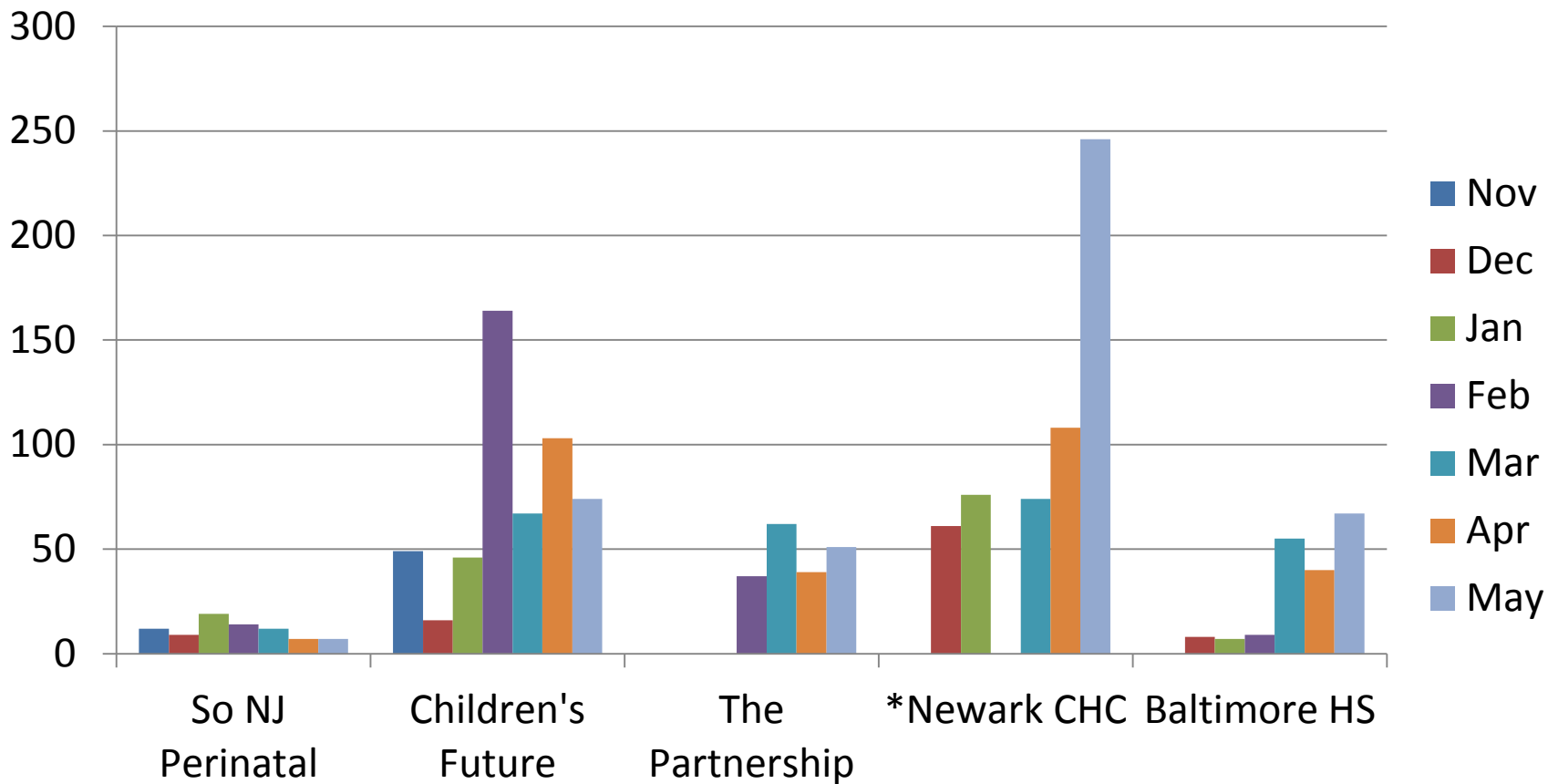
Information generated using data from May 2015 Monthly Data Reports.

DC Healthy Start was excluded enrollment numbers is less than 5

Received Prenatal Care in 1st Trimester (Data source: HSMES "Total number of HS participants receiving prenatal care beginning in the 1st trimester.")

Attended Postpartum Visit (Data source: HSMES "Total number of HS participants giving birth who attended postpartum care visits.")

NJ, MD & DC Healthy Start Number of New Healthy Start Program Participants Enrolled by Month



Information generated using data from November 2014 –May 2015 Monthly Data Reports.

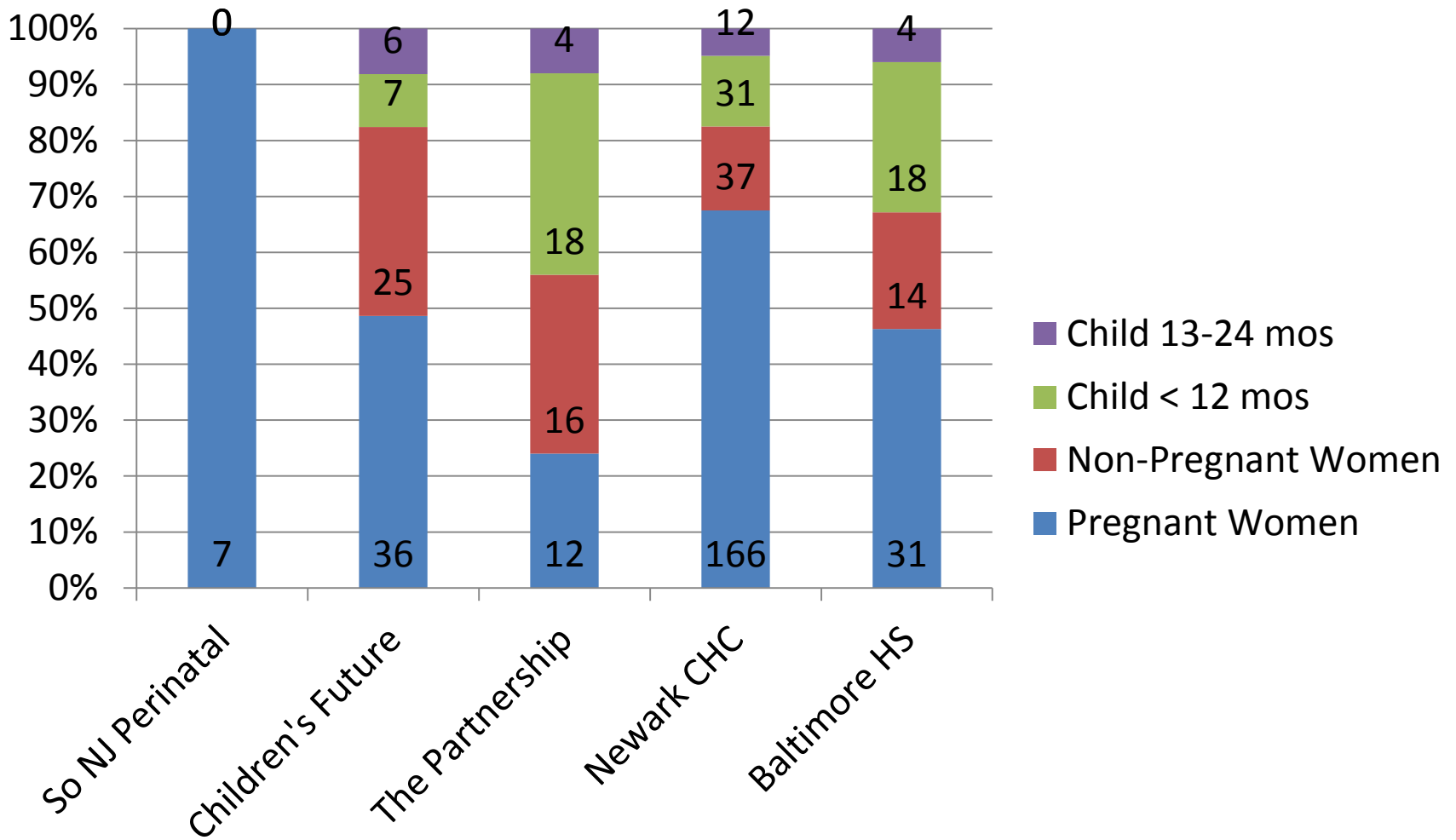
*Missing Data in HSMES (Nov & Feb)

DC Healthy Start was excluded enrollment numbers is less than 5

Baltimore HS November enrollment number excluded ; Total enrolled 663

Data Source: Healthy Start Monitoring & Evaluation System (HSMES)

NJ, MD & DC Healthy Start New Healthy Start Program Participants by Category



Information generated using data from May 2015 Monthly Data Report.
 DC Healthy Start was excluded enrollment numbers is less than 5
 Data Source: Healthy Start Monitoring & Evaluation System (HSMES)

Alliance for Innovation on Maternal Health & Infant Mortality CoIIN

MCHB SPECIAL INITIATIVES & RESOURCES

Alliance for Innovation on Maternal Health

- **Women's & Maternal Health Domain**

- **National Outcomes Measures**

- Maternal mortality ratio
 - Severe maternal morbidity

- **National Performance Measures**

- Well woman care
 - Percent of women with a past year preventive visit
 - Low risk cesarean deliveries
 - Percent of cesarean deliveries among low-risk first births

- **Goal:** Save women from maternal deaths and severe complications during pregnancy, labor and delivery in the U.S.

- **Key activities:**

- Reduce low-risk cesarean deliveries
 - Integrate patient safety bundles in maternity care in birthing hospitals across the U.S.
 - Promote pre-/interconception health and healthcare



Contact information: Keisher Highsmith, Dr.P.H; khighsmith@hrsa.gov

For more information visit <http://www.safehealthcareforeverywoman.org/aim.html>

Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN)

- NPM #3, #5, and #14
- The IM CoIIN is a national initiative to accelerate reductions in infant mortality and improve birth outcomes within 12-18 months by providing a platform for multi-disciplinary and multi-sector teams from all states/jurisdictions to engage in collaborative learning, apply quality improvement methods, and spread policy and program innovation through 6 Learning Networks focused on common strategies that will improve birth outcomes:
 - Safe Sleep
 - Smoking Cessation
 - Preconception/Interconception Care
 - Preterm/Early Term Birth
 - Risk Appropriate Care (Perinatal Regionalization)
 - Social Determinants of Health

Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN)

- **Key activities:**
 - Coordinate/facilitate Learning Networks to promote collaborative learning across states/jurisdictions
 - Provide training & technical assistance (QI, innovation, data/measurement, etc.)
 - Provide an online community and data tracker system (IM CoIIN Collaboratory)

- **Contact information:**

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IM CoIIN Coordinator

HRSA/MCHB

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Lauren Smith, MD, MPH

Executive Project Director

NICHQ

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National Action Partnership to Promote Safe Sleep

- **Domains: Perinatal/ Infant Health**
- National Performance Measure #5: Safe sleep
 - Goal: Increase the adoption of safe infant sleep behaviors among infant caregivers through the integration of effective programs and policies within service delivery systems that intersect with families.
 - Key activities:
 1. Identify and convene multi-disciplinary stakeholders to form a national coalition
 2. Facilitate the coalition's development of a strategic plan to unify and augment the safe sleep message across systems that reach infant caregivers based on evidence based recommendations
 3. Leverage partnerships to advance the recommended organizational policies and practices outlined in the strategic plan, including the tracking of systems changes at the national, state and local levels.
 4. Coordinate the development of resources such as training modules, model policy templates or health promotion materials, to facilitate the attainment of goals related to safe infant sleep promotion at the national, state and local levels
- Contact information: **Georgetown University NAPPSS Team at mchgroup@georgetown.edu**
- **URL: www.nappss.org**

National Fetal, Infant, and Child Death Review Center

- **Domains: Women/ Maternal Health, Perinatal/ Infant Health, Child Health, Adolescent Health**
 - National Performance Measures: Safe sleep, child injury, bullying, perinatal regionalization, breastfeeding, well-woman visit
 - Outcome Measures: Maternal mortality, low birth weight, preterm birth rate, infant mortality, child mortality, adolescent mortality, maternal morbidity, and others
- Goal: Improve and strengthen state and local capacity to perform complete and accurate fetal, infant and child death reviews in order to prevent future deaths of children
- Key activities:
 1. Expand and support standardized data collection and quality improvement.
 2. Provide leadership, training, and technical support to the FIMR and CDR programs.
 3. Develop a centralized national network to coordinate and disseminate information and findings related to FIMR and CDR.
 4. Facilitate the translation of recommendations from CDR and FIMR programs into action and practice.
- Contact information: **National Center for Fetal, Infant and Child Death Review**
info@childdeathreview.org
- **URLS:** <https://www.childdeathreview.org> and www.nfimr.org