

HEALTHY START

Community Action to Improve Pregnancy Outcomes

WHAT is Healthy Start?

Healthy Start is a federal program **dedicated to reducing disparities in maternal and infant health** status in high risk communities.

Healthy Start supports women **before, during, and after pregnancy** by addressing their health and social service needs, strengthening family resilience, and engaging community partners to enhance systems of care.



Healthy Start works to assure access to **culturally competent, family-centered and comprehensive** health and social services for women, infants and their families.

WHO does Healthy Start serve?

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 serves women of reproductive age, pregnant women, mothers who have just given birth, and infants and families from birth to the child's second birthday. Healthy Start involves fathers throughout, and supports couples with reproductive life planning.

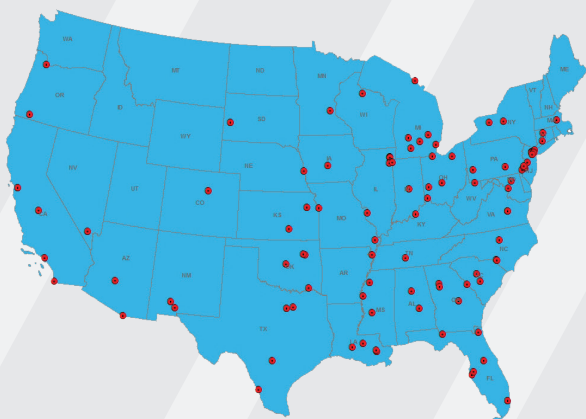
Healthy Start is rooted in the COMMUNITY

Healthy Start provides a forum for the **community voice** in efforts to improve the health of mothers and babies.

Healthy Start programs participate in **Community Action Networks (CANs)** that mobilize health care, social service and other providers to coordinate services, and steer local action to address social determinants of health related to poor birth outcomes.



REACH of the Healthy Start Program



Healthy Start currently funds 100 organizations in **37 states and DC**, including health departments, community-based organizations, health centers and universities.

75 local Healthy Start Programs are based in **Urban** areas (including **1 Border** community).

25 serve **Rural** communities (including **4 Border** and **3 Tribal** communities).

A Brief History of Healthy Start

President George H. W. Bush creates the interagency White House Task Force to Reduce Infant Mortality.

Healthy Start is one of 18 proposals submitted to the White House Task Force.

1989

1990

The National Fetal and Infant Mortality Review Program (NFIMR) begins as a collaborative effort between the American College of Obstetricians and Gynecologists (ACOG) and HRSA's Maternal and Child Health Bureau (MCHB).

1991

Healthy Start begins as a Presidential Initiative with a goal to reduce infant mortality by 50% in 5 years.

15 sites with infant mortality rates 1.5 to 2.5 times the national average are selected as demonstration projects.

Programs are funded to be innovative, community-driven projects tasked with reducing infant mortality and improving the health and well-being of women, infants, and their families.

1994

Seven sites are added to the Healthy Start Initiative as "special projects."

1997

Forty sites are added to the Healthy Start Initiative with the intention that they will replicate the model of the original programs by conducting outreach, case management, and health education, and developing community consortia.

1998

National Healthy Start Association is founded.

1999

Nineteen sites focused on the elimination of racial and ethnic disparities in perinatal health are added to the Healthy Start program.

2000

Healthy Start is authorized as part of the Children's Health Act.

Kotelchuck and Fine: Healthy Start Initiative: Strategic Assessment & Policy Options (2000) makes 38 recommendations for strengthening Healthy Start. Federal and local leadership are re-balanced.

2002

There are 96 federally-funded Healthy Start sites. Healthy Start 2.0 scope evolves to include developmental focus from conception to age 2 years, screening for maternal depression, father involvement, and consumer voice in addition to comprehensive health services.

2008

Healthy Start Reauthorization Act is enacted.

After four rounds of expansion and changes to funding, there are 105 Healthy Start sites, located in 39 states, Puerto Rico and the District of Columbia.

2010

2012

Healthy Start 3.0 focuses on five pillar approaches: Improve women's health, Promote quality services, Strengthen family resilience, Achieve Collective Impact, and Increase accountability through quality improvement, performance monitoring and evaluation.

2013

The Secretary's Advisory Committee on Infant Mortality (SACIM) issues recommendations and a framework for a national strategy to reduce infant mortality, and reaffirms need for continued federal investment in Medicaid, Title V MCH Services Block Grant, Healthy Start, Title X Family Planning Program, Community Health Centers, Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program, and WIC.

2014

100 Healthy Start programs in rural, urban, and border areas are funded by HRSA in 37 states and the District of Columbia.

2016

25th Anniversary of Health Start



References

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- Kotelchuck, M. (2012). Reflections on the History of the Healthy Start Initiative. <http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/Meetings/20120710/reflectionsinitiative.ppt>
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