

# **Welcome and Orientation Webinar for Healthy Start Grantees**

**Division of Healthy Start and Perinatal Services  
Department of Health and Human Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau**

## **Webinar Agenda**

**Division of Healthy Start and Perinatal Services Staff Introductions**

**Introduction to the Healthy Start Program**

**Grants Management Presentation**

**Training and Technical Assistance Presentation**

**Questions and Answers**



# Learning Objectives

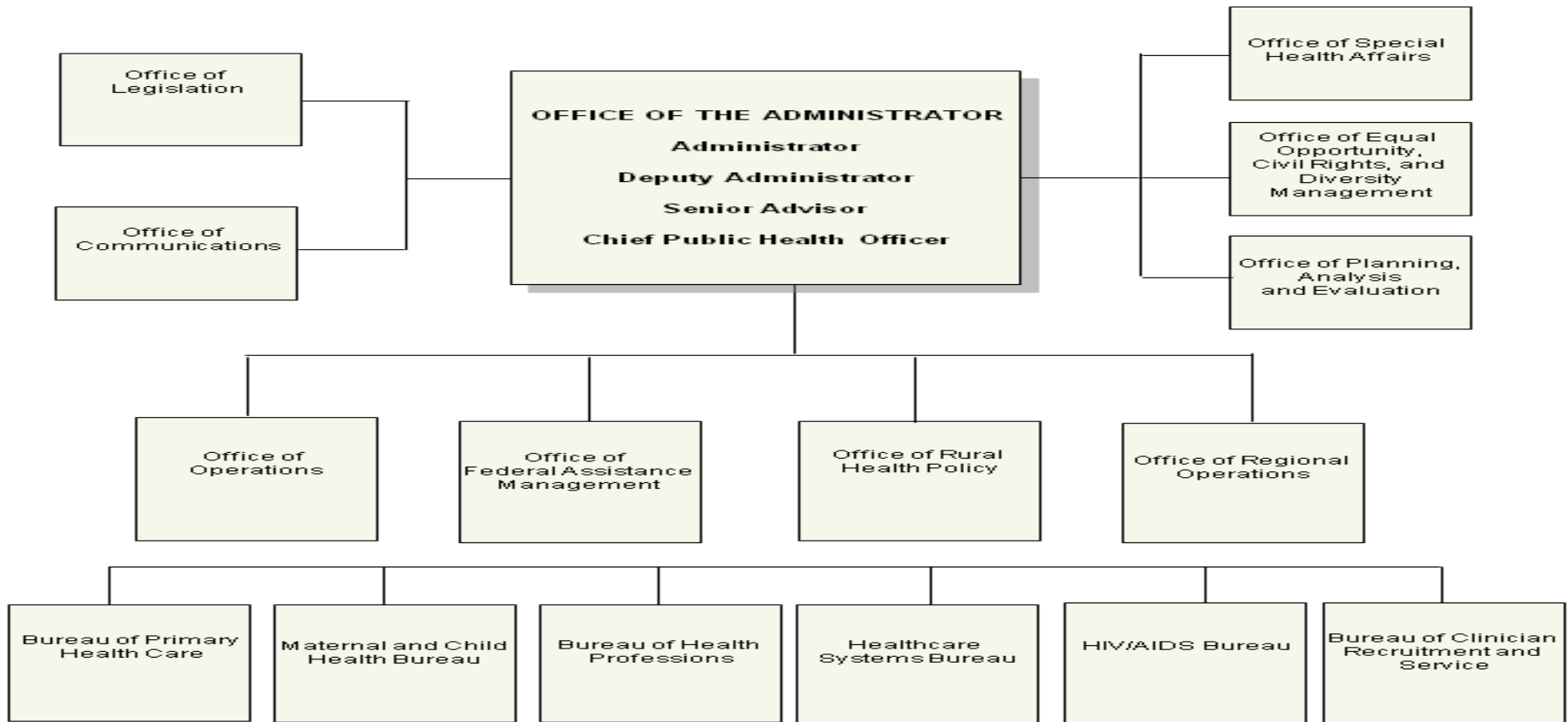
- Be introduced to MCHB Healthy Start Program Staff
- Receive overview of Healthy Start Program, purpose, vision, and map of grantees
- Review grants management process and where to go to receive assistance
- Receive information on technical assistance and training resources
- Review important dates for upcoming technical assistance activities



# Welcome and Introduction of the Division of Healthy Start and Perinatal Services



## Health Resources and Services Administration



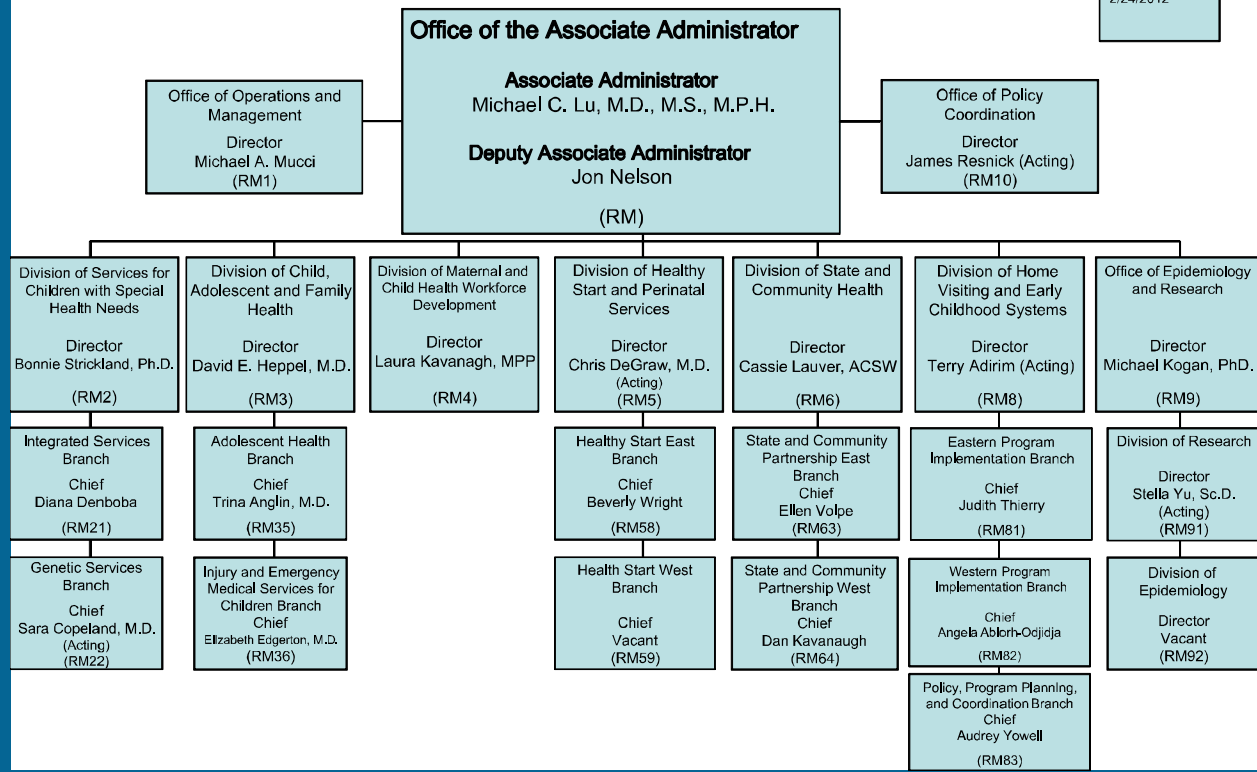
# Mary K. Wakefield, PhD, RN

## HRSA Administrator



# Maternal and Child Health Bureau

2/24/2012



# Michael C. Lu, MD, MPH

## HRSA's Associate Administrator for Maternal and Child Health



# Dr. Hani K. Atrash, MD, MPH

## Director





# CAPT David de la Cruz, PhD, MPH

## Deputy Director



- Designated Federal Official and Principal Staff for the HHS Secretary's Advisory Committee on Infant Mortality



# Beverly Wright, CNM, MSN, MPH

## Chief - Healthy Start East Branch



# Benita Baker, MS

## Chief - Healthy Start West Branch



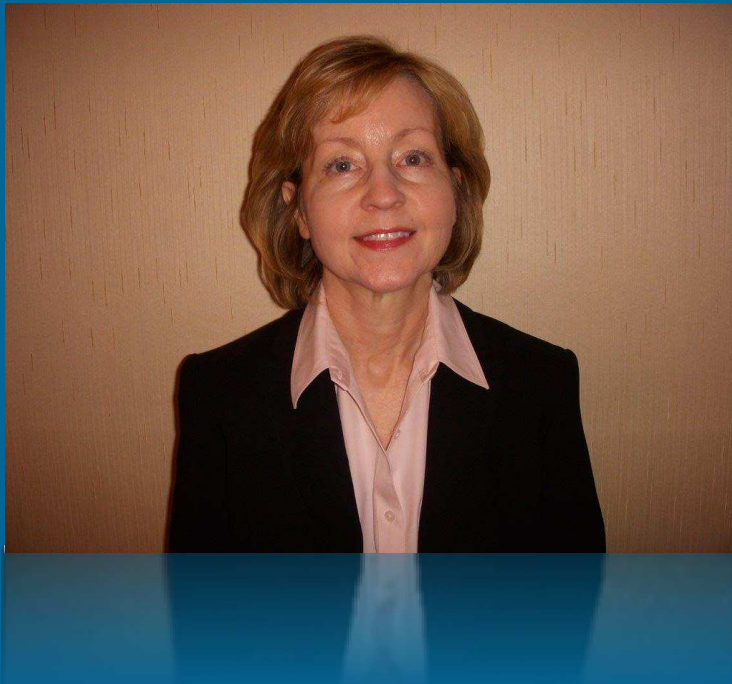
# Vanessa Lee, MPH

Coordinator, Infant Mortality Collaborative  
Improvement and Innovation Network  
(CoIIN)



# Sharon Adamo, MS, MBA, RD

## Perinatal Health Specialist



- DHSPS activities:
  - Healthy Start (HS) Project Officer
  - Business Case for Breastfeeding
- HS State:
  - MI

# Angela Hayes-Toliver, MBA

## Senior Public Health Analyst



- DHSPS Activities:
  - HS Project Officer
  - Doula; FTMH; National Alliance for Hispanic Health
- HS States:
  - CT, MA, NY



# John McGovern, MGA

## Senior Public Health Analyst



- DHSPS Activities:
  - HS Project Officer
  - Fetal Alcohol Spectrum Disorder, Behavioral Health Initiatives
- HS States:
  - NC, SC, TN, VA, WV

# Juliann DeStefano, RN, MPH

## Senior Public Health Analyst



- DHSPS Activities:
  - HS Project Officer
  - ACA
  - CoIIN staffer
- HS States:
  - IL, IN



# CAPT Madelyn Reyes, MA, MPA, RN

## Senior Public Health Analyst



- DHSPS Activities
  - HS Project Officer
  - National Fetal & Infant Mortality Review
  - Health Disparities
  - Infant Mortality CoIN Staffer (Region V)
- HS States:
  - AZ, CA, NM



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# CDR Johannie Escarne, MPH

## Senior Public Health Analyst



- DHSPS Activities:
  - HS Project Officer
  - Pre/Interconception
  - Strategic Planning
  - USAID ICC
  - Infant Mortality CoIN Staffer (Region V)
- HS States:
  - FL, GA



# CDR Keisher Highsmith, DrPH

## Director, Special Initiatives & Program Planning & Evaluation



- DHSPS Activities:
  - HS Project Officer
  - Evaluation Consultant
  - Maternal Health Initiative
  - AIM: Improving Maternal Health and Safety
  - SACIM Health Equity/Disparities Workgroup
- HS State(s):
  - NJ



# CDR Willie Tompkins, Jr., PhD, LCSW-C

## Senior Public Health Analyst



- DHSPS Activities
  - HS Project Officer
  - Evaluation
  - HS Management and Evaluation System (HSMES)
  - Data and Analysis
- HS States
  - PA, OH



# LCDR Makeva Rhoden, MPH, CHES

## Public Health Analyst



- DHSPS Activities:
  - HS Project Officer
  - Fatherhood
  - HIV/AIDS
  - Supporting Healthy Start Performance Project (EPIC)
  - Infant Mortality CoIN
- HS States:
  - CO, NV, MN,



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# Kimberly Deavers, MPH, MPP

## Public Health Analyst



- DHSPS Activities:
  - HS Project Officer
  - Well-Woman guidelines
  - Quality Improvement Team
  - Infant Mortality CoIN Staffer (Region V)
- HS States
  - LA, MS, AL



# Trista Chester , MPH

## Public Health Analyst



- DHSPS Activities
  - HS Project Officer
  - Maternal Health Initiative
  - CoIN staffer
  - Mothers Brown Bag
  - Intimate Partner Violence & Post Partum Depression Initiative
- HS States:



IA, KS, MO, NE,  **HRS**A  
Health Resources and Services Administration

# Michelle Loh

## Staff Assistant



- DHSPS Activities:
  - Administrative and program support to Director, Division Staff, and SACIM





# Shirletia Meredith

## Staff Assistant



- DHSPS Activities:
  - Administrative and program support to the Director, and Division Staff

# Overview of Healthy Start Program

Hani Atrash, MD, MPH

Director

Division of Healthy Start and Perinatal Services

September 23, 2014



# THE NATIONAL HEALTHY START PROGRAM

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- A Presidential Initiative
- Established in 1991 as a 5-year demonstration project
- Targets community with high infant mortality rates and other adverse perinatal outcomes
- Initially focused on community innovation and creativity



# How Have We Done?

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- In 2010, over 90% of all Healthy Start sites were implementing all core components of the program
- Most offered additional services
- 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?

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- To keep pace, align with, coordinate efforts, and support current Department and Agency programs and priorities:
  - Maternal, Infant and Early Childhood Home Visiting program (MIECHV) and other HHS community-based grantees such as Early Head Start, fatherhood and breastfeeding activities in collaboration with CDC and NIH, National HIV/AIDS Strategy, and screening for Sickle Cell Disease.
- To maximize the impact of Healthy Start on reducing infant mortality by integrating current and emerging evidence-based approaches



# Change Process

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## Basis For Modifications:

- Previous Evaluations
- Discussions Within HRSA and with Other Federal Agencies
- Discussions With National Experts: Healthy Start Leadership, Academia, Public Health Practice Community, SACIM
- Emerging Approaches: Lifecourse Approach, Collective Impact, CoIIN, Backbone Organizations



# Change Process

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## Identified Needs And Priorities:

- Measureable, Clear Expectations: Interventions, Workforce, Scope Of Activities
- Quality Improvement / Assurance - Data And Information
- Documentation Of Activities And Outcomes
- Sustainability / Dissemination Planning
- Program, Community And Health Outcome Indicators



# Main Changes to Healthy Start

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1. A “place-based” approach to health care
  - The program will be accountable not only for its clients, but for the entire community
  - An expanded focus on population health, not just focus on patients seen in exam rooms, but on the health of people in their neighborhoods or communities
2. A focus on quality by requiring core competencies and standardized interventions
3. An expansion to improve women’s health not just during pregnancy, but before and after as well





# Main Changes to Healthy Start

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4. Engaging both parents in the future of the child and on family resilience to address some of the stress that underlies many disparities in birth outcomes
5. A focus on the overall collective impact that Healthy Start Programs have in their communities
  - Programs can potentially serve as community hubs
  - Organizations that can partner with others to drive collective improvements
6. A focus on accountability, with performance measures and rigorous evaluation platforms to drive improvements



# 5 Approaches to HS Model

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1. Improve Women's Health
2. Promote Quality Services
3. Strengthen Family Resilience
4. Achieve Collective Impact
5. Increase Accountability
  - Quality improvement
  - Performance monitoring

## Evaluation



# Healthy Start Funding

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- Three levels of funding that reflect escalating levels of engagement and competencies
- Provide individual services and community support to women, infants, and families



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

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- 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



# Healthy Start Funding – Level 2: Enhanced Services Healthy Start

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- Up to \$1.2 million per year
- Minimum program participants/year: 800
- Support the implementation of the essential HS program activities needed to achieve five approaches listed under Level 1
- Engage in additional services and activities, such as FIMR, PPOR, and/or MMR
- Accountable to reach the entire community, thereby driving collective impact and supporting community level change



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

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- Up to \$2 million per year
- Minimum program participants/year: 1,000
- In addition to the Levels 1 and 2 activities, Level 3 also supports the provision of expanded maternal and women’s health services & supports the development of a place-based initiative that will serve as the backbone or hub organization for achieving collective impact
- Serve as a resource site for state, regional, and national action in support of other HS grantees and organizations working to improve perinatal outcomes



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

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- Serve as leaders and participate in the development of state/ regional/ national programs and policies
- Participate with other Level 3 Leadership and Mentoring HS grantees to
  - Support the Healthy Start Performance Project (EPIC)
  - Lead in the development and implementation of a HS Collaborative Innovation and Improvement Network (HS CoIIN)



# The New Healthy Start Community

## September 1, 2014



-  7 Grants end January 31, 2015
-  Level 2 (18 grants in 15 states)
-  Level 3 (15 grants in 12 states)
-  Level 1 (54 grants in 30 states)





# Project Officer Roles

- Have a working relationship with grantees
  - Communicate via email, phone or in-person
  - Meet with grantees monthly
  - Conduct quarterly regional meetings
- Monitor grantee progress and performance
- Ensure that terms, conditions and reporting requirements are being compiled



# Project Officer Roles

- Monitor changes in grantees organization
  - Change in Principle Investigator (PI) or Project Director (PD)
  - Change in financial, business or programmatic system
- Provide guidance on programmatic issues
- Assist with technical assistance needs



# Grantee Responsibilities/ Expectations

- Attend individual monthly conference calls with assigned PO
- Attend quarterly regional meetings (i.e., conference calls or face-to-face) with all grantees assigned to Project Officer
- Participate in required training and conference



# Grantee Expectations

- Collect data for specific Reporting Requirements (e.g., Performance Report, Progress Report, Impact Report, National Evaluation)
- Use required Reporting Systems
  - EHB – Electronic Handbook
  - PMS – Payment Management System
  - HSMES – Healthy Start Management and

Evaluation System (more info to come)



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# Rule of Thumb

- Contact your PO with any questions you may have
- Please remember to submit all questions for your Project Officer (PO) in writing so you can receive accurate responses and get clarification where needed.



# Questions



# Support Available to Healthy Start Grantees



# Grants Management

Tonya Randall

Division of Grants Management Operations





# Post-Award Requirements

- Notice of Award (NoA)
- Program and Grant Terms and Conditions
  - All HRSA grantees must abide by specific program requirements stated and terms & conditions stated in your NoA
  - Review this information with your PO and ask questions where necessary
- Payment Management System (PMS)
- Prior approvals (i.e., budget revisions, change in work scope, change in key personnel, etc.)



# Post-Award Requirements

- Reporting Requirements
  - Performance Measurement Reports
  - Federal Financial Reports (FFR)
- Purchase of Equipment
- Contacts
  - Program Specific issue – Project Office
  - Financial issues – Grants Management Specialist
  - PMS Account – PMSAccount Representative



For more information managing  
your HRSA grant:

[http://www.hrsa.gov/grants/  
manage/index.html](http://www.hrsa.gov/grants/manage/index.html)



# Questions





# Training and Technical Assistance

Suz Friedrich, Project Director

[HealthyStartEPIC@jsi.com](mailto:HealthyStartEPIC@jsi.com)

John Snow Inc. (JSI)



JSI Research & Training Institute, Inc.





# Introducing JSI

New white paper provides a framework for **whole-person care** and highlights national examples from the safety net

Target Population | Patient-Centered Care | Coordination of Services Across Sectors | Shared Data

Physical Health | Behavioral Health | **INDIVIDUAL NEEDS** | Social & Community Resources

Read JSI's White Paper on National Approaches to Whole-Person Care in the Safety Net ... [READ MORE >](#)

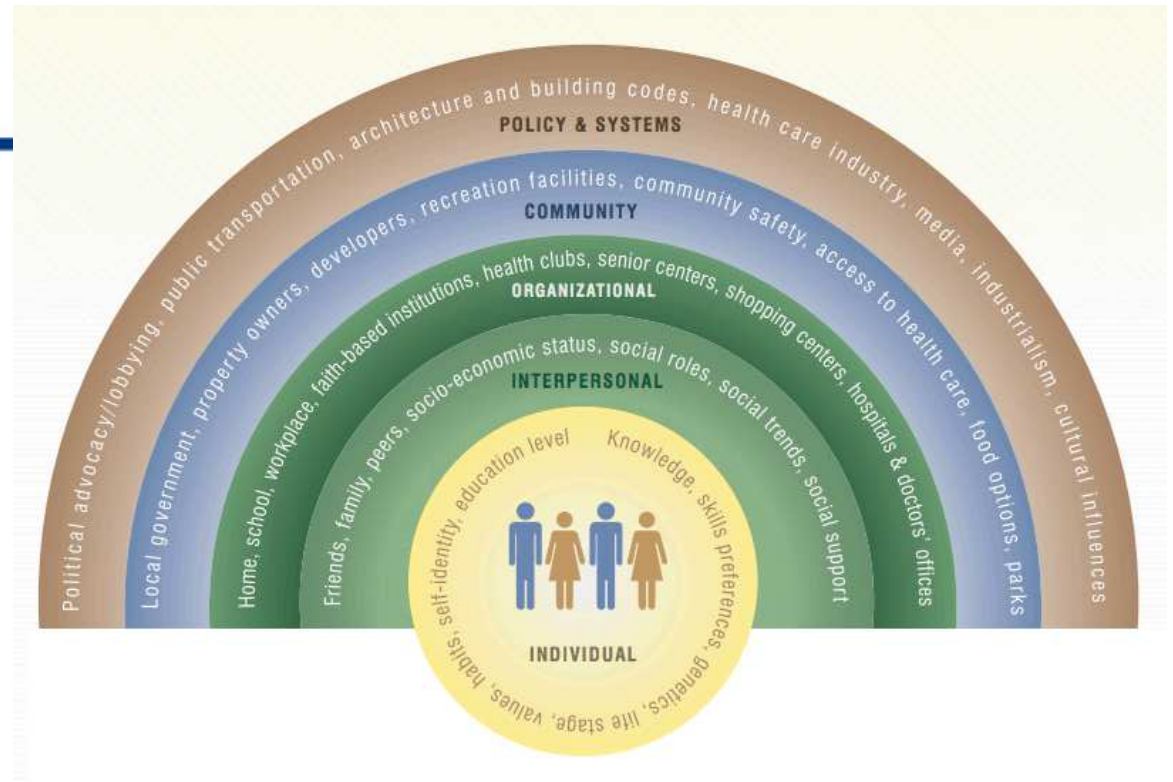


JSI IS DEDICATED TO IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES IN **50 STATES IN THE US,**



# JSI Mission

We believe that every person deserves the chance to live a healthy life.



JSI exists  
to improve the health of under-served  
people and communities...





# JSI's Approach

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*We are successful when our work has a sustainable impact on individual and community ability to achieve desired health outcomes*



# JSI in the United States



# Learn More:

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# Supporting Healthy Start Performance Project

Building capacity of Healthy Start Grantees to achieve program goals to reduce infant mortality, reduce health disparities and improve perinatal health outcomes.



# Healthy Start

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To achieve program goals, Healthy Start grantees assure program participants have access to needed services across the perinatal period.



# Perinatal Period = 4 Ps

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- **Pre-/Inter-conception:** e.g., encouraging women to space births at least 18 months apart
- **Prenatal:** e.g., ensuring women understand and have access to proper prenatal nutrition
- **Postpartum:** e.g., ensuring women receive a postpartum depression screening
- **Parenting:** e.g., encouraging partner involvement in parenting



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...so what is expected of  
Healthy Start Grantees?

## **4 EPIC PRINCIPLES**



# 4 Principles of Healthy Start

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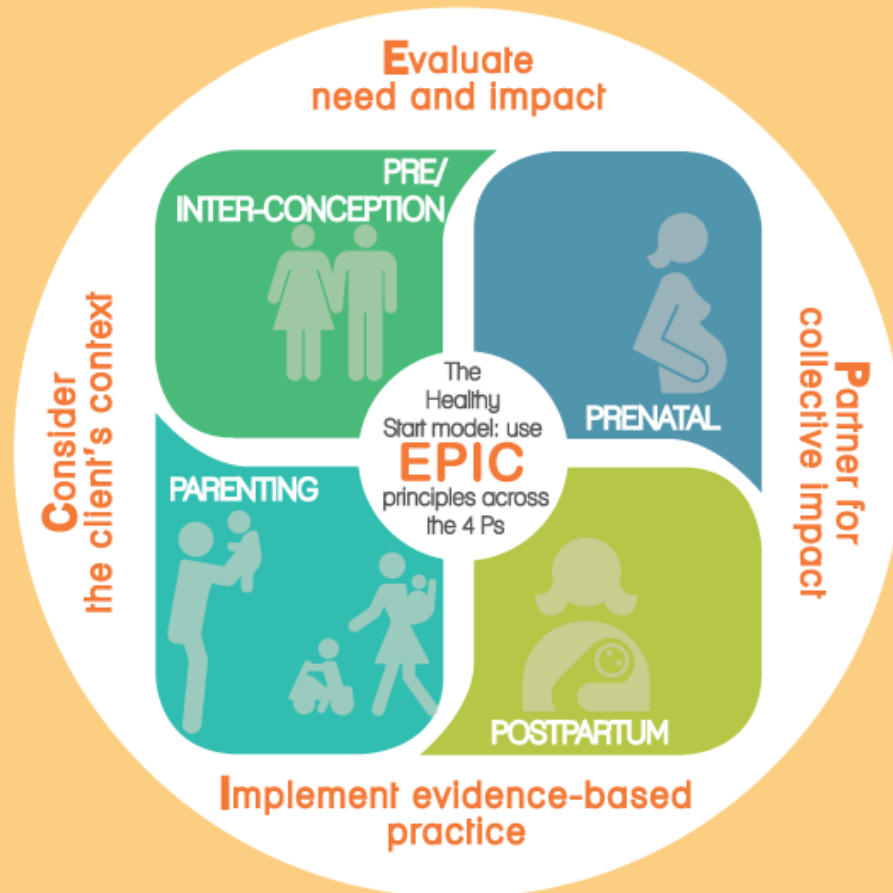
- **Evaluate need and impact:** Conduct a regular community needs assessment to identify gaps in services, and conduct performance monitoring to determine if strategies are working.
- **Partner for collective impact:** Establish a shared vision and engage partners in a Community Action Network (CAN) to achieve results.
- **Implement evidence-based practice:** Use perinatal health and community strengthening interventions that have been rigorously evaluated and proven effective.
- **Consider the context:** Integrate the social determinants of health and life course theory models in project planning and activities





Giving every child a  
**HEALTHY START**

by addressing the needs of women  
before, during and after pregnancy



...how can  
JSI help?

# Healthy Start EPIC Center



# HS EPIC Center

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JSI tasked with establishing a one-stop shop for assistance in building the successful and effective Healthy Start community

- Document and promote model effectiveness
- Ensure HS staff have the resources, skills and expertise to apply best practices
- Rely on Grantee expertise for peer development
- Promote a culture of performance measurement and quality improvement
- Create a sustainable, national home for Healthy Start knowledge and expertise for all communities



# Support Services

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- Branding and Marketing
- Trainings
  - National Convention
  - Regional meetings
  - Webinars
  - On-demand trainings
- Materials Development
  - Tools (e.g., manuals, quick reference cards, protocols, best practices, guidelines, etc.)
  - Resources (e.g., fact sheets, FAQs, infographics, backgrounders, etc.)



# Support Services

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- **Technical Assistance**
  - Individualized consultation
  - Group Learning Collaboratives
- **Online Technologies**
  - Website
  - Online communications
- **HS CoIIN**
  - Establish and support operations
  - Build Level 3 grantees capacity to serve as peer mentors/experts



# Importance of QI and Evaluation

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- Healthy Start's future depends on our ability to demonstrate program effectiveness
  - Understanding what works is critical
  - Ensuring that all our efforts – Grantees and JSI – are achieving the desired outcomes
  - Continuously evaluating the impact of our interventions
- JSI incorporates QI and Evaluation methods in all our work
  - We count on your feedback and input to ensure we are meeting your needs



# Your Input Matters

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- Please respond to all requests for feedback so we can continuously improve our services to you.
  - Immediately following this webinar you will be asked to provide feedback!
- You will also be asked to complete an abstract of your program.
  - Please complete and submit by September 30. We will be assembling the abstracts and providing them as a directory to your peers.



# Important Dates

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- Upcoming webinar:  
October 23 – Level 3 grantees only
- Healthy Start Conference  
November 18-20, 2014
  - Healthy Start Level 3 Grantee Institute  
(Nov.18-19; 1.5 days )
  - All Healthy Start grantees  
(Nov. 19-20; 1.5 days)



# Share Your Expertise

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- **Evaluate need and impact:** How do you conduct a NA, set priorities and monitor success?
- **Partner for collective impact:** How did you establish a strong Community Action Network (CAN) whose members share a common agenda?
- **Implement evidence-based practice:** How do you identify and apply evidence based practices?
- **Consider the context:** How are you addressing social determinants?





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# Questions and Comments



# For More Information

**Division of Healthy Start and  
Perinatal Services**

**Main: (301) 443-8283**

**or**

**Contact assigned Project Officer for  
your state**



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# For Additional Questions

**JSI Research & Training Institute, Inc.**

**Robin Hicks**

[HealthyStartEPIC@jsi.com](mailto:HealthyStartEPIC@jsi.com)

**(617) 482-9485**

