# 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

The National Fetal and Infant Mortality

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).

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

1991

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, communitydriven 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." 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

1997

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.

2002

There are 96 federallyfunded 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. Healthy Start is authorized

as part of the Children's

2000

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

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

- National Healthy Start Association (NHSA). Federal Healthy Start Initiative: A national network for effective home visitation and family support services. 2010. http://www. nationalhealthystart.org/site/assets/docs/NHSA\_WhitePaper.pdf
- NHSA. Saving our Nation's Babies, The Impact of the Federal Healthy Start Initiative.2011 http://www.nationalhealthystart.org/site/assets/docs/NHSA\_SavingBabiesPub\_2ndED.pdf
- $\bullet \ \ \text{Healthy Start Initiative: Eliminating Disparities in Perinatal Health FOA issued Feb 14, 2014}$
- Kotelchuck, M. (2012). Reflections on the History of the Healthy Start Initiative. http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/Meetings/20120710/reflectionsinitiative.ppt
- https://www.govtrack.us
- Report of the Secretary's Advisory Committee on Infant Mortality (SACIM): Recommendations for HHS Action and Framework for a National Strategy. 2013. http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/Correspondence/recommendations-ian2013.ndf

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