

How to Customize Your Healthy Start Value Proposition Document

The Division of Healthy Start and Perinatal Services (DHSPS) within the Maternal and Child Health Bureau (MCHB) at the Health Resources and Services Administration (HRSA) has consistently promoted the benefits of a strong relationship between the Title V MCH Block Grant Program and Healthy Start. The potential in this relationship exists by leveraging the community-level expertise of Healthy Start programs and the broader state maternal and child health perspective of Title V.

This template can help you communicate the value that your Healthy Start work brings to your State Title V MCH Block Grant Initiative. Whether that conversation happens through an in-person meeting, or virtually, use this template to customize your Healthy Start Value Proposition for your organization as it applies to your State Title V Program. Replace the text appearing in brackets within the document with your information about your program. You may also choose to add your organization's logo, use your organization's colors or font to further tailor the document.

The template is organized into four parts:

Part 1. Title V and Healthy Start

This part provides a bit of history of Healthy Start and the context for why Healthy Start is a valuable partner to Title V.

Note: In the section where you list your "Specific Services You Provide across the Lifecourse" consider including:

[Any/all of the following: referral and ongoing health care coordination for well-woman, prenatal, postpartum, and well-child care; supportive/enabling services including; outreach, case management, home visiting, father involvement, child development education and parenting support, linkage to housing assistance, adult education, and job training programs; and health education and support related to breastfeeding, safe sleep, perinatal mood disorders, substance use, and intimate partner violence.]

Part 2. Title V and Healthy Start: Shared Performance Measures

This part provides two tables. The first table illustrates the alignment of the Title V National Performance Measures and other priorities. The second table allows you to illustrate how your Healthy Start work supports the evidence based strategies and selected state Title V performance measures. Here is an example of how to complete the second table:

State Performance Measures	Evidence Based Strategy Measures	Healthy Start Opportunities
<p>[List your State's performance measures and Evidence Based Strategies from this database]</p> <p>Example: State Priority #1: Reduce Maternal Morbidity and Mortality</p>	<p>Example:</p> <ul style="list-style-type: none">Analyze and produce reports on maternal death and severe maternal morbidityCollaborate with partners to increase policy, community prevention and clinical quality improvement strategies addressing maternal healthCollaborate with Medicaid to institute reimbursement for immediate postpartum insertion of LARCCollaborate with partners to increase screening and support for maternal depressionParticipate in intra- and interagency groups addressing opioid use to ensure maternal and child health perspectives and populations are included in the evidence-based strategy measures	<p>[Insert your ideas on ways your Healthy Start program supplements the State Performance Measures and Evidence Based Strategies here]</p> <p>Example: Share data with the State that demonstrate the impact of maternal depression screening among Healthy Start mothers and follow-up protocols Serve as a resource for serving pregnant women on opioid use during pregnancy.</p>

Part 3. Title V and Healthy Start: Shared Topics Moving Forward

This part highlights the alignment in Title V's requirement to report on programmatic efforts and innovative approaches to address emerging topic areas.

Part 4. General Info about Healthy Start

This part serves as talking points for Healthy Start grantees to use in their conversations with Title V to provide more background on Healthy Start.

For help, please email healthystartepic@jsi.com

Title V and Healthy Start

_____ is a Healthy Start grantee serving women and families in _____. Healthy Start strengthens the foundations at the community, state, and national levels to help women, infants, and families reach their full potential. We are particularly concerned about the high rates of infant mortality and maternal morbidity that we are witnessing in our communities, specifically the racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Since our program's creation in 1991, we have grown from a demonstration project in 15 communities to 100 Healthy Start projects in 37 states and Washington, DC. Close collaboration with local, state, regional, and national partners is key to Healthy Start's success.

The infant mortality rate in our service area is _____. To mitigate this significant public health problem, Healthy Start provides a range of services to meet the populations complex health and social needs. These services include case management/care coordination to women before, during, and after pregnancy to ensure access to health and social services; onsite parenting education and support as well as home visitation services to strengthen family resilience and outreach and education to the community at large. We also engage community partners to enhance systems of care with the goal of reducing service fragmentation for families through our Community Action Network, a multi-sector stakeholder partnership concerned with the overall health and well-being of families. The specific services we provide include:

Healthy Start is also very proud to be catalysts for Collective Impact, supporting the aforementioned Community Action Network (CAN). The CAN mobilizes, coordinates, steers, and improves providers, community based organizations and others to enhance the maternal child health system of care; coordinates services and steers local action to address social determinants of health and improve quality of life at the community level.

_____ aligns with the work of Title V thus making us a valuable partner for State Title V programs and initiatives as evidenced by the following:

- **Healthy Start Performance Measures:** Our organization's performance measures align with the MCHB National Performance Measures thereby reinforcing Title V priorities and initiatives to achieve greater collective impact.
- **Community Engagement and Mobilization:** Healthy Start has a direct connection to the community through our Community Action Network (CAN). The CAN aims to address the social determinants of health by partnering with providers, people with lived experience, community leaders, and policy makers.
- **Reducing Infant Mortality and Maternal Mortality:** Healthy Start plays a significant role in our community in reducing infant mortality and maternal mortality. We provide direct services to our most vulnerable residents to improve health outcomes. We are committed to performance measurement and use data to drive improvement and mobilize community action.
- **Evidence-based:** Healthy Start programs implement innovative approaches that are evidence-based and that address family-centeredness, participant education, and improve women's health.

Title V and Healthy Start: Shared Performance Measures

work closely aligns with many of the Title V National Performance Measures and other priorities. The table below illustrates this alignment in how both programs measure results.

Healthy Start Performance Measures - Alignment with MCHB Title V National Performance Measures		
Healthy Start Performance Measurement	EHB / DGIS Performance Measure (exclusive to Healthy Start?)	Corresponding <u>MCHB Title V National Performance Measures</u>
The percent of Healthy Start women and child participants with health insurance	LC1 (No)	#15. Percent of children 0 through 17 years who are adequately insured
The percent of women with a reproductive life plan	HS1 (Yes)	
The percent of women with a postpartum visit	WMH2 (No)	
The percent of women and children with a usual source of medical care	HS2 (Yes)	<p>#06. Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool</p> <p>#07. Rate of injury-related hospital admissions per population ages 0 through 19 years</p> <p>#10. Percent of adolescents with a preventive services visit in the last year</p> <p>#12. Percent of children with and without special health care needs who received services necessary to make transitions to adult health care</p>
The percent of women with a well-woman visit	WMH3 (No)	<p>#01. Percent of women with a past year preventive visit</p> <p>#13. A) Percent of women who had a dental visit during pregnancy and</p> <p>B) Percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year</p>
The percent of women who engage in safe sleep practices	PIH1 (No)	#05. Percent of infants placed to sleep on their backs
The percent of children who were ever breastfed or fed breast milk	PIH2 (No)	#04. A) Percent of infants who are ever breastfed
The percent of children who were breastfed or fed breast milk at 6 mo	PIH2 (No)	B) Percent of infants breastfed exclusively through 6 months

The percent of pregnant women that abstain from cigarette smoking	LC2 (No)	#14. A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes
The percent of women who conceive within 18 mo of previous birth	HS3 (Yes)	
The percent of children with well child visit	CH2 (No)	#11. Percent of children with and without special health care needs having a medical home
The percent of women who receive depression screening and referral	WMH14 (No)	
The percent of women who receive IPV screening	HS5 (Yes)	
The percent of women that demonstrate father/partner involvement during pregnancy	HS6 (Yes)	
The percent of women that demonstrate father/partner involvement with child	HS7 (Yes)	
The percent of children read to 3+ time per week	HS8 (Yes)	
The proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.		
The proportion of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN to 100%.		
The proportion of HS grantees who establish a quality improvement and performance monitoring process to 100%.		

On a State level, 's Title V performance measures and evidence based strategies for 2016-2020 are supported by our Healthy Start work as illustrated in the table below.

Title V Performance Measures, Evidence Based Strategy Measures and Healthy Start		
State Performance Measures	Evidence Based Strategy Measures	Healthy Start Opportunities

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As you can see from this table, can offer evidence based, community based programming to support Title V with reaching its evidence based strategy measures to achieve these priorities.

Title V and Healthy Start: Shared Topics of Interest Moving Forward

Our Healthy Start program can support Title V's requirement to report on programmatic efforts and innovative approaches to address the following topic areas:



Maternal Mortality and Morbidity

(e.g., Maternal Mortality Review Committees, Safety Bundles, Pre-Conception/Inter-Conception Maternal Health Assessment and Promotion of Healthy Weight Before, During and After Pregnancy)

Healthy Start participates on state-based teams supported through MCHB's AIM initiative, which determine through continuous quality improvement how the maternal safety bundles are utilized to improve maternity care practices.

Healthy Start applies its care coordination/case management approach and community mobilization capacities to address the overlapping risk and protective factors that impact both maternal and infant health.

Opioid Abuse/Misuse (Mothers) and Neonatal Abstinence Syndrome (Infants)

Healthy Start recognizes the impacts of fetal exposure to alcohol and other drugs, and engages in effective prevention and early identification activities with pregnant women, mothers, and newborns. Through care coordination and case management, Healthy Start can serve as an expert resource to address social, environmental and broader behavioral health factors as they contribute to substance use/misuse before, during, and after pregnancy.



Successes and Opportunities for Enhanced Title V and Title XIX Coordination

(e.g., Value-Based Payment Models)

Healthy Start uses a care coordination/case management approach, which has shown to be effective in cost savings and increased value.

Healthy Start demonstrates value by supporting prevention and health promotion for women and families, including access to clinical and preventive services during pre/interconception and reproductive life planning services.

Other evidence based models utilized by Healthy Start to address poor birth outcomes and infant mortality, which enhance Title V include use of doulas, home visiting models such as Healthy Families America, Parents As Teachers and Nurse Family Partnership.



General Info about Healthy Start

What is Healthy Start?

- Healthy Start is a essential federal program dedicated to reducing disparities in maternal and infant health status in high risk communities.
- Healthy Start is a system of care composed of multiple evidence-based interventions, aimed at addressing multiple risk factors for poor birth outcomes on the individual, family and community levels.
- Healthy Start supports women before, during and after pregnancy, working to assure access to culturally competent, family-centered and comprehensive health and social services.
- Healthy Start is participant-centered and strengths-based, meeting women and families where they are, working to engage and activate women and families, and offering services respectful of and responsive to participants' needs and values.
- Healthy Start has a direct connection to the community through our Community Action Network (CAN). The CAN aims to address the social determinants of health by partnering with providers, people with lived experience, community leaders, and policy makers.

Who Does Healthy Start Serve?

- Healthy Start serves women of reproductive age, pregnant women, mother who have just given birth, and infants and families from birth to the child's second birthday. Healthy Start involves fathers throughout.
- Healthy Start works in communities with infant mortality rates at least 1.5 times the national average, and with high rates of low birth weight, preterm birth and maternal morbidity and mortality. Healthy Start communities are among the nation's poorest, with many young families struggling to meet basic needs.
- HS currently funds 100 organizations in 37 states and DC, serving urban, rural, tribal and border communities.

A leader in MCH Aligned with Advances in the Field

- Since its beginning in 1991, Healthy Start has been ahead of its time, in addressing social determinants of health, and incorporating father involvement into efforts to reduce disparities in maternal and infant health.
- Healthy Start is modeled on the life-course approach, with a continuum of services from preconception through pregnancy, delivery and early childhood. By working to improve women's health before, during and after pregnancy, Healthy Start aims to give the next generation a strong and healthy start in life.

Check out the Recent Maternal and Child Health Supplement for more on the evidence supporting Healthy Start.
<https://doi.org/10.1007/s10995-017-2404-y> <https://link.springer.com/content/pdf/10.1007%2Fs10995-017-2404-y.pdf>



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