Healthy Start “On the Ground” in New York City

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Brooklyn

healthy start BROOKLYN

healthy start brooklyn
COMMUNITY ACTION NETWORK

Healthy Start Project Overview

- How is your Healthy Start project organized?
  - 6 full-time staff (director, doula program, CAN, fatherhood, systems/resources/health education, administration)
  - 3 part-time staff (data, evaluation, outreach)
  - Serve pregnant women, expectant fathers, and new families
  - Focus on African-Americans in central and eastern Brooklyn

Case Management Model

- Four programs, three subrecipients:
  - By My Side Birth Support Program (community-based doulas)
  - Nurse-Family Partnership (SCO)
  - Healthy Families (CAMBA)
  - Excellence Baby Academy (early childhood development)
- What does your referral system look like?
  - Home visitors make referrals, with assistance from care coordinator
  - Extensive resource guide

By My Side
Birth Support Program

Risk Assessment

- All clients considered at risk because of:
  - High levels of need in project area
  - Health disparities/inequities in project area
  - Structural and institutional racism
- Additional risk factors revealed during intake
  - Matched to experienced workers as needed
- Now analyzing birth outcomes and related factors, to create risk profiles

NYC Health
Center for Health Equity

HEALTHY START REGIONAL MEETING

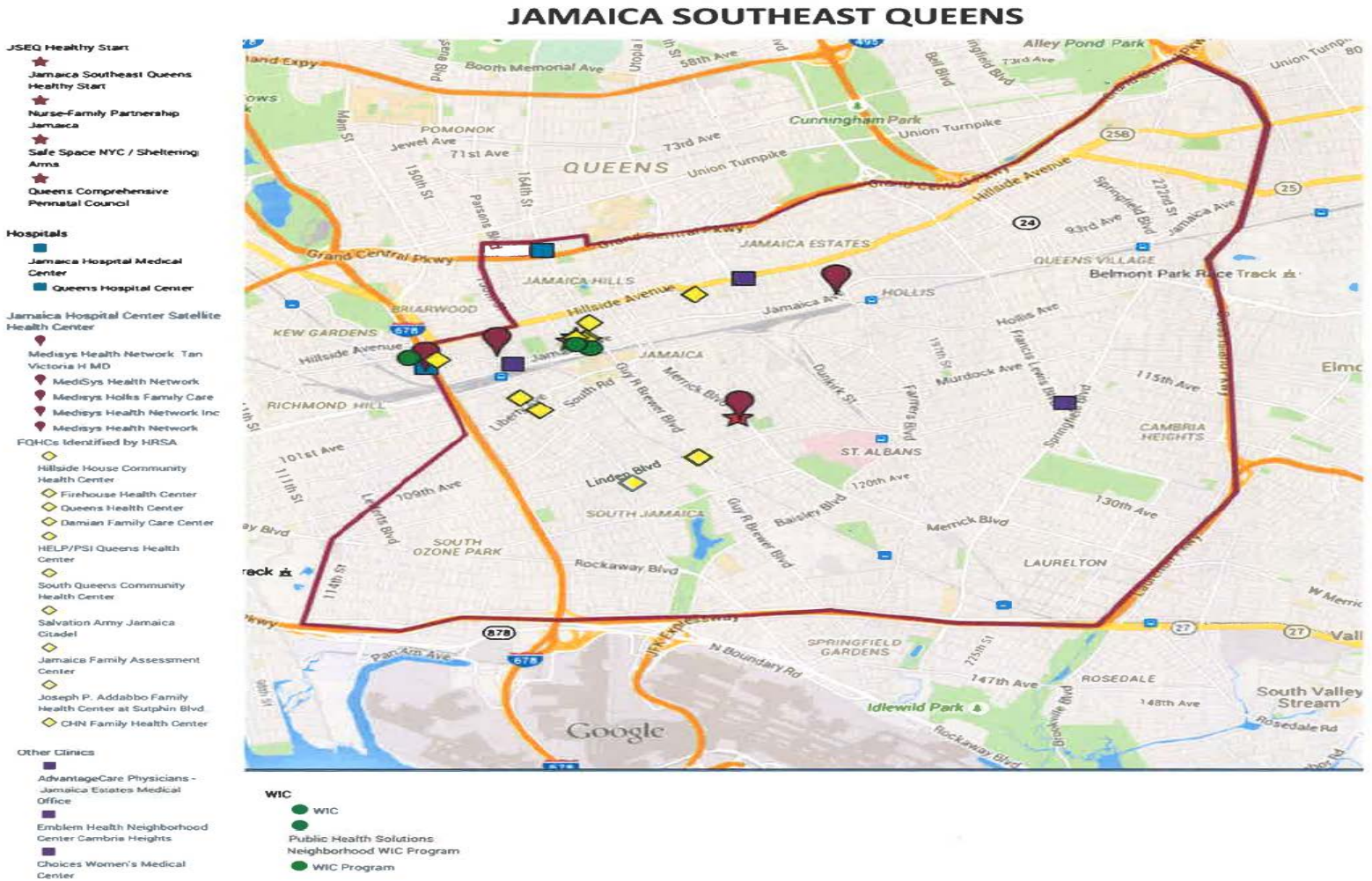
STATEN ISLAND, NY

JULY 17, 2017

JAMAICA SOUTHEAST QUEENS HEALTHY START

Public Health Solutions
MERGING RESEARCH AND ACTION

Healthy Start Service Area



Public Health Solutions
MERGING RESEARCH AND ACTION

Jamaica Healthy Start Partners

- *Public Health Solutions- Lead Grantee*
  - Centralized Intake for the three community home visiting programs, stakeholder and provider outreach. Responsible for direct reporting to HRSA and meeting deliverables of the project.
  - Mom's clubs, breastfeeding support, CAN leadership,

- *NYC DOHMH-Nurse Family Partnership(NFP)*
  - NFP, an evidence-based home visiting program. Staffed by Registered Nurse Home Visitors. Services provided to low-income, first-time moms. Nurses develop and foster a relationship with mom throughout pregnancy and remain with family until the child's 2nd birthdate.

- *Safe Space/Sheltering Arms- Healthy Families Jamaica*
  - Healthy Families America credentialed home visiting program. Staffed by paraprofessional Family Support Workers. Visits begin during pregnancy or up to >60 postpartum and continue until the child turns 5 or enters Head Start or Kindergarten. Fatherhood Support.

- *Queens Comprehensive Perinatal Council*
  - QCPC follows a community health worker model, utilizing the Parent as Teachers Curriculum. Staffed by three case coordinators who are culturally reflective of the community; completed the DYCD Family Development Training and Credentialing program, the Doula certification provided by DONA and the CLC. Home visits begin from pregnancy or by 18 months and continue until child is 2.

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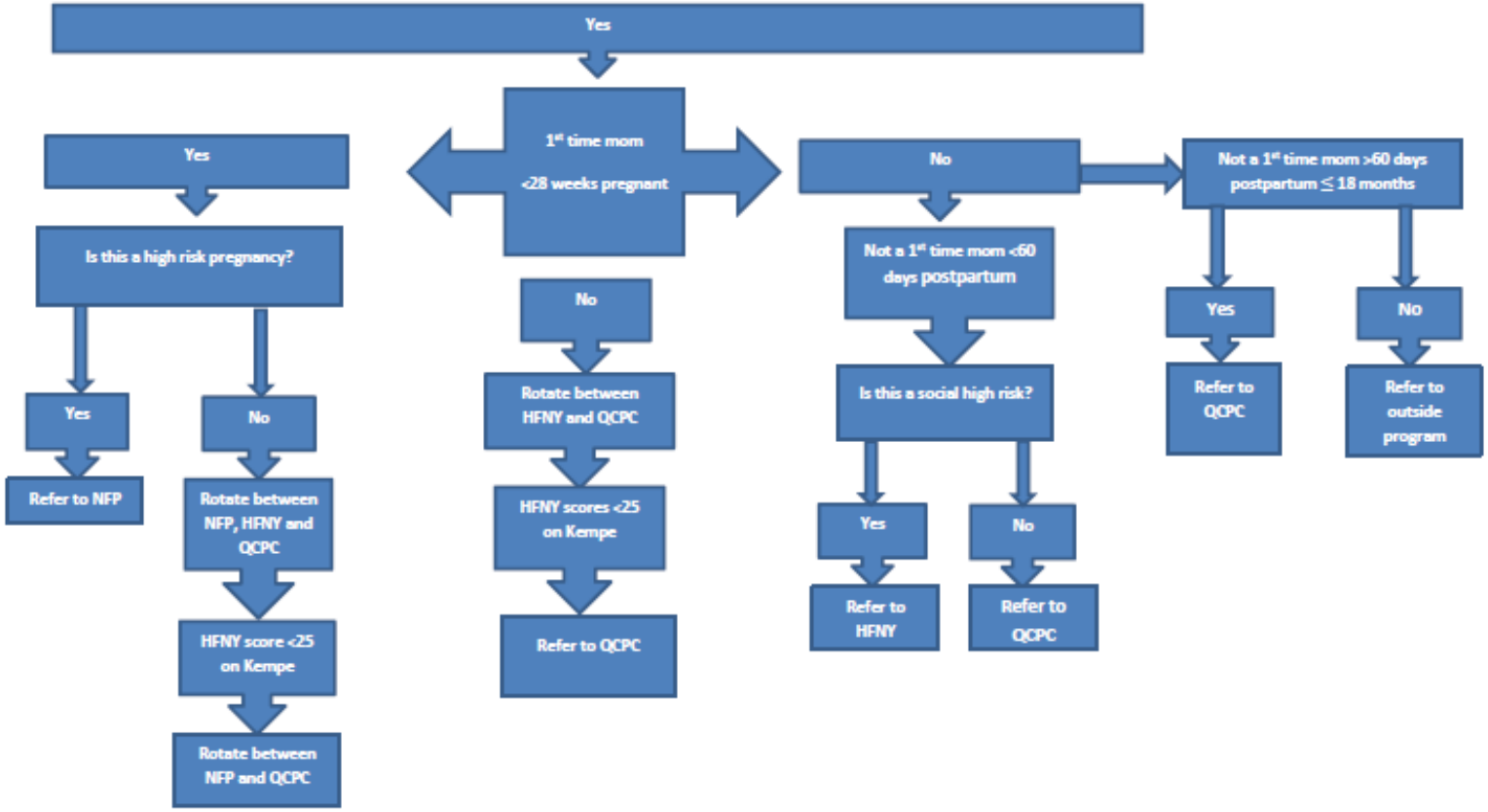
JSEQ HEALTHY START CATCHMENT AREA
Pregnant or Parenting

Resides in following zip codes:
11411, 11412, 11432, 11433, 11434, 11436



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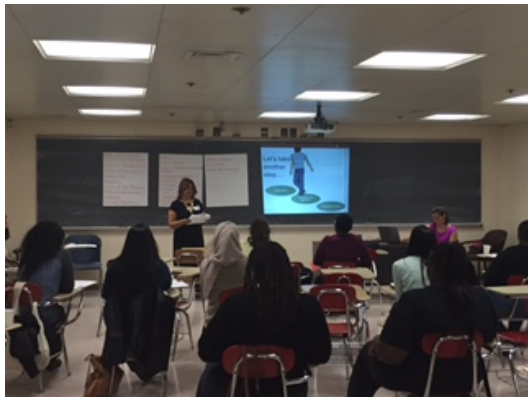
Risk Assessment

- Intake and Screening
- HFNY – KEMPE
- NFP – STAR
- QCPC – In process

Program Success



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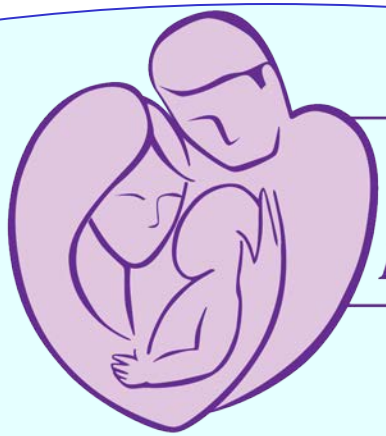
The Healthy Start Program Comes to the Bronx



Bronx
Healthy Start
Partnership

Hal Strelnick, MD
Bronx Healthy Start Partnership
Department of Family & Social Medicine
Albert Einstein College of Medicine
July 17, 2017

EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

The Children's Hospital at Montefiore

Montefiore
THE UNIVERSITY HOSPITAL

Bronx Infant Mortality Rates by CDs

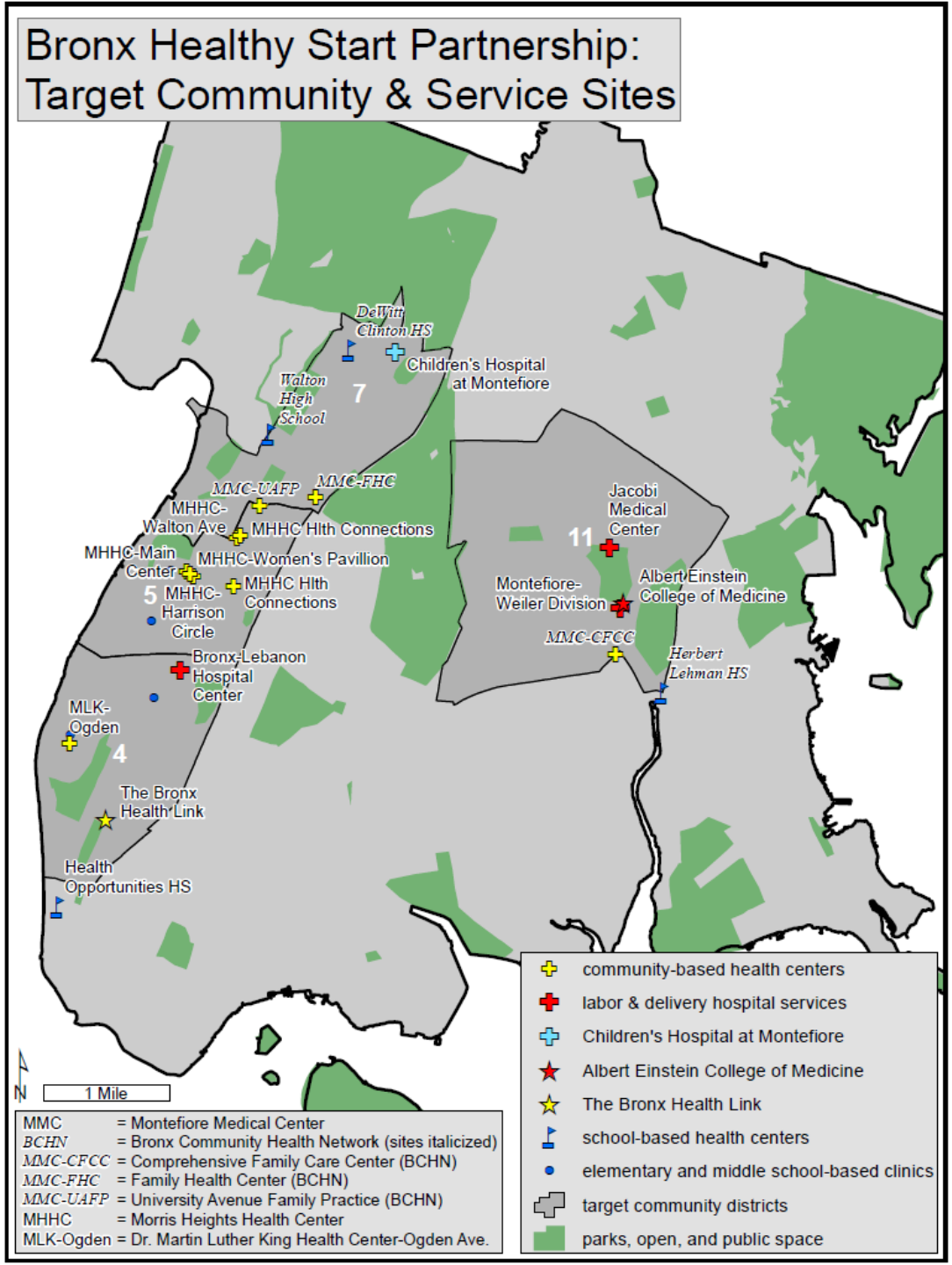
Table 1. Healthy Start Program Eligibility: Infant Mortality for Black Women by Bronx Community Districts, 2007-2009

Three Year Average (2007-2009) Data for IMR for Black in the Bronx by Community Districts

Community District	Mother's Age								
	<20 years old			20-29 years old			Combined		
	Live Births	Infant Deaths	IMR	Live Births	Infant Deaths	IMR	Live Births	Infant Deaths	IMR
Fordham (207)	89	1	11.2	679	10	14.7	768	11	14.3
Riverdale (208)	17	1	58.8	145	2	13.8	162	3	18.5
Pelham Parkway (211)	94	1	10.6	492	6	12.2	586	7	11.9
Concourse, Highbridge (204)	234	4	17.1	1448	13	9.0	1682	17	10.1
Unionport, Soundview (209)	233	1	4.3	1246	10	8.0	1479	11	7.4
Mott Haven (201)	192	2	10.4	757	6	7.9	949	8	8.4
University/Morris Heights (205)	218	6	27.5	1131	8	7.1	1349	14	10.4
Williamsbridge (212)	425	5	11.8	1933	12	6.2	2358	17	7.2
Throgs Neck (210)	67	0	0.0	335	2	6.0	402	2	5.0
East Tremont (206)	140	2	14.3	682	4	5.9	822	6	7.3
Hunts Point (202)	78	0	0.0	395	2	5.1	473	2	4.2
Morrisania (203)	193	3	15.5	989	5	5.1	1182	8	6.8
Total	1980	26	13.1	10232	80	7.8	12212	106	8.7
Sub-total of yellow				1316	18	13.7	4547	52	11.4
Target Community Districts highlighted in yellow									
12/19/2013									
Vital Statistics									
NYC DOHMH									

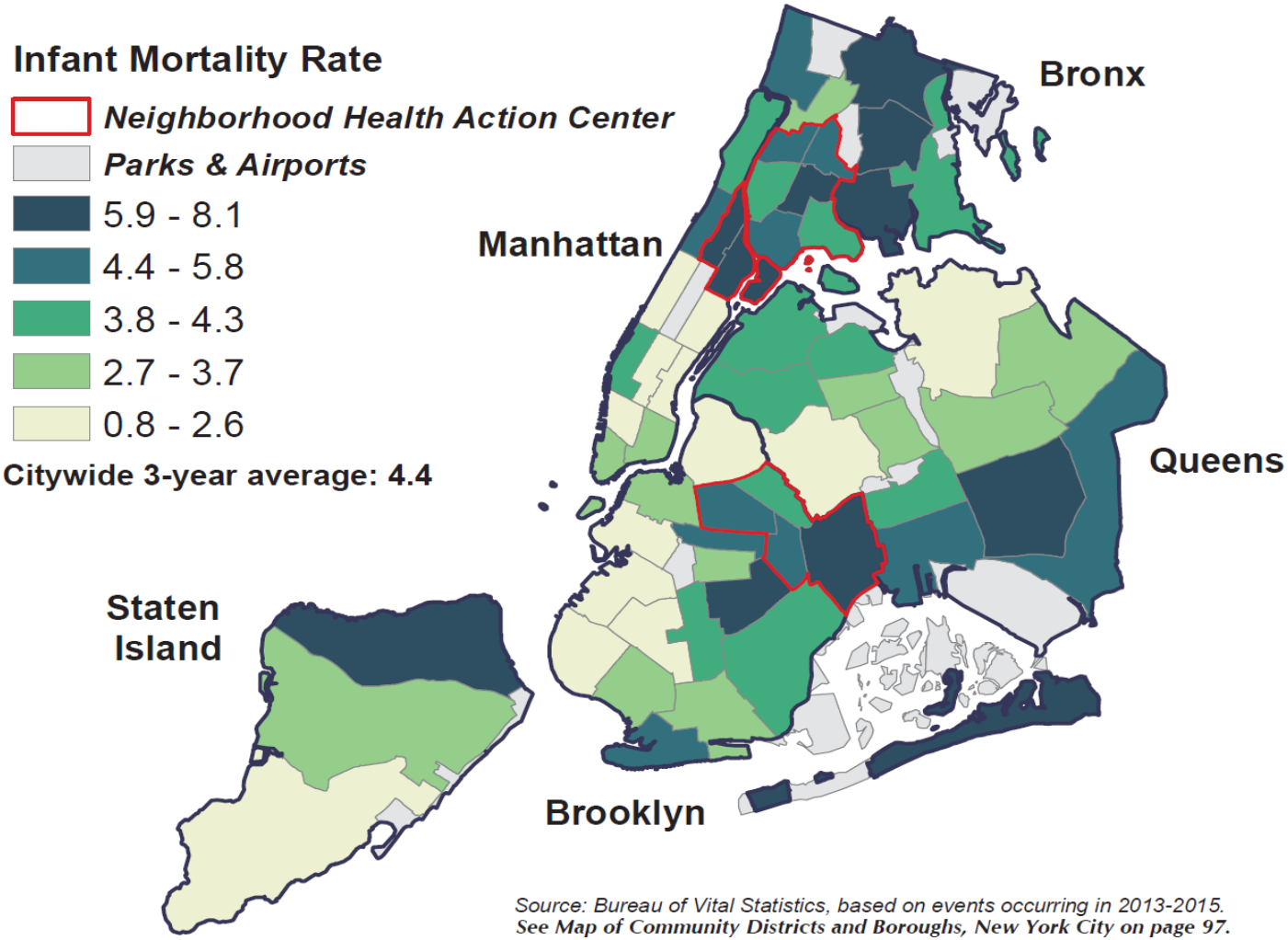
Healthy Start Eligibility >10.1/1,000

Community Districts 4, 5, 7 & 11



INFANT MORTALITY

Figure 5. Average Infant Mortality Rate by Community District of Residence* and Neighborhood Health Action Center*, New York City, 2013–2015†



Source: Bureau of Vital Statistics, based on events occurring in 2013-2015.
See Map of Community Districts and Boroughs, New York City on page 97.

*See Technical Notes: Community District (CD) and Neighborhood Health Action Center.
†Due to instability in the infant mortality rates by community district, rates are presented as three-year averages.

Figure 6. Infant Mortality Rate by Borough of Residence, New York City, 2002–2011

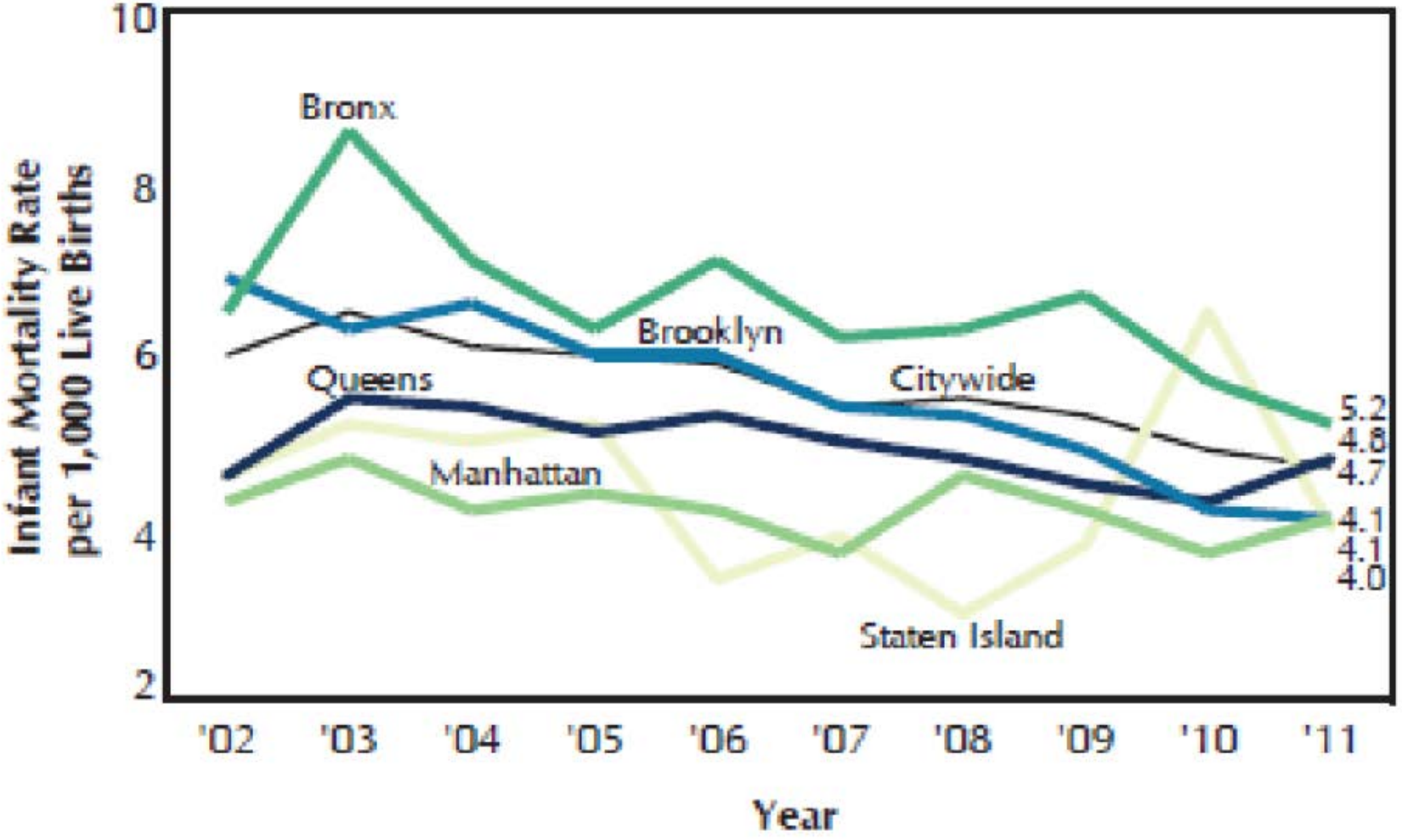
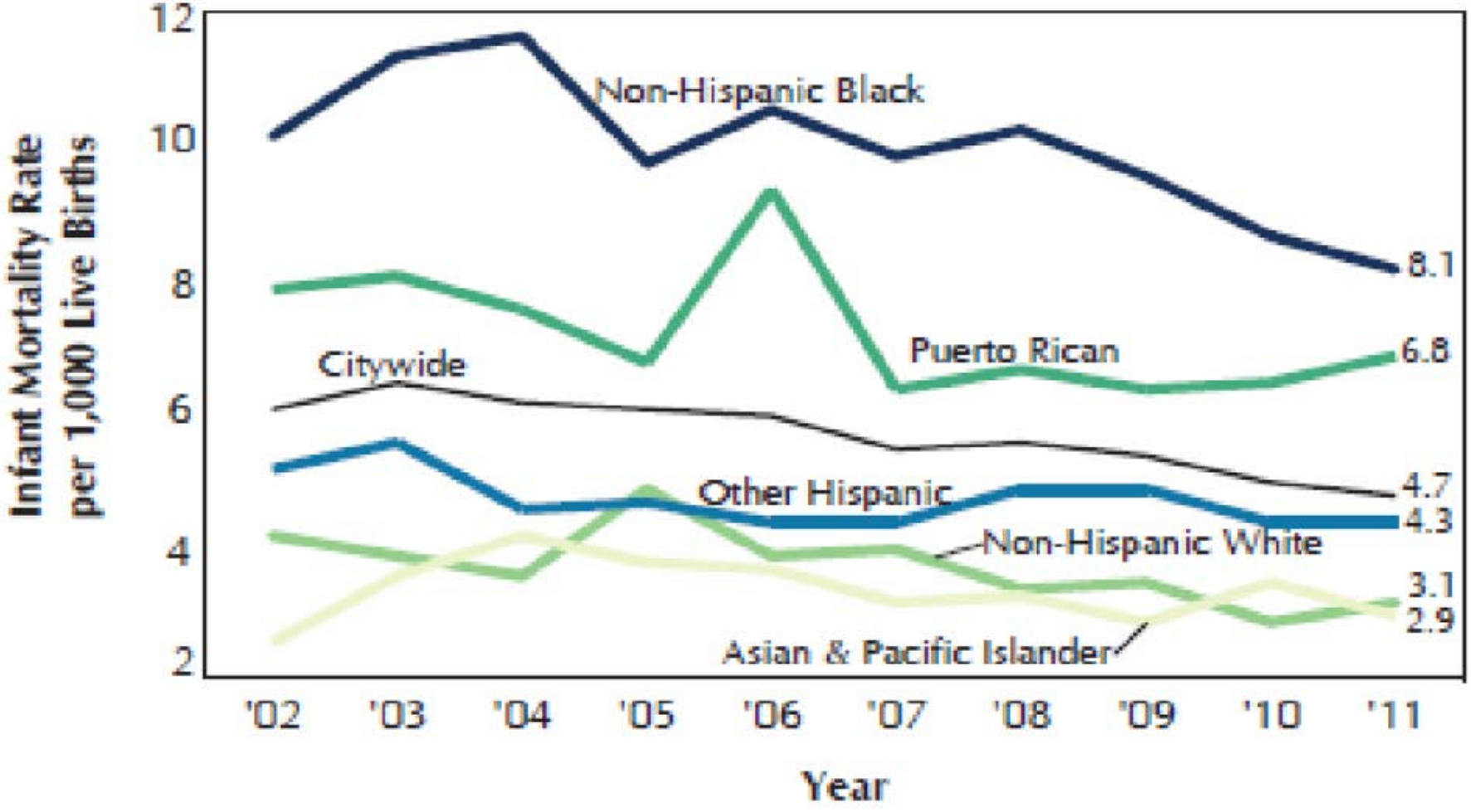


Figure 3. Infant Mortality Rate by Mother's Racial/Ethnic Group, New York City, 2002–2011



The Majority of Infant Injury Deaths in NYC were Sleep-Related, 2004-2011 (80% [386/480])

- Average of 48 infants died every year from sleep-related injury (2004-2011): rate of 38.5 deaths/100,000 live births
- Infants: 28 days – 4 months old, ***black*** non-Hispanic infants, babies born ***preterm***, and babies born to ***teen mothers*** at higher risk for sleep-related death than other infants
- Common environmental factors in sleep-related infant deaths:
  - Sleeping in an adult bed; excessive bedding
  - Sharing a bed with another sleeper,
  - Sleep positions other than on the infant's back.
- Overall infant injury death rates highest for ***black*** non-Hispanic infants, **infants living in the Bronx**, and infants living in ***very-high-poverty neighborhoods***

Bronx Healthy Start Partners

Required Healthy Start Service Components

1. **Improve Women's Health** (***emphasis on home visiting*--CHWs**)

N=450; case management, comprehensive assessment & coordination--"One Stop Shopping"—integration of lay & professional care—outreach to hard to reach women & families; partnerships, referrals, linkages: WIC, Head Start

- **Outreach & enrollment in health coverage under ACA**
- **Coordination & facilitation of access to health care services** (**HITE SITE** & other referrals)
- **Support for prevention & provision/tracking of services**
  - Women's clinical preventive services (i.e., prenatal, preconception, family planning, well-woman visits)
  - Inter-conception health care among high risk women (i.e., chronic disease management, behavioral/mental health care, reproductive health)
  - Health promotion & education (i.e., Healthy Start standardized curriculum)
  - Reproductive life planning

Required Healthy Start Service Components

2. **Promote Quality Services**
   - **Service coordination & systems integration** (i.e., PCMH for every family)
     - Assure PCMH (direct service & linkages)
     - Service coordination & systems integration
     - Previous MCH project activities & performance
     - MCH support without duplication
   - **Focus on prevention & health promotion & health education**
     - Required health education (i.e., breastfeeding, immunization, safe sleep, family planning, smoking cessation, etc.)
     - Child Development Screening (i.e., tools, plans, referrals)
     - Evidence of effectiveness, cultural & linguistic appropriateness
   - **Core competencies for workforce**
     - Staff training & supervision (i.e., CHWs, nurses, social workers, etc.)
     - Testing & remediation of workforce
     - Collaboration with Healthy Start EPIC Center for technical assistance
   - **Standardized curriculum & interventions**
     - Local application of standardized curriculum
     - Other evidence-based models (e.g., **Centering Pregnancy**, home visiting models, ***Partners for a Healthy Baby***)—literacy-appropriate, practical information

Required Healthy Start Service Components

3. **Strengthen Family Resilience**
   - **Address toxic stress & support delivery of trauma-informed care**
     - Integration of life course theory in program activities
     - Assessment & documentation of toxic stress-related risks
     - Staff training & development in trauma-informed care
   - **Support mental & behavioral health**
     - Perinatal depression screening
     - Social-emotional development screening
     - Other tools for mental & behavioral health screening
     - Linkage & coordination activities with mental & behavioral health
   - **Promotion of father involvement—Jarral Blount, consultant**
     - Engagement of fathers & paternal involvement in families
     - Tools for assessment & health promotion for men & fathers
     - Specific activities targeted towards men/fathers
   - **Improving Parenting**
     - Parenting education (i.e., standardized curricula, tools, etc.)
     - Staff training & development
     - Evidence-based models & curricula

Required Healthy Start Service Components

4. **Achieve Collective Impact**
   - **Develop & use Community Action Network (CAN)**
   - **Contribute to collective impact** (i.e., Community coalitions, collaboratives, etc.)
     - **City Maternal & Child Health Collaborative (CityMatCH)**
     - **Maternal, Infant, and Child Health Collaborative: Bronx Family Resources Collaborative**
     - **March of Dimes community award**
     - **CAN Meetings**

- May 18, 2016, "Collective Impact," Reverend Alonzo Wyatt
- July 27, 2016, "Enhanced Fatherhood Engagement Strategies." Charles Greene & Thomas Ryer, Claremont Neighborhood Center's Young Fathers Program
- October 6, 2016, "Centering Pregnancy" programs in the Bronx
- January 25, 2017, "Bronx Doula Services"
- April 4, 2017, "Safe Sleep Forum"
- May 3, 2017, "Perinatal Mood and Anxiety Disorders" and
- June 28, 2017, "Toxic Stress and Trauma"

•**Grand Rounds**:

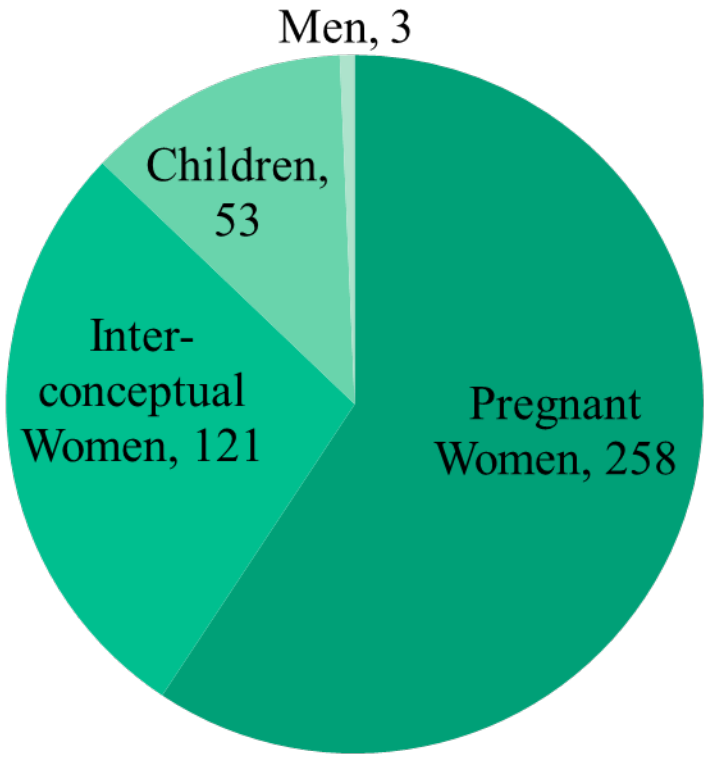
–Department of Pediatrics, December 14, 2016
–Department of Family & Social Medicine, June 22, 2017
–Department of Ob/Gyn & Women's Health, September 5, 2017

Required Healthy Start Service Components

5. Increase Accountability through Quality Improvement, Performance Monitoring & Evaluation

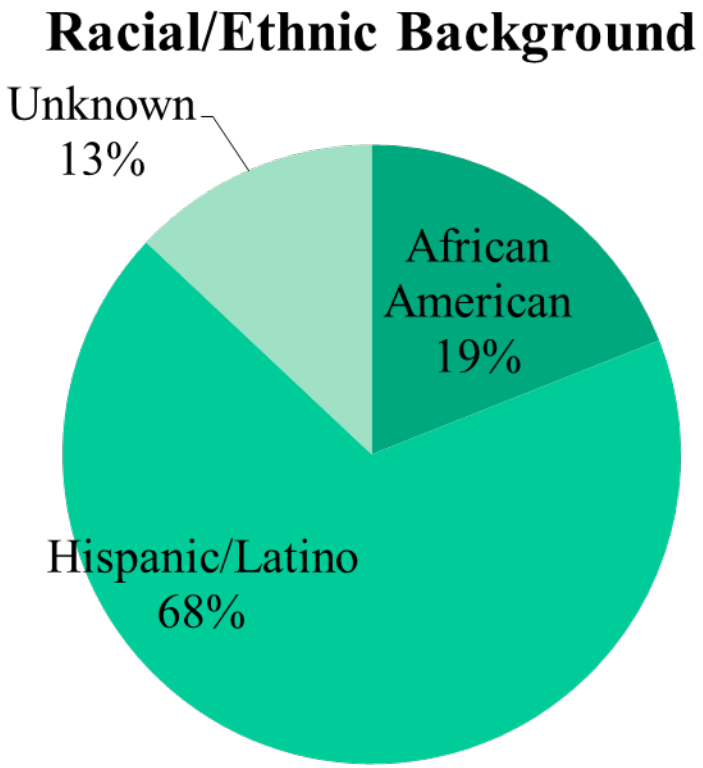
- **Use QI—implement REDCap database system**
- **Conduct Performance Monitoring** (achieve MHCB benchmarks)
- **Conduct evaluation** (RE-AIM)—Arthur Blank & Zoon Naqvi
  - Program monitoring
  - **Participation in National Healthy Start Evaluation**

Bronx Healthy Start Partnership Enrollees, November 1, 2015-October 31, 2016

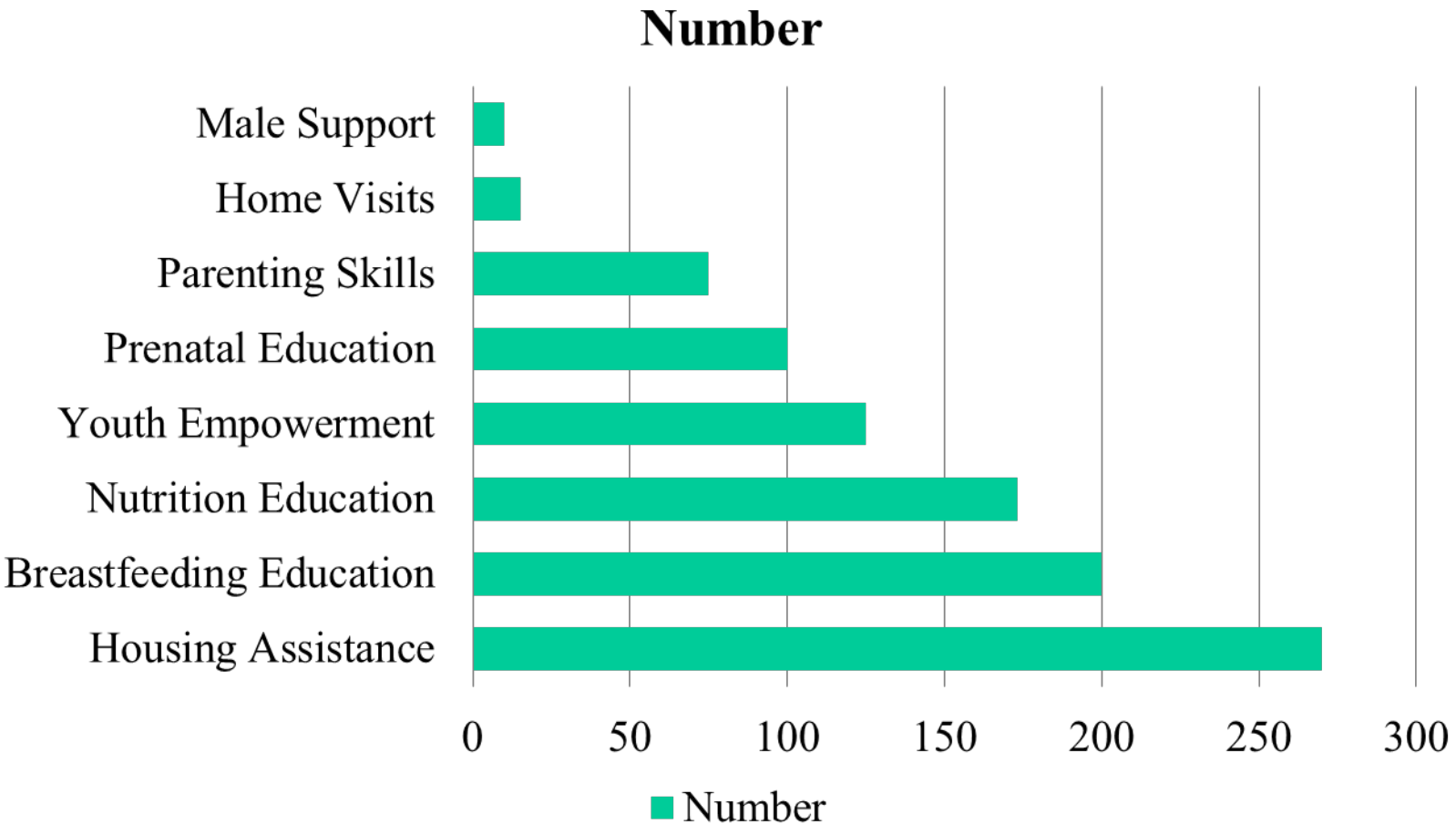


Total=435

Racial & Ethnic Origins, Bronx Healthy Start Enrollees, November 1, 2015—October 31, 2016



Bronx Healthy Start Partnership Services Offered, November 1, 2015—October 31, 2016




GRACO
Pampers
LUVS

What's Coming Next? Healthy Start & Epic EMR

1. **Best Practices Alert & Electronic Referral**

2. **FYI: Flag to identify all Healthy Start Enrollees**
3. **CHW home visit notes in patient's medical record**
4. **Improve Healthy Start-clinician communication**
5. **Revive Bronx Perinatal Consortium (neonatologists)**

Special Thanks to:

BCHN
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THE BRONX HEALTH LINK

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Angela Schonberg
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Bronx Healthy Start Partnership

Working to improve the birth outcomes experienced by the women of the Bronx

Thank You for Your Interest!

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