

DOWNLOAD PDF OVERSIGHT OF THE HEALTHY START DEMONSTRATION PROJECT

Chapter 1 : Maternal and Child Health Bureau - Wikipedia

Oversight of the Healthy Start Demonstration Project. Hearing on the Implementation of the Healthy Start Demonstration Project of the Department of Health and.

Originally, 15 demonstration programs were funded for a five-year period; they included 13 urban and 2 rural programs located around the country. Congress subsequently continued the funding for those programs and other additional programs. As of fiscal year , 96 Healthy Start programs were being funded. Certain elements were required of the programs, including a focus on reducing infant mortality, inclusion of the local community in program planning, assessment of local needs, efforts to increase public awareness, implementation of an infant mortality review, development of a package of innovative health and social services for pregnant women and for infants, and evaluation of the initiative. Top Program Participants The grantees are typically city, county, or state health departments. The program is designed to serve pregnant women particularly women at high risk of poor pregnancy outcomes and infants, with each service area determining its specific program recipients. Two comparison sites were selected for all but one of the demonstration programs -- a single comparison site was identified for the final program. The comparison sites were selected for their similarity in terms of race and ethnic composition, infant mortality rate, and trends in the infant mortality rate between and the years leading up to implementation of Healthy Start. The number of clients served in the demonstration program sites ranged from a low of 1, in the Pee Dee region of South Carolina to a high of 7, in Cleveland, Ohio. The evaluation examined both implementation issues and program outcomes. To study implementation, the researchers Devaney et al. The site visits involved interviews with program staff, service providers, and consortia members. Researchers used semi-structured protocols to gather comparable information across the programs. Telephone interviews were conducted with the grantees as follow-ons to the site visits and included project directors, consortium members, and outreach and case management staff. These interviews addressed any changes in the community affecting their projects, changes they had made to their organizational structures, and what progress they had made in implementing the program. The researchers also solicited thoughts on what lessons the grantees had learned and how to sustain the program past the life of the grant. The researchers reviewed a range of documents, including documents on case management services received by Healthy Start clients. The researchers observed activities such as consortia meetings and health education classes to assess their content and quality. Researchers also accompanied program staff on home visits to observe how staff members interacted with clients. The outcomes studied included prenatal care utilization, pre-term birth rate, low- and very-low-birth-weight rates, and infant mortality rate. The researchers compared infant birth and death rates for Healthy Start project areas with matched comparison sites from to They used several measures to assess various dimensions of prenatal care. One of those instruments is called the "Kotelchuck index," which is used to rate prenatal care depending on when it is initiated, how often it occurs, and other factors. The five categories in the Kotelchuck index are: Vital statistics data were collected for the target population in each program area and include information on maternal and paternal characteristics, the timing and extent of prenatal care, pregnancy history, basic demographic characteristics, and birth outcomes. These data helped the researchers gain a better understanding of the Healthy Start target population. The authors Devaney et al.

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Chapter 2 : Honey Bee Health Coalition Bee Integrated Demonstration Project

Oversight of the Healthy Start demonstration project: hearing before the Committee on Labor and Human Resources, United States Senate, One Hundred Fourth Congress, second session, on the implementation of the Healthy Start demon[s]tration project of the Department of Health and Human Services, created to reduce infant mortality, and its proposed authorization for fiscal year [1], May 16,

From family festivals in the park to lectures on health and racial inequities, many of us will be engaging communities around the issues and factors that impact infant mortality. It is no secret that the health of our families is essential to the health of our country. We know that when our families are healthy, so are we. It has been noted that the health of a nation can be determined by its infant mortality rate IMR , the annual rate at which infants under one year of age die. According to the National Vital Statistics Report, in , the infant mortality rate was 6. African Americans have 2. In addition, Hispanic and American Indian communities are dying at rates that are three to four times higher than White communities. Many minority communities also have infant mortality rates that are three times higher than the national rate. To further compound these rates, babies in minority communities are four times as likely to die as infants due to complications related to low birthweight as compared to non-Hispanic white infants. These are questions that many MCH professionals may ask themselves regularly as they work endlessly to improve the health of our most vulnerable families. Addressing the health of families, means addressing the issue of infant mortality, especially in minority communities. In , 15 Healthy Start Projects in rural and urban areas were established in a demonstration phase to do exactly this “ create community-based maternal and child health programs to reduce infant mortality in communities with infant mortality rates 1. Improving pregnancy and birth outcomes are achieved through core services of direct outreach, case management, healthy education, interconceptional care and screening for depression. Collectively, the consortium, the Healthy Start Project site and the community work together to address barriers to care and improve the local system of care for women and children. Healthy Start projects are situated in the poorest of neighborhoods and residential areas in the United States. They are responding to the health care needs of our most vulnerable families to ensure women are healthy, babies are born healthy and families are healthy. They are helping to shape and improve the health of our nation. So as we focus our attention this September on how we can increase awareness and educate communities about infant mortality, let us remember to include the whole family in the programs, services and resources we are delivering to neighborhoods that will help them to achieve optimal health. Final data for National vital statistics reports; vol 57 no National Center for Health Statistics. NCHS data brief, no 9. National Vital Statistics Reports 57 2. Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects.

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Chapter 3 : Promising Practices Network | Programs that Work | Healthy Start

Oversight of the Healthy Start demonstration project hearing before the Committee on Labor and Human Resources, United States Senate, One Hundred Fourth Congress, second session, on the implementation of the Healthy Start demon[s]tration project of the Department of Health and Human Services, created to reduce infant mortality, and its proposed.

Among the individuals served were 2. These block grants support vital immunizations and newborn screening tests, along with transportation and case management services that help families access care. States also use block grant funds to develop and implement community-based care systems for children with special health needs and their families. Additionally, MCHB supports Healthy Start sites in 38 states, the District of Columbia, and Puerto Rico that provide community-based outreach, case management, depression screening and educational activities for women in areas with high rates of infant mortality and shortages of health care providers. MCHB also collects survey data on the physical, behavioral and emotional health of women and children nationwide. Department of Commerce and Labor. This landmark legislation resulted in the establishment of state departments of health or public welfare in some states, and facilitated the efforts of existing agencies in other states. The move was intended to simplify the relationship between number grant-in-aid programs and complex intergovernmental efforts related to education, health, welfare and the social security in the Nation. This conversion consolidated seven former Title V categorical child health programs into a single program of formula grants to States supported by a Federal special projects authority U. Maternal and Child Health Bureau, The legislation gave States more leeway in determining how to use federal funds U. Maternal and Child Health Bureau, , allowing them to self-direct money to identified, state-specific maternal and child health needs. Seventy-five years after its inception, the Title V MCH program remains the longest lasting federal public health legislation in U. In fiscal year , State Title V programs served over 39 million individuals. SPRANS projects support research and training, genetics services and newborn screening, and treatments for sickle cell disease and hemophilia. CISS projects are intended to increase local service delivery capacity and foster comprehensive, integrated, community service systems for mothers and children. State Maternal and Child Health agencies which are usually located within a State health department apply for and receive a formula grant each year. In addition to the submission of a yearly application and annual report, State Title V programs are also required to conduct a State-wide, comprehensive Needs Assessment every five years. States and jurisdictions use their Title V funds to design and implement a wide range of MCH and children with special health care needs activities that address national and state needs, including efforts to: The aim of the MCH Training Program [8] is to promote quality health services for families through workforce preparation. Workforce preparation must include all segments of the health workforce, provide lifelong opportunities for learning, and address the special needs of women, children and adolescents. Healthy Start Program[edit] Healthy Start [9] is an MCHB initiative mandated to reduce the rate of infant mortality and improve perinatal outcomes through grants to project areas with high annual rates of infant mortality. Healthy Start began in a small area of Oahu, Hawaii in as a child abuse prevention demonstration project. The demonstration project used paraprofessionals and home visiting in an attempt to help first-time families with their newborn children. This model was adapted and expanded by parenting education programs nationwide. Healthy Families America [11] offers credentialing, the identification of core elements [12] of the model, and technical assistance to help Healthy Start programs be successful. However, one recent national evaluation [14] showed that a greater percentage of participants in selected Healthy Start Programs reported breastfeeding and using evidence-based safe sleep practices compared to a comparison group of mothers matched for low income and education. Other Maternal and Child Health Programs[edit] In addition to the programs described above, MCHB carries out its work through an array of grant programs and initiatives authorized under Title V legislation. One way of categorizing MCHB programs and initiatives is by

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the primary focus of a particular programâ€™ at the level of individuals and families, the community, or at the state level. In addition, MCHB leads cross-cutting programs and initiatives that support innovative solutions to improve maternal and child health and the quality of health services for MCH populations. Other MCHB initiatives include: Adolescent and Young Adult Health Program [15] aims to elevate national, state, and community focus on, and commitment to, the health, safety, positive development, and well-being of adolescents, young adults and their families; address the influence of social determinants of health, and eliminate disparities of health, safety and well-being among adolescents and young adults in order to achieve equity.

Chapter 4 : Healthy Families Equals Healthy Babies

Oversight of the Healthy Start Demonstration Project. Hearing on the Implementation of the Healthy Start Demonstration Project of the Department of Health and Human Services, Created To Reduce Infant Mortality, and Its Proposed Authorization for Fiscal Year of the Committee on Labor and Human Resources.

Chapter 5 : Catalog Record: Oversight of the Healthy Start demonstration | Hathi Trust Digital Library

This hearing transcript presents statements and testimony regarding effectiveness of the Healthy Start Demonstration Project to reduce U.S. infant mortality.