

Attachment B. Healthy Start Program Goals and Outcomes

Excerpt from RFTOP No. HRS13540-dp Title: *An Evaluation of Core Components of the Federal Healthy Start Program: A Cross-Site Examination, Attachment A; August 3, 2009.*

Healthy Start Program Goals and Outcomes

These goals and outcomes expected to accrue for the Healthy Start program have been conceptualized in terms of a progression from the achievement of a number of intermediate outcomes, which are called “core program goals” to the achievement of a set of longer-term outcomes, which are called “maternal and child outcomes.” Theoretically, improvements in core program goals (the intermediate outcomes) should be significantly related to improvements in maternal and child outcomes (the long-term outcomes).

The core program goals include:

1. Reduced racial and ethnic disparities in access to and utilization of health services
2. Improved local health care system
3. Increased consumer or community voice in health care decisions.

There are also a set of maternal and child outcomes that are the primary focus for evaluating Healthy Start, and these include:

1. Birth outcomes including infant mortality and low/very low birth weight
2. Maternal health including health risk behaviors
3. Inter-pregnancy/inter-delivery interval and birth spacing
4. Child health during the first two years of life.

These maternal and child outcomes consist of improvements that are expected to occur if program elements are successfully and completely implemented and if the core program goals are achieved. These outcomes should be observed at a later point in the project as a result of the intermediate outcomes being reached and only after the fully implemented program model has been operating for a sufficient period of time.

There is also an important distinction between these two types of program outcomes or goals. For the most part, the maternal and child outcomes are focused on Healthy Start program participants and the gains they make in their birth outcomes, subsequent pregnancies, maternal health, and the health of their children, while the core program goals are focused on changes that the Healthy Start program has made in the larger community. This divergence between sets of program outcomes or goals is derived partially from the distinction in the program elements between service delivery and system building interventions. Whereas the service delivery activities are aimed primarily at improving maternal and child health outcomes, the system building interventions are aimed primarily at improving community conditions such as those addressed by the core program goals. ***The underlying theory for Healthy Start is that changes in maternal and child outcomes cannot take place unless the contextual conditions in the larger community that contribute to or maintain problems, such as infant mortality, are addressed.*** This distinction has important consequences for the measurement of program goals and outcomes in the evaluation.