

ATTACHMENT B

HEALTHY START PROGRAM GOALS AND OUTCOMES (BENCHMARKS)

Excerpt from *Healthy Start Initiative: Eliminating Disparities in Perinatal Health Funding Opportunity Announcement HRSA-14-020, HRSA-14-112, HRSA-14-113; December 6, 2013.*

Support of HRSA Strategic Goals

The following HRSA Strategic Goals are supported by the *Healthy Start Initiative: Eliminating Disparities in Perinatal Health*:

Goal # 1: Improve Access to Quality Health Care and Services

The HS program enhances access to care for women, infants and their families by facilitating linkages to ensure access to continuous, comprehensive health care. The program ensures that the care received is responsive to the needs of individuals in the community and is delivered or directed by well-trained providers who are able to manage or facilitate essentially all aspects of women, infant, and family health.

Goal # 2: Strengthen the Health Workforce

The HS program helps to strengthen the health workforce, specifically those individuals responsible for providing direct services, and managing program components by requiring minimum educational and training levels for all staff.

Goal # 3: Build Healthy Communities

The HS program ensures communities have a perinatal system that is responsive to the health and social needs of the MCH population, and is sustainable and robust in order to provide ongoing, coordinated, comprehensive services in the most efficient manner through effective service delivery.

Goal # 4: Improve Health Equity

The HS program promotes health equity by identifying health and social circumstances that place an individual at a disadvantage that does not allow them to achieve their full health potential. HS provides and facilitates connections and linkages with appropriate organizations to strengthen the MCH system and promote community transformation.

Benchmarks

MCHB has developed benchmarks to assist HS grantees in identifying targets for the end of the project period. It is expected that successful applicants will develop project plans to meet, maintain, or exceed the identified benchmarks by the end of the five (5) year project period. There are two categories of benchmarks based on Healthy People 2020 objectives and HS Project objectives. The benchmarks are listed below. More information and guidance will be provided on the collection and reporting of the Benchmarks upon receipt of funding.

Improve Women's Health: Four areas of women's health-related activity are key for HS grantee efforts to improve the health of women before, during, and after pregnancy: a) outreach and enrollment in health coverage under the Affordable Care Act (ACA), b) coordination and facilitation of access to health care services; c) support for prevention, including clinical preventive services, interconception health, and health promotion; and d) assistance with reproductive life planning.

- Increase the proportion of HS participants with health insurance to 90%.
- Increase the proportion of HS participants who have a documented reproductive life plan to 90%.
- Increase the proportion of HS participants who receive a postpartum visit to 80%.
- Increase the proportion of women, infants, and children participating in HS who have a medical home to 80%.
- Increase proportion of well women visits among HS participants to 80%.

Promote Quality: Four areas of quality improvement-related activity are required for HS grantees. These activities will: a) improve service coordination and systems integration, b) focus on prevention and health promotion (e.g. breastfeeding, immunization, safe sleep, family planning, smoking cessation, FASD), c) apply core competencies for the HS workforce, and d) use standardized curricula and interventions.

- Increase the proportion of HS participants who engage in safe sleep behaviors to 80%.
- Increase the proportion of HS infants who are ever breastfed to 82%.
- Increase the proportion of HS infants who are breastfed at 6 months to 61%.
- Increase abstinence from cigarette smoking among HS pregnant women to 90%.
- Reduce the proportion of HS pregnancies conceived within 18 months of a previous birth to 30%.
- Increase proportion of well child visits (including immunization) for HS participants' children between ages 0-24 months to 90%.
- Reduce the proportion of HS participants with elective delivery before 39 weeks to 10%.

Strengthen Family Resilience: Four areas of resilience-related activity are required for HS grantees. These are activities to: a) address toxic stress and support trauma-informed care, b) support mental and behavioral health, c) promote father involvement, and d) improve parenting.

- Increase the proportion of HS participants who receive perinatal depression screening and referral to 100%.
- Increase the proportion of HS participants who receive follow up services for perinatal depression to 90%.
- Increase the proportion of HS participants who receive intimate partner violence (IPV) screening to 100%.
- Increase the proportion of HS participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/child care) during pregnancy to 90%.
- Increase the proportion of HS participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/child care) with child 0-24 months to 80%.
- Increase the proportion of HS participants that read daily to a HS child between the ages of 0-24 months to 50%.

Achieve Collective Impact: Two areas of collective impact-related activity are a) develop a CAN and b) contribute to collective impact.

- Increase the proportion of HS grantees with a fully implemented CAN to 100%.
- Increase the proportion of HS grantees with at least 25% HS participant membership on their CAN membership to 100%.

Increase Accountability through Quality Improvement, Performance Monitoring, and

Evaluation: Three areas of accountability-related activity are required for HS grantees. These are activities to: a) use continuous quality improvement, b) conduct performance monitoring, and c) conduct local evaluation.

- Increase the proportion of HS grantees who establish a quality improvement and performance monitoring process to 100%.
- For Level 3 Healthy Start grantees, increase the proportion of HS grantees that have a fully implemented CoIIN process to 90%.