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**MCHB/DHSPS Webcast  
February 6<sup>th</sup>, 2007  
Update on the  
Healthy Start National Evaluation**

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**Moderator:  
Johannie G. Escarne, MPH**

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**Update on the Healthy Start National Evaluation**

*Webcast Presentation*

February 6, 2007



Abt Associates Inc.



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**Outline of Presentation**

Overview of findings from the Phase I National Survey of Healthy Start Programs (2004)

Overview of Phase II of the national evaluation

- Site Visits
- Participant Survey
- Final Report and Timeline

Questions and Answers

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**Evaluation Overview**

- **The evaluation is a four-year effort**
  - Phase I was focused on the full universe of grantees
  - Phase II is a more in-depth evaluation of a subset of grantees
- **The evaluation is of the national program not of individual grantee performance**
- **Stakeholder inputs are critical to the evaluation effort**

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### Participatory Evaluation Approach with Key Stakeholders

- Continued input and feedback from a variety of stakeholders during Phases I and II
- Healthy Start grantees
  - Input and feedback on findings from Phase I
  - Information from all sites will be used in preparing the Phase II report (performance measures)
- Healthy Start federal program staff
- Healthy Start Panel (HSP)
- SACIM

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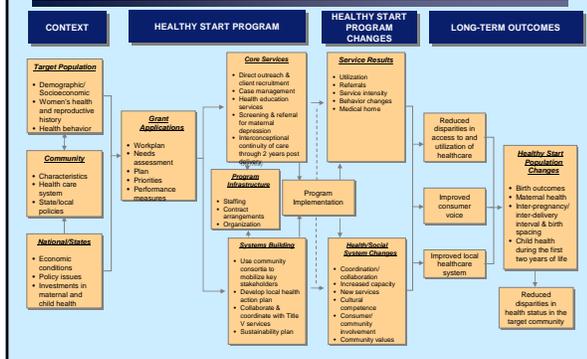
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### Healthy Start Logic Model




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### The Key Evaluation Questions

- What are the features of Healthy Start programs?
- What results have Healthy Start programs achieved?
- What is the link between program features and program results?
- What types of Healthy Start programs (or program features) are associated with improved perinatal outcomes?

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**Phase I Evaluation Products**

- Chartbook
- Benchmarks Paper

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**Phase II Evaluation Update**

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**Phase II Evaluation Goals**

- To obtain a more in-depth understanding of a small group of grantee program models
- To determine the methods that grantees are using to meet Healthy Start program objectives, with a particular focus on efforts to influence the system of care in the community
- To identify and describe promising practices implemented by Healthy Start grantees
- To reflect input and advice from HRSA, SACIM, and HSP

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**Key Themes in Phase II**

- Strategies used by programs to reduce racial disparities in the community
- Strategies for including “consumer voice” in program planning and implementation
- Approaches to cultural competency
- Services and supports during the interconceptional period
- Strategies for addressing perinatal depression
- Strategies for using planning processes (such as LHSAP and sustainability plan) to pursue program goals and objectives
- Flow of clients from outreach through service referrals and case management activities

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**Phase II Evaluation Approach**

Case studies with 8 grantees include two components:

- Site visits with individual and group interviews
- Survey of Healthy Start participants

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**Grantee Selection Criteria: First Stage**

- Grantees must have completed the National Survey of Healthy Start Programs

*AND*

- They must have implemented all nine required components of the Healthy Start program

*AND*

- They must track referrals to providers within and outside Healthy Start

*AND*

- They must maintain electronic records to facilitate access to data for the participant survey

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### Grantee Selection Criteria: Second Stage

- From the 26 eligible grantees, 8 were selected to reflect the following grantee characteristics:
  - Four U.S. census regions
  - Mix of urban and rural sites
  - Different funding levels
  - Range in size, according to the number of live births in 2004
  - At least one grantee had to be relatively close to the United States/Mexico border, if not considered an official Border grantee
  - At least one site had to serve a predominantly indigenous population
- Collectively, selected grantees had to have enough live births to obtain at least 1000 responses to the participant survey

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### Grantees Selected for Phase II Evaluation

- Fresno, California
- Tallahassee, Florida
- Des Moines, Iowa
- East Baton Rouge, Louisiana
- Worcester, Massachusetts
- Las Cruces, New Mexico
- Pittsburgh, Pennsylvania
- Lac du Flambeau, Wisconsin

*Subset not intended to be "nationally representative"*

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### Site Visits

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## Goals of Site Visits

- To gain an understanding of how projects are designed and implemented to improve perinatal outcomes
- To determine which program features grantees associate with success
- To explore how grantees implement culturally competent services/systems
- To identify promising practices (evidence-based and non-traditional)
- To assess the links between services, systems, and outcomes – test logic model

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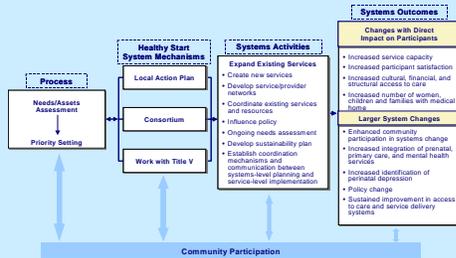
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## Hypothesized Link between Healthy Start Systems Efforts and Results




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## Site Visit Methods

- In-depth, individual interviews with project director, case managers, local evaluator, clinicians, consortium members, and other stakeholders
- Group interview with outreach/lay workers
- Two exercises
  - Relational mapping with Project Director/Program Manager
  - Client flow graphing with case managers/outreach/lay workers
- Document review

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## **How the Information is Being Used**

Individual site visit reports include:

- Project history
- Context and issues community is addressing
- Overall program design
- Accomplishments and challenges
- Promising practices

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## **Cross-site Analysis Plan**

Cross-site report will include:

- Summary of grantee characteristics and community profiles
- Comparative analysis of program design and implementation
- Results: Typology of successes and challenges at services and systems levels
- Assessment of the theory of change as articulated in the logic model
- Synthesis of lessons learned
- Conclusions

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## **Participant Survey**

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## Survey Objectives

- **Overall Goals**
  - Gain insight into implementation of Healthy Start from the participant perspective
  - Collect data unique to women's experiences in Healthy Start
- **Specific Aims**
  - Develop Healthy Start participant profile
  - Describe services received during prenatal and interconceptional periods (including unmet need)
  - Assess satisfaction with services
  - Assess participant health knowledge, behaviors, and perinatal outcomes

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## Survey Development

- We used the conceptual model showing the link between Healthy Start services and results as the basis for selecting the measures
- The conceptual model presents evidence-based practices associated with improved perinatal outcomes

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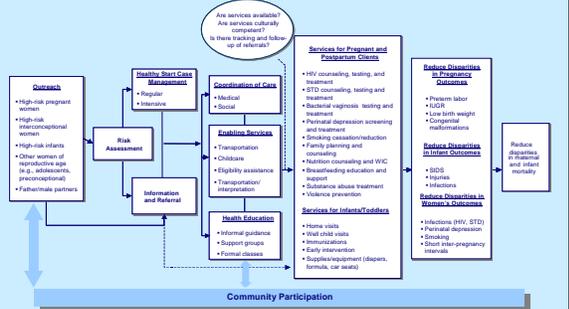
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## Conceptual Framework




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## Survey Content

- **12 sections**
  - Screener
  - Healthy start program participation
  - Health education
  - Prenatal care and pregnancy
  - Cigarette use and alcohol consumption
  - Postpartum care
  - Infant health
  - Pregnancy history and current pregnancy status
  - Health status and stress
  - Participant Background
  - Health Insurance and WIC
  - Comments
- Sought input from Healthy Start Panel (HSP) and HRSA
- Used questions from existing national surveys
- Piloted survey to ensure comprehensibility and 30-minute survey length

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## Primary Sources

- **National surveys used:**
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
  - National Maternal and Infant Health Survey
  - National Survey of Early Childhood Health
  - National Survey of Children's Health
  - CAHPS Child Survey
  - Early Childhood Longitudinal Study

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## Clearance Procedures

- **IRB clearance**
  - Received from Abt's IRB, recognized by HRSA
- **OMB clearance**
- **Site-specific clearance**
  - Signed MOUs with each site
  - Tailored to each site's needs

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## Participant Survey Methods

- Inclusion of women who have an infant 6 to 12 months old at the time of interview
  - Initial sample size of 828 cases across the eight sites
  - Target response rate of 75 percent (620 cases)
- Conducted 30-minute interview via computer-assisted telephone interviewing
- Collaborated with grantee staff to locate participants who cannot be contacted by phone
- Translated survey into Spanish; used interpreters to assist women who speak another language
- Provided \$25 gift card to encourage participation

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## Contacting Respondents

- Use of multiple methods to contact respondents
  - Advance letter
  - Phone
  - Grantee staff
- Tailored contacts to needs and characteristics of individual programs and clients

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## Maximizing Response Rates

- Collaboration with grantees in locating and encouraging participation before and during the field period
- Online and telephone locating sources (e.g., Accurint and Reach 411 Directory Assistance Service)
- Postal service “address correction requested”
- Survey center operation during business, evening, and weekend hours and toll-free call-in line
- Language translation and interpretation services
- Trained professional interviewing staff
- \$25 thank you

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## Current Status

- Survey began October 2, 2006 and ended January 6, 2007
- 653 cases completed (79 percent completion rate)
  - 37 interviews were conducted in a language other than English and Spanish (including Brazilian Portuguese, Hmong, Vietnamese, Creole, Mandarin, Mixteco, Ghanaian Twi, and Arabic)
- Data file is being constructed

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## Participant Survey Analysis Plan

- Areas of focus
  - Demographic characteristics
  - Risk status of participants
  - Services received and needed
  - Participant experiences and satisfaction
  - Health behaviors
  - Perinatal outcomes
- Analyses
  - Descriptive
  - Multivariate
  - Benchmarks
- Findings will be presented in aggregate form (sites will not be identified)

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## Final Report

### In-depth case study findings:

- Site Visits
- Participant Survey

### Lessons learned from all projects:

- Phase I National Survey of Healthy Start Programs
- Performance Measures

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## **Timeline of Events**

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- **Final Report at conclusion of project (September 2007)**
- **Update at Healthy Start grantee meeting (August 2007)**
- **Presentation of Phase I findings at AMCHP (March 2007)**

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## **Questions and Answers**

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**Thanks for attending the event**  
**Please complete the evaluation at the end of the webcast**

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