Midlands Healthy Start Program

Assisting At Risk and Diverse Pregnant and Postpartum Women, Infants and Fathers

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National Healthy Start Programs

• A federal initiative authorized by the Public Health Service Act, Title III, Part D, sponsored by the Health Resources and Services Administration (HRSA)

• A community-based program dedicated to reduce disparities in maternal and infant health (1991 – Present)

• Focus on improving women’s and children’s health from preconception to early childhood, creating the foundation for optimal infant and young child health and development
National Healthy Start Programs

• In 2020, HRSA awarded a total of $115,196,504 to 101 Healthy Start projects in 37 states and Washington DC.
Healthy Start Programs Serve Communities with

- Infant mortality rates at least 1½ times the U.S. national average
- Maternal and infant health issues including low birth weight, pre-term delivery, maternal morbidity and mortality
- High rates of poverty, low education, limited access to care, and other socioeconomic factors
Healthy Start Program Approaches

- Improve Women’s Health
- Improve Family’s Health and Wellness
- Promote Systems Change
- Assure Impact and Effectiveness

https://www.healthystartepic.org/healthy-start-implementation/healthy-start-approaches/
Midlands Healthy Start (MHS) Program

• Midlands Healthy Start: 1997-present
  o Richland Healthy Start: 1997-2000
  o Palmetto Healthy Start: 2001-2019

• Current HRSA funding cycle (2019-2024)

• One of the three SC Healthy Start Programs
  o Midlands, Low Country, and Pee Dee

MHS Director:
Mrs. Kimberly Alston
Midlands Healthy Start Program

• Infant mortality rates in African Americans in Richland and Sumter counties are higher than national average.

• MHS’ Goal: to eliminate disparities in perinatal health by providing services to underserved predominantly African American women and their infants
  o Each year to serve at least 300 pregnant women, 300 infants/children, 100 men
Serve the community during the COVID pandemic

• Continue to assist HS participants during this difficult time
• Provide services through virtual platforms and virtual groups
  o Hold weekly story time
  o Provide breastfeeding and childbirth support
  o Drop off essential items such as breast pumps, pack n plays, car seats, diapers
  o Hold celebrations and 18-mos graduation
  o Provide emergency assistance
  o Offer virtual groups (e.g. yoga, nutrition class)
Met service goals during the pandemic

• In Year 2 (1/2020 – 12/2020), MHS served 726 participants
  o 300 pregnant women
  o 119 postpartum women
  o 261 infants / children
  o 46 men
Community Action Network (CAN) during the COVID pandemic

• Engage CAN members to augment community-wide health education and promotion for HS participants and the community at large

• 10 CAN events with 133 attendees virtually from 1/1/2020 to 12/31/2020
MHS Serves At-risk Pregnant and Postpartum Women

- 26.6 ± 5.8 years
- 89% African Americans
- 51% high school educ. or less
- 79% never married
- 55% household income <$16K
- 89% Medicaid recipients

- 47% obese (BMI >= 30)
- 3% gestational diabetes
- 12% gestational hypertension
- 16% preterm births
- 17% low birth weight
## MHS’ Impacts – Improve Women’s Health

(Year 2: 1/2020-12/2020)

<table>
<thead>
<tr>
<th>Benchmarks</th>
<th>MHS</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHS participants with health insurance</td>
<td>95%</td>
<td>85%</td>
</tr>
<tr>
<td>MHS participants have a documented reproductive life plan</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>MHS participants receive a postpartum visit within 6 weeks after delivery</td>
<td>52%</td>
<td>75%</td>
</tr>
<tr>
<td>MHS women and child participants have a medical home</td>
<td>95%</td>
<td>80%</td>
</tr>
<tr>
<td>MHS participants have well-women visits</td>
<td>92%</td>
<td>85%</td>
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</table>
## MHS’ Impacts – Improve Family’s Health and Wellness
(Year 2: 1/2020-12/2020)

<table>
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<tr>
<th>Benchmarks</th>
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<tbody>
<tr>
<td>MHS participants engage in safe sleep behaviors</td>
<td>75%</td>
<td>80%</td>
</tr>
<tr>
<td>MHS infants were ever breastfed</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>MHS infants were breastfed at 6 mos</td>
<td>8%</td>
<td>60%</td>
</tr>
<tr>
<td>MHS pregnant women abstained from cigarette smoking</td>
<td>94%</td>
<td>90%</td>
</tr>
<tr>
<td>MHS children received well child visit (including immunization) based on AAP schedule</td>
<td>88%</td>
<td>70%</td>
</tr>
<tr>
<td>MHS participants conceive within 18 mos of a previous birth</td>
<td>8%</td>
<td>&lt;35%</td>
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## MHS’ Impacts – Improve Family’s Health and Wellness
(Year 2: 1/2020-12/2020)

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<th>Benchmarks</th>
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<tr>
<td>MHS participants receive perinatal depression screening</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>MHS participants with high depressive scores being referred to specialists</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>MHS participants reported the father/partner’s involvement during pregnancy</td>
<td>88%</td>
<td>80%</td>
</tr>
<tr>
<td>MHS participants reported the father/partner’s involvement with child participants</td>
<td>77%</td>
<td>80%</td>
</tr>
<tr>
<td>MHS child participants aged 6-18 mos who are read to by a parent or family members ≥ 3x / week</td>
<td>56%</td>
<td>45%</td>
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</tbody>
</table>
Take home messages

- MHS is a community champion in MCH in the Midlands area
- Serves predominantly African American pregnant and/or postpartum women, infants and fathers
- Committed to give a healthy start to infants and to eliminate health disparities in mothers, infants, children
Acknowledgement

• We appreciate hard working and dedicated MHS directors, nurse practitioner, community outreach workers, social worker, and administrative team.

• Special thanks to Ms. Xingpei Zhao, Data Manager.

• MHS was sponsored by HRSA (H49-MC00072).
Thank You for Your Time and Interest!
MHS women (n=2,137) — Non MHS women (n=33,977)

Birth Certificates

Death Certificates