



A Model for Community Health
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Mrs. Leta Scott

Healthy Start, Inc. Mission

The mission of Healthy Start, Inc. is to improve maternal and child health and to reduce poor birth outcomes and infant mortality in Allegheny County.



Background

- In 1990, the Department of Health and Human Services, Health Resources and Service Administration, Maternal and Child Health, released a Request for Proposal for **innovative approaches** to addressing infant mortality.
- In the fall of 1991, Pittsburgh becomes 1/15 sites chosen by HRSA for the 5-year demonstration project, Healthy Start
- Healthy Start, Inc., Pittsburgh non-profit created to implement the project
- Community relationships established

The GOAL: Reduce infant mortality by 50%

Between 1991-1996 improvements in breastfeeding rates and first trimester prenatal care



Healthy Start NOW

Focuses on reducing disparities in infant mortality and adverse perinatal outcomes through our Five Approaches:

- ✓ *Improve Women's Health*
- ✓ *Promote Quality Services*
- ✓ *Strengthen Family Resilience*
- ✓ *Achieve Collective Impact*
- ✓ *Increase Accountability through Quality Improvement, Performance Monitoring and Evaluation*



Multidisciplinary Service Array



- ❖ Healthy Start Home Visiting Program
- ❖ Male Initiative Program
- ❖ Moving Beyond Depression
- ❖ Life Skills



- ❖ Center for Urban Breastfeeding
- ❖ Parent Café
- ❖ Community Health Advocate Program
- ❖ Men of Standard

Home Visiting

BIDIRECTIONAL REFERRAL

INTERNAL SUPPORT REFERRAL PROGRAMS

TANGIBLE GOODS

- Diapers
- Pack n Plays
- Safety Items
- Educational Toys

FATHERHOOD/ PARTNER INVOLVEMENT

- Education
- Emotional Support
- Care Management
- Resource Referral

BREASTFEEDING

- Healthy Start Center for Urban Breastfeeding
- Education and Support

DEPRESSION

- Universal Depression Screening
- Referral to Moving Beyond Depression
- Referral to Outside Therapist

PARENTING SUPPORT

- Life Skills
- Nurturing Parenting

- Health Education
- Strengths and Risk Assessment
- Care Management from Multidisciplinary Team
- Peer-Professional Staffing Model
- Evidence-Based Screening Tools
- Evidence-Based and Evidence-Informed Interventions
- Strong Internal and External Referral Streams
- Cultural Humility and Equity Focus
- Fatherhood Program / Family Systems Approach

BENCHMARKS

- Health Insurance
- Reproductive Life Plan
- Postpartum Visit
- Usual Source of Care
- Well Woman Visits
- Safe Sleep
- Initiating Breastfeeding
- Sustaining Breastfeeding
- Smoking Abstinence
- Birth Spacing
- Well Child Visits
- Depression Screening
- Intimate Partner Violence
- Father/Partner Prenatal Involvement
- Father/Partner Parenting Involvement
- Reading to Child
- Engaging Program Participants
- Quality Improvement/Evaluation



COMMUNITY EDUCATION

- Community Health Advocate
- Parent Cafe
- Men of Standard
- HSCUB Education Series
- Satellite Outreach Sites



MCH POLICY, ADVOCACY
AND SYSTEMS
CAPACITY/COORDINATION

- Pennsylvania Perinatal Partnership
- Pennsylvania Perinatal Quality Collaborative
- Allegheny County Infant Mortality Committee
- The Pittsburgh Study Pregnancy Cohort Co-Lead
- Plan for a Healthier Allegheny
- Child Death Review
- Allegheny County DHS Family Support Evolution Team
- Allegheny County Breastfeeding Coalition



Evidence Based Programming

Evidence Based-refers to the use of programs and interventions that have been proven to be successful through a particular research methodology.

- RCT, Longitudinal follow-ups, systematic reviews
- Programming delivered to fidelity
- Proving outcomes driven by programming



Evidence-Informed Programming

Evidence-Informed- refers to the multidimensional model that integrates evidence from different sources including research, community values, and community resources

- Utilizes best available evidence from research
- Recognizes that appropriateness may vary across contexts (gaps in evidence)
- Develop innovative approaches to address gaps (still utilizing best evidence when available)



Community Outreach and Education



Collective Impact: the CAN

From Consortium to Community Action Network

2020 Priorities

- Reorganization of Membership
- Healthy Babies Zone
- Safer Childbirth Cities (Merck for Moms Grant)





Community Health Advocate (CHA) Program: A Transformative Pilot Centering the Voices of Single Mothers in Impacting Community Health

Jada Shirriel, MS, CLC, Chief Executive Officer, Healthy Start, Inc. Pittsburgh/Allegheny County



About the Community Health Advocate (CHA) Program

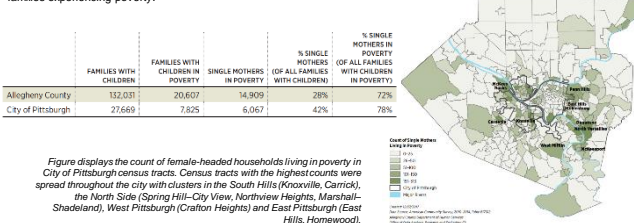
In the fall of 2017, Healthy Start, Inc. Pittsburgh and the Allegheny County Health Department Maternal and Child Health Program collaborated to develop and pilot the Community Health Advocate (CHA) program to engage single African American mothers living in several high poverty Pittsburgh neighborhoods also suffering from high rates of health disparities.

Founded on a community based approach to health promotion, the pilot leveraged the strengths of Healthy Start as a community-based program using the Community Health Worker model and the health department as a governmental entity establishing health policy, to center the voices of single mothers in impacting community health. The shared initiative was aimed at leveraging the power of women in community to join and strengthen existing efforts to promote reduction in disparities in the infant mortality rate and reduce the rate of preterm and low birth weight births in the county. The program also aimed to support leadership and advocacy competencies among women of color whom are disproportionately represented at decision-making tables that impact them and their families.

Participants were provided thirty hours of paid training over three months, at the end of which they had opportunity to join a community board that addresses issues pertaining to maternal and child health and health disparities and/or were assisted in seeking formal employment or other formal community leadership roles related to community health. During the training, participants learned about public health and its impact on communities, health systems, economic and social capital, advocacy, and health disparities. The participants also developed valuable communication and interpersonal skills, and gained assistance with resume' development and mock interviews.

Why Single Mothers?*

Of the approximately 130,000 families with children living in Allegheny County, 28 percent were headed by single mothers. Of families with children experiencing poverty, 72 percent were headed by single mothers. In the City of Pittsburgh, families headed by single mothers made up 42 percent of all families, but they made up 78 percent of the families experiencing poverty.

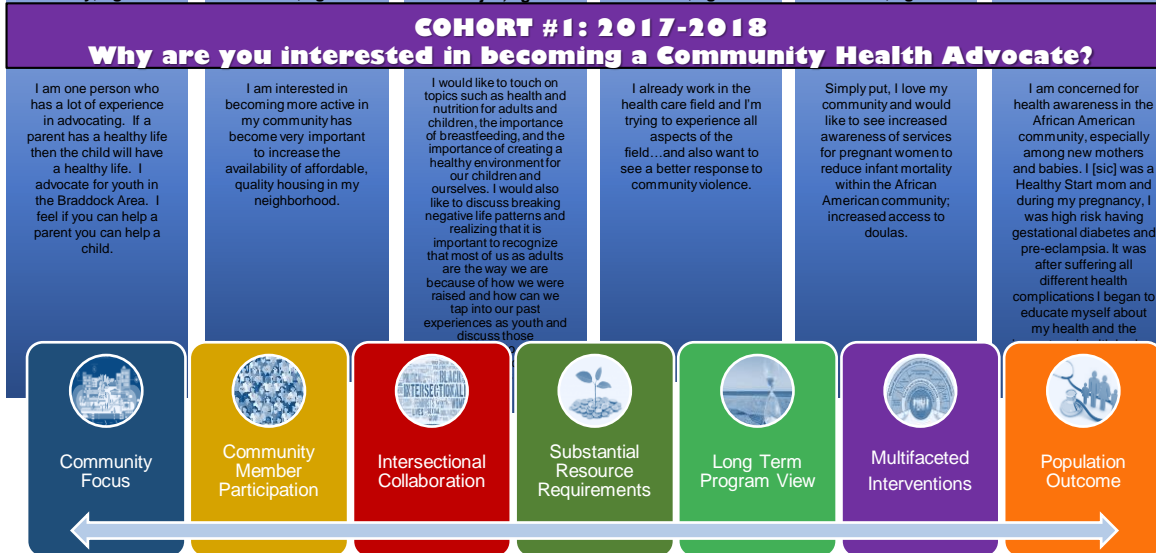


Recruitment Methodology

Our recruitment efforts focused on outreach to single mothers living in the East Pittsburgh neighborhoods of Allegheny County. We disseminated information via Healthy Start Community Health Workers, our social media channels, and via e-mail through our networks of other community organizations. The flyer, posted on Healthy Start's official Facebook page, was shared approximately 76 times and reached over 1,300 viewers within the target audience. Applications were available via paper and via a Google Form, and a hotline was established to walk potential applicants through the brief application process. 39 women inquired about the training, and a total of 29 women completed the application. 13 applications were submitted via paper and 16 were submitted electronically. 11 women were accepted into the pilot cohort and 7 women completed all of the program requirements. Program attendance averaged 92% of required hours.

Areas of Training Focus

- ✓ Basics of Public and Community Health
- ✓ Role of the Community Health Advocate, Methods of Advocacy, Areas for Peer Support
- ✓ Using a Health Equity Approach
- ✓ Community Organizing and Building Community Capacity
- ✓ Skill-Building for Community Health Advocates



The CHA program was designed to **center community and the role and significance of black women in their communities**. Program curricula and activities focused on increasing the participants' capacity to meaningfully engage as stakeholders in conversations, initiatives, and ultimately decision-making efforts that would have the potential to impact their respective communities, their families and their health.

COMMUNITY FOCUS



CHA program participants were connected to mentors, advocates and other subject matter experts who were either members of the communities represented or doing significant work in those communities. We were intentional in balancing access to professionals and concerned citizens. The model, as it continues to evolve, will include program graduates invested and involved in the planning and execution of subsequent cohorts.

COMMUNITY MEMBER PARTICIPATION



The CHA program grew out of the collaborative efforts of Healthy Start, Inc. (a 501c3 nonprofit organization) and the Allegheny County Health Department. Also substantial to the execution of the pilot was the Heinz Endowments (local foundation)—providing financial support and thought leadership, academic partners for contribution to our evaluation model, and other corporate and community collaborators that support the "classroom" and field learning experiences of our program participants.

INTERSECTIONAL



While the CHA program was piloted under the "build it and they will come" model, we are invested in ensuring that the program has the adequate resources to be sustainable, and that our participants are adequately resourced as they engage in their community work. Two of the areas of focus for the CHA curriculum were equity and understanding and building social capital. Each trainee was provided a new laptop and compensated for her time. In our next cohort, we are considering offering mini-grants toward completion of participant-driven community projects.

SUBSTANTIAL RESOURCE REQUIREMENTS



Healthy Start is invested in the long-term strategy of helping to build, support and protect the agency of black women as experts in and stewards of their communities' health. As such, the CHA program continues to be strategically integrated into our overall program approach for improving maternal and child health. In collaboration with the Allegheny County Health Department, funding has been secured for another year of implementation, with plans for formal evaluation efforts.

LONG-TERM PROGRAM VIEW



The primary intervention on which the CHA pilot program is focused is **peer support**. Healthy Start is founded on the principle of peer education, support and intervention. As the CHA program evolves, and particularly through the implementation of participant-driven mini grants, we will explore more deeply the use of our advocates to support specific peer support interventions for depression, breastfeeding, substance use, managing chronic health conditions, parenting, etc.

MULTIFACETED INTERVENTIONS



Assessing population outcome is in the longer-term scope of our implementation and evaluation planning. Currently our desired outcomes are focused around engagement, improvements in health literacy among our advocates and community leadership opportunities for our health advocates. As a result of their program participation, one CHA has secured full time employment with Healthy Start, two have been trained as Certified Lactation Counselors, three have been offered casual employment in a health-related field and one has been placed on the county's infant mortality strategic planning committee.

POPULATION OUTCOME

Next Steps

Women are being recruited for the second cohort, which will begin in June 2018. Our goal is to train at least 25 women in the coming year. **Formative evaluation** activities will continue with this cohort, with a focus on developing a standardized curriculum. Graduates continue to use the CHA Facebook group to share accomplishments, encouragement, events and ideas.

Acknowledgement

Allegheny County Health Department (ACHD), and ACHD staff Danna Wilson, Alysia Tucker and Lisa Zimmerman. Healthy Start project assistant Jessica Mack. The Heinz Endowments. Thank you to all program volunteers, mentors, community partners and invited speakers.



*Data from the Allegheny County Department of Human Services Data Brief: Single Mothers Living in Poverty, March 2018

BreastFED

Cultural Humility, Clinical Interventions, and Community Based Supports



Our Keynote speaker was **Kimberly Seals-Allers** an award winning journalist, international speaker, strategist and advocate for maternal and infant health, and author of five books including **The Big Letdown: How Medicine, Big Business and Femenism Undermine Breastfeeding**. A former senior editor at ESSENCE and writer at FORTUNE magazine, Kimberly is a leading commentator on birth, breastfeeding and motherhood and the intersection of race, policy, and culture.

Camie Jae Goldhammer, MSW, LICSW, IBCLC, (Sisseton-Wahpeton) is a Clinical Social Worker and Lactation Consultant. Camie received her Master of Social Work degree from the University of Washington in 2006, specializing in Maternal Mood Disorders and the effects of complex/Intergenerational trauma on attachment, bonding and the parenting practices of Native families.



Kathleen Kendall-Tackett, PhD, IBCLC, FAPA is a health psychologist and International Board Certified Lactation Consultant, and the Owner and Editor-in-Chief of [Praeclarus Press](https://www.praeclaruspress.com/), a small press specializing in women's health. Dr. Kendall-Tackett is Editor-in-Chief of two peer-reviewed journals: *Clinical Lactation* and *Psychological Trauma*. She is Fellow of the American Psychological Association in Health and Trauma Psychology, Past President of the APA Division of Trauma Psychology, and a member of the APA's Publications and Communications Board.




Symposia Over the Years

CHERYL SQUIRE FLINT CULTURAL SENSITIVITY SYMPOSIUM

EMOTIONALLY *un*AVAILABLE

THE EFFECTS OF SUBSTANCE ABUSE ON EARLY CHILDHOOD MENTAL HEALTH




Save the Date
May 8, 2017
8AM-4PM

Rivers Club
ONE OXFORD CENTRE
301 GRANT ST SUITE 411
PITTSBURGH, PA 15219

Exploring Early Childhood Mental Health
Maternal Addiction
Parent-Child Attachment
Home Visiting
Nontraditional and Community-Based Approaches to Treatment

Visit www.healthystartpittsburgh.org for registration and CEU information.

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Healthy Start, Inc. presents

Cheryl Squire Flint Cultural Sensitivity Symposium


BORN HIGH

The Impact of Opioid Addiction on Pregnancy and Parenting

May 9, 2016
8AM to 4PM

Chatham University
City Campus, 1 Woodland Road
Pittsburgh, PA 15232

- Prevention
- Recovery
- Treatment
- Policy




The Cheryl Squire Flint
CULTURAL SENSITIVITY SYMPOSIUM

Healthy Living With



Mind Body Spirit

CHATHAM UNIVERSITY
MONDAY, MAY 4, 2015



Healthy Start, Inc.
presents...
10th Annual Cultural Sensitivity Symposium

Improving Relationships & Strengthening Communities

Monday, May 6, 2013
Wyndham Grand Hotel
600 Commonwealth Place
Pittsburgh, Pa 15222

Supporting Community Needs

Evidence-Informed- refers to the multidimensional model that integrates evidence from different sources including research, community values, and community resources

- Listen to Mothers
- Support Doulas (and other members of support team)
- Connecting to Community Based Organizations



Listen to Mothers



A graphic with a dark purple background. At the top left is a large white 'f' logo. At the top center is the BMMA logo (Black Mamas Matter Alliance) with a red flower icon. The main image is a portrait of Serena Williams in a yellow tennis shirt. Overlaid on the image is a quote in white text, enclosed in yellow brackets. At the bottom left are two yellow boxes with black text. At the bottom right is a circular logo for Black Maternal Health Week.

BMMA
BLACK MAMAS MATTER ALLIANCE

“**DOCTORS AREN'T LISTENING TO US**
THERE'S A LOT OF PRE-JUDGING...
THAT DEFINITELY GOES ON. AND
IT NEEDS TO BE ADDRESSED.”

Serena Williams

#BLACKMAMASMATTER
#BMHW19 APRIL 11-17th, 2019

BLACK MATERNAL HEALTH WEEK
APRIL 11 - 17, 2019

“Another mom shared her experience of switching doctors after her doctor dismissed her medical condition by telling her, “I think it’s in your head” (0022).”



Support Doulas

“If a doula were a drug, it would be unethical not to use it.”-Dr. John H. Kennell

Doulas are trained to provide non-clinical emotional, physical and informational support for people before, during, and after labor and birth.



Connecting to CBO

“When clinical and community sectors work synergistically, they can improve care and support patients better than either of these sectors could do alone.”

Community-clinical linkages are connections between community and clinical sectors to improve population health.

CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) recommends coordinating chronic disease prevention efforts in four key areas or domains, one of which is “community programs linked to clinical services,”



The Healthy Start Experience

“It doesn’t feel like she’s [her Healthy Start Community Health Worker] there just cause she has to be there, it feels like she actually cares and she’s excited to hear about whatever I’ve been working on and what I’m going through”



Mrs. Leta Scott
Community Health Advocate



Questions?

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