



Getting Off to a Healthy Start

Dear Healthy Start Project Directors, Partners and Friends:

We recently told you that the National Healthy Start Association is implementing a new newsletter format. Instead of long e-newsletters, we're changing to a shorter and more frequent format. The first issue with the new format featured a letter from NHSA's president, Kenn Harris. If you missed it due to the holiday madness, we suggest you might want to check your inbox so you can read it.

This issue continues our series on the original Health Start projects. Today we look at **Cleveland, Then & Now**.

To contribute to upcoming newsletters, such as photos of your holiday activities, please contact Bea Haskins, Newsletter Editor, at bhaskins@nationalhealthystart.org. Please also let Bea know if you need changes made to your listing in our email group.

We hope you enjoy reading this new format and learning about Cleveland's Mom's First program!

Deborah Frazier
CEO

Cleveland, Ohio

THEN: Though the City of Cleveland has always been the grantee for the Healthy Start grant, the Project has gone through many changes, says Lisa Matthews, Project Director for the program. The infant mortality rate in 1991 in the 15 Cleveland neighborhoods that comprised the Project area was 21.4 per 1,000 live births and 21.8 among African American women. Initially known as Cleveland Healthy Family/Healthy Start (HF/HS), Cleveland's community needs assessment showed a lack of service integration and coordination at the community level, low rates of adequate prenatal care, inaccessible health care services and limited or no collaboration among health provider organizations. (Source: *Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects*, November 1998).

After some early adjustments to the program, HF/HS contracted directly with the agencies providing services, such as neighborhood settlement houses, to allow for more accountability. In the early years, HF/HS had over 100 outreach workers. They did not initially have a fatherhood program, and that is yet another thing that has changed.

A three-pronged approach aimed at the communities, city high schools and high-risk populations in shelters or incarcerated was implemented. The service models included outreach, infant mortality review and risk reduction. HF/HS also had a robust public information/education model. Each of the 15 neighborhoods had a consortium that met at a local settlement house, which provided a local meeting place. Key trends or impacts of CF/HS, according to the impact report were:

- "The first significant collaboration among area provider organizations related to infant mortality (via infant mortality review activities);
- "Unprecedented community wide collaboration between public, private and academic sectors;

- “Significant penetration and enhancement of school-based outreach and services; and
- “Enhancement of standards and practice for outreach and services to women in jail.”

NOW: HF/HS is now called *MomsFirst*, Matthews said, because there are so many programs in Ohio with “Start” in their names. The name change was consumer driven, as consumers said all the programs with “Start” in their names (including both Healthy Start and Head Start) led to confusion.

MomsFirst is a Level 3 program and mentors programs throughout the state. The service area was expanded in 2001 to include the entire City of Cleveland.

For the period of 2011-2016, MomsFirst participants had a lower Infant Mortality Rate (IMR) than the overall state of Ohio and the nation – 5.7 deaths per 1,000 births. MomsFirst served over 1,700 participants and their families in 2016 and has had an IMR below the Healthy People goal of 6.0 deaths per 1,000 live births in seven of the last 10 years. MomsFirst enrolls primarily high risk African -American pregnant women and teens. Cleveland’s 2016 overall IMR was 10.2*, with a white rate of 5.4* and a black rate of 13.5.* MomsFirst’s IMR for project participants in 2016 was 5.4 deaths per 1,000 live births. These data provide strong evidence regarding the impact the program is having in reducing infant mortality in MomsFirst’s communities.

MomsFirst’s 2016 Annual Report indicates that there were eight case managers and 30 community health workers; staff are funded primarily through the federal grant with others funded by the city and county. The program served 365 teen participants, 67 incarcerated participants and enrolled 655 new participants. And 557 babies were born to program participants! Here are some other fantastic stats:

- 12,974 home visits completed
- 8,899 medical appointments attended
- 1,486 depression screenings administered
- 1,339 reproductive life plans completed
- 105 referrals to job training

Referral sources were 32% from outreach, 22% self-referred, 15% from the Cleveland Metropolitan School District, 11% by a family member or friend and the remainder from other sources.

What about dads? MomsFirst now has a robust fatherhood initiative, including a Welcome to Fatherhood binder given to participants, a fathers support group, bus tickets for dads to accompany moms to their appointments and condoms for dads. Fathers also participate in home visits with their partners. In 2016, 186 men were served.

*Preliminary. Check out this link, a video of MomsFirst’s first 20 years: <https://www.youtube.com/watch?v=SL156XQR0FQ>.

Mark Your Calendars!

March 24-25, 2018 - Fourth Annual Summit on Fatherhood and the Health and Wellness of Men and Boys

March 26-28, 2018 - 19th Annual National Healthy Start Spring Conference -

celebrating NHSA's 20th Anniversary!

Living the Legacy: Celebrating Advocacy for Families and Communities,

Then & Now!

Location: Hyatt Regency on Capitaol Hill; \$269/night.

Click [here](#) for Hyatt Room Reservations!

**** Stay tuned for more information ****

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