

## Insights

# How 101 Communities Are Closing the Disparity Gap in Maternal and Child Health



Persistent and unacceptable disparities in infant

mortality and perinatal outcomes affect the health of families in every state in the nation. For the past 30 years, the federal Healthy Start program has provided integral maternal and child health services in communities disproportionately impacted by negative birth outcomes. Now, NICHQ is working with all 101 Healthy Start community sites to harness lessons learned, implement innovative approaches to improvement, and ultimately start to close the disparity gap in maternal and child health.

“Healthy Start sites provide children and families with invaluable services, from pre-conception through the early years of life. I’ve seen firsthand the impact of those services over the past three decades,” says NICHQ Senior Project Director Kenn Harris, who leads NICHQ’s work as the National Technical Assistance and Support Center for all Healthy Start grantees.

### Supporting Healthy Start Performance

Over a five-year period, NICHQ, in collaboration with the National Healthy Start Association, will partner with the Healthy Start grantees to accelerate and coordinate their efforts as they work together to pursue national change. [The project](#) is funded through a cooperative agreement with the Health Resources and Services Administration Maternal and Child Health Bureau.

“Now, in this latest iteration of the program, we have an opportunity to go even deeper: to tackle persistent challenges, especially those related to systemic and structural barriers, introduce targeted approaches, and ultimately build national momentum to improve health outcomes for moms and babies across the country,” says Harris.

Below, Harris shares some of the top priorities for Healthy Start for this five-year grant period, including supporting father involvement, promoting breastfeeding, and responding to the consequences of COVID-19.

### **Early father involvement**

Research shows that father involvement improves maternal and infant health outcomes, beginning in pregnancy and continuing through the early childhood period. During pregnancy, father involvement correlates with an increase in maternal [prenatal care](#) and is associated with decreased risk of preterm birth and low birth weight. Critically, it's also been shown to reduce the Black-white infant mortality rate *and* [reduce maternal mortality among Black women](#). This makes father involvement an essential strategy for eliminating disparities.

The earlier fathers are engaged the better. Fathers who are involved during the prenatal period may be more involved later in life, which translate to significant benefits: children with involved fathers have better [emotional, academic, social, and behavioral outcomes](#), all of which impact their long-term health and well-being.

“If we take a life-course perspective, it becomes impossible to overlook the father’s role in maternal and child health. And that’s what fatherhood in Healthy Start is all about,” says Harris.

Fatherhood has been a hallmark of Healthy Start’s efforts for decades. But this iteration marks the first time that overall programmatic goals have incorporated father-related benchmarks, including father involvement in prenatal visits, breastfeeding support programs, pediatric care visits, and early reading programs. Over the course of the initiative, NICHQ will provide training to Healthy Start teams across the country on the importance of father involvement and strategies to increase their engagement starting in pregnancy and continuing through the early years of life.

### **Breastfeeding support**

From lowering the risks of certain cancers in mothers, to reducing the risk of infant mortality in babies, [breastfeeding](#)’s benefits can be seen across generations. But troublingly, Black and American Indian women and children disproportionately miss out on the benefits of breastfeeding.

This breastfeeding disparity is decades old, stemming from historic trauma and ongoing structural inequities that make it difficult for women of color to access social and peer supports.

“Making breastfeeding easier for Black and Native mothers requires change at the community, state and federal level,” says Harris. “Policies so mothers can breastfeed at work and in their communities; insurance that reimburses for breast pumps; peer and family support networks that mothers can rely on—these are the building blocks for equitable breastfeeding outcomes.”

Closing the breastfeeding disparity gap has always been a high priority for Healthy Start sites. However, a recent needs assessment showed that participants struggle to initiate and sustain breastfeeding for the recommended six months. In response, NICHQ is providing a breastfeeding webinar series for all Healthy Start sites and encouraging broad-based participation from all participants (e.g., care coordinators, families, lactation counselors, and community health workers). The series will focus on high-priority topics related to breastfeeding initiation and sustainment, including father engagement, substance use, motivational interviewing, and the myths and stigma associated with breastfeeding in communities of color. Healthy Start participants are also eligible for scholarships for the Certified Lactation Counselor (CLC) training, the premier national certification in lactation management in the U.S.

## **Responding to COVID-19**

While the COVID-19 pandemic affects all individuals, measures to flatten the curve—including staying at home and avoiding public transportation—will disproportionately impact Healthy Start communities and families because they have less resources. Unemployment rates have already hit a historic high and families without a safety net of financial savings or family assets will face enormous financial challenges in the coming months. At the same time, essential health services that support under-resourced communities, like home visiting, have been suspended in many states in order to contain the virus.

“We’re just starting to see the major impact of COVID-19 among Healthy Start sites,” says Harris. “It’s slowing down services in some places and shutting things down completely in others, and the fall out will likely continue to grow exponentially in the coming months. We’re committed to shifting priorities to ensure that we have a plan to support front-line community health workers and the families they serve.”

This Healthy Start COVID-19 response plan has already been set in motion, continues Harris. It includes technical assistance to help sites implement virtual home visits; sharing COVID-19-related resources through a regular e-newsletter; and encouraging sites to share questions and resources on the NICHQ CoLab, a virtual collaboration space. Given that social distancing measures may increase depression and anxiety in pregnant and postpartum women, NICHQ is exploring opportunities to feature clinicians on virtual calls with Healthy Start communities where they can respond to questions and concerns.

Healthy Start Community Action Networks (CANs) will be especially valuable during the pandemic, adds Harris. Each Healthy Start site has a CAN, an advisory body that brings together a broad group of community stakeholders (e.g., social services, faith communities, and community-based organizations). During the pandemic, the CANs will continue to engage and support Healthy Start communities and help build resilience during this time of crisis.

“We’ll continue to adapt NICHQ’s technical assistance to meet site needs as the pandemic unfolds,” says Harris. “But while COVID-19 will shift *how* we support the health of moms and babies, it will not deter us from our overall mission—in fact, it may sharpen our approaches. Natural disasters tend to starkly illustrate existing inequities, which then can propel social change.”

“What we learn during this pandemic will surely change how we, as public health advocates, think about maternal and child health.”

*Looking for more resources related to COVID-19? Find key information related to children’s health outcomes [here](#).*