

January 18, 2024

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Democratic Leader
U.S. Representatives
Washington, DC 20515

The Honorable Patty Murray
Chairwoman
U.S. Senate Committee on Appropriations
Washington, DC 20510

The Honorable Kay Granger
Chair
U.S. House Committee on Appropriations
Washington, DC 20515

The Honorable Susan Collins
Vice Chair
U.S. Senate Committee on Appropriations
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
U.S. House Committee on Appropriations
Washington, DC 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Johnson, Democratic Leader Jeffries, Chairwoman Murray, Chairwoman Granger, Vice Chair Collins, and Ranking Member DeLauro:

As organizations representing the early childhood and maternal and child health fields, we write to urge your strong support for the Healthy Start program. Funding for this program was eliminated in H.R. 5894 under the mistaken notion that it is duplicative of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. It is not. Healthy Start is a critical component in our national effort to combat infant mortality that complements, but is distinct from, MIECHV. We urge you to fund Healthy Start at its current allocation of \$145 million.

Our nation's mothers and babies are in crisis. Provisional 2022 data from the Centers for Disease Control and Prevention reveal that the infant mortality rate rose for the first time in more than two decades. This crisis impacts all American families but has the starkest impact on Black babies, who are twice as likely to die before their first birthday than White babies, and Black women, who are nearly three times more likely to die from pregnancy-related causes than their White peers. Behind these grim statistics are nearly 20,000 babies and 700 mothers lost each year.

Established in 1991, Healthy Start is the government’s signature program that focuses on reducing infant mortality and ensuring that infants in families who face the greatest disparities survive infancy and live long, productive lives. Currently, there are 111 federally-funded Healthy Start projects in communities where infant mortality is particularly acute, with rates of more than one and one-half times the national average. Healthy Start provides intensive clinical and social services to pregnant women and babies prenatally until 18 months. These programs receive funding directly from the federal government and are community-based and community-driven, meaning they are co-designed and implemented by and with communities to address their unique needs. Healthy Start programs embody and honor the notion that there can be “nothing about community, without community.”

This approach is essential to creating solutions that reflect the culture, agency, and decision-making of pregnant and parenting families. For example, Healthy Start programs provide prenatal care, food assistance, housing supports, green spaces, fatherhood supports, and a network of doulas and social services—all designed to address the social determinants of health driving infant mortality. Healthy Start programs employ women from the impacted communities who serve as outreach workers, peer specialists, and home visitors. This approach saves money; promotes equity, as pregnant women respond better to women who have the same lived experiences; bolsters employment rates; and serves as a workforce pipeline. Healthy Start also requires fatherhood initiatives to ensure that supports serve the whole family.

The following participant outcomes from 2021 bear out the effectiveness of Healthy Start:

- 85% of Healthy Start pregnant participants received early prenatal care;
- 96% had a usual source of income;
- 99% were screened for depression, an important outcome given that 1 in 5 pregnant and postpartum women suffer from mental health conditions in the U.S., and mental health conditions are a leading cause of maternal mortality and have negative impacts on children;
- 84% followed safe sleep practices according to the American Academy of Pediatrics guidelines;
- 97% had a usual source of care;
- 93% of children received well-baby visits; and
- 84% reported father/partner involvement with child.

While Healthy Start and MIECHV share the goal of improving maternal and child health outcomes in the United States, there are key differences in the programs and their emphasis across the lifecourse. Healthy Start focuses on reducing infant mortality, emphasizing the perinatal and postpartum periods. While some Home Visiting models focus on the time before birth, many models serve families with a greater focus on early childhood development and health. Healthy Start directly funds local entities with acute infant mortality rates to tailor direct services that meet specific family and community needs. MIECHV provides federal funding to

states to create state-wide and local networks to implement evidence-based Home Visiting models. Further, given MIECHV’s restriction from providing direct services (e.g., food assistance, housing support, and social services), MIECHV-funded home visitors often connect families to a wide array of support programs, including Healthy Start, to receive such services. Together, MIECHV and Healthy Start are complementary parts of an integrated system, demonstrating that a “one size fits all” approach cannot serve all families or form the basis of our national strategy to improve maternal and child health. Instead, multiple strategies are effective and needed in our national efforts to combat the maternal and infant health crisis.

Eliminating funding for Healthy Start would be detrimental to the health of our nation, particularly as our nation confronts an ongoing infant and maternal mortality crisis. This program saves and improves the lives of babies and mothers; employs community members, creating a workforce pipeline of birth and health care workers; promotes innovation in the health care and family-serving systems; and reduces cost—all while engaging and empowering communities to determine what interventions are needed to alleviate health and social disparities and allow families to thrive.

We urge you to strongly support funding for Healthy Start. If we can provide further information or otherwise be of assistance, please contact Deborah Frazier, Chief Executive Officer, National Healthy Start Association (dfrazier@nationalhealthystart.org, 202-296-2195).

Sincerely,

National Healthy Start Association
Academy of Nutrition and Dietetics
Access Community Health Network
Alliance for Black NICU Families.org
American Academy of Pediatrics
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Preventive Medicine
American Nurses Association
APS Foundation of America
Association of Maternal & Child Health Programs
Association of Public Health Nurses
Association of State and Territorial Health Officials
Baby Cafe USA
Centering Healthcare Institute
Child First
Children's Health Fund
Clover NOLA
Community Health Center of Richmond, Inc.
Community Service Council of Greater Tulsa

First Focus Campaign for Children
Futures Without Violence
GLO Preemies
HealthConnect One
Healthy Birth Day, Inc.
Healthy Children Project, Inc.
Healthy Families America
HealthyWomen
Home Instruction for Parents of Preschool Youngsters (HIPPI US)
Institute for Perinatal Quality Improvement
Lifeline for Families Center and Lifeline for Moms Program at UMass Chan Medical School
March for Moms
March of Dimes
Maternal Mental Health Leadership Alliance
MCH Center of Excellence, Emory University
Mom Congress
National Association of Pediatric Nurse Practitioners
National Birth Equity Collaborative
National Collaborative for Health Equity
National League for Nursing
Nurse-Family Partnership
Organization of Teratology Information Specialists
Parents as Teachers
Past Chair of the Secretary's Advisory Committee on Infant and Maternal Mortality
Policy Center for Maternal Mental Health
Postpartum Support International
Power to Decide
Preeclampsia Foundation
PremieWorld Foundation Inc.
Prevent Blindness
Shades of Blue Project
Sister Friends Tallahassee
Society for Maternal-Fetal Medicine
Spina Bifida Association
Start Early
Supporting Healthy Initiatives For Tulsa
Tara Hansen Foundation
Tatia Oden French Memorial Foundation
The 2 Degrees Foundation
The National Alliance to Advance Adolescent Health
The National Black Child Development Institute
The National Institute for Children's Health Quality
The Shane Foundation
What to Expect Project