



2020 Family Wellness Healthy Start Fact Sheet

Family Wellness Healthy Start

Background:

The Family Wellness Healthy Start Program is funded by the Health Resources and Services administration through the Connecticut Department of Public Health for five years to reduce infant mortality and poor birth outcomes in the cities of Hartford and New Britain. Although Connecticut as a state fares better overall in terms of perinatal health and birth outcomes compared to the rest of the nation, significant disparities persist for various segments of the population.

During 2017:

- **Hartford's infant mortality rate (7.5 per 1,000 live births)**
- **New Britain's infant mortality rate (6.4 per 1,000 live births)**
- **Connecticut infant mortality rate (4.6 per 1,000 live births)**
- **US infant mortality rate (5.8 per 1,000 live births)**

Infant mortality: Focus on Hartford and New Britain

The disparity in infant mortality within CT is more pronounced in urban areas, including the target communities of Hartford and New Britain where communities of color are disproportionately represented by a high percentage. Hartford's infant mortality rate (7.5 per 1,000 live births) was 1.63 times higher than the statewide rate (4.6 per 1,000 live births) and 1.29 times higher than the US rate (5.8 per 1,000 live births) in 2017. New Britain's infant mortality rate (6.4 per 1,000 live births) was 1.39 times more than the statewide rate (4.6 per 1,000 live births) and 1.10 times higher than the US rate (5.8 per 1,000 live births) in 2017, and Hartford and New Britain residents comprised 14.0% percent of all CT resident infant deaths that occurred in this time period.

Purpose:

The goal of the program is to serve low income pregnant and parenting women who live in Hartford and New Britain until their child reaches 18 months as the data shows they have high infant mortality rate. We aim to provide services to increase the number of low income, Black/African American and Hispanic pregnant women who enter prenatal care early, and receive adequate prenatal care services to reduce infant and maternal mortality by:

- Improving women's health,
- Improving family health and wellness,
- Promoting systems change through community/population health and
- Assuring impact and effectiveness through quality improvement, performance monitoring, and evaluation.



Race/Ethnicity of the pregnant women enrolled (2019-2020 data):

- About 41% of the pregnant women were Black or African American.
- About 60% of the pregnant women were Hispanic.
- About 71% of the pregnant women were White.

Healthy start participants (2019-2020 data):

- About 70% of the pregnant women received prenatal care beginning in the first trimester.
- About 91% of women participants were screened for depression.
- About 80% of women participants abstained from smoking.
- About 72% of women reported partner involvement.
- About 54% of mothers initiated breastfeeding.



Depression and Partner Violence Screening:

Each participant is screened for depression and referred to providers if determined to be high risk. Each participant is also screened with Intimate Partner Violence (IPV) screening. Participants meet with care coordinators who can connect them to the resources needed in their community.