

## REACHUP, Inc. Program Effectiveness

**Salihu, H. M., Mbah, A. K., Jeffers, D., Alio, A. P. & Berry, L. (2009). Healthy Start Program and fetoinfant morbidity outcomes: Evaluation of program effectiveness. *Maternal and Child Health Journal*, 13(1), 56-65. doi 10.1007/s10995-008-0400-y**

*The authors, research partners at the University of South Florida and the Central Hillsborough Healthy Start(CHHS) Project, sought to evaluate the impact of the Healthy Start intervention program on fetoinfant morbidity within the priority community, anticipating a reduction in preterm birth and/or low birth weight. Prospective data from 2002 to 2007 were merged with corresponding birth outcomes data from the Florida Department of Health. The major finding of this evaluation study is that CHHS did reduce the level of low birth weight and preterm delivery by about 30% among service recipients as compared to non-recipients. Although the biological pathways linking program services to risk reduction in low birth weight and preterm were not clearly elucidated in this study, the authors believe that one could reasonably speculate that the information, counseling, health education and emotional support provided by CHHS staff might have contributed to a reduction in stress levels among their clients contributing to the reduced risk of preterm birth among service recipients in this study.*

**Salihu, H., August, E. M., Jeffers, D., Mbah, A. K., Alio, A. P., & Berry, E. L. (2011). Effectiveness of a Federal Healthy Start program in reducing primary and repeat teen pregnancies: Our experience over the decade. *Journal of Pediatric and Adolescent Gynecology*, 24 (3), 153-160. doi:10.1016/j.jpjag.2011.01.001**

*The authors, research partners at the University of South Florida and the Central Hillsborough Healthy Start(CHHS) Project, sought to evaluate the effectiveness of HHS interventions in reducing primary and repeat teen pregnancies in the CHHS catchment area, particularly in view of major finding of an evaluation study indicating that CHHS did reduce the level of low birth weight and preterm delivery by about 30% among service recipients as compared to non-recipients. An ecological study compared trends in teen pregnancy in the catchment area in which the community-based intervention was administered with two ecologic controls: the county (Hillsborough) and the state (Florida). The results showed a decline in primary teen pregnancy in the catchment area was 60% and 80% greater than the reduction experienced at the county level and at the state level respectively over the period of the study.*

**Salihu, H .M., August, E. M., Mbah, A. K., Alio, A. P., de Cuba, R., 2nd, Jaward ,F. M., & Berry, E. L. (2011). Effectiveness of a federal healthy start program in reducing the impact of particulate air pollutants on fetoinfant morbidity outcomes. *Maternal and Child Health Journal*. Advance online publication. doi 10.1007/s10995-011-0854-1**

*The authors, research partners at the University of South Florida and the Central Hillsborough Healthy Start (CHHS) Project, sought to determine if women exposed to air particulate pollutants were at elevated risk for preterm birth (PTB) and low birth weight (LBW)and what the impact of a Federal Healthy Start program on this relationship might be. The study revealed that overall, women exposed to air particulate pollutants were at elevated risk for LBW and PTB. Analysis by race/ethnicity revealed that the adverse effects of air particulate pollutants were most profound among black infants. Infants of women who received services provided by the Central Hillsborough Federal Healthy Start Project experienced improved fetoinfant morbidity outcomes despite exposure to air particulate pollutants. Multi-level interventional approaches implemented by the Central Hillsborough Federal Healthy Start were found to be associated with reduced likelihood for fetoinfant morbidities triggered by exposure to ambient air particulate pollutants.*

## Other Research Reports

**Jevitt, C., Zapata, L., Harrington, M. & Berry, E. (2006). Screening for perinatal depression with limited psychiatric resources can be effective. *Journal of American Psychiatric Nurses Association*, 11(6), 359-363. doi: 10.1177/1078390305284530**

*The purposes of this descriptive study were to evaluate the feasibility of non-mental health professionals screening women over time for perinatal depression and making appropriate referrals for diagnosis and treatment. Registered nurses, including community health nurses and a midwife, attempted to screen clients during the prenatal period and at 72 hours and 6 weeks postpartum. The Edinburgh Postnatal Depression Scale, which is easy to administer, was used. As was hypothesized by the research partners at the University of South Florida the Central Hillsborough Healthy Start (CHHS) Project, registered nurses were successful in screening for perinatal depression in the CHHS catchment area and making appropriate referrals and can serve an important role in screening for perinatal depression in communities with limited psychiatric resources.*

**Luke, S., Salihi, H. M., Alio, A. P., Mbah, A. K., Jeffers, D., Berry, E. L. & Mishkit, V. R. (2009). Risk factors for major antenatal depression among low-income African American women. *Journal of Women's Health*, 18 (11), 1841-1846.**

*The authors, research partners at the University of South Florida and the Central Hillsborough Healthy Start Project, sought to determine the prevalence and risk factors for major antenatal depression among low income African American women receiving prenatal services through Central Hillsborough Healthy Start Project area. The study found, as anticipated, that up to 25% of women in this study to be at risk for major antenatal depression, concurring with previous research on antenatal depression in women of low socioeconomic status. The study also contributes important new insights into the relationship between maternal age and depression, finding that African American women's risk for depression increases with age. The risk for major antenatal depression increases about 5-fold among low-income African American women from age 30 as compared to teen mothers. The researchers believe these results are consistent with the weathering effect resulting from years of cumulative stress burden due to socioeconomic marginalization and discrimination*

**Quinn, G. P., August, E. M., Austin, D., Keefe, C., Bernadotte, C., Scarborough, K., & Jeffers, D. (2009). High risk community—men's perceptions of black infant mortality: A qualitative inquiry. *American Journal of Men's Health*, 3, 224 - 237. doi:10.1177/1557988308319008**

*The authors, research partners at the University of South Florida and the Central Hillsborough Healthy Start Project, sought to examine the perceptions of Black men regarding the black infant rates within their community, using focus groups. With financial support from the Healthy Start Coalition of Hillsborough County, FL, the male focus were part of a larger study examining community-wide perceptions regarding a Black Infant Mortality 4.4 times higher than the White rate. Results show that there is limited awareness of this health issue, and perceptions of the causes of poor birth outcomes are thought to be related to teen births and unhealthy behaviors practiced by pregnant women. The focus groups also highlighted other concerns of men related to daily stress, financial pressures, and a health care system that is difficult to navigate and may be biased against Blacks.*

**Salihi, H. M., August, E. M., Alio, A. P., Jeffers, D., Austin, D., & Berry, E. (2011). Community-Academic partnerships to reduce black-white disparities in infant mortality in Florida. *Progress in Community Health Partnerships: Research, Education, And Action*, 5(1), 53-66. doi: 10.1353/cpr.2011.0009**

*The authors, research partners at the University of South Florida and the Central Hillsborough Healthy Start (CHHS) Project, sought to determine if the Black Infant Health Community Collaborative (BIHCC) provides a replicable model for the development of a community–academic state partnership designed to determine the most appropriate and effective means of reducing racial disparity in the 8 Florida counties with the highest Black Infant Mortality Rates. The program used a community-based participatory research (CBPR) approach to enable communities to create community-driven action plans to improve community health and reduce infant mortality. The research confirmed the author’s hypothesis and contributes important new insights into how CBPR projects can find balance between implementing research and facilitating service delivery.*

**Alio, A. P., Lewis, A. C., Scarborough, K., Harris, K., & Fiscella, K. (2013). A community perspective on the role of fathers during pregnancy: a qualitative study. *BMC Pregnancy and Childbirth*, 13(60). DOI: 10.1186/1471-2393-13-60. URL: <http://www.biomedcentral.com/1471-2393/13/60>**

*The authors, from the University of Rochester School of Medicine and Dentistry, REACHUP, Inc. and New Haven Healthy Start project, conducted focus groups with mothers and fathers from the National Healthy Start Association program in order to obtain detailed descriptions of male involvement activities, benefits, barriers, and proposed solutions for increasing male involvement during pregnancy. The effort was designed to define male involvement during pregnancy and obtain community-based recommendations for interventions to improve male involvement during pregnancy. The analysis revealed individual, family, community, societal and policy factors playing a role in barring or diminishing the involvement of fathers during pregnancy. Future research and interventions are needed to target these factors and their interaction in order to increase fathers’ involvement and thereby improve pregnancy outcomes.*