

# GAO Highlights

Highlights of [GAO-24-106605](#), a report to congressional committees

## Why GAO Did This Study

The Healthy Start program awards funding to organizations in areas with high rates of infant death and other adverse maternal and infant health outcomes. In fiscal year 2022, the Healthy Start program received \$131 million in appropriations.

The CARES Act included a provision for GAO to review and assess Healthy Start. This report: describes Healthy Start grantees and participants served, examines HHS's efforts to assess progress towards Healthy Start goals, examines the extent to which Healthy Start performance measures meet key attributes of effective measures, and examines HHS' efforts to align Healthy Start performance measures with those of related HHS programs.

GAO analyzed Healthy Start and other HHS program documentation and data for the most recent grant period (April 2019–March 2024) and the upcoming period (beginning April 2024), including performance measure information. GAO also interviewed HHS officials and six Healthy Start grantees, selected to vary by factors such as geography and years as a grantee.

## What GAO Recommends

GAO is making two recommendations. HHS should implement documented processes to 1) review Healthy Start performance measures to ensure they are clear and allow for the collection of reliable data, and 2) coordinate the selection of performance measures across Healthy Start and related programs. HHS partially agreed with the first recommendation and agreed with the second. GAO maintains the recommendations are warranted, as discussed in the report.

View [GAO-24-106605](#). For more information, contact Mary Denigan-Macauley, (202) 512-7114 or [deniganmacauleym@gao.gov](mailto:deniganmacauleym@gao.gov).

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## MATERNAL AND INFANT HEALTH

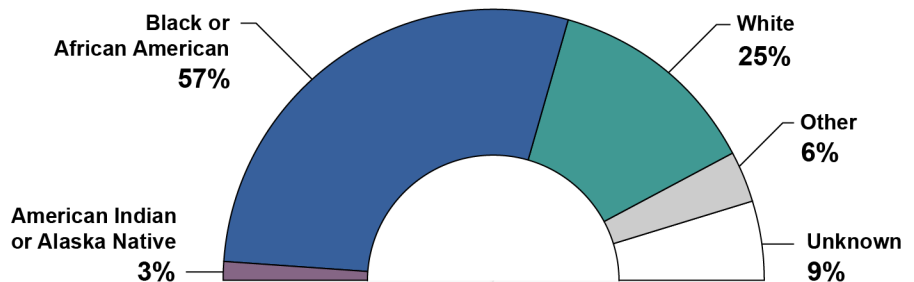
### HHS Should Strengthen Processes for Measuring Program Performance

## What GAO Found

The U.S. has the highest rates of maternal and infant death of developed, high-income countries. The Healthy Start program, administered by the Department of Health and Human Services (HHS), has three goals: reduce rates of infant death, improve maternal health outcomes, and reduce racial and ethnic disparities.

HHS funded 101 Healthy Start grantees—e.g., health departments and not-for-profit organizations—in the 2019-2024 grant period. In 2022, grantees served nearly 85,000 participants, including pregnant women, partners, and children. Slightly more than half of participants were Black or African American. Grantees are expected to provide one-on-one consultation and health and parenting education classes, as well as connect participants with medical services.

Percentage of Healthy Start Participants by Race in 2022



Source: GAO analysis of Health Resources and Services Administration data. | GAO-24-106605

Note: "Other" includes Asian, Native Hawaiian or other Pacific Islander, and multiple races.

HHS uses performance data to assess progress toward the first two of Healthy Start's three goals. It has plans to begin stratifying these data by race and ethnicity in 2024 to assess progress toward the third goal: reducing racial and ethnic disparities. HHS is also conducting an evaluation, to be completed in 2025, to assess program progress toward all three goals.

Healthy Start data to measure program performance—known as performance measures—align with most GAO-identified key attributes of effective measures. However, the measures do not align with two attributes related to clarity and reliability. For example, HHS's updates to the measures during the 2019-2024 grant period made it challenging for grantees to collect consistent and therefore reliable data. This occurred because HHS lacks a documented process to review its performance measures before implementation. Such a process would help ensure HHS is using measures that are clear and allow for the collection of reliable data.

Also, HHS officials said they try to align performance measures across Healthy Start and two related programs. However, HHS lacks a documented process to coordinate the selection of measures used across the programs, and officials could not provide examples of coordination. Implementing a documented process could help ensure that HHS is using the most appropriate measures. Ultimately, this could help HHS gather the best evidence across the programs as they pursue the shared goal of improving health outcomes for mothers and infants.