The federal Healthy Start Initiative turns 25 in 2016! Twenty-five years of helping moms, dads, children, families and communities! It’s hard to believe that those babies born in the first years of Healthy Start are now adults, some probably with babies of their own.

NHSA celebrated the 25th Anniversary of Healthy Start in a grand way at its 17th Annual Spring Conference. First, there was the pre-conference Fatherhood Summit. And then a reception and gala that honored Dr. Louis Sullivan, former Secretary of the Department of Health and Human Services who launched the Healthy Start Initiative. The spring conference’s opening plenary on February 29th featured Dr. Camera Jones, President of the American Public Health Association, who spoke to NHSA’s mission and conference theme on “Achieving Health Equity: Tools for a National Campaign Against Racism.” Day two of the conference gave us a very timely speaker for our anniversary. Joe Jones brought us his inspirational story and his history with Healthy Start (see below; see also conference pictures on page 11).

Responsible Fatherhood/Male Involvement: Then and Now, 25 Years Later

Joseph Jones is the founder, president and CEO of the Center for Urban Families (CFUF) in Baltimore, Maryland. And he talked about CFUF in his remarks. But first he spoke a little about himself, which explains why he was asked to present. Joe does not hesitate to tell his story, but he does not focus on himself. As a young man, Joe was a heroin addict. He fathered a son he did not support. When he realized he needed help, he got it. After that, he worked hard and harder and harder still to give back to his community, Baltimore City. Joe was hired as an Addictions Specialist by the health department and eventually was in that role at Baltimore City Healthy Start, one of the original 15 federally-funded Healthy Start projects. Joe lobbied for a male services program, because it was clear to him that there were two people who made a baby and the dads of the Healthy Start babies needed just as much support as the moms. He saw the effects of father absence and knew the benefits of father presence and involvement. Joe saw that the men needed support and a safe place to talk, so he started a support group, then classes with a curriculum developed just for those men. Joe credits his work with Healthy Start as the stepping stone to his later work. And yes, he eventually reconnect with that son he fathered as a young man, and through hard work on both their parts, they have reconciled and become close.

Center for Urban Families

In 1999, with support from the commissioner of the Baltimore City Health Department and others, Joe founded the Center for Urban Families. Now, 16 years later, CFUF is a leading voice in the national conversation on responsible fatherhood. And that’s what Joe really wanted to talk about in his remarks.
Twenty-five years of Healthy Start! Twenty-five years of community-based, community-involved service delivery and an infant mortality rate that is lower than the national average. That is indeed cause for celebration. The federal Healthy Start Initiative is the Maternal and Child Health Bureau’s signature community-based program focused on reducing infant mortality. When Healthy Start began in 1991, the United States was facing a crisis – too many babies were dying. In some communities, particularly those serving low-income and usually minority populations, the infant mortality rate was as much as three times the national average of 8.9 infant deaths per 1,000 live births (http://www.cdc.gov/mmwr/preview/mmwrhtml/00022311.htm).

The Healthy Start Initiative began October 1, 1991, with 15 projects. Later, the March of Dimes committed $1 Million over two years to fund six communities that were favorably viewed by the federal review panel but not funded. Phase I was a five-year demonstration project with one year to be a planning phase and four years of implementation. Towards the end of the fifth year, the National Healthy Start Association advocated for at least one more year, so every project would have the full five years of demonstration. Most of the “original 21 projects” are still federal Healthy Start grantees, though several have a new grantee agency. This newsletter and the issues that will follow over the next year or so will feature all existing “original” sites, in alphabetical order. Each project will showcase their project “then” and “now.”

Continued on pages 3 & 4
HEALTHY START: THEN AND NOW!

Alameda County, California

THEN: Mildred Thompson was the first project director of Oakland Healthy Start (OHS). Now the Director of the PolicyLink Center for Health Equity and Place, Thompson recalled the early days of OHS’s existence. The grantee agency, Alameda County Health Department, applied for a Healthy Start grant because there were three communities with disproportionately high infant mortality rates (IMR). In West Oakland, for example, the IMR was 25.2/1,000. Fruitvale-San Antonio and East Oakland each had rates of 15.0/1,000. Two of the areas were African-American communities and the third was Latino and other multi-ethnic populations.

Oakland Healthy Start established a Family Resource Center in each community. Designed to be one-stop shops, the Centers provided comprehensive health care with a physician, physician’s assistant, nurse practitioner and nurse midwives. Offered on site were WIC and a pharmacy and classes such as health education and parenting. There were activities every day and there was also the Healthy Start Hotline, a lifeline for consumers. Each center was culturally representative of the community it served and the staff also represented the target population. With transportation a problem for some women, Oakland provided a van to bring consumers to the Centers. Thompson noted that there was a strong male engagement piece and said she fondly remembered the Midnight Basketball for the men. Oakland Healthy Start also had a prison health services component to serve incarcerated pregnant women.

As with the other projects, there was a consortium, which Thompson called a “significant hallmark.” In Oakland, this was the first time such a broad outreach was attempted. The consortium was one-third community members in high-level roles, one-third health professionals and one-third consumers. The Management Information System is something else developed, along with a “rich” marketing and outreach initiative. Oakland negotiated a relationship with a premier African-American woman-owned communications firm, which produced high-quality messaging at a reasonable rate. Thompson, referring to an old newsletter, said OHS had a staff of 11 that served 300 families in the first three years.

NOW: Kiko Malin is the Director of Family Health Services, Alameda County Public Health Department, still the grantee for the Healthy Start project. Now called the Improving Pregnancy Outcomes Program (IPOP), the project is a Level 3, Leadership and Mentoring Healthy Start Program, which works to improve outcomes at the regional level. Today IPOP is housed within the health department and serves only African-American women in certain zip codes. The IPOP staff currently is around 20 people.

The approach now is three-pronged: Intensive Case Management, Family Health Promotion and Women’s Health Promotion. Each program has a strong reliance on other systems. For example, Intensive Case Management partners with Nurse Family Partnership, Healthy Family America and Black Infant Health, among others. IPOP is a Best Babies Zone community, “where communities thrive and babies are healthy” (http://www.bestbabieszone.org). IPOP uses existing resources to provide support for the Healthy Start moms. The current model also has care coordination, tracking behavior and attendance. “The hook,” said Malin, “is pregnancy,” but she added that the women also need health education and healthy eating information, among other services. There is a lot of case management and hand holding. “It’s hard to be low income in Oakland,” she continued, so IPOP also must deal with homelessness, substance abuse and mental health issues.

Oakland always has had a focus on fatherhood, but now there is no money, Malin said. They emphasize the “P” in Maternal Paternal Child Adolescent Health by offering Boot Camp for New Dads™. The camp works simultaneously with the quarterly IPOP Community Baby Shower, which provides a chance to triage pregnant moms into Healthy Start, while offering education and incentives.

A signature program of IPOP is ClubMom, a health education home for low-income reproductive-age African-American women at risk for adverse birth outcomes. The model provides ongoing neighborhood-level perinatal health education sessions that emphasizes social support, self-care, cultural enrichment and peer leadership. Incentives are offered and include food, bus passes, child care, money or items for mothers, babies and families. IPOP’s staff have provided technical assistant training to other programs around the country.

Read about Baltimore Healthy Start on page 4!
**THEN:** Barbara Squires is presently the Director of Leadership Development for the Annie E. Casey Foundation, but back in 1991, she was the Director of Policy for Baltimore City Healthy Start (BCHS). Squires recalls that then Mayor Kurt Schmoke wanted “an elegant urban health initiative.” They chose the community of Sandtown, which was undergoing redevelopment efforts. Baltimore already had The Baltimore Project, started in 1988 to improve birth outcomes in redevelopment efforts. Baltimore City Healthy Start was announced, “closer-in” measures: not just IMR, but contraceptive use and adolescent pregnancy, for example. Partnering with Johns Hopkins University School of Public Health, there was a strong community engagement piece. JHU also provided the evaluation component.

Staff at the centers provided social support to moms and dads (see Joe Jones article on page 1). Addictions services, life planning (reproductive and interconception health), parenting, education, employment, smoking cessation, breastfeeding were all available to the Healthy Start moms, pregnancy through age three for the baby. At one time, Healthy Start was the largest employer in Sandtown. BCHS utilized Neighborhood Health Advocates (NHAs) for street outreach and to provide peer support. Many consumers were later hired as NHAs.

Squires said the feedback from site visits by the federal project officers and other projects indicated that the reasons for BCHS’s success was that it was unique, having created an original, holistic approach that combined center-based and home visiting services for the moms with systems reform. BCHS convinced the prenatal clinics to do away with block appointments, which caused moms to arrive at a designated hour and possibly sit and wait for up to four hours before being seen. BCHS, Squires remembered, got high marks for partnerships with Hopkins, MedChi (Maryland State Medical Society) and the Fetal and Infant Mortality Review board. There were a huge number of passionate people, a dedicated core group who cared about Healthy Start “to their bones.”

**NOW:** Joy Twesige has been the Executive Director of Baltimore Healthy Start, Inc. (BHSI) for about six months. In 2010, BCHS became BHSI. Also a Level 3 Healthy Start, BHSI is a 501 (c) (3) organization that implements the five Healthy Start Approaches and utilizes the public health triangle (see page 7). The goal is to improve women’s health across the lifespan.

There is now only one center, located on the east side. BHSI seeks family and community engagement. Home visiting and hiring NHAs from the community are still an important part of the project. BHSI has strong partnerships. For example, they partner with Baltimore City Community College to offer six GED classes in a year. Other partners include Healthy Family America and B’more for Healthy Babies (http://healthybabiesbaltimore.com). They have a parent leadership initiative, which is open primarily to moms, but also to dads, to provide a voice on planning, programming and community engagement. BHSI of course has a Community Action Network, which has a focus on housing. Twesige said BHSI is working on a fact sheet about the vulnerability of women during pregnancy and after birth. Thirty-three percent of the 98%-African-American residents in Healthy Start’s targeted communities live in poverty with a median income of $22,629 (vs $30,078 for Baltimore City) and more than half did not graduate from high school.

Similar to IPOP’s ClubMom, BHSI has “Belly Buddies™.” This is a tool that BHSI developed based on Fleda Jackson’s work with the project (see Fleda’s story on page 5.) Belly Buddies is a group strategy to reduce stress in pregnancy through childbirth education, positive parenting, relaxation therapy and the reduction of social isolation. Belly Buddies is a cohort model that also includes prenatal yoga and needle work. BSHI also works with dads and refers many of them to the Center for Urban Families (see page 2). Twesige said BHSI’s goal is to serve 1,000 moms and children a year and they are ahead of schedule for 2016. She added that Baltimore’s IMR has declined three years in a row. BHSI’s IMR for their catchment area is 8.55 aggregate, 2013-2015.

(Breastfeeding mom with the baby’s daddy, printed with permission of BHSI and the client.)
It’s so great that NHSA has a newsletter again! It’s been a while, but we know that this sort of communication is valuable, educational and informative. There are many things I could write about in this, my first letter as president. I decided to focus on fatherhood, which you will note is a running theme throughout this issue of Getting off to a Healthy Start.

The National Healthy Start Association recognized early on that in order for women to experience healthy pregnancies and optimal birth outcomes, their partners are an important component to their health and well-being. Dads and father figures are important to children’s outcomes beginning in the womb. Research lets us know that mothers who are supported during pregnancy increase their chances for better birth outcomes, giving children a healthy start in the beginning. When dads and father figures are connected early, their chances of continued involvement increases for further bonding with the baby, as well as their participation in the early development years. Children with actively involved dads have fewer behavior challenges and perform better scholastically. Dads and father figures can play a critical role in their children’s literacy development by reading and engaging in meaningful conversations that build critical thinking skills. Establishing NHSA’s Dads Matter Initiative helped NHSA bring dads and our fatherhood work into view. This initiative was put into place to support our Healthy Start projects to engage and include fathers in a space not really made for them.

I could go on statistically to talk about the importance of dads and father figures, which denote his value to children, families and communities. But the real question is about his “worth,” level of importance to a child, a family and community. And even when you look across various cultures you’ll find that his worth exceeds a price tag that society can put on him through child support. In fact, it can sometimes be described as “priceless.” For example, how can you add up the savings that come from a teen girl not getting pregnant because an active and engaged dad or father figure helped build her self-esteem so she grew up determined not to become a statistic and worked extra hard on her grades so that she could make her reproductive life plan a reality by becoming a doctor, avoiding sexually transmitted diseases and infections and a generational cycle of poverty?

Take a look at our Healthy Start history regarding fathers. From a Los Angeles Times article in May 1996: “Birth is what experts call a ‘teachable moment,’ the point when young fathers, still puffed up with pride, are most attentive...Healthy Start requires its male clients to study a ‘fatherhood curriculum,’ which touches on such issues as family health and domestic violence. They must attend prenatal visits with their pregnant girlfriends and accompany their children to the pediatrician.”

It is clear that NHSA has had the entire family in view since the inception of Healthy Start. We knew that solutions for success involved the engagement of the entire community in order to ensure women, infants and fathers have the best opportunity to access and maximize health outcomes. And so, we continue our work.

But talk with children who have dads and father figures around. They will tell you that his presence is their biggest gift. Just having him there makes the difference! Dads and father figures are sons’ first heroes and daughters’ first love. And so I wish a “Happy Belated Father’s Day” to all of the dads out there and the men who have stepped in to be father figures to children that may not be yours biologically. Here’s to fathers, sons, brothers, uncles, grandfathers, friends and co-workers!

Sincerely,

Kenn Harris, President

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**MY DADDY WAS A RAILROAD MAN**

My daddy and his brothers were tough, prideful men who worked hard to provide for their families, driven by their unrelenting belief that things would be better for their children than it had been for them. I am told that my uncle Joe, my daddy’s brother, was immaculately dressed for work each day. Starched and creased from head to toe – from his hat to his underwear – carrying a briefcase. He thought of himself as a professional railroad worker, tasked with making sure that everything ran smoothly.

Henry Mask, my dad, less ornate, also left our home each day, with a purpose: to make certain that I could go as far as possible, farther than he could imagine.

**MESSAGE FROM THE CHIEF EXECUTIVE OFFICER – Celebrating Mothers, Fathers and the Healthy Start Family!**

How did it get to be July already? It seems like the NHSA’s 17th Annual Spring Conference and the pre-conference Summit just took place! But that’s what happens when there is so much going on. So, before I continue, I do want to wish moms and other women who have had a role in raising children a belated Happy Mother’s Day and a late Happy Father’s Day to the dads out there. To all of you who had a part in creating and sustaining the vision, work and life of Healthy Start – thank you! And Happy Birthday, Healthy Start!

It was May 1991 when the “Guidance” was issued for the first Healthy Start grant. It was a time when infant mortality rates were extremely high and conventional public health approaches were not successful, particularly in many poor and underserved communities. This new initiative was to be a public and private partnership to bring together innovation, increased access, improved service integration and personal responsibility. Communities vying for Healthy Start grants were expected to “utilize existing authorities and programs, and existing and new resources to the maximum extent possible in order to assure unconditionally the appropriate provision of needed health care to the at-risk population.” The 1991 Guidance used words like, “strengthen provider and consumer knowledge and information regarding the importance of healthy behaviors, primary health care and early and continuing maternity and infant health care, including pre-conceptual and inter-conceptual care.” Some of these words, ideas and approaches are now commonplace in public health vernacular and work. One of the distinguishing approaches of the 1991 initiative was its commitment to community. Throughout the Guidance, words like “community” and “community residents” and the “mandatory role of Healthy Start community residents” were strongly and consistently used and stressed. One example: “Most importantly, the residents of the community, the ones with the greatest personal stake in the success of Healthy Start, must be involved in the planning, decision-making and solutions that come out of the Healthy Start effort.” This statement defined Healthy Start and distinguishes this initiative from other federally-funded programs that had been previously funded to address infant mortality.

This distinguishing trademark of Healthy Start has contributed to its success and the framework for subsequent community interventions. It has contributed to the language and conversation of public health in understanding social determinants and its impact on infant mortality and other poor outcomes in disadvantaged populations. It has defined an approach that acknowledges and respects culture and works with communities to improve outcomes. As reported at our 2016 Conference, Healthy Start communities have an infant mortality rate below the national average. We have reason to celebrate our past and to look forward to replicating this success in other needed communities. This is quite a history and legacy! So, once again, Happy Birthday and thank you to all of you who continue to do this work and contribute to the success of Healthy Start.

I want to echo what Kenn Harris, NHSA President, said about the newsletter – it’s great having one again! We brought back our long-time consultant and friend to Healthy Start, Bea Haskins, to be our main writer and editor. We also found out that Bea is the person who came up with the name of the newsletter, Getting off to a Healthy Start! So it seems fitting that as we celebrate 25 years of Healthy Start, we have Bea back with us. Over the next nine months or so, she will interview folks at the original projects for our “Then and Now” series (see pages 2-4).

Now I want to say a few words about fatherhood, which is one of the major themes of this newsletter. Several of our early Healthy Start programs recognized the value to both pregnancy outcomes and to families and communities by supporting fathers and adding fatherhood programs. For example, Baltimore City Healthy Start, one of our original Healthy Start grantees, built a strong fatherhood program, as well as a strong early childhood program. To ensure community support for what Baltimore knew was important to their families, the Healthy Start project had a community consortium that developed 16 criteria that medical providers had to meet in order to receive funds from Healthy Start. One of these criteria was a mandate to involve fathers. What a way to build community commitment to what was important to Healthy Start families! NHSA is actually one of the only fatherhood programs that connect fathers to pre-conception. It is easy to see why an MCH-focused organization like NHSA believes in the importance of male/father involvement and seeks to bolster the important role of fathers and father figures by providing strong and effective fatherhood programming, training and assistance to the Healthy Start projects and other communities across the U.S. We call our initiative the “NHSA CAM for Fatherhood™.” (CAM = Core Adaptive Model) We are hopeful that we can bring this initiative to all of our communities.

The Men’s Health Network partnered with NHSA for the pre-spring conference Fatherhood Summit and in turn, we partnered with them for Men’s Health Week/Month (see page 10). It is important that our dads and father figures are healthy. The Men’s Health Month themes of Awareness—Prevention—Education—Family are keys to the health and well-being of men, boys and families. Just like healthy moms lead to better birth comes, so do healthy dads.

Deborah L. Frazier, CEO
Successful Strategies for Ensuring Male Involvement in Children's Health (by Kenn Harris)

- Connect dad early! Find ways to include him along the life course by identifying a role and responsibility for him before, during, after and beyond pregnancy.
- If you’re running or involved in male involvement and fatherhood programs, help men connect to health services for themselves. If they are not healthy, then they cannot contribute to healthy child well-being.
- If an organization or agency has limited capacity servicing men and fathers, then make sure you are partnering with others that have capacity to serve men and fathers to which you can refer men.
- Engage and educate men in conversations about child health, development and wellness.
- Enhance and strengthen existing services to be inclusive and “father-friendly.”
- Provide staff training to build current staff’s capacity to serve men and fathers.
HEALTHY START IN THE NEWS

Healthy Start Reauthorization Act of 2016

NHSA worked closely with Congressman Ryan’s office in drafting HR5369 (see below) and we are thrilled to have the support of our partners from March of Dimes, ACOG, Academy of Pediatrics, Title V and others who are quoted in this press release and have submitted letters of support for this bill. This is an important recognition of the work of the Healthy Start program and the first step in the reauthorization process.

Keep an eye on HR 5369 by going to https://www.govtrack.us/congress/bills/114/hr5369. They make it easy for you to call or email your representative about HR 5369 or any other bill. Just follow the steps. They even provide a sample script for you to follow to show your support for the bill!

Representatives Tim Ryan and Evan Jenkins Introduce the Healthy Start Reauthorization Act of 2016

Washington, DC, May 26, 2016 – For every 1,000 live births, nearly six babies will not survive their first year of life. With the goal of ending these tragedies, Congressmen Tim Ryan (D-OH), Evan Jenkins (R-WV) and John Yarmuth (D-KY) today introduced the Healthy Start Reauthorization Act of 2016.

This bipartisan legislation reauthorizes the Healthy Start for Infants Program for Fiscal Years 2017 through 2022. Healthy Start was created in 1991 to support the efforts of local health departments, universities, and community-based organizations working to improve birth outcomes through the early delivery of services to women and families in communities with high rates of infant mortality and other complications. The long-term medical and social services associated with low birthweight infants and children born premature cost taxpayers $26.2 billion per year, with first-year expenses for the smallest surviving babies averaging $273,900. These exorbitant health care costs are borne not only by families, but also by businesses. Employers pay 12 times more for babies born with complications than they do for those born without.

“I’ve long fought for Healthy Start funding to help reduce the infant mortality rate and give newborns and their parents the tools they need to lead healthy lives. I’m proud to support this effort to reauthorize this life changing program and will continue to work with my colleagues to press for its enactment,” said Congressman John Yarmuth (D-KY).

“In the United States, it should go without saying that every baby lives to see his or her first birthday,” said Congressman Tim Ryan (D-OH). “Healthy Start has been at the forefront of the fight to save our smallest citizens for 25 years. I am proud to introduce legislation that preserves and builds on the success of this time-tested program, and gives every child a fighting chance at a bright future.”

“The drug epidemic is ravaging many of our communities, and we know that babies exposed to drugs, alcohol and tobacco during pregnancy have a greater risk of stillbirth. Nothing is more tragic than the death of an infant, and we must pass commonsense measures to help mothers and babies alike. The Healthy Start Reauthorization Act will do just that, providing the tools needed to help prevent stillbirths. I applaud Rep. Tim Ryan for his leadership on this bipartisan bill – helping babies have a healthy start in life is a cause we can all support,” said Congressman Evan Jenkins (R-WV).

The Healthy Start Reauthorization Act of 2016 has been endorsed by the National Healthy Start Association, March of Dimes, the American Congress of Gynecologists and Obstetricians, First Focus Campaign for Children, the Association of Maternal and Child Health Programs and the American Academy of Pediatrics.

“From its inception, Healthy Start has been unique in its design and commitment to deliver culturally-responsive and inclusive systems of care with services adapted to the distinct needs of each community. Using evidence-based approaches, Healthy Start has consistently succeeded in bringing infant mortality rates in vulnerable communities below national rates. The National Healthy Start Association appreciates and applauds Representatives Ryan, Jenkins, and Yarmuth for recognizing this work and supporting the reauthorization of funding for this important community-based program. Saving the lives of babies is an investment in human life and in the economic life of the community,” said Deborah L. Frazier, CEO for the National Healthy Start Association.

“The Healthy Start for Infants program has helped reduce infant mortality by supporting community-based review systems, like the National Fetal Infant Mortality Review program (NFIMR), for over 25 years,” said Dr. Thomas Gellhaus, President of the American Congress of Obstetricians and Gynecologists (ACOG). “The leading causes of infant mortality – preterm birth, birth defects, and sleep-related deaths – present real challenges to mothers, their families and their doctors. Infant mortality disproportionately affects communities of color and every state and U.S. territory has a racial disparity in infant mortality rates. It is vital that Healthy Start is reauthorized so programs like NFIMR can continue tackling these issues. ACOG thanks Representatives Ryan, Yarmuth, and Jenkins for taking the lead on this effort.”

Continued on page 9
“It’s unacceptable that the United States has one of the highest infant mortality rates in the developed world,” said Bruce Lesley, president of First Focus Campaign for Children. “The Healthy Start program is a very important tool that improves the health and birth outcomes of pregnant women. We support Healthy Start because it allows communities to develop their own strategies and programs that meet the individual needs of their community. This program should be reauthorized and adequately funded to ensure it reaches the most vulnerable families and children.”

“I would like to thank Representatives Ryan, Yarmuth, and Jenkins for introducing this important bill to continue building on a record of success for Healthy Start. State Title V maternal and child health programs are proud to work hand-in-hand with Healthy Start programs in order to achieve our shared goal of reducing infant mortality and improving birth outcomes, with a special eye toward addressing health disparities,” said Lori Tremmel Freeman, CEO of the Association of Maternal & Child Health Programs (AMCHP).

“The American Academy of Pediatrics supports the Healthy Start Reauthorization Act of 2016 and thanks Representatives Ryan, Jenkins, and Yarmuth for their leadership introducing the bill, which makes great strides to reduce the infant mortality rate in the United States,” said Benard P. Dreyer, MD, FAAP, president, American Academy of Pediatrics. “Healthy Start programs have been working since 1991 to make sure that women living in communities with high infant mortality rates have access to early prenatal care and infant care, and we support this bill’s extension of Healthy Start for another five years.”
SPOTLIGHT ON CONSUMERS: Memories of Healthy Start

This issue of Getting off to a Healthy Start brings back the “Spotlight on Consumers” feature. Bea Haskins, long-time NHSA consultant, had a fantastic telephone interview with Karen Sherman, a former consumer at Baltimore City Healthy Start. Karen, now 36, lives in Northeast Baltimore and does intake for the Public Defender’s Office, State of Maryland. She has three children (pictured), Jamaiah, 16; Angela, 14; and Jabriah, 3. She was enrolled in Healthy Start in 1999-2000. Karen said Healthy Start helped with whatever she needed to be a good parent. She attended parenting and other classes, but also said the home visits were so important. “They taught me how to change a diaper and how to keep my house clean,” said Karen. She still remembers how the Healthy Start staff brought her flowers for Mother’s Day along with a little gift. Karen said she remembers it like it was yesterday.

As Karen and Bea talked, more memories came to mind. Sheila Washington, Recruitment Manager, had a lady come in to talk to the consumers about STDs and AIDS. “She really touched me,” Karen said. And then she remembered going to an AIDS seminar where Magic Johnson spoke! She said she attended Baltimore City Community College (BCCC) and obtained a General Studies certificate. Healthy Start helped her do that and that’s part of why she has the job she has today. Jamaiah will be in the 11th grade in the fall at BCCC High School. Angela will be in 8th grade at Woodholme Elementary-Middle School. Jabriah attends a wonderful day care. “She knows her numbers and alphabet,” Karen proudly exclaimed.

Perhaps the most important things she learned were the lasting lessons on the importance of having a family foundation, sticking together and giving back to the community. In closing, Karen said, “If I still lived in the community, I would have gone to Healthy Start for my three-year-old.” What a great tribute to the staff and program of Baltimore Healthy Start!

MEN’S HEALTH MONTH

June is Men’s Health Month and the week before Father’s Day is Men’s Health Week. A national focus is Wear Blue Friday, which is celebrated by private corporations, government agencies, sports teams and individuals to show their concern for the health and well-being of boys and men. “The National Healthy Start Association (NHSA) recognizes the important role that dads play in healthy pregnancy outcomes and in early childhood outcomes,” said Deborah L. Frazier, Chief Executive Officer, NHSA. “NHSA also knows that it is important to keep our boys and men healthy! We are pleased to join our national partner, Men’s Health Network, and our local city affiliates in proclaiming Men’s Health Month. Let’s all work together to encourage men to take care of themselves and raise awareness about the importance of men’s health.” (Men’s Health Month press release, 06/03/16.) Even though we’re a little late, we wanted to call attention to Men’s Health Month and Men’s Health Week!

FIVE WAYS FATHERS MATTER

1. Fathers make important contributions to their kids’ development – and do so in ways that are different from mothers contributions.
2. Fathers today are increasingly involved in their children’s lives, especially compared to earlier generations.
3. Most fathers who do not live with children help them financially.
4. Even fathers who don’t live with their children can be involved parents.
5. More programs for parents have begun to recognize fathers’ value.

Source: Child Trends. Click here to read the entire article:
SNAPSHOTS FROM THE 17TH ANNUAL SPRING CONFERENCE

Dr. Louis Sullivan, former Secretary of the U.S. Department of Health and Human Services and leading advocate for the Healthy Start program, with current and former NHSA board members.

Dads and moms with kids in a Parents/Consumers activity. (Note the Healthy Start baby in the lower left corner!)

Tuesday’s keynote presenter Joe Jones with incoming president Kenn Harris and NHSA consultant Bea Haskins.

Opening plenary keynote speaker Dr. Camera Jones, President of the American Public Health Association.

L to R: Founding NHSA President Carol Synkewecz, Mildred Thompson (see page 3), founding NHSA board member Madie Robinson and Dr. Thurma McCann Goldman, first Director of the Division of Healthy Start, at the opening plenary session.

Joia Crear, MD, Founder and Director of the National Collaborative for Birth Equity (NCBE), introduces Dr. Sullivan at the anniversary gala, with NHSA CEO Deborah Frazier on the left.
An important part of the Spring Conference are visits to Capitol Hill to educate and inform legislators about the Healthy Start Initiative and its value and importance to the communities represented by the lawmakers. Here are some photos of a few visits.

Florida delegation, including NHSA Past President Lo Berry (bottom right), meets with Eduardo Sagasa, Legislative Correspondent for Senator Marco Rubio.

Congresswoman Michelle Lujan Grisham (D-NM) meets with NHSA board member Jonah Garcia (center) and staff and consumers from Las Cruces. Grisham, keynote speaker at the Congressional Breakfast, is seen enjoying a Healthy Start baby, her young constituent.

Westside Healthy Start representatives presents Congressman Danny Davis (D-IL) with an award.

Staff and consumers – and another Healthy Start baby – from several Healthy Start projects in Louisiana meet outside Congressman Cedric Richmond’s (D-LA) office, with Richmond’s staffperson.
Honoring the Life of Our Dear Friend
Wilford ‘Will’ Payne

This past weekend NHSA lost one of the earliest and most ardent supporters of the Healthy Start Movement. Wilford “Will” Payne was a champion of community health and a voice for the most underserved. He was a man who never overlooked the opportunity to help others. It was this passion to help and serve that endeared him to Healthy Start and endeared Healthy Start to Will Payne. His life and work touched the nation and many will feel the impact of this great loss.

Will was an early leader in the work of neighborhood/community health centers. For almost 40 years he was Executive Director of what became the largest network of FQHCs in Pennsylvania. No doubt Will was a busy guy – at times simultaneously operating more than 15 separate health centers in the Pittsburgh region, serving hundreds of thousands of families who would have otherwise not received vitally important health and supportive services. He was appointed to the board of the National Association of Community Health Centers (NACHA), and served as Board President for a period. He was significantly involved in establishing the Healthy Start program in Southwestern PA, both in Pittsburgh and Fayette County, and later served several terms as Healthy Start, Inc.’s Board President. He worked closely as a community partner with Carol Synkewecz, who at the time was the Healthy Start Project Director, when the project was granted to the Allegheny Health Department. I witnessed firsthand Will’s great concern and passion during an early Pittsburgh Healthy Start Site visit. His deep concern and passion for the work was palpable. He worked together with the project team as a colleague, friend, contractor, board member and most importantly, concerned Pittsburgh community resident. With Will’s unwavering support and effort, they created one of the best Healthy Start programs in the country, reducing infant mortality by 50% in the first five years.

Later, Mike Savage of Access Health in Chicago, another ardent Healthy Start supporter, would tell us, Will Payne is the “go to guy” to help with establishment of NHSA and authorization of Healthy Start. In that effort, Will was our friend, mentor, counselor and advocate. He knew Healthy Start and its history better than most. He served on the NHSA Board and co-chaired the Government Relations Committee; but long before and after his board tenure, Will worked and advocated for Healthy Start whenever he had an opportunity or platform to do so. Will was, after all, a man committed to children, women, fathers, families and the community. He used his voice and influence to champion for the needs of the poor and the underserved. In 2011, NHSA awarded Will the C. Michael Savage Award for Outstanding Leadership – a small token of our gratitude for his contributions to the Healthy Start Initiative.

Our friend Wilford ‘Will’ Payne walked the walk of community health and we were fortunate to share that path for 25 years. See 2014 article below about Will Payne.

COMING IN THE NEXT ISSUE (September 2016)

♦ More “Celebrating 25 Years of Healthy Start” and some Lessons Learned!
♦ Continuing the Project Spotlight on the original Healthy Start Projects: Birmingham, Boston and Chicago!
♦ NHSA’s Infant Mortality Awareness Campaign: Got something going on you want highlighted in Getting off to a Healthy Start? Send it to bhaskins@nationalhealthystart.org by August 31st. Also send Bea any Healthy Start in the News items about your project.

Editor, Designer & Writer: Bea Haskins
Contributing Writers: Fleda Mask Jackson, Kenn Harris & Deborah Frazier
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NATIONAL HEALTHY START ASSOCIATION
1325 G Street, NW, Suite 500
Washington, DC 20005
202-296-2195
www.nationalhealthystart.org