The original mandate of the federal Healthy Start initiative was to reduce infant mortality by 50%. Healthy Start projects, which had infant mortality rates (IMR) of two-three times the national average, had to raise awareness of the U.S.’s IMR and the causes of infant mortality. In 2008, NHSA board member Alma Roberts, then the project director of Baltimore City Healthy Start, proposed and then implemented NHSA’s Infant Mortality Awareness Month campaign to partner with other organizations and agencies, especially the Department of Health and Human Services’ (DHHS) Office of Minority Health (OMH).

The risk of babies dying in their first year of life is declining, according to DHHS’ Health Resources and Services Administration. In 1991, when Healthy Start was launched, the U.S. rate was 8.9 deaths per 1,000 births and the U.S. ranked 22nd among industrialized countries. In 2015, the IMR in the U.S. was 5.6, according to the World Bank. But, reports OMH, the U.S. still ranks 27th among industrialized nations, and disparities by race and ethnicity persist. The IMR for African Americans is more that twice that of non-Hispanic whites. And that is one reason why Infant Mortality Awareness Month is so important!

Healthy Start projects across the country participated in Infant Mortality Awareness Month by holding special events during September. Some participated in “Baby Buggy Walk in the Park,” a concept developed by Baltimore Healthy Start and originally funded by OMH. This is a fun-filled way to help women of reproductive age and new mothers to take charge of their health and the health of their children through education with an engaging theme. Healthy Start families learn about eating right, making time for exercise and health-related resources in their own community and how all these resources work together to give babies a better start in life. Check out pages 14-17 to see how Healthy Start projects around the country participated in Infant Mortality Awareness Month!

Go to http://www.nationalhealthystart.org/what_we_do/infant_mortality_awareness_campaign for more information.
**PROJECT SPOTLIGHTS**

As we said in the Summer 2016 issue of *Getting off to a Healthy Start*, NHSA is featuring the original federally-funded Healthy Start projects as part of our “Celebrating 25 Years of Healthy Start” project. In the last issue, we looked at Alameda County, CA (Oakland) and Baltimore, MD. In this issue, we continue our alphabetic “Then and Now” review articles about Birmingham, Boston and Chicago.

**Birmingham, Alabama**

*Then:* Rick Green became the project director of Birmingham Healthy Start in 1997—and is still the project director in 2016! Birmingham’s IMR was 19.1 in 1991. The Birmingham Health Department was the grantee agency. Birmingham Healthy Start (BHS) targeted 12 inner-city communities that were largely African American, with a few neighborhoods outside the inner city. During Healthy Start’s demonstration phase (1991-1996), BHS had a service center in 11 of the neighborhoods and a large staff—67 people—with an operating budget of $4.5 million a year!

The biggest challenge, Green said, was the lack of understanding and trust between the communities and the Health Department, which was not accustomed to community involvement. Workshops were held to forge dialog between Healthy Start consumers and the director of the Health Department. As a result, every Health Department employee went through cultural diversity training.

The outreach team worked very closely with the case managers in the centers where women were getting prenatal care. Services offered included health education, nursing and nutrition. At the end of the demonstration phase, the design shifted and BHS adopted models designated by the Division of Healthy Start. Home visiting became more intensive. BHS offered screening for depression, domestic violence, substance abuse and smoking. The consumers were given information about available programs and referred to appropriate providers.

In 2009, BHS transitioned to Birmingham Health Care, a Federally Qualified Health Center (FQHC) and in 2014, became Birmingham Healthy Start Plus, Inc. They branched out to two additional cities, Bessemer and Fairfield.

*Now:* Birmingham Healthy Start Plus (BHSP) is a Level 2 program with 25 staff. While the program is similar, they now offer more comprehensive screenings. With targeted and specialized outreach done by Community Health Resource Workers, they have added reproductive life planning, interconceptional care and goal settings, to better meet the needs of the consumers.

BHSP has nurse case managers who have added a level of expertise and can provide more services. A health educator is now on board. Classes include life skills, childbirth and parenting, all with the goal of better birth outcomes.

Birmingham’s Male Involvement program started during the demonstration phase and has evolved over the years, too, and has been fine tuned during the last two years. It began when men would drop off their ladies at the clinic and drive away. But one guy wanted to go see the doctor. From that, staff learned that the men felt that they were not welcome. Dads now receive an assessment and screening for depression and anger management. Both focus and support groups are offered. BHSP has held father involvement activities with the dads as the leaders and continues to work on getting more dads to come to classes.

Green said BHSP is now housed in one of the buildings that BHS started in, right in one of the neighborhoods. Consumers tell their stories when they go to Capitol Hill during NHSA's annual Spring Conference. He noted that BHSP is well connected with all the MCH providers and State Title V staff.
HEALTHY START: THEN AND NOW!

Boston, Massachusetts

THEN: Though she was not the original project director with Boston Healthy Start Initiative (BHSI), Dianna Christmas was just the second or third. Now the Parent-Child Services Coordinator of the Institute of Health and Recovery, Christmas remembers her Healthy Start days well. BHSI’s grantee agency was the Boston Health Department and they had less than 10 staff. BHSI took a community-based approach and worked with about 20 community health centers (CHCs). Christmas said BHSI’s model was different, as the CHCs had to apply through a Request for Proposal (RFP). They took a creative and innovative prevention approach to improve birth outcomes.

The Infant Mortality Rate was what drove the program, Christmas said. In 1991, the IMR for whites was approximately 7.0/1,000, whereas for Blacks it was just above 12.0/1,000. BHSI used a Problem Solving Education model, which is a short-term brief education model. BHSI works with a predominantly Black and Hispanic population in the areas of Dorchester, Roxbury and Mattapan, which continue to have disparities caused by premature birth and low birthweight.

BHSI leveraged funds for posters on public transportation by asking the public transportation system, radios and newspapers to match dollar for dollar what BHSI spent on advertising. That increased their reach and impact. BHSI held cultural concerns and a United Day for which they purchased ads.

For their Male Involvement component, BHSI gave small grants to the CHCs, which had to make their programs father friendly in order to apply. They also had posters promoting the program, along with a male staff person who led fatherhood groups.

BHSI is connected to Boston University, which is in the second year of providing Masters of Public Health students for a one-year fellowship with the program. The fellows are assigned to a case manager for hands-on opportunities to work with the clients. Two of the fellows are working with BHSI on a community action network, one is working on a breastfeeding intervention and another is supporting the CenteringPregnancy groups.

Another challenge is individuals who consent to BHSI’s services, but who don’t want to complete the paperwork. For example, there are women who come into the U.S. from Haiti and Cape Verde to deliver and then return home. Mitchell said BHSI provides good service, but asked “how do we report it?” She said they may have information on 1,000 women, assessments on 750, but are actually serving 1,200. BHSI is in the planning stages for a Promising Practices approach to devise a tool to assess these women.

BHSI is connected to Boston University, which is in the second year of providing Masters of Public Health students for a one-year fellowship with the program. The fellows are assigned to a case manager for hands-on opportunities to work with the clients. Two of the fellows are working with BHSI on a community action network, one is working on a breastfeeding intervention and another is supporting the CenteringPregnancy groups.

BHSI has a Father Friendly Initiative, with two case managers who provide case management to expectant dads and fathers who reside in the City of Boston. They offer parenting classes using the 24/7 Dad® Curriculum. BHSI also offers case management to dads reentering the community when they leave the house of corrections. Their Father Friendly Day brought 500 men and 200 children to the event.

BHSI collaborates with the Violence Intervention Unit to provide Trauma Informed Care Resiliency with home visiting. They provide a three-day training in a train the trainers model.

NOW: Heavenly Mitchell is the Director of Healthy Start Systems for Boston Healthy Start Initiative, a Level 3 Healthy Start grantee; the Health Department remains the grantee agency. She explained that BHSI is in the process of aligning BHSI’s core services with the Healthy Baby/Healthy Child Program. This will build support services to case management by having nurses assist with high-risk moms. Services are contracted through five Community Health Centers, which are also certified CenteringPregnancy centers, and two hospital clinics, and now also Boston Healthcare for the Homeless.

As so many inner-cities have a severe homeless situation, so does Boston. And when a woman is pregnant and homeless, it is just so much worse for her and diminishes the chance of healthy birth outcomes. BHSI is trying to be proactive, Mitchell said, by doing professional development for staff and providing educational opportunities for the clients as well. BHSI works with the Boston Housing Authority to fast track women into housing.

BHSI uses a Problem Solving Education model, which is a short-term brief education model. BSHI works with a predominantly Black and Hispanic population in the areas of Dorchester, Roxbury and Mattapan, which continue to have disparities caused by premature birth and low birthweight.

Healthy Start Program Levels:
1—Community Based
2—Enhanced Services
3—Leadership and Mentoring
**THEN:** Jerry Wynn, JD, MPH, BS, is the former project director of Chicago Healthy Start (CHS). Wynn recalled that State of Illinois’s Department of Human Services, along with the Urban League in Chicago, put together the application for their first Healthy Start grant. The application writing team spent time looking at different approaches and then developed a regional community-based perinatal system of care. CHS’s target population were inner-city African American, Latin or Asian women at high-risk for poor pregnancy outcomes. Some consumers had a disease that could affect their outcomes and many were homeless. Low educational attainment was prevalent and many women had multiple pregnancies, some including preterm birth. Many also were in domestic violence situations or at risk for DV.

CHS provided services at four Healthy Start Family Centers, which were community health centers as authorized by Section 330 of the Public Health Service Act. The centers provided social services, as well as medical care, and sought to have early intervention during a pregnancy. They also had a program for pregnant women at the county jail, “for which we got an award,” Wynn added.

Services included assistance in getting well child care, immunization, family planning, smoking cessation, prenatal care, social services, WIC, transportation, health education, GED classes, screening for perinatal depression and interconceptional case management. Wynn recalled that along with their Healthy Start grant, they had a smaller, state-funded program.

Other initiatives that Wynn recalled were a computerized case management system, which he said was huge and a cornerstone of the CHS program. He said CHS’s evaluator, James Masterson, was a “crackerjack who really made it all come alive.” With his work, they were able to put a face on Healthy Start in Chicago. CHS’s consortium oversaw the project and included medical and social service providers, community residents, businesses, governmental agencies at the state, county and city level and perhaps most importantly, consumers.

Wynn remembered how different each Healthy Start project was. For example, he said, Chicago Healthy Start did not have as strong a fatherhood or male involvement program as some other projects. CHS held some conferences where the fathers “showed up.” One of the Family Centers that served a Latino population had a program for guys, but overall, Wynn said, this was an area they needed to strengthen. CHS reduced the IMR in their service communities from 20.6/1,000 to 12.6/1,000 between 1991 and 1998.

In 1997, five new Healthy Start grants were awarded to different agencies and consumers from Chicago Healthy Start were disbursed to those new projects. But, Wynn said, being the Chicago Healthy Start project director was the best job he ever had!

**NOW:** Here’s a snapshot of those five new Chicago Healthy Start projects. We asked each Chicago project to tell us one thing that people may not know about their project, so be on the lookout for that interesting information!

Access Westside Healthy Start (WH) is a Level 2 grantee that started in 1997. Timika Anderson Reeves, MSW, CLC, is the MCH Program Manager, Partnership and Outreach. She said that the WHS program is anchored in three FQHCs that serve as the program participants’ medical home: Access Community Health Network, Lawndale Christian Health Center. WHS participants have access to a full continuum of medical and social services both within and beyond the walls of the health centers through collaborations with the major safety net hospitals and other critical community service providers that provide support to mothers, children and families in optimizing health outcomes.

Currently, WHS serves approximately 800 families annually, providing care coordinated services, case management, health education and outreach. The IMR of WHS participants declined from 19.6/1,000 live births in 2011 to 6.0/1,000 in 2015, which is half the rate seen in some communities on Chicago’s west side. WHS’s Male Involvement Program integrates a male engagement initiative to their Maternal and Child Health services and is a critical linkage providing additional support to male partners and reinforcing education on prenatal needs and resources.

What don’t we know about Westside Healthy Start? Their community health workers were recipients of services and are now employed at WHS or have gone on to other employment ventures.

Aunt Martha’s Healthy Start (AMHS) is a Level 1 program and also began in 1997. They are scheduled to serve 500 families a year with a staff of 11, with Contessa McQueen the Project Director. Program services are provided within Aunt Martha’s Health Center, which offers a full range of comprehensive, coordinated, high quality services in communities throughout Illinois. Case Managers provide care coordination and connect consumers to health clinics, dental and vision services and more. They provide transportation to services, as well. Staff do home visits and AMHS also has a food pantry. McQueen said their clients have so many needs, adding that their target population is in the south suburbs of Chicago and is majority African American and Latino, but is also a very diverse community. AMHS has a fatherhood initiative in the works; now they try to involve fathers in everything they do.

*Continued on page 5.*
Aunt Martha’s Healthy Start offers community health fairs as part of their services and works with all the other Chicago projects and other case management programs. “There’s no competition,” McQueen said. “We all have the same goal and need to share resources and collaborate.”

What don’t we know about Aunt Martha’s Healthy Start? In addition to regular community baby showers, AMHS will have a Community Baby Costume Ball on the last Friday of October, just in time for Halloween. McQueen has promised to send photos, so look for them in the next issue of Getting off to a Healthy Start!

Midwest Healthy Start’s (MWHS) funding agency is SGA Youth and Family Services and is a Level 3 grantee. MWHS is a new project; it’s first year of funding was 2014. Lisa Sargent-Davis is the Regional Director of SGA’s Care Coordination Services-Citywide and MHS’s project director. MWHS’s population, Sargent-Davis said, is “families that are expecting a child or have a child residing in the home that is under the age of 24 months that live in [the communities of] Roseland, South Chicago, South Deering, East Side and Hegewisch.” They serve 1,000 families per year with case managers providing holistic and individualized care coordination, that includes prenatal education, medical screenings, housing and employment referrals, safe sleep education, reproductive life planning and more. MWHS’s mental health counselors strive to improve participant resiliency by offering home-based consumer-focused care.

Midwest Healthy Start does not have a stand-alone male involvement program, but all fathers are eligible to receive services from their staff. MWHS has also partnered with the Young Father’s Job Success Program at Metropolitan Family Services. This is a two-week cohort model that provides the dads with the education and tools to become a more effective parent, while also helping them prepare for and find employment.

What don’t we know about Midwest Healthy Start? MWHS offers an annual conference for regional Healthy Start grantee staff and consumers. The 2nd Annual Grantees Connections Conference in February offered workshops on Trauma Informed Care, Children with Special Needs and other relevant topics.

Next up is the Near North Health Services Corporation Healthy Start (NNHSC HS), is a Level 1 grantee that also was first funded in 2014. Jeanine Valerie Logan, RN, MSN, MPH, is the MCH Manager. Logan reports that by the end of 2015, NNHSC HS served 538 clients. Their model aims to provide intensive medical case management to high-risk pregnant and parenting women, infants and children. The Healthy Start program impacts pregnant women and new mothers by providing them with support and connection to other resources they need to nurture their children and have a successful pregnancy. The team, which includes the client and their families, work diligently to identify and minimize barriers in order to deliver health and supportive services in a client-focused and integrated manner. Logan said, “Our goals for our Healthy Start Program are to help patients identify a medical home; improve women’s health before, during and after pregnancy; prevent infant mortality and morbidity; help families care for their newborns and infants; reduce parental stress and incidents of child abuse and/or neglect; strengthen mother-child interaction; ensure that infants and children are up-to-date with immunization and well-child visits; provide prenatal and parental education; and build relationships and help clients to identify personal networks of support through home visiting.”

Near North is working to augment their Fatherhood Program with a goal is to move into a more intentional and measurable engagement with fathers to increase birth and parenting outcomes for the families they serve.

What don’t we know about NNHSC Healthy Start? NNHSC was part of Chicago Healthy Start (see page 4), which developed and interconceptional care model that has been adopted within the perinatal care system, and a Fetal Infant Mortality Review program that has been replicated citywide.

Healthy Start Southeast Chicago (HSSC) was first funded in 1997 and is currently a Level 2 program. With a staff of around 15, HSSC is contracted to serve 800 families and has already served 900 this year, with an expectation that they will serve 1,000 by the end of the year. Services include case management in three community hospitals, Metro South, St. Bernard and Rosewood, as well as Aunt Martha’s Health Center, an FQHC. Celeste Garcia, Project Director, says HSSC sees a lot of depression with their clients and so they partner with HRDI (which stands for Human Resources Development Institute) for behavioral health issues. HSSC’s service population is primarily African American and Hispanic. Though they are considered “urban,” Garcia said, they serve both the inner city and the South suburban area. Other services include health education workforce development and clothing assistance.

Their fatherhood program is called Champs, where they do health coaching through advocacy, mentoring and prevention services. Champs provides job training and placement by partnering with Goodwill. They also have basketball and cooking competitions for the dads.

What don’t we know about Healthy Start Southeast Chicago? “We serve everyone in the community,” said Garcia. “No one is turned away, even the families we are not funded to serve.”
September was Infant Mortality Awareness Month (IMAM). Public health newsletters and websites were filled with articles and activities about Infant Mortality Awareness Month. Our website and this newsletter are no different, even though we are getting this newsletter to you after September has ended.

Sending the newsletter out now gives me the chance to say that this is the work of Healthy Start—every month, every day, all year. I want to personally thank our Healthy Start staff and each of our 100 Healthy Start programs for the work that you do in improving the quality of life for families and for saving lives. As evidenced by the infant mortality rates of the Healthy Start program, Healthy Start is making a difference in the lives of the families and communities we serve. The gap between the national infant mortality rate and the Healthy Start rate represents your work and the lives that you have saved.

Too often in public health, we think of infant birth and death in terms of numbers or data. As a sentinel event, the birth of a child is a happy and hopeful time for a family; it represents a family’s link to their next generation. A family eagerly awaits a child who will have Dad’s eyes or Mom’s nose. Maybe baby will grow up to follow in the footsteps of either parent or grandparent—or perhaps chart his or her own path. Expectant parents are recipients of baby showers, questions about gender and name choices for the new arrival. Parents are generally filled with many hopeful outcomes, but they rarely expect to lose a child. The minutes, days and years following the loss of a child are painful.

Memories of Fetal Infant Mortality Review (FIMR) interviews and conversations with parents, grandparents and caregivers of infants who died suddenly and unexpectedly remind me of the profound grief of losing a child. Even when parents are poor, even when there are other children, even when a child is unplanned, when this child dies, their parents, too, suffer a deep and profound loss. This loss is complicated in poor families by the other traumas in their lives and often by a system that does not understand their circumstances, their loss or their grief. They, too, have empty arms and nurseries. To fully understand Infant Mortality Awareness Month is to understand the circumstances of the families to whom infant mortality occurs most often; to walk in their shoes and to feel an urgency to create health and social service systems that respond to their needs where death comes too often.

One of the glaring conclusions of the White House Report on America’s embarrassingly high infant mortality rate commissioned prior to the launch of Healthy Start was that the United States had the existing resources to reduce infant mortality. Since that time, the country has implemented a number of successful clinical and community-based improvements and approaches, including the recent implementation of the Affordable Care Act (ACA), which improved access to care for many Americans. However, the racial and ethnic gap continues to widen and there is no conscionable and moral reason why we cannot do better.

In addition to black infants dying at twice the rate of white infants, maternal mortality is rising to totally unacceptable highs for black women. If all lives truly matter, America can and must do better. We should all—individually and collectively—be better than the atrocity of these disparities. Solutions require us to let go of the partisan, individualistic, siloed and racist politics of parties, organizations, policies and practices that exclude people of color from places of power and decision and result in the loss of lives. We have a human and a moral imperative to improve birth outcomes, including maternal morbidity and mortality.

Public health has long used infant mortality as a barometer of a community’s social well-being. We know the impact of social determinants of health on birth and other disparities. Who knows the breadth and depth of inequity and social determinants of health better than those with the lived experience of same? We have to care enough about both the public health and the moral issue of these outcomes to allow those with the lived experience of inequity and social determinants to have leadership voices in spaces where they have the will to help to move the needle on inequity and social determinants of health. Perhaps it is time to see these issues not as the road to a funding source, a research or evaluation opportunity, but as an opportunity to conduct a personal inventory and an organizational assessment of long standing, accepted practice and policy, and make examination of their contributions to inequity. This is an exercise that could identify and open the door to opportunities for both personal and organizational improvement. That is exactly what the North Carolina Department of Health and Human Services (NCDHHS) opted to do when it choose social determinants of health as one of its Collaborative Improvement and Innovation Network to Reduce Infant Mortality (CoIN)
measures. In choosing social determinants of health, the NCDHHS is first examining their own policies and practices, including contracts and personnel. Let’s applaud them for a bold step in the right direction. It’s far easier to discuss equity and social determinants if they are abstract concepts than if it means an examination of your own house. This is further evidenced in their statewide collaborative Perinatal Health Strategic Plan that was released in March 2016.

If public health is serious about inequity and social determinants of health, public health providers must both respect the communities it serves and be accountable to those communities. This means not just reporting, researching and getting funding for inequity and social determinants, but making the uncomfortable first steps to share the privilege of power with the community. I recently read a blog that included a statement saying, “When you are accustomed to privilege, equality can feel like oppression. But it’s not; what you are feeling is just the discomfort of losing a little bit of your privilege.” If your internal assessment of staff and/or board does not reflect the diversity of the community you serve, or the population your organization serves or the population your evaluation or research project seeks to serve, consider that perhaps your organization is itself contributing to inequity and social determinants of health and needs to develop a plan for change. Sharing power is a great collaborative opportunity to listen and learn. The first dance may be awkward, but with practice it is productive and most rewarding.

We know that racism, either individual or institutional, is a difficult subject, but if we are to get beyond inequity and if we are to successfully address social determinants, tackling racism and inequity is a necessary step for every person, organization and agency that serves the public. As Michael Jackson’s song reminded us, “Take a look at the man in the mirror.” And we have James Baldwin who said, “Not everything that is faced can be changed. But nothing can be changed until it is faced.”

In summary, this work is really about infants living, not dying. The birth of a child represents a family’s future. It is the next generation for that family and also for the community – the church, the schools and the community’s next generation of leaders. Every community should look forward to a thriving next generation. Ensuring a healthy pregnancy and a Day 366 is a good start, whether it is during Infant Mortality Awareness Month or the month after or every day, every month, every year.

Deborah L. Frazier, CEO

Be sure to mark your calendars for the National Healthy Start Association’s

18th Annual Spring Conference in Washington, DC!

April 1 & 2, 2017: Summit on Fatherhood and the Health and Wellness of Boys and Men

April 3-5, 2017: Annual Conference with Congressional Breakfast and visits to Capitol Hill planned for April 5th.

Details will be coming after the first of the year, but you can save the dates right now! You don’t want to miss this

HEALTHY START IN THE NEWS

Atlanta Healthy Start Initiative held its 2nd Annual Healthy Families, Healthy Communities Conference with a reception on September 7th, followed by plenary and panel sessions over the next two days. Featured speakers included Dr. Fleda Mask Jackson, President of Majaica, LLC, who spoke on “Racism and Social Ten­sion: The Effects on Individuals, Families and Communities.” Dr. Valerie Montgomery Rice, President of Morehouse College, was a keynote speaker on the conference theme of “Healthy Families/Healthy Communities – Working Together to Achieve Great Health Outcomes.” Other topics covered included “Pregnancy and Domestic Violence/Keeping Your Child Safe After Pregnancy” and “Being the Best You: Work-Life Balance.” More than 80 people attended the conference.

Healthy Start in the News continues on the next page.
HEALTHY START IN THE NEWS, continued

Strong Beginnings – Healthy Start Receives the American Hospital Association’s NOVA Award

Strong Beginnings – Healthy Start, a 10-year-old partnership of eight community agencies with Spectrum Health as the fiduciary, received the prestigious NOVA Award for its work to improve maternal and infant health among African Americans and Latinos in Kent County, MI. The award recognizes hospital-led collaborative efforts that improve community health and goes beyond the four walls of the hospital. Strong Beginnings was one of five programs nationwide to win the award this year. Former client Amber Perry recalled that Strong Beginnings offered her much-needed support and companionship. “My community health worker was not only someone I could talk to, she also helped me get baby clothes and a referral for a car seat.” Last year, Perry became a community health worker herself in the Strong Beginnings – Healthy Start program. Here’s a story about Strong Beginnings from WXMI in Grand Rapids: http://fox17online.com/2016/08/17/program-wins-award-as-it-cuts-african-american-infant-mortality-rate-in-half/. Community health worker Acacia Beelen, featured in the video and in the picture above, is also a former program participant.

Crescent City WIC Healthy Start Participated in the Essence Festival in New Orleans

The Essence Music Festival is an annual tradition of black entertainment and festivities in New Orleans around July 4th. It is also the site of a major African American health education campaign. Mainly attended by African Americans, the Essence Music festival is an optimal opportunity to share what could be life-saving information for color of their women and their families. Louisiana-based Crescent City WIC Healthy Start staffed the Lupus Health Education Booth at the festival’s Community Corner, July 1st through the 3rd. With the Directors of Health Promotion & Education’s project support, “Crescent City WIC has been able to give information to hard-to-reach populations in New Orleans, who were previously unaware of this mysterious disease,” said Mary Schultheis, Director of the program. Lupus mostly effects minority women of child-bearing age. Women of color are two to three times more likely to develop lupus than Caucasian females.

Healthy Start New Orleans Also Participated in the Essence Festival and Photovoice Opening!

For the second year in a row, Healthy Start New Orleans (HSNO), in partnership with WIC, Reaching Our Sisters Everywhere (ROSE) and Nurse Nikki LLC, hosted a Nursing Nook at the Essence Festival. The Nursing Nook was a clean, comfortable space at the festival for families to nurse, change diapers and relax.

On July 28th, HSNO and WIC, in partnership with the Ashé Cultural Arts Center, held their breastfeeding Photovoice exhibit opening event, “Breastfeeding: Strengthening the Heart of the Community and Reclaiming an African American Tradition.” From April – June 2016, HSNO carried out six Photovoice workshops at the Center. During the workshops, participants learned about photography and poetry from local artists and discussed their breastfeeding experiences. They were then asked to go out in their communities and take photos of scenes that reflect their experience with breastfeeding, and to use poetry and spoken word to create a narrative surrounding each photo.

Photos, poems and mothers’ bios from the Photovoice workshops were on display, while participating mothers and professional poets performed selected poems live. The event also served as the official unveiling of a portable breastfeeding mural, created by Ashé artists, that will be on display at various locations around the city in the coming months (see page 17). The event coincided with the annual summit of ROSE, an African American breastfeeding advocacy organization. Therefore, the house was packed with breastfeeding advocates from around the country. If you would like to read some of the participating mothers’ poems, you can find them here: http://www.nola.gov/health-department/healthy-start/poetry/.

Baltimore Healthy Start Receives Certificate of Recognition from Baltimore Mayor

In recognition of their partnership with the Mayor’s Office and Baltimore City Youth Commission during the 2016 Youth B'More Summer Block Party, Baltimore Healthy Start, Inc. received a certificate from Baltimore Mayor Stephanie Rawlings-Blake in August. Pictured are the mayor with Ramona Wise, BHSI Case Manager, and Lashelle Stewart, BSHI Deputy Director.
RESEARCH NEWS: Hot Stats and Fast Facts

**Even Partial Steroid Treatment Can Benefit Extremely Preterm Infants**
Steroids improve survival and reduce the chances of certain birth defects for extremely premature infants, even if the treatment course is not finished before delivery, according to a study funded by the National Institutes of Health (NIH). Steroids are a standard treatment for pregnant women likely to deliver before 34 weeks because these drugs are known to reduce the chance of complications and death among premature infants. However, because completing the entire course takes at least 48 hours, health care providers may opt not to begin treatment when premature delivery is imminent. The new study, supported by NIH’s Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), provides strong evidence that even a partial course can have some benefit. Researchers evaluated 6,121 extremely premature infants who had been born between 22 and 27 weeks of pregnancy at sites in NICHD’s Neonatal Research Network. The study followed the infants from birth to 18 to 22 months of age and measured survival and brain and nervous system outcomes. The infants were grouped according to the mother’s steroid treatment — no treatment, partial treatment or complete treatment.

Among the three groups, researchers found significant differences in rates of death, complications such as bleeding in the brain (severe intracranial hemorrhage), intestinal problems (necrotizing enterocolitis), lung disease (bronchopulmonary dysplasia) and brain and nervous system impairment. Infants in the complete treatment group fared best. Infants in the partial treatment group fared better than untreated infants. The study team also found evidence that the better outcomes likely were due to lower rates of bleeding in the brain and of a brain injury called cystic periventricular leukomalacia. Overall, these findings suggest that starting steroid treatment promptly — even if the likelihood of completion is low — is beneficial when extremely premature birth is imminent.  

*Source: National Institutes of Health News Release, October 11, 2016. Additional funding for the study was provided by NIH’s National Center for Advancing Translational Sciences.*

**Flu Shots and Pregnancy**
Arafa Cassoobhoy, MD, MPH, recommends that pregnant women get a flu shot, not the nasal flu vaccine. She says that the flu shot not only protects mom, but the baby, too. Watch the complete video at http://www.webmd.com/cold-and-flu/video/flu-shots-and-pregnancy.

**Why Family Planning Should Include Men**
A research scientist who attended the International Conference on Family Planning said “there was distressingly little conversation about men and boys’ involvement in family planning.” Here is more of Hannah Lantos’ article: “...it is essential to work with boys and men to engage in conversations around masculinity, sexual violence, women’s health, and planning for pregnancies. Men are affected by the poor health of their partners, and it is time that we raise our expectations of men and help reach them. This work is not always easy. Men and boys need to learn to change their behaviors and their norms around power and gender roles (and it is important to note that sometimes this work results in lowered contraceptive use). However, research suggests that boys and men need access to effective family planning, and that boys and men who are involved in conversations with their female partners in planning their families and utilizing family planning methods are more likely to use condoms, practice safer sex, have fewer partners, and support their partner’s family planning. They are also less likely to use violence against their partners...Women and girls need to be able to live the lives that they deserve, and protecting them physically and emotionally is essential. But the same applies to boys and men. And perhaps more often than we have been willing to admit or explore, helping boys to live the lives that they want and deserve may also help them learn to support their wives, girlfriends, sisters, daughters, friends, and others in that pursuit. Family planning is increasingly just that: a family issue. We must continue to strategize and study how to help men learn to communicate, compromise, listen, and work with the partners they love or have families with in order for them both to increasingly live the lives they deserve. The first step in doing so is beginning to include them in the conversation and have higher expectations.”

*Source: Read the entire article here: http://www.childtrends.org/why-family-planning-should-include-men/?utm_source=E-news%3A+Family+planning+should+include+men&utm_campaign=E-news+%3F2F17%2F16&utm_medium=email.*

**Prenatal Factors May Raise Child’s Risk for OCD**
Pregnancy behaviors and certain childbirth complications may influence a child’s risk of developing obsessive compulsive disorder (OCD), a new study suggests. Cesarean sections, preterm and breech (backward) births, smoking while pregnant and unusually large or small babies were all associated with increased risk for the mental health disorder, Swedish researchers reported. “The specific causes of OCD are unknown,” said the lead researcher, Gustaf Brander, from the Center for Psychiatry Research at the Karolinska Institute in Stockholm. “While both genetic and environmental risk factors are thought to be associated with OCD, this is the first time that a set of environmental risk factors is convincingly associated with the condition.” Brander added that while the new findings show an association between certain perinatal factors and an increased risk for OCD, they don’t prove the actually cause the disorder...Previous studies have linked pregnancy and birth complications to other psychiatric ills, including schizophrenia, autism and attention deficit hyperactivity disorder. Variations in fetal growth have been linked with brain development through adolescence, the researchers said in their background notes.

*Source: Read the entire article at http://www.webmd.com/baby/news/20161006/prenatal-factors-may-raise childs-risk-for-ocd#1.*
SPOTLIGHT ON CONSUMERS: Importance of Healthy Start

In this issue, we spotlight Tamela Milan-Anderson, the first consumer to serve on the NHSA Board of Directors. Newsletter Editor Bea Haskins talked with Tamela, an old friend, to learn about her recent life and what Healthy Start has meant to her. Now the MCH Partnership & Outreach Worker and Westside Healthy Start CAN Co-Chair, Tamela was a consumer with the original Chicago Healthy Start project (see page 4), who was referred to Access Westside Healthy Start. At that time, she was deemed a high-risk pregnancy on a methadone maintenance regimen. Her other five children were not living with her. Healthy Start provided care coordination and assisted her with food, transportation, utilities and much more. The staff helped Tamela to reunite with her other kids. She was able to show the court that she had received parenting training, as well as demonstrate that she was serving on the AWHS consortium.

Serving as the first consumer on the NHSA Board of Directors was “one of the best experiences of my life,” Tamela said. “It empowered me to expect more of myself.” She said, though, that at first she was intimidated by all the “titles” of the other board members. But, she said, it turned out that her title, “Mother,” was the best one to have. “Everyone welcomed me and I never felt like I wasn’t heard.”

Since those long-ago dark days, Tamela has earned both a Bachelor of Arts in Organizational Management and a Master’s degree in Public Policy and Administration. She said before her degrees, she had the passion, but didn’t know the theory. Now she can link theory to practice and be familiar with the policy, research and evaluation.

Tamela has excelled in her personal life, as well. Not long ago, she bought a single-family home through a “rent to buy” program. “Coming from the projects,” she said, “I’m in awe!” In 2015, she married Ernest, a man who identifies with her struggles and is supportive of her today. Tamela has four, count ‘em!, four grandchildren, all of whom were Healthy Start babies and one of whom lives with her.

When asked how Healthy Start impacted her to get where she is now, Tamela said no one had ever asked her the question in just that way and asked for time to think about it. Here is her response:

I have facilitated, advocated and represented Healthy Start in a myriad of ways which have opened up opportunities to work with local, regional and national organizations around consumer-related issues from engagement to advocacy. I’m very humbled by the journey from participant to giving back by working for the very program that gave me so much more than case management or a job. I was given the opportunity to gain a life through my relationship with Access Westside Healthy Start. I had gone so long without the guidance or esteem to do anything other than live a life that already had my children taken, living in the projects and enduring domestic violence and deplorable living conditions.

After having my sixth child, my life took a change and I took a stand to be more than a statistic. The journey with AWHS led to my kids being returned and working with people who really wanted to make a difference in my family’s life – that’s what the program has done for me! It helped me regain my sense of self and empowered me to be more than just a voice at the table. It taught me how to build myself up and help those who are in the same position I once was, as well.

I had an opportunity recently to speak about my outreach efforts at Access to our regional counterparts and for the first time, I felt like I was really growing into my role fully as an advocate and a change agent in the most profound way. I could tell you that I am just happy to be working here, but that would not be true. The fact of the matter is that my work here is ordained by a power greater than myself and I love this work. I love the opportunities that I have had over the decade or so of working here to really develop into someone who can be a leader at work and in my community. I said once before to my colleagues that I want to do more than just speak intelligently and be well-spoken. I want my education to go along with it, as well. So I attained my Bachelor’s and Master’s degrees over the last six years to prove you can do anything today if you really want to. It was hard to go back to school with all that things I have faced, with my children having children who also benefitted from being in Healthy Start. Going back to school, working full-time and raising a family seemed insurmountable at times, but I had Healthy Start’s encouragement and support.

Passionately I yearn to do more and be more. My work with Access Westside Healthy Start continues to provide the vehicle to elaborate on more of the issues that are close to home and from a place of compassion and empathy to empower those who sit on the outskirts of life, just as I once did.
INTRODUCING 100 MILLION LIVES

We are excited to introduce you to the 100 Million Healthier Lives initiative convened by the Institute for Healthcare Improvement. It’s a collaboration of change agents who are seeking to fundamentally transform how we think and act to improve health, well-being and equity. In alignment with National Healthy Start Association’s commitment to provide leadership and advocacy for interventions to improve birth outcomes and family wellbeing, the initiative is seeking to improve the health of 100 million people by 2020 through systems change and in working in unprecedented collaboration. Specifically, 100 Million Healthier Lives partners have committed an equity-driven, results-based framework that will:

1. Close equity gaps (price of admission). See this link for stories and photos from a gathering that Deborah Frazier attended this summer on Health Equity and Prosperity.
2. Help veterans to thrive
3. Address and improve social determinants across the continuum
4. Improve well-being of indigenous communities
5. Help all kids have a great start to life; including helping all children thrive from cradle-to-career.
6. Make mental health everybody’s job and take a prevention approach
7. Engage people in their own health (nutrition, exercise, sleep, stress, food security)
8. Improve employee health and well-being
9. Create well-being in the elder years and end of life by:
   - Creating a culture and practice of health and wellbeing for all
   - Supporting health and wellbeing for those not thriving (closing equity gaps)
   - Building joy and capacity of change leaders at every level to take an improvement approach, in relationship — “Whose life will get better because we were here?”
   - Supporting the spread and scale of bright spots
   - Working with others to create enabling conditions and transform the system

We are excited about the potential opportunities with 100 Million Healthier Lives and the National Healthy Start Association for partnerships with communities, addressing equity and supporting children and families. Collaboration with 100 Million Healthier Lives and their Child Health Hub will be highly complementary to the impactful work that is already happening. If you and your partners are interested in aligning with or joining 100 Million Healthier Lives, we encourage you to reach out to our colleague, Marianne McPherson (mmcpherson@ihi.org), who is Director of Implementation of the initiative. The 100 Million Healthier Lives team also invites you to attend their Fall Celebration in Phoenix from November 16-18. There will be an opportunity to connect with other communities taking action, leaders in children’s and family health and equity, and tools available for mapping, measurement, and online community building.

OCTOBER WAS SIDS AWARENESS MONTH

About 3,500 infants died suddenly and unexpectedly in 2014 in the United States. Learn about Sudden Unexpected Infant Deaths (SUIDS), causes and actions to reduce the risk, starting with always placing babies on their backs when putting them to sleep. http://www.cdc.gov/Features/SidsAwarenessMonth/index.html.

Loving Steps Norfolk, a subcontract site for the Virginia Healthy Start Initiative, worked with the Eastern Region Child Fatality Review Team on a safe sleep campaign during October for Pregnancy, Infant Loss &SIDS/SUIDS Awareness Month called “Take the #SafeSleepPledge.” The ERCFRT has taken this on as its first “work group” effort with Loving Steps staff as the lead. The project is focused on not only educating the community on the A-B-Cs of safe sleep, but also the dangers of choosing to co-sleep or place baby in an unsafe sleeping environment or position. Many of the cases they review are related to unsafe sleep and most parents say they were informed about safe sleep practice, but chose not to follow the recommendations, for various reasons. The campaign is primarily social media based with the goal of building a network of subscribers Loving Steps can engage regularly around community awareness and education.

Did your project do something for SIDS Awareness Month? Or do you have some Healthy Start in the News to share? Send information to bhaskins@nationalhealthystart.org. If your photos include consumers, please send a release form giving NHSA permission to use.
**THE RAISING OF AMERICA**

The *Raising of America* documentary series explores how a strong start for all our kids leads not only to better individual life courses (learning, earning and physical and mental health) but also to a healthier, safer, better educated, more prosperous and more equitable America. The five-part series, created in the context of a national public engagement campaign with more than 700 partners, aims to reframe the way we look at early child health and development.

On September 13th, NHSA and California Newsreel (producers of the series) hosted a webinar to explore how state and local communities have used the series successfully as part of their work to raise awareness about the importance of early childhood, strategic partnerships and implement policy and systems changes that improve child health and development. Speakers were Rachel Poulin, Director of Public Engagement & Associate Producer, California Newsreel, and Denise Evans, Project Coordinator of Strong Beginnings. Participants learned about *The Raising of America* public engagement campaign success from the first year of the campaign and to identify strategies they can use to strengthen community and public health partnerships and promote equity in child health and development. There was also a discussion on what it means and what it will take to change the conversation around early childhood in America. Thirty-two people participated in the live webinar; most were from Healthy Start projects. Another 20+ so far have viewed the archived webinar. Here is a link to the webinar: https://www.anymeeting.com/WebConference/RecordingDefault.aspx?c_psrid=E954DF80834938.

**SPECIAL HEALTHY START IN THE NEWS: Family Roads Healthy Start**

In August, Baton Rouge, Louisiana, endured catastrophic flooding due to a prolonged rainfall. Family Roads Healthy Start serves about 350 clients and Karla Wilburn, Project Director, reported that as many as 100 of her families had been displaced. Karla spoke with *Getting off to a Healthy Start* in a very personal interview on August 25th. “I can’t describe the devastation,” Karla said. When asked how this natural disaster compared to the infamous Hurricane Katrina, she said that then, people came to them for help. This time, “we’re just trying to collect ourselves.” The emotional toll was great, she added. Case managers divided their case loads up to make phone calls for brief assessments. Of the approximately 100 that they found, at least 50 were affected and/or totally impacted. The clients they could not reach by phone were sent a letter. Family Roads Healthy Start took supplies to their families when they could and made sure they were getting the resources they needed.

Karla said there was an immediate response from the Healthy Start community after NHSA’s CEO Deborah Frazier sent out a plea with an address to send supplies or gift cards. One project sent a Walmart gift card of $200. Another dug into its clothes closet for cloths leftover from their last sale. Lafayette Healthy Start (LHS) in Louisiana was also affected by the flooding. LHS covers six parishes and all of them made the FEMA disaster list. Tonya Bolden-Ball, LHS’s Project Director, said, “We were blessed by the fact that we were able to quickly assess and assist our program participants. Then we were able to assist people in our community as well as Family Roads. Crescent City WIC Healthy Start took formula and other things to the shelter.

Karla sent an update on October 24th, saying that Family Roads Healthy Start was doing much better. And, Karla added, the staff have all continue to work and assist other affected by the flood. Karla said the outpouring of support from Healthy Start was incredible. In addition to sending supplies or gift cards, many Healthy Start projects continue to check in on Family Roads and send wonderful messages of support. “It has meant the world to us,” Karla wrote. “We are in the process of sending out personalized ‘thank you’ notes to everyone.” *Car seats are still needed.* The average cost of each car seat is $50. You can still send donations in the form of gift cards to:

Donations from a county in Mississippi once they learned of the need.

**Family Road Healthy Start**  
Attn: Karla Wilburn  
323 East Airport Drive  
Baton Rouge, LA 70806

More recently, there has been flooding in North Carolina and Healthy Start sites there have been impacted. The North Carolina Department of Health is helping to coordinate the disaster response and distribution. Along with the need for diapers and formula, there is a need for feminine hygiene products, toiletries and bottled water. Email NHSA at bhaskins@nationalhealthystart.org for a complete list. Send supplies to:

**Office for Regional Initiatives**  
Attention: Healthy Start  
115 Livermore Drive  
Pembroke, NC 28372
News and Resources for Dads and Programs That Work with Fathers/Men

Do you know about the National Responsible Fatherhood Clearinghouse?

The National Responsible Fatherhood Clearinghouse is an Office of Family Assistance (OFA) funded national resource for fathers, practitioners, programs/Federal grantees, states and the public at-large who are serving or interested in supporting strong fathers and families. Here’s a link to their website, where you can find resources, a responsible fatherhood toolkit for programs, a page for dads and much more: https://www.fatherhood.gov/home.

Head Start Father Engagement Birth to Five Programming Guide

This 74-page document is available at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/father-engage-programming.pdf. It includes chapters on leadership, teaching and learning and staff development learning, among many others.

5 Easy Ways Dads Can Get involved in Their Child’s Education

(This article was taken in part from the National Fatherhood Initiative’s website and credits NBC News Education Nation for the original post, with no date cited.)

Despite the hyper-focus on parents’ participation in children’s schools, the evidence suggests that the focus should be on education-related activities at home. We must know more about a dad’s level of involvement in these kinds of activities. Nevertheless, the great news is that, regardless of dads’ level of involvement, the study suggests that there are five easy ways dads can get involved that really matter. (Take note, too, moms.)

1. **Read daily to a young child.** Children who learn to read well at an early age are more likely to succeed in school. Try to read out loud with your young child regularly, and to have books around the house that will inspire the entire family to enjoy the written word. You may also want to connect your reading materials to what your child is learning in school, and check out books at the library that cover those particular subjects.

2. **As your child ages, encourage him to ask critical questions.** As long as they’re respectful, allow your child to challenge you at home. As your child becomes more comfortable challenging you, they’ll become more comfortable challenging others. Asking lots of questions and challenging the status quo becomes more valuable to children as they move into higher levels of education.

3. **Set clear expectations and then take a back seat.** Successful college students have parents who are clear about what they expect of their children. Rather than micro-managing your child’s education, talk to her regularly about your expectations, and guide and support her as she finds her own path to success.

4. **Help your child get into classes with good teachers.** More than choosing the right courses, what matters most is who teaches those courses. If your child’s school has some flexibility in teacher selection, do your homework. Ask parents you know whose children have had certain teachers about the quality of those teachers. By the time children get in middle and high school, they often know who the good and bad teachers are.

5. **Encourage your child to do homework in groups and with friends who succeed in subjects your child struggles in (or in which your child just needs a little help every now and then).** One of the reasons helping your child with homework can backfire is parents are too far removed from their own schooling to help. Many parents often forget how to do certain forms of math, for example, and develop bad grammar and writing habits. Moreover, the ways in which subjects are taught today can differ dramatically from the ways in which they were taught 15, 20, or 30 years ago. A better tactic is for your child to study in a group of peers who are exposed to the same teaching approaches/techniques or with a friend who really understands the subject in which your child needs help.

As you implement these easy steps, get involved in your child’s school anyway. It’s still a good idea. It shows your child that you value her or his education because it communicates a high expectation for the importance of school and academic achievement.

**Question: Have you tried any of these five ideas? If so, how have you seen it help your child?**

Read the entire article here: http://www.fatherhood.org/fatherhood/5-easy-ways-dads-can-get-involved-in-their-childs-education.

Mark Your Calendars for NHSA’s Summit on Fatherhood and the Health and Wellness of Boys and Men, April 1-2, 2017, in Washington, DC!
Healthy Start Projects Across the Country Recognized IMAM

Hamilton Health Center’s Greater Harrisburg (PA) Healthy Start program recognized National Infant Mortality Awareness Month on Friday, September 9th with their Fourth Annual Baby Buggy event. This free event was open to the community and included a 1.5 mile walk; a healthy catered luncheon; 14 physical, mental and social health vendors; caricatures by Hamilton’s own Brad Gebhart, as well as balloon art and face painting by Lindsay Stiem and Alisha Washington; a bounce house; kids art and activities; raffles; and a DJ. Education sessions were held on Grief & Loss, Safe Sleep and Safe Car Seat Installation. A memorial was recognized during the event to educate the community on the 15.7 out of every 1,000 live births that never reach their first birthday in the Greater Harrisburg area. A total of 126 persons were present on this beautiful but extremely warm day, in which temperatures reached into the 90’s.

Left to right: Rhonda Thompson and son, Diana Mercado, State Senator Bill Perkins with Diana’s son. In the background are Dyan Allen and son. →

REACHUP, Inc./Central Hillsborough (FL) Healthy Start (CHHS) Project’s Community Consortium celebrated all of their babies that made it to their first birthday in 2015 and 2016 on September 7th. Program participants received education on infant mortality presentation through a fun interactive game called “Fact or Fiction.” Topics included safe sleep, SIDS, preterm birth, substance use and smoking, stress during pregnancy and birth defects. Participants also received health education materials to take home about the game’s topics. And all the birthday babies received books for their birthday present!

More in-depth coverage on the topics was provided during CHHS’s prenatal and interconception support groups during September, where the intimate setting allowed more time to discuss healthy behaviors and infant mortality prevention.

CHHS also participated in a Live Twitter Rally on September 7th, facilitated by the U.S. DHHS’ OMH. Similar to a Twitter Chat, contributors tweeted and participated using #IMRelay, but unlike a Chat, Relayers were allowed an unlimited number of posts within the timeframe to address a particular topic before handing off to the next team. The goal was to flood Twitter with infant mortality information. The Twitter Relay’s reach was 1M+ with 10M+ impressions and 149 contributors. Also during September, CHHS had a social media campaign where they posted infographics and videos on Facebook and Twitter. Every day information regarding various healthy behavior choices designed to prevent infant mortality were disseminated. The impressions/reach went as high as 1,065 each day.
More on Infant Mortality Awareness Month in September

LOUISVILLE, Ky. – (September 6, 2016) Louisville Mayor Greg Fischer and officials from 13 local health and social service institutions today reminded parents how to help prevent infant death and pointed to community resources to assist. September is Infant Mortality Awareness month. “The path to a successful career and a fulfilling life starts before children take their first steps,” the Mayor aid. “That’s why we have to focus on what happens at the early stages and do all we can to help more babies get and stay healthy,”

Dr. Sarah Moyer, Medical Director of the Department of Public Health and Wellness and herself a mother to a new four-month-old son and twin 2 ½ - year-old boys, said, “While we do not fully understand the cause of many infant deaths, we do know the risk factors that can decrease the chances of a baby celebrating their first birthday.”

Dr. Moyer gave parents several tips for a healthy baby: breast feed your baby; don’t smoke, neither during pregnancy nor after the birth of the baby, and don’t allow anyone to smoke in the house or near the baby; never shake a baby; and practice the ABCs of safe sleeping. Dr. Moyer also urged parents to take advantage of the community resources available through the Metro United Way 2-1-1 call center.

Erika Janes of Kosair Children’s Hospital Safe Kids Louisville elaborated on the ABCs of safe sleeping. Babies should be put to sleep alone, on their backs and in a crib. “Every five days in Kentucky, a baby dies in an unsafe sleep environment, and more than half of these involve babies sharing a bed,” she said. “A baby in Kentucky is seventy times more likely to die in an unsafe sleep environment than in a car accident.”

Shelton McElroy spoke of the grief his family experienced when an infant nephew suddenly died. “It made me re-examine much of what I had learned growing up about the best and safest ways that babies should be sleeping,” he said.

*Healthy Babies Louisville* is a coalition of 13 health and social service institutions that was formed in January. The coalition’s goals are to lower infant mortality rates; reduce the gap in infant mortality between black and white babies; increase access to prenatal health care; reduce smoking among pregnant women; and decrease teen pregnancies.

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During the month of September, *Tougaloo College/Delta HealthPartners* in Greenville, Mississippi, hosted five Baby Showers for Healthy Start clients and other community participants. Mothers, babies and fathers were embraced with gifts, food, games and, more importantly, information on Health Education and the importance of good health during the preconception, post partum and parenting phases. Delta Health Partners said these events could not have been a success without the committed efforts of the Community Action Network Family.

Delta Health Partners family and staff at one of five Baby Showers held during September.

*Healthy Babies Louisville staff and program participants with Louisville, KY, Mayor Greg Fisher on September 6th, at an Infant Mortality Awareness Month event.*
**Getting off to a Healthy Start**

**Missouri Bootheel Healthy Start (Sikeston, Missouri)** commemorated Infant Mortality Awareness Month by holding a conference and workshop for the community. On September 23rd, 2016, 72 members of the local community gathered to hear four speakers on the topics of Infant Mortality and Perinatal Depression. The speakers were Martin Maize, Coordinator of the Arkansas Infant & Child Death Review Program; Dr. Alan Barnette from St. Francis Medical Center in Cape Girardeau, MO; Gina M. Rocchio-Gymer, MSW, LCSW, from St. Louis, MO, who works with Postpartum Support International; and Lauren Clark, Health Education Coordinator for Missouri Bootheel Regional Consortium who provided a history of the National Healthy Start Association, as well as Missouri Bootheel Healthy Start. Finally, a panel of individuals working on infant mortality prevention through local organizations spoke on what their organizations do and how they are attacking the problems with Infant Mortality. A number of these organizations, along with others, were present as vendors, allowing them to connect one on one with the attendees. (See Proclamation to the left.)

**Indianapolis Healthy Start (IHS)**, part of the Marion County (IN) Public Health Department’s Maternal and Child Health Department, placed displays in the IHS catchment area and other prominent areas to educate the community about the reality of infant mortality in the county. HIS participants were involved by decorating a onesie (see photo on the left) during the monthly HIS Community Connection meeting.

**Healthy Birth Initiatives (HBI, Portland, Oregon)** had a display table in the shared HBI and WIC waiting room and asked interested persons to write a thought about the month and hang it on the lines we put up. They also had a presentation by the Red Carpet Kids at their monthly CAN meeting and gave everyone the chance to write a thought on a paper onesie or footprint to hang on the line in the waiting room. HBI also had one of their HBI moms talk about Childhood Cancer Month. She has just supported her two-year-old daughter as she successfully endured cancer surgery and treatment.

Ellie Myrick, HB Program Information Specialist, with the display at the monthly CAN meeting.
Portable breastfeeding mural, created by Ashé Cultural Arts Center artists, that has been and will continue to be on display at various locations in New Orleans.

COMING IN THE NEXT ISSUE (January 2017)

- Preview of NHSA’s Annual Spring Conference and Fatherhood Summit!
- Continuing the Project Spotlight on the original Healthy Start Projects: Cleveland, Dallas and Detroit!
- Got something going on you want highlighted in Getting off to a Healthy Start? Send it to bhaskins@nationalhealthystart.org by December 30th.

Editor, Designer & Writer: Bea Haskins
Contributing Writer: Deborah Frazier

Special thanks to the staffs of the spotlighted projects for their assistance, as well as to Karla Wilburn for taking time to speak with Getting off to a Healthy Start in the middle of the flood recovery. Thanks to all the projects that sent information for Infant Mortality Awareness Month and Healthy Start in the News, too!

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