RAISING THE BAR AS WE CONTINUE TO RAISE AWARENESS

The National Healthy Start Association and Healthy Start projects have been up to some exciting things in recent months. September was Infant Mortality Awareness Month, and 2011 marks the 20th Anniversary of the federal Healthy Start Initiative. NHSA recognized this anniversary with the creation of Saving Our Nation’s Babies: The Impact of the Federal Healthy Start Initiative, a publication chronicling the birth of Healthy Start and NHSA that includes profiles and photographs for over 80 of the federally funded Healthy Start Projects. The publication was released at a press briefing in Washington, DC on September 12, where speakers were brought together to present on the effectiveness of Healthy Start in combating infant mortality. NHSA was thrilled to have Dr. Mary Wakefield, HRSA Administrator, and Mr. Billy West, Baltimore Healthy Start Consumer, address briefing attendees as well. Please visit our website to see briefing photos.

From the Syracuse Stroll to canvassing done with Portland’s Healthy Birth Initiative, Healthy Start projects from coast to coast raised infant mortality awareness during September. We’re pleased to be able to share descriptions, news articles, photos and more on our website from some of these fantastic events.

Raising infant mortality awareness has continued beyond the month of September. On October 14, Healthy Start, Inc. of Pittsburgh and Fayette, Pennsylvania was featured in The New York Times article “Tackling Infant Mortality Rates Among Blacks.” Cheryl Squire Flint, Executive Director of Healthy Start, Inc. and NHSA Board Member is quoted in the piece, saying “As a city you want to be known for your football and baseball teams, but you don’t want to be known as a place where babies die.” Congratulations to Cheryl and her team for raising awareness about infant mortality through a national “newspaper of record.” Awareness continued through November when Deborah Klein Walker of Abt Associates published a piece on the CNN Opinion website. Deborah’s piece, “Why is infant mortality still a U.S. problem?” again drew attention to the amazing work of Healthy Start projects to combat infant mortality and the incredibly “ugly truth…Too many of our babies are dying, and they don’t have to.”

Deborah’s article also points out the imminent threats to public health and Healthy Start funding as the U.S. Congress moves forward with massive budget cuts. Healthy Start projects such as the Louisville, Kentucky project are finding ways to secure additional funding to help combat the cuts Congress may make. On November 8, the Healthy Start initiative of the Louisville Metro Department of Public Health and Wellness was awarded a two-year $572,000 grant from Norton Healthcare. The grant will allow the department to expand Healthy Start services to an additional 400 families in west Louisville over the next two years. Kudos to Nazenin Assef and her team for finding ways to improve the health of more families in Louisville!

September was Infant Mortality Awareness Month, but each of these October and November stories reminds us that our work is never done. In addition to improving the health of families, it’s incumbent upon each of us to continue to spread the word that “babies are dying, and they don’t have to.”

To see more of the 2011 NIMAM events, please visit www.nationalhealthystart.org.
THERE’S NO TIME LIKE NOW!

The past three months have been both exhausting and exciting.

As we seek to strengthen relationships and partnerships across the country to optimize good health outcomes for all, we also extend ourselves to building new partnerships. Special thanks to Dr. Wanda Barfield, Director of the Division of Reproductive Health at the Centers for Disease Control and Prevention (CDC), Staff and Department Directors for allowing NHSA to introduce our work and present our mission. We look forward to convergence of strategies and building a partnership to improve the health of families.

It is great knowing that, like NHSA, others believe that in the midst of “unrest” throughout our nation, there is still hope for eliminating health disparities and infant mortality, particularly among high risk populations. Most recently, the torch of addressing best health and wellness has been passed on to two men preeminent in the health arena. Michael Lu, MD, MPH has been named the new Health Resources and Service Administration (HRSA) Associate Administrator for Maternal and Child Health. Adewale Troutman, MD, MPH, MA, CPH has been elected President Elect of the American Public Health Association (APHA). Both doctors have demonstrated passion and commitment for social justice and health equity over the years. And both know firsthand about the relevance and excellence of our HS Projects across the country.

The NHSA Board of Directors and NHSA staff firmly believe that the time is now to press ahead in addressing its three critical priorities for improving birth outcomes and women’s health status: (1) effectively influencing policy and practice to improve overall health and wellness, (2) validating the relevance of perinatal services for underserved populations, and (3) linking the Life Course Model to practice to improve women’s and infants’ health.

Thanks to all for believing in the vision of NHSA and remaining diligent and steadfast to your communities.

Moving Forward,

Estrellita “Lo” Berry, President
NHSA Board of Directors
Greetings!

Once again, the Healthy Start family never ceases to amaze me as they continue to raise the bar on awareness for infant mortality each September. This year was no different with the variety of dynamic activities and events that were held in 105 communities around the country. While I had the pleasure of attending a couple of local events, I really wanted to attend more. I know each was a success and only wish I had a caravan to drive all over the country to partake in every event. Congratulations on all of the amazing efforts put forth by Healthy Start projects and NHSA partners to ensure our babies live beyond their first birthdays. Be sure to visit the NHSA website to see highlights of events held throughout September by Healthy Start projects and the Association.

As we move through autumn, we also close out a full year of celebrating 20 years of Healthy Start. I think about all of the wonderful events that occurred over the last several months, and my heart is full. We really know how to celebrate! From articles in national and local newspapers to symposiums, fundraisers, and conferences, Healthy Start projects shed even more light on a program that has had a profound impact on so many communities and families across this country. Each and every project is to be commended on this accomplishment and the outcomes they have achieved to improve infant mortality rates, pregnancy outcomes, and the health of families. The original 15 projects are to be especially commended for paving the way as trailblazers, leaders, and mentors. Twenty years later and each of them remain vital organizations within their communities.

As you are aware, in September, we released a wonderful publication in honor of the 20th anniversary -- Saving Our Nation’s Babies: The Impact of the Federal Healthy Start Initiative. I encourage you to take a moment to read this publication and learn more about Healthy Start projects across the country.

Do you want to know what NHSA is up to? Follow us on Twitter @NatlHealthyStrt! That’s right, we have joined the masses and moved to communicating in 140 characters or less. To kick off Infant Mortality Awareness Month, NHSA launched Twitter to be able to “tweet” what was happening in the month of September. We continue to use it to highlight the work of the Association, Healthy Start projects, partners, and world news about MCH. We will use it in March to encourage people to share their experiences while in Washington, DC for the Spring Conference. You never know what interesting tidbits of information you will hear about when you follow us.

Thank you for your continued support as we work to improve the health and well-being of families in this country. Don’t forget, registration is open for the 2012 conference, and we hope to see you there!

Stacey D. Cunningham, MSW, MPH
Executive Director
Mommy, Please Don’t Cry: There Are No Tears in Heaven by: Linda DeYmaz

Written by a mother who experienced a stillbirth, this book is a comforting resource for grieving parents. Author Linda DeYmaz writes, “Our stories are all different, but our pain is the same. We are mothers who will forever grieve the loss of our children.”

As we highlighted Infant Mortality in September, many of us would rather not acknowledge it at all. Facing the pain, grief, and loss can be very difficult and in some cases unbearable. When we think about the month, we really look at the experiences of the mother as the book and author above points out, but what about the father? This question generates additional questions: Does he grieve? How does he grieve? Who supports him? What is expected of him during and after death?

Does he grieve? The answer would seem obvious; it’s yes, he does grieve. He experiences the death and loss of an infant or child as does the mother and others. Often his grieving is not as obvious and visual as others because of the need to be or to appear strong.

How does he grieve? According to the authors of Fathers Grieve Too (Rev. Terry Morgan, Chaplain James Cunningham, Dr. Ray Goldstein and Earl Katz, 2008), men may grieve by experiencing anger, depression, loneliness, hopelessness, confusion, hurt, guilt, frustration, and even failure. He may also feel that things are spiraling out of control, and, to regain control, he may resort to ignoring or denying the loss all together. The more familiar description of grief is the five stages proposed by Elizabeth Kubler-Ross in her 1969 book titled On Death and Dying. The book presents the universally accepted five stages of normal grief: denial, anger, bargaining, depression, and acceptance. Is he able to move through and navigate those stages and who will be able to help him and challenge him to do so?

Who supports him? According to the authors of Fathers Grieve Too, “fathers are neglected grievers. While we know a lot about grief, people still aren’t sure how to respond to a man’s feelings. It’s safer to ask how the mother is doing than to ask how he is feeling.” But it is extremely important to make sure he has support also during the loss. He should get support from many of the same systems where she gets support: each other, family, friends, small groups, and Healthy Start. If he is given support and is allowed to talk through his grief and move through the stages, he then can become a better supporter for his partner. Moreover, if this time of loss also represents an interconception period, the healthier the two of them are the better future birth outcomes will be.

What is expected of him? Because men are seen as fixers, there are usually self-imposed expectations as well as silent and spoken expectations from others. He either convinces himself or others tell him to be strong, take care of things and arrangements, support others, and get back to work. One counselor said, “In our society we’re allowed three days of grief...just through the memorial service.” As a result, he does not really “get over” and somehow life must continue and he must move on.

As the important work of Healthy Start continues, we must broaden our minds and work to include the whole family. When possible we should go the extra mile to intentionally and thoughtfully include “him” in providing the best services to and for the family. This may include during times of loss to: 1) find services not only for mom, but for dad as well; 2) consider administering the Edinburgh Postnatal Depression Scale to each parent; 3) make available couple counseling; 4) refer him to other groups and services; and 5) search and refer other written helpful resources for the family.

Kenneth Scarborough is the Male Involvement Coordinator at Central Hillsborough Healthy Start and a Volunteer with the NHSA Male Involvement Initiative: Where Dads Matter.
Curtrina Richardson, along with her 3 year old daughter and 1 year old son, are clients of the Westside Healthy Start in Chicago, Illinois. Curtrina’s overall involvement has been as a program participant and consortia member who regularly attends consortium educational forums and special events sponsored by the consortium and partner agencies.

As a teen and first time mother with an unstable living situation, Curtrina was brought into Healthy Start through her provider who referred her to case management and doula services. Since enrollment, she has been involved in the consortium and has shared her talents of poetry at many consortia events and celebrations.

Curtrina states that she does not know what she would have done if her doula was not there during her long labor and delivery process. Through pre-natal education, she was taught how to breastfeed, and the doula served as a lactation specialist that helped her to have a successful breastfeeding experience after a caesarean section. When Curtrina wanted to drop out of school and could not stay with the father of her baby or any family, she turned to her Healthy Start case manager for help. Healthy Start worked with her on returning to school, child care, and transitional housing.

Curtrina’s daughter, Corrianna, received a developmental screening and was referred for Early Intervention Services. Corrianna is now getting home therapy for her developmental delay. Curtrina is making more informed decisions now. She was staying temporarily in shelter services and transitioned into a subsidized housing unit in February 2010. Curtrina also became Student Council President and was on the honor roll at her alternative school. She has been able to manage so many of the harsh realities a single mom can face in a large city with little or no support from family. At one point, she visited Healthy Start to show that she was getting all A’s on her report card. She said, “I thank you for encouraging me to go to school and to think about what it is that I really need to be successful. It’s not always like the rap you hear on the radio about getting money and living fabulous.”

Curtrina is a proud high school graduate now and was at the top of her class. She still resides in her own apartment. She has worked for the last two years and is looking forward to continuing her education. Curtrina has set and accomplished many goals with guidance from her case manager and consortia family and is always eager to share her success with others. At Westside Healthy Start, Curtrina is an example of why we work so hard and stay committed to what we do. She shows a best outcome, and the sustainability of Healthy Start depends on “survivors” like her.

Congress has not finished work on the appropriations bills for fiscal year 2012. The final funding level for Healthy Start will not be confirmed until the U.S. House and Senate can reach an agreement on the Labor/HHS/Ed Appropriations bill, which should hopefully take place in November. Even though the new fiscal year started back on October 1, the federal government is operating under a short term continuing resolution (CR) until the final funding bills can be passed and signed into law.

It is likely that Healthy Start will be funded at the same level as last year: $104.4 million. This is the amount included in earlier versions of the fiscal year 2012 funding bill that were proposed by the U.S. Senate and U.S. House of Representatives.

It should be noted that the House version of the Labor/HHS/Ed bill proposed to completely eliminate many new funding streams that were created through the Affordable Care Act (ie, health reform). Programs targeted for elimination include the $350 million home visiting program, the $1 billion Prevention and Public Health Fund, and others. Again, the House bill is just a proposal and does not represent final funding levels.
Study Shows Text4baby Making a Difference for Moms

Since its launch in February, 2010, more than 245,000 individuals have enrolled in the ground-breaking text4baby program, the first free-to-end-user health education text messaging program in the U.S. The service, a program of the National Healthy Mothers, Healthy Babies Coalition, provides pregnant women and new mothers with babies less than 1 year with three free messages every week directly to their mobile phone. This month, early evaluation results are available from a study conducted by the National Latino Research Center at California State University, San Marcos and the University of California, San Diego Department of Obstetrics and Gynecology with support from the Alliance Healthcare Foundation.

This study took place with text4baby users in San Diego County, California and included both in-depth interviews with 38 women and a phone survey with 122 users. The initial (phase 1) evaluation findings indicate that text4baby is increasing users’ health knowledge, facilitating interaction with their health providers, improving their adherence to appointments and immunizations, and improving their access to health services. Below is a summary of preliminary evaluation findings:

- 63.1% of participants reported that text4baby helped them remember an appointment or immunization that they or their child needed.
- 75.4% of participants reported that text4baby messages informed them of medical warning signs that they did not know.
- 71.3% of participants reported talking to their doctor about a topic that they read on a text4baby message.
- 38.5% of participants reported that they called a service or phone number that they received from a text4baby message.
- 53.3% of participants without health insurance reported calling a service number. The authors conclude that underinsured participants’ are improving their access to health services and health information services as a result of text4baby messages.

The key informant interviews yielded valuable information regarding overall satisfaction with the service and the appropriateness of the text messages. Overall, women reported that they liked the messages and found them to be helpful, useful and thorough.

The average text4baby telephone survey participant:
- has an annual household income between $25,000 and $35,000.
- has 3-4 persons living in their household, including children.
- has 1.5 children (including this pregnancy).
- is a high school graduate.
- has health insurance.
- gives the service a rating of 8.5 out of 10.

In general, results from phase 1 of the evaluation provide clear evidence of the positive impact that text4baby is having on users in San Diego. These findings have significant implications for demonstrating the feasibility and impact of the text4baby program and mobile health interventions more broadly.

Super Committee

The twelve members of the Joint Committee on Debt Reduction, also known as the Super Committee, continue to try and reach agreement on a comprehensive debt reduction package. The committee, comprised of six Republicans and six Democrats, has until November 23 to pass a proposal that reduces the deficit by at least $1.2 trillion over the next ten years. Everything is on the table, including spending cuts, tax reform, and changes to health care and entitlement programs (such as Medicare, Medicaid, and Social Security). If Congress fails to pass the proposal by December 23, then $1.2 trillion in automatic spending cuts will be triggered beginning in January 2013. The cuts will be evenly divided between defense and nondefense programs.

Congressional Honorees

In preparation for the NHSA Spring Conference in Washington, DC, please consider nominating your U.S. Senator or House Member to receive an award at the Congressional Reception on Capitol Hill. Each year, NHSA honors several members of the House and Senate who have supported Healthy Start and our policy priorities.

If you think your Member of Congress or U.S. Senator is deserving of special recognition, please contact Jon Terry at jon.terry@capitolyouth.com.

SAVE THE DATE

Healthy Start Leadership Training Institute

March 10-11, 2012
Hyatt Regency on Capitol Hill
Washington, DC
mark your calendars!

**december**

**12-16**
The 17th Annual Maternal and Child Health Epidemiology Conference will be held at the Sheraton New Orleans Hotel in New Orleans, Louisiana. [Click here for more information.](#)

**18-20**
The 10th World Congress of “Maternal and Neonatal Health” will be held Rome, Italy. For more information, visit [http://www.mcaevents.org/iamaneh2011/](http://www.mcaevents.org/iamaneh2011/)

**january**

**11-13**
The 10th Annual Texas Healthy Start Alliance Education Conference, Rethinking Maternal and Child Health: Innovative Approaches & Evidenced Based Practices and the Life Course Perspective, will be held at the Isla Grand Beach Resort, South Padre Island, Texas. Please go to the TXHSA website at: [www.txhsa.com](http://www.txhsa.com) to get conference details and the registration form. Free t-shirts will be provided for the first 100 attendees, but to “guarantee” a specific size, registrations will need to be received by November 30, 2011.

**february**

**11-14**
The 2012 Annual Conference of the Association of Maternal & Child Health Programs (AMCHP) will take place at the Omni Shoreham Hotel in Washington, DC. The conference theme is Improving Maternal and Child Health Across the Life Span: Acting Today for Healthy Tomorrows. [Online registration is now open.](#)

**15-16**
2012 National Summit on Quality in Home Visiting Programs at the Omni Shoreham Hotel, Washington, DC. For the latest information, please visit [www.homevisitingsummit.org](http://www.homevisitingsummit.org).