

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Spring 2007

Healthy “Healthy Start Matters” – and 400 People Heard How and Why It Does



HRSA Administrator Elizabeth Duke greets conference participants

ledge about the health of minorities and translate it into clinical practice and provide health care in accordance with realities of the needs of the various “classes” of the minority communities.

Healthy Start Matters: Taking Action to Move Forward was the theme for the NHTA's Eighth Annual Spring Conference, held in Washington, DC, March 18-21. Keynote speaker Vernellia Randall, Professor at the University of Dayton School of Law, traced the history of racial disparities in health care, saying that universal health care is necessary to eliminate disparities. To ensure health equity, she said, the U.S. must provide quality health care, assure cultural competency of health care workers, increase know-

Presenters from the Annie E. Casey Foundation followed Randall's keynote address with a session utilizing the foundation's “Race Matters” toolkit to demonstrate ways to move forward to recognize and eliminate health care disparities. The tools allow for telling a different story about race, defining success and thinking about interventions differently, looking at data and analyzing problems differently, talking about issues differently and thinking about organizations differently.

In another general session, stories related by consumers reminded the 400 attendees of the erosion and breakdown of our family and community systems and paint pictures of hope through the work of the Healthy Start projects throughout the country...why Healthy Start matters on a very personal level.

Dr. Elizabeth Duke, Administrator of the Health Resources and Services Administration of the U.S. Department of Health and Human Services, offered HRSA's perspective on why Healthy Start matters. “We know that some interventions will improve birth outcomes. Increasing a woman's access to prenatal care in her first trimester

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New New Staff, New Office...New Beginnings

Adding to the excitement of this year's conference was the opportunity to introduce the NHTA's new Chief Executive Officer to the membership. NHTA President Belinda Pettiford announced the appointment of Peggy Sanchez Mills as its first CEO. Ms. Sanchez Mills, who recently served as the CEO of the YWCA USA, joined the organization on March 19, 2007.

“Peggy Sanchez Mills has a tremendous background in national non-profit management and is ideally positioned to lead our organization in promoting community-based maternal and child health programs,” said Pettiford.

“Peggy is passionate about the mission of the NHTA and our commitment to reduce infant mortality and racial inequities. Her enthusiasm, energy and depth of experience positions the NHTA to build a strong future for our organization.”

Sanchez Mills has over 25 years of experience working in the areas of adolescent pregnancy, community-based programming, early childhood education, affordable housing, immigration initiatives and child abuse prevention. She has extensive background in association

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Healthy Start



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The National Healthy Start Association, Inc., is a 501 (c) (3) nonprofit organization. Its mission is to promote the development of community-based maternal and child health programs, particularly those addressing the issues of infant mortality, low birthweight and racial disparity.

Message from the CEO



Many of us read the recent news coverage regarding the increase in infant deaths in the southern region of our country. It is particularly troubling when we note that this trend disproportionately impacts our minority families. It is important, more than ever, to continue to share our Healthy Start story with key decision makers

and let them know how we make a difference in our communities.

We know that Healthy Start is a lifeline to the thousands of families we serve. We also know that the funding levels have decreased over the years and this directly prevents us from providing the critical services in our communities.

Each of you as Healthy Start leaders know firsthand that we have been successful in reducing infant mortality and low birthweight and minimizing the barriers to health services for women and babies. And we collectively know our strength is rooted in our strong community-based approach that engages the entire community in the vision to assure all children are provided the care they deserve.

So our role today is to share these stories with our leaders throughout our communities. Invite them to your facilities to visit and observe first-hand your good work. Encourage your consumers to tell their stories through visits with key people in your communities. Build relationships with your media and challenge them to share stories of our successes. Let the world know that the average grantee received over two million dollars in the early 1990's and now it is only \$750,000. Clearly the correlation to decreasing dollars will impact our ability to eradicate infant mortality.

If we don't speak up on behalf of our children and their future, who will?

Peggy Sanchez Mills
CEO

Spring Conference



Sandii Handrick,
St. Louis Healthy Start
Project Director, with Dwight Fair



Incoming NHSA President
Cynthia Dean



NHSA Legacy Advisory Committee
Member Jonah Garcia introduces
Senator Jeff Bingaman

View from the Hill: Legislative Update

Congressional Reception

As part of the Spring Conference, over 300 conference participants attended the Association's Sixth Annual Congressional Reception on Capitol Hill. Honored at the event this year were Senator Jeff Bingaman (D-NM), Congressman Michael Burgess (R-TX) and Congressman Fred Upton (R-MI). Congressman Burgess issued a press release the day after the event highlighting the work of NHTSA Board member Jerry Roberson and the Tarrant County Infant Mortality Task Force. "I believe this funding is necessary and exactly the type of area where the federal government should be willing to assist," said Congressman Burgess. "Infant mortality is an area of health care that with true effort and education, we can prevent."

Appropriations Update

Congressman John Spratt (D-SC) and Congresswoman Shelley Moore Capito (R-WV) agreed to spearhead a letter in the House of Representatives in support of \$110 million in funding for the Healthy Start program. Currently, the program is funded at \$101 million and it is time for funding to be increased. In their letter, Spratt and Capito ask the leadership of the House Appropriations Committee to provide \$110 million "in order to expand the program into additional qualified areas and also provide support to existing program sites." The letter goes on to state that Congress must ensure "that funding appropriated for Healthy Start will only be used to directly support the Healthy Start program, and not spent on other programs or initiatives within the U.S. Department of Health and Human Services." We will continue to follow the appropriations process and work with our Congressional supporters to ensure that Healthy Start receives the funding it deserves.

House Members who signed the Spratt-Capito Letter

Julia Carson (D-IN)	Stephanie Herseth Sandlin (D-SD)
Michael Capuano (D-MA)	Lois Capps (D-CA)
Neil Abercrombie (D-HI)	Emanuel Cleaver (D-MO)
Ruben Hinojosa (D-TX)	Ed Towns (D-NY)
Dennis Moore (D-KS)	Fred Upton (R-MI)
Henry Cuellar (D-TX)	Nick Rahall (D-WV)
Keith Ellison (D-MN)	Eleanor Holmes Norton (D-DC)
Dale Kildee (D-MI)	Mike McIntyre (D-NC)
Michael McNulty (D-NY)	Gwen Moore (D-WI)
Corrine Brown (D-FL)	Shelley Berkley (D-NV)
Howard Berman (D-CA)	

Reauthorization Update

Congressmen Ed Towns (D-NY) and Fred Upton (R-MI) have agreed to introduce a bill in the House that will reauthorize the Healthy Start program through 2012. We are very close to securing sponsors in the Senate to introduce identical legislation in the Senate.

Once the bills are introduced, hopefully before the end of May, we will begin seeking other House Members and Senators to cosponsor the legislation. The more cosponsors on a bill, the better chance that the bill will make it through Congress and eventually be signed into law. The NHTSA will send out an alert to let you know when the bills have been introduced and let you know how you can help generate support. We will need your help if we want to succeed in getting these bills signed into law!



Rick Haverkate, Lorraine Woodson, Wendy Fields and Christine Fink present plaque to Jane Williams (center) of Michigan Congressman Fred Upton's office

New Staff...from page 1

management and led numerous initiatives in the development of national goals and the implementation of a new structure and culture for the YWCA USA.

"There is no greater cause than to provide a child a healthy start in life," said Peggy Sanchez Mills. "I am honored to serve as the first CEO of the National Healthy Start Association and to join with the committed leaders throughout the country to assure that the health and well being of mothers and their children is a number one priority for America."

In addition to hiring its first CEO, the Board of Directors announced the relocation of its national headquarters to Washington, DC. "Joining together in partnership with other national leaders will strengthen our efforts to improve the health and well being of women and infants and to reduce the racial inequities that exist for many of America's families," said Sanchez Mills. Joining her in the new office is Kemia Duncan, NHTSA's new Executive Assistant, who began work on April 9th. Long-time consultant Bea Haskins, who served as the Association's Operations Manager for 10 years, continues to work with the NHTSA as a part-time consultant on special projects.

Annual Meeting Held During Spring Conference: New Board Members Elected

For the first time, the NHSA held its Annual Membership Meeting during the Spring Conference, rather than during the annual grantee meeting. During lunch on the Monday session, President Belinda Pettiford highlighted NHSA accomplishments of the past year, most reported on elsewhere in this issue, and asked Yvonne Beasley, Board Secretary and member of the Nominations Committee, to conduct the election of new board members.

Beasley presented a slate that included four current board members to be elected to new three-year terms beginning July 1st: Rick Haverkate, Tamela Milan, Carlton Purvis and herself (see board list on page 2 for affiliations). Nominated to new terms were Corrina Jackson, Tulsa, OK; Cynthia Nunnally, Memphis, TN; Alma Roberts, Baltimore, MD; and Susan Wilson, Wichita, KS. The slate was approved unanimously by the membership.

Pettiford presented Certificates of Appreciation to two outgoing board members, Karen Owes of Central Harlem Healthy Start in New York, and LaShay Avendaño from the Healthy Babies project in Wichita. Owes was one of the first two consumer representatives to the NHSA Board, and Avendaño was the third consumer elected to the board.

Their contributions have helped bring the consumer voice to the forefront of the NHSA's work.

Bea Haskins, NHSA's Operations Manager, was presented with a plaque in appreciation of 10 years of dedicated service and excellence. Haskins was also recognized by the Louisiana projects for coordinating the NHSA's Katrina Relief Fund. On behalf of the NHSA, she accepted a proclamation signed by New Orleans Mayor Ray Nagin and presented by Aggie Williams of Healthy Start New Orleans, thanking the Association for its support in rebuilding the city.

President Pettiford also announced that the Board of Directors elected new officers for two-year terms beginning July 1st. Assuming the presidency is Cynthia Dean, CEO of the Missouri Bootheel Regional Consortium, Inc. The new Vice President for Programs will be Estrellita "Lo" Berry from Tampa, FL, and Lisa Matthews of MomsFirst in Cleveland, OH, will become the Vice President for Operations and Finance. Continuing as Secretary and Treasurer are Yvonne Beasley and Dani Taylor, respectively.

Healthy Start Leadership Training Institute

As a result of the Association's successful HRSA award and with thoughtful planning from the NHSA Board, Healthy Start Projects and Legacy Advisory Committee members, on March 17-18, 2007, the opening session of the Healthy Start Leadership Training Institute was celebrated.

Transforming Vision and Hope into Reality was the theme of the first in a series of advanced learning opportunities and was held prior to the Spring Conference. This is the start of a new journey with peers, partners and specialist faculty. Additional Leadership curricula will be implemented over time, with the next session to be held in August.

The Institute's planning team received applications and enrolled 31 participants who were either new to their position or had limited time in their role as Healthy Start Project Directors. Although this named group is a primary focus, future classes will be offered to respond to the needs of experienced Project Directors as well as other Healthy Start support staff.

The class content reflected both experience and interactive learning, in addition to fun and prizes. Some of the topics areas included: Getting to Know Each Other; History of Healthy Start; Healthy Start Director's Leadership Challenge; HRSA Roles, Responsibilities and Expectations;

Management Challenges; Healthy Start Core Services; and Healthy Start Core Systems. Special thanks to our faculty contributors: Belinda Pettiford, Deborah Frazier, Lisa Derrick, Mario Drummonds, Maribeth Badura, Beverly Wright and Carol Synkewecz.

Those who attended expressed appreciation for this opportunity and the need for this training. Some of the comments from the class members in attendance:

- ...this is the first time I've left a training with answers and ideas regarding some of my program challenges but also having had real, meaningful communication with other Project Directors. Seldom do we have the opportunity to interact on such a personal level.
- Thank you for inspiring me to be empowered in my role as Project Director.

The importance of this effort is clear and combined with our responsibility to teach and learn from each other, we will be more prepared to lead the Healthy Start vision within our communities until disparities are leveled and everyone has the opportunity for a Healthy Start!

The Consumer Spotlight column will return in the next issue.

At the Conference



Spring Conference Planning Committee Co-Chair Tamela Milan is honored



Shanda Justice from Portland, OR with Lana Warren



Spring Conference Planning Committee Co-Chair Lo Berry prepares to give out door prizes

Partners

Partner's Corner: Grantmakers for Children, Youth and Families

Grantmakers for Children, Youth and Families (GCYF) is a national membership organization with over 500 members ranging from small family foundations to large institutional grantmakers. The mission of GCYF is to increase the ability of organized philanthropy to improve the well-being of children, youth, and families (CYF). GCYF is not a grantmaking organization, and does not direct the grantmaking portfolios of its members. Rather, GCYF serves as a forum for grantmakers to review and analyze grantmaking strategies, exchange information about effective programs, examine public policy developments and maintain ongoing discussions with national leaders around key CYF issues such as maternal and child health (MCH) and health care. GCYF strives not only to improve and strengthen the understanding of MCH and health care issues among CYF grantmakers, but to educate the MCH field on the role philanthropy does and can play in improving health outcomes for children, youth and families.

Nearly 70,000 private foundations were reported in the United States in 2005. While the most visible of these often gain national press and prestige for their large funding portfolios and grants, the majority of private foundations in the U.S. are smaller community and family foundations, with local and regional grantmaking interests that face many of the same challenges as the public sector:

- They also are non-profit organizations with a finite amount of money to put toward a mission that is defined by the person/board who established the organization; and,
- They also struggle every day to prioritize the needs of their communities to determine the best use of their resources.

While private foundations do represent a key funding source for CYF issues, their contribution to their communities goes far beyond funding. GCYF members and other grantmakers bring a wide range of skills and expertise to children, youth and family discussions. For example, among GCYF members:

- Content Expertise: Nearly 20% of GCYF members have worked in philanthropy

for more than 10 years, another 20% for more than 15 years and many came from the public arena.

- Data & Assessment Expertise: About 20% of GCYF members are working/funding social reporting (Kids Count, other data initiatives).
- Direct Services: About 60% of GCYF members are working with/funding direct services in communities.

With this experience and more, grantmakers are key partners in mapping community programs, services and gaps and identifying best and promising practices for better serving kids and families. However, many grantmakers are not invited to the planning table as community experts and advocates, and are most frequently approached at the end of a planning process when funding is needed for implementation. GCYF challenges its non-profit, non-grantmaking partners to move away from thinking of foundations only in terms of the size and eligibility requirements of their grants, and instead think about foundations as you would any other partner:

- What are the unique characteristics of this potential partner that make them a good fit – in terms of common populations, priorities and goals and experience in my community?
- What are the range of opportunities for working with this partner – from sharing data and expertise to funding, that best accomplish my mission and serve my community?

Through its MCH learning area and programming, GCYF is gathering examples of public/private partnerships, and particularly partnerships between public MCH programs and philanthropy, to spark ideas for public/private partnerships to better serve kids and families. Visit GCYF's website to learn more about our MCH learning area and examples of public/private partnerships to improve maternal and child health outcomes. Go to <http://www.gcyf.org> >> Programs>>Learning Areas>>Maternal and Child Health.



Father. Father Involvement: Healthy Start Makes a Difference for Dads

The birth of a child is an amazing event requiring parents to take on the awesome responsibility for a life that cannot survive or succeed without protection, nurture or guidance. Most fathers, married or unmarried, want to live up to the challenge, but few services focus on supporting fathers and other males who choose to assist in the raising of children.

Research provides compelling information on why dads matter and are important:

- Low-income supportive fathers and father figures positively affect a child's cognitive and language development, self esteem, school readiness and the supportive caregiving of their mothers.⁽¹⁻⁴⁾
- Access to both parents, even when a child's parents are not married, reduces the risk of dropping out of school, teen pregnancy, substance abuse and juvenile delinquency.⁽²⁾
- When unable to provide financially for their children, low-income fathers tend to feel helpless, a failure and useless to their family. Many grew up without a father to mentor them.⁽⁵⁾

Many dads struggle to support themselves, but may lack skills for caregiving and nurturing young children.

- Low-income, unmarried young dads are committed and involved in parenting when their child is a newborn. Ninety percent of mothers want them to be involved. At the time of the baby's birth, over 80% of young dads are in a romantic relationship with their child's mother; over 40% live together; over 90% assist financially or provide significant in-kind help; over 70% visited their newborn in the hospital; most went to prenatal care appointments; over 80% planned to continue to help. Lacking an education and employment, many fathers find it difficult to remain involved with their children over time, due to their personal challenges in life.^(6, 7)
- Though they may see their child less often, low-income, unmarried fathers of eight-year-olds reported similar commitments and concerns for their children as married dads.⁽⁸⁾
- Physical proximity, education employment and support of fathers by their child's mother and her family improve a father's likelihood of involvement.⁽⁹⁾
- Among 1,993 fathers who did not live with their child or pay child support, 48% were out of work for 12 months; over 50% made less than \$10,000; 33% had less than a high school education; and 11% were in jail.⁽¹⁰⁾
- Fathers involved with their children are less likely to become involved with the law. Yet the majority of imprisoned men are fathers. Most have committed nonviolent crimes and will return home in a few years. Prisoners with strong family ties are more likely to succeed when released and those who are employed are even more likely to not return to jail.⁽¹¹⁾

Pregnancy and birth are important "teachable moments" to intervene and help fathers and mothers gain skills they will need to be responsible parents. Research, fatherhood experts

and fathers recommend the following types of programs to support fathers:

- Provide employment and education for employment.
- Offer screening and treatment for postnatal depression: 3.6% to 10% of new dads were found to suffer from postnatal depression with feelings of anxiety, sadness, mood swings, irritability and hopelessness. Their pre-school children were more likely to have emotional problems and their pre-school boys were twice as likely to have behavioral problems.^(1, 12, 13)
- Involve fathers and mothers in nutrition, pregnancy, prenatal care and child development education. Fathers' knowledge of complications of pregnancy, healthy behaviors and child development is associated in some studies with improved maternal and child outcomes.^(7, 14-16)
- Assist maternal and paternal extended families to support adolescent father involvement.⁽⁹⁾
- Provide breastfeeding education for fathers and mothers. Breastfeeding education has been found to diminish a father's feeling of rejection and improve father support for the mother's breastfeeding choice.⁽¹⁷⁾
- Connect fathers to fatherhood programs and faith-based organizations dedicated to assisting fathers succeed.⁽¹⁸⁾

Many Healthy Start programs are offering these services. Other projects offer a "father-friendly" environment, without specific funding available to assist staff, by including dads in events and classes or finding other ways to support them.

Resources on the Web ⁽³⁾

- Administration for Children and Families: <http://fatherhood.hhs.gov/index.shtml>
- Annie E. Casey Foundation: <http://www.acef.org>
- National Center for Fathering: <http://www.fathers.com>
- Family Strengthening Policy Center: www.nassembly.org/fspc/aboutus.html
- National Center on Fathers and Families (NCOFF): <http://www.ncoff.gse.upenn.edu>
- National Fatherhood Initiative (NFI): <http://www.fatherhood.org>
- National Practitioners Network for Fathers and Families, Inc. (NPNFF): <http://www.npnff.org>

⁽¹⁾ Ramchandani P, Stein A, Evans J, O'Connor TG. Paternal depression in the postnatal period and child development: a prospective population study. *Lancet* 2005;365(9478):2201-5.

⁽²⁾ National Conference of State Legislatures. Why Focus on Fathers? In: Connecting Low-Income Families and Fathers: A Guide to Practical Policies. National Conference of State Legislatures; 2000.

⁽³⁾ National Human Services Assembly, Family Strengthening Family Center. Sustaining and Growing Father Involvement for Low Income Children Policy Brief No. 14; December 2005.

⁽⁴⁾ Reichert D. Broke but not Deadbeat: Reconnecting Low-Income Fathers and Children. Denver, CO: National Conference of State Legislatures. In; 1999. p. 60.

⁽⁵⁾ Lamb ME. The role of the father in child development. 4th ed. Hoboken, N.J.: Wiley; 2004.

⁽⁶⁾ Teitler J. Father Involvement, Child Health and Maternal Health Behavior. New York: School of Social Work; 2000.

- (7) Barret RL, Robinson BE. The role of adolescent fathers in parenting and childrearing. *Adv Adolesc Mental Health* 1990;4:189-200.
- (8) Dubowitz H, Lane W, Ross K, Vaughan D. The involvement of low-income African American fathers in their children's lives, and the barriers they face. *Ambul Pediatr* 2004;4(6):505-8.
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- (15) Biller HB. *Fathers and families: paternal factors in child development*. Westport, Conn.: Auburn House; 1993.
- (16) Cox JE, Bithoney WG. Fathers of children born to adolescent mothers. Predictors of contact with their children at 2 years. *Arch Pediatr Adolesc Med* 1995;149(9):962-6.
- (17) Sciacca JP, Dube DA, Phipps BL, Ratliff MI. A breast feeding education and promotion program: effects on knowledge, attitudes, and support for breast feeding. *J Community Health* 1995;20(6):473-90.
- (18) National Conference of State Legislatures. *In their Words -Fathers tell their stories*. In: *Connecting Low-Income Families and Fathers: A Guide to Practical Policies*. National Conference of State Legislatures; 2000.

Healthy Start Matters...from page 1

of pregnancy is so important. That's why Healthy Start programs emphasize it," she said. "A community committed to working together in new and innovative ways to lower infant mortality can improve birth outcomes. That's why Healthy Start emphasizes the community-based approach. Greater acceptance of personal responsibility by expectant parents can improve birth outcomes. That's why Healthy Start emphasizes it. Education works. Outreach works. Case management works. That's why all these activities are part of Healthy Start and that's why it works to improve health outcomes for the women and children who are part of your programs. At the national level, Healthy Start has made a big impact on earlier entry into prenatal care for pregnant women."

Continuing the theme of "Healthy Start Matters," other sessions focused on why dads, consumers and consortia matter. The March of Dimes showcased partnerships with Healthy Start projects to reduce disparities in premature birth. Grassroots advocacy sessions prepared folks for their Capitol Hill visits during the conference, and also on advocating on the state and local levels.

Presentations from the conference are posted in the Archives section of the NHTSA's website. See also the articles on the Congressional Reception, Annual Meeting, new officers and a Capitol Hill Update elsewhere in this issue.

Best Conference Ever?

Here are some comments:

- Sessions were dedicated to exploring real issues that get to the heart of why the Healthy Start programs are needed.
- ...put everything in perspective for me. The most important thing is to give these babies a healthy start so they can grow and develop into pillars of society.
- ...made me realize, or confirm, that the work we do does make a difference. The scale does not matter.
- It helps somehow to know that there are others having the same problems as you are and it helps even more to get solutions to those problems.

NHTSA is revamping our website and adding a new Peer Learning Network. Look for it this summer! Meanwhile, visit us at www.healthystartassoc.org.

Become a Friend of Healthy Start!

The NHTSA depends on contributions from supporters, as well as members. If you would like to become a Friend of Healthy Start, please complete the form below and send it today with your check.

I/we want to be a Friend of Healthy Start and enclose a check to National Healthy Start Association, Inc.

- \$25 Individual
- \$50 Community-based organizations; local businesses and corporations
- \$100 State or regional organizations, businesses or corporations
- \$200 National organizations, businesses or corporations
- Additional contribution enclosed \$ _____

Name _____ Company Name _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____

Please return this form with your check to: National Healthy Start Association, Inc., P.O. Box 25227, Baltimore, MD 21229-0327.

The National Healthy Start Association, Inc. is a 501 (c) (3) nonprofit organization. Contributions are tax deductible to the extent allowed by law. Consult your tax advisor. Copies of NHTSA's annual financial report may be obtained by writing to National Healthy Start Association, Inc., P.O. Box 25227, Baltimore, MD 21229-0327. Documents and information filed under the Maryland charitable organization laws can be obtained, for the cost of copies and postage, from the Office of the Secretary of State, State House, Annapolis, MD 21401, (800) 825-4510 (for residents of Maryland).

Healthy Start in the News

Has your Healthy Start project been in the news lately? Send the NHSA links to newspaper articles, TV news stories or radio and TV PSAs so they can be shared with your fellow projects.

Visit NHSA's Web site

The NHSA's web site contains useful information for members and others, such as an online Directory with contact information for all federally funded Healthy Start projects. Go to www.healthystartassoc.org.

STAY IN TOUCH!

Be sure to notify the Association if you change project directors or contact information, such as e-mail addresses or phone numbers. This will keep our records up to date so we can easily notify you of important news.

Beginnings Guides Available at Discounted Prices to NHSA Members

NHSA members receive a discount on orders of the Beginnings Guides' "Pregnancy Guide" and "The New Parent's Guide." The special price is available at any time. Practice Development, Inc., the publishers, makes a donation to the Association based on member orders. For more information about the Guides, visit www.BeginningsGuides.net.

Mark Your Calendars

July 11-13, 2007, National Association of County and City Health Officials, NACCHO Annual 2007, Columbus, OH, www.naccho.org

August 4 & 5, 2007, NHSA's Healthy Start Leadership Training Institute, Arlington, VA (contact the NHSA Office for more information)

August 5-9, 2007, National Conference of State Legislators, NCSL's Strong States Strong Nation 2007, Boston, MA, www.ncsl.org

August 6-8, 2007, Healthy Start Grantee Meeting, Arlington, VA, www.team-psa.com/healthystart2007/home.asp

August 9-14, 2007, American Bar Association's 2007 Annual Meeting San Francisco, www.abanet.org/annual2007

August 26-28, 2007, 2007 CityMatCH Urban MCH Leadership Conference, Denver, CO, www.citymatch.org

September 26-28, 2007, Grantmakers for Children, Youth & Families Annual Conference, Atlanta, GA, www.gcyf.org

October 2-5, 2007, Association of State & Territorial Health Officials, ASTHO 2007 Annual Meeting, St. Louis, MO, www.astho.org

February 27-29, 2008, Grantmakers in Health's 2008 Annual Meeting, Los Angeles, CA, www.gih.org

April 20-23, 2008, NHSA's Ninth Annual Spring Conference, Washington, DC, www.healthystartassoc.org

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