

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Fall 2005

Federal Legislative Update for Healthy Start

Senate and House Appropriations

In order for the federal government to remain funded, Congress must pass appropriations bills that are then sent to the president for his signature every year. These bills formally stipulate how much money is to be spent on various federal programs for the new fiscal year that begins October 1st. Ten House and 12 Senate appropriations subcommittees correspond with the bills that must be passed. The Healthy Start program is under the jurisdiction of the Labor, Health and Human Services and Education (Labor-HHS) subcommittees.

It is not uncommon for Congress to be late in passing these mandatory bills, and this year will be no exception. So far, the House has passed all of its bills, including their Labor-HHS bill, which provides decreased funding for Healthy Start at \$97.747 million. The Senate Appropriations Labor-HHS Subcommittee marked up its FY 2006 bill on July 12th. They included \$104 M for Healthy Start, which is \$6,253,000 more than in the House Labor-HHS passed bill, and \$1,457,000 more than what Healthy Start received for FY 2005. The Senate Appropriations Committee passed the bill out of committee on July 14th, which means it approved Healthy Start at the \$104M level, but the full Senate has to approve this amount. Once that happens, the House and Senate will meet in a conference committee to work out differences, which will include a decision on how much Healthy Start will receive for FY2006. As we go to press, the Senate has passed only the Interior and Environment Appropriations bill and the Legislative Branch Appropriations bill, and must finish the rest of their business when they return after Labor Day.

In order to increase domestic discretionary spending, Senate Labor-HHS Chairman Arlen Specter (R-PA) and Ranking Member Tom Harkin (D-IA) agreed to a spending "gimmick." They moved \$2 billion of Supplemental Security Income spending from FY2006 to FY2007. Whether this agreement remains in place, and whether it would help Healthy Start or not, the House and Senate need to be urged to maintain the \$104 M for Healthy Start in the Senate Subcommittee bill.

During the August recess, numerous Healthy Start sites met with Senators and Congresspersons in their respective states and asked that they voice their support for the Senate funding level of \$104 million for Healthy Start with the Chairman and Ranking Member of the Labor-HHS and Education Senate and House Subcommittees. Given all the budgetary pressure Appropriators are facing, these meetings were critical in ensuring that Congress is aware of the importance of maintaining the Senate's \$104M for the Healthy Start program. As the Labor-HHS bill will not be completed before October, it is not too late to contact your Congressperson and Senators. The NHSA will keep you informed of further developments.

Continued on page 3

NHSA Establishes Relief Fund for New Orleans Project

Following Hurricane Katrina's devastation of New Orleans, Louisiana, among other Gulf Coast areas, the NHSA established a relief fund for the Healthy Start family to contribute funds that will go directly to Great Expectations New Orleans Healthy Start. Babies will still be born, moms will still need prenatal care and these Healthy Start families and the projects serving them need our help.

Send your checks, made out to the National Healthy Start Association, Inc., and noted as "Katrina Relief Fund" to:

National Healthy Start Association, Inc.
Katrina Relief Fund
P.O. Box 25227
Baltimore, MD 21229

All funds collected will go to the project in New Orleans. Dig deep, Healthy Start, and give from the heart. Ask everyone you know to help.



Successes from the Projects

The NHSA recently assisted the MCHB in collecting accomplishments of the Healthy Start grantees to be used in the reauthorization efforts. Here's just a sampling of some interesting facts and stats:

- **Puerto Rico Healthy Start:** In 2004, 564 interconceptional and 346 pregnant participants were screened for post partum depression. Of these, 29 had a positive screen and 19 (65.5%) were referred for mental health evaluation and services as needed.
- **Cleveland MomsFirst Project:** For calendar year 2004, the MomsFirst Project had 89.23% of women participants linked to an ongoing source of primary care, exceeding their annual performance objective by 9.23%. Prenatal care visits increased 44% among program participants from 1,054 visits in 2003 to 1,874 visits in 2004.
- **Palmetto Healthy Start (Columbia, SC):** Provided critical services in 2001–2004 to underserved minority women; among 2,011 pregnant women served, 1,727 (86%) were African Americans.
- **Northern Plains Healthy Start (SD, ND, IA & NE):** In 2004, accomplishments include a decrease in the program participant infant mortality rate to 8.4 per 1000, or 6 out of 707 live births. Of these, two were neonatal and four were post-neonatal. None of these were SIDS deaths. The project also increased the rate of initiation of breastfeeding among program participants from 40% to 52%.

NHSA Begins Planning New Series of Regional Conferences

In 2003, the NHSA received funding through a special Congressional initiative (an “earmark”) that allowed us to hold a series of six regional conferences for Healthy Start project staff, consumers and state Title V representatives throughout the country during 2004. The main purposes were to assess the technical assistance needs of the projects and determine the best way to respond to those needs, to foster a peer-to-peer mentoring system among the Healthy Start projects and to build collaborative working relationships among Healthy Start program staff and their Title V counterparts.

Among the key findings from the regional conferences was that they were well received and that participants would like the NHSA to continue to hold them. President Kenn Harris reports, “The NHSA is pleased to be the recipient of a second ‘earmark,’ and we recently received a Notice of Grant Award from the Health Resources and Services Administration to use these funds to hold another series of regional conferences in 2006.” This round will provide technical assistance on topics rated as most desired by the 2004 participants, as well as provide more networking opportunities than previously. The chance to network and share information was one of the most valuable assets of the 2004 conferences, according to evaluation results. The 2006 regional conferences will also set the stage for the development and implementation of “Regional Communications Networks,” to allow ongoing regional collaboration and support among the projects of a region.

Watch this space for further details.

Kenneth L. Harris, President
Abba Restoration Center, Groton (CT)
Carlton L. Purvis, Vice President
Family Foundations, Medford (OR)
Jonah O. Garcia, Secretary
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Healthy Babies, Inc., Wichita (KS)
Yvonne Beasley
Indianapolis Healthy Start (IN)
Pamela Bryer
Healthy Start for Chester County,
West Chester (PA)
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Tamela Milan
Westside Healthy Start, Chicago (IL)
Karen Owes
Central Harlem Healthy Start (NY)
Danetta Taylor (03-05)
Improving Pregnancy Outcomes Program,
San Leandro (CA)
Penny Womeldorff
West Virginia Healthy Start/HAPI Project
Morgantown (WV)
Production Coordinator/Editor: Bea Haskins
Contributing Writers: Lane Church,
Claudia Morris
Designer: Thomasina Seah
National Healthy Start Association, Inc.
P. O. Box 25227
Baltimore, MD 21229-0327
Phone: (410) 525-1600
Fax: (410) 525-1601
natlhealthystart@mindspring.com
www.healthystartassoc.org
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 initiatives addressing the
issues of infant mortality, low birthweight
and racial disparity.

Federal Legislative Update, continued from page 1

Healthy Start Reauthorization Bill Introduced

The NHSA is pleased to announce that legislation to keep the Healthy Start program authorized by Congress has been introduced in the House by Congressman Fred Upton (R-MI) and Congressman Edolphus Towns (D-NY) as H.R. 3131. Titled “The National Healthy Start Act of 2005,” the bill will continue Healthy Start onward from its statutory expiration date of 2005 until 2010, and encourages the Secretary of Health and Human Services to include consideration of “the extent to which applicants for such grants facilitate a community-based approach to the delivery of services and a comprehensive approach to women’s health care to improve perinatal outcomes.”

Congressional committees, which are separate from appropriations committees, are responsible for drafting

program authorization that designates which federal programs are eligible for funding. It is not uncommon for most federal programs to have a date when their programs expire, giving Congress a chance to review the program and make changes to the focus or mission before authorizing it again to receive funding.

Healthy Start was originally authorized as part of the Child Health Act of 2000, and no opposition to the legislation is anticipated. To date, however, few members have expressed a desire to undertake the task of the reauthorization of what has now become a popular program. This positive view of Healthy Start is due largely to the educational efforts of NHSA members over the past few years. Nevertheless, the program needs to be reauthorized, and the NHSA will communicate with its members about educating appropriate Members of Congress on the importance of continuing Healthy Start.

NHSA's Committee Reports

Development Committee

In conjunction with the Evaluation & Outcomes Committee, this committee submitted a proposal to the CDC for funds to allow the NHSA to collect and analyze data from the Healthy Start projects. Staff and committee chairs have also been working to secure underwriting or sponsorship of the Spring Conference and/or receptions held during the conference. Work continues in various arenas to obtain program and operating support.

Evaluation & Outcomes Committee

In addition to the proposal submitted to the CDC, members of this committee have participated in conference calls for the national evaluation. The committee will shortly undertake a review of accomplishments recently submitted to the MCHB and compile them into a fact sheet (*see “Successes from the Projects”*).

Spring Conference Planning Committee

The SCPC has begun meeting to plan the NHSA’s 2006 Spring Conference, which will be held in Washington, DC on March 26-29. The committee established small workgroups, and two have begun working: Program and Keynote Speaker. Other workgroups, such as Exhibitors/Vendors and Fatherhood/Male Involvement, will begin work later in the fall. Among the sessions planned is one on preconception care, with support from the CDC (*see CDC article*).

Finance Committee

This committee continues to work on the refinement of the NHSA’s financial systems, along with ensuring that the NHSA Board of Directors has clear, concise financial reports they can regularly review. They will soon commence preparing the Association’s budget for 2006.

Sustainability Committee

See the article on page 1 for a legislative update, headed up by this committee.

Legacy Advisory Committee

The LAC is busy focusing on the infrastructure for the organization. The primary area of focus is securing staff for the organization, in particular, an Executive Director. As an advisory body, they continue to support the president and board of directors by providing leadership on specific tasks and activities.

Nominating Committee

This *ad hoc* committee, under the chairmanship of NHSA Vice President Carlton Purvis, is preparing a slate of nominees to present at the Association’s annual Membership Meeting to be held during the MCHB’s Project Directors’ Meeting in November, for election to the board for three-year terms starting January 2006. They then will address their attention to Executive Committee seats that are up for renewal in 2006; for example, the treasurer and secretary.

Research News

Smoking During Pregnancy Increases Hyperkinetic Disorder Risk

Children born to mothers who smoked during pregnancy are at increased risk of hyperkinetic disorder, according to a report in the August issue of *Pediatrics*. The findings stem from a nested case-control study involving 170 children with hyperkinetic disorder and 3,765 population-based controls in Denmark. The researchers found that maternal smoking during pregnancy tripled the risk of having a child with hyperkinetic disorder. After adjusting for socioeconomic factors and history of mental disorder in parents or siblings, the risk relative dropped slightly to 1.9. By contrast, the strength of the association did not change after adjusting for parental age or excluding children born prematurely or those with low birthweight or Apgar scores. Similarly, the findings were unchanged when children with conduct disorders or co-morbidities were omitted from the analysis. In explaining the findings, the authors noted that maternal smoking may have a true biologic effect on the fetal brain. However, it is also possible that smokers have a different parenting style than nonsmokers, one that may predispose to hyperkinetic disorder.

(Ed. note: The terms “attention deficit disorder” (ADD), “attention-deficit hyperactivity disorder” (ADHD), “hyperkinetic disorder” and “hyperactivity” are all used by professionals to describe the problems of children who are overactive and have difficulty concentrating.)

Medscape from WebMD, August 1, 2005, www.medscape.com.

Even Dad's Smoke is Bad for Fetuses

It's not enough for a woman to stop smoking when she becomes pregnant, a new study suggests. To protect the developing fetus, other family members should stop smoking, too, and expectant mothers should stop contact with anyone who smokes. Pooling data from three earlier studies, an environmental and occupational health researcher at the University of Pittsburgh's Graduate School of Public Health found that second-hand smoke leads to the same number of genetic mutations in newborns as does smoking by the mother herself. The findings were recently published in the online journal *BMC Pediatrics*.

Article: *Pittsburgh Post-Gazette*, July 27, 2005;
Source: www.smokefree.net.

AAP's Breastfeeding Guidelines

The American Academy of Pediatrics' latest guidelines say babies should be fed breast milk exclusively for six months, then given breast milk along with solid food for at least another six months. That may seem like a

long time, but it will probably mean fewer sick days and doctor visits, since breast milk protects babies from ear infections, diarrhea and perhaps even obesity in later life. Breastfeeding also lowers mom's risk of ovarian and breast cancers. Despite benefits to baby and mom, about two-thirds of mothers are not breastfeeding at six months. Breastfeeding for any length of time, even if not the whole year, helps the child, and this is especially true during the first two weeks, when the milk is particularly rich in disease-protective antibodies.

Health, June 2005, p. 22.

New Research Offers Clues to Prevent Brain Damage in Premature Babies

Factors that inhibit the brain's natural self-healing process and that may offer new insights into how to prevent brain damage in premature babies have been identified by a team of researchers supported in part by the March of Dimes. The research was published online in *Nature Magazine* on August 8th. Researchers identified some of the key factors that may prevent brain damage repair in premature babies and patients with multiple sclerosis (MS) or certain other neurological diseases. Their findings offer important clues about why the nervous system fails to repair itself and suggest that some forms of brain damage could be reversed. The lead researcher previously found a link between damage to white matter in the brain associated with premature birth, and damage to immature cells in the brain and spinal cord, called “oligodendrocytes progenitors.” These cells normally mature to become oligodendrocytes that make myelin, the insulating sheath surrounding nerve fibers in the brain and spinal cord, throughout life. In some cases, these cells fail to mature and cannot repair damage to the white matter of the brain.

The white matter is made up of long nerve fibers wrapped in myelin. Different kinds of white matter injury cause cerebral palsy and learning problems in children born prematurely, and MS in older children and adults. The researchers found that hyaluronic acid (HA) prevents immature oligodendrocytes from maturing and coating nerve fibers with new myelin. Astrocytes, the first-responders to nerve damage in the brain, produce HA, which accumulates on nerve fibers where myelin is missing. “Preterm birth can interrupt the normal myelination process. Therefore, this report may help explain the brain damage seen in premature babies, some of whom have cerebral palsy,” said Michael Katz, MD, of the March of Dimes.

March of Dimes News Desk, August 8, 2005, www.marchofdimes.com.

Childhood Immunization Rates Surpass Healthy People 2010 Goal

The Centers for Disease Control and Prevention (CDC) announced in July that the nation's childhood immunization coverage rates continue at record high levels, with about 81 percent of the nation's 19-to-35-month-old children receiving all the vaccinations in the recommended series. This is the first time coverage for the base line series of vaccines (4:3:1:3:3 series) has exceeded 80 percent, which also represents the Healthy People 2010 goal. Healthy People establishes goals to improve the nation's health – increasing immunization coverage is one of its goals.

In 2004, coverage for the 4:3:1:3:3 series, which includes four doses of Diphtheria, Tetanus and Pertussis (DTaP), three or more doses of polio vaccine, one or more doses of measles-containing vaccine, three or more doses of Hib vaccine which can prevent meningitis and pneumonia, and three doses of hepatitis B vaccine, increased to 80.9 percent, compared to 79.4 percent in 2003, 74.8 percent in 2002, 73.7 percent in 2001 and 72.8 percent in 2000.

“These results are terrific news,” said Dr. Julie Gerberding, Director of the CDC. “They illustrate the tremendous progress we’ve made in preventing what were once common childhood diseases. Most importantly, these results show that parents have high levels of confidence in our vaccination recommendations. It’s encouraging to see that parents recognize the importance of protecting their children against diseases that while relatively uncommon, can cause serious harm.”

The 2004 National Immunization Survey (NIS) also found significant increases in the percentage of young children receiving chickenpox and the childhood pneumococcal vaccine, two relatively recent additions to the childhood immunization schedule. The vaccines, because they were added in the past five years, are not yet included in the overall series. National coverage with chickenpox (varicella) vaccine increased to 87.5 percent in 2004 from 84.8 percent in 2003. Coverage for three or more doses of pneumococcal conjugate vaccine (PCV7) increased to 73.2 percent in 2004 from 68.1 percent in 2003. Coverage for doses of PCV7 increased to 43.4 percent compared with 35.8 percent in 2003, the first year coverage was measured for the fourth dose.

The overall results indicated that vaccination rates for the fourth dose of DTaP vaccine, at 85.5 percent coverage, continued to lag behind other vaccines in the 4:3:1:3:3 series. As a result, the coverage estimates for the overall series is reduced. The high immunization rates are also an indication that temporary shortages of some of the routinely recommended childhood vac-

cines primarily affected when, rather than whether, children were vaccinated. For example, some of the older children included in the 2004 NIS survey would have been eligible to receive DTaP during a March 2001-June 2002 shortage; however, DTaP coverage remained comparable to 2003.

In 2004, as in previous years, there was substantial variation in coverage levels among states and among cities. Estimated coverage with the 4:3:1:3:3 series ranged from 89.1% in Massachusetts to 68.4% in Nevada. The range in coverage among the 28 urban areas was similar as among the states. Among the 28 urban areas, the highest estimated coverage for the 4:3:1:3:3 series was 89.7% for Davidson County, Tennessee, and the lowest was 64.8% in El Paso County, Texas.

“We’re very pleased with the overall findings, but the survey also shows there are places where we have work to do,” said Dr. Stephen L. Cochi, acting Director of CDC’s National Immunization Program. “We want all children to be well protected from vaccine preventable diseases. If we want to prevent the return of diseases that are currently rare in the United States, we must maintain our high immunization rates, and work to ensure those rates are high in all states and communities.”

CDC uses a quarterly random-digit-dialing sample of telephone numbers for each of the 78 survey areas to collect vaccination data for all age-eligible children. During 2004, healthcare provider vaccination records were obtained for 21,998 children. The overall response rate for eligible households was 67.4%.

Centers for Disease Control and Prevention, Office of Communications, Media Relations, Press Release, July 26, 2005, <http://www.cdc.gov>.

Beginnings Guides Available at Discounted Prices to NHA Members

NHA 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.

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.

Association Receives Partnership Grant Award from HRSA

As announced in the last issue the newsletter, the NHSA's application for a grant under Partnerships to Promote Maternal and Child Health: HRSA-05-076 has been approved. The goals of this grant are to assist members to improve the delivery of comprehensive maternal and child healthcare and social services to vulnerable communities and to work with maternal and child health (MCH) partners to improve public health programs for vulnerable women and children at the national, state and local levels.

With an understanding of the health and social needs of the Healthy Start projects and their consumers, the NHSA moved forward with a strategic plan after the 2004 Regional Conferences. New initiatives were developed to assist members to successfully meet their needs and ultimately meet the needs of their consumers, leading to the ultimate goals of decreasing infant mortality and low birthweight rates. Many of these new initiatives are outlined in the Partnership grant, while the NHSA continues to seek support for other initiatives in additional grants, including the new earmark (*see article*). The NHSA envisions the new initiatives as a resource that will increase the responsiveness among Healthy Start projects in providing high quality, consumer-driven and culturally competent services to their service area populations.

This five-year, one million dollar grant (\$200,000/year) will allow the NHSA to roll out a mix of projects and activities designed to:

- Implement key recommendations from the 2004 regional conferences (*see Fall 2004 issue of Getting off to a Health Start*);
- Maintain and strengthen the Association's foundation and current operations;
- Further develop the processes and mechanisms to better communicate issues, best practices and model programs among members and to our MCH partners; and
- Develop strong collaborative partnerships with our MCH partners.

Three of the Regional Conference recommendations will be implemented within the grant period. They include:

- **Establish Regional Roundtables** across the country. The goal of the Regional Roundtables, which have been renamed "Regional Communications Networks," is to establish a forum for member projects to discuss emerging MCH issues, share ideas and concerns and identify and discuss technical assistance needs within their region. Each Healthy Start project would be represented on a Network.

- **Develop a Database of Healthy Start Project Profiles.** This database will provide easy access for sites to identify similar projects (projects matching their own modus operandi), to locate related links, resources and other technical assistance sources. Profiles of the Healthy Start projects would provide a baseline of project models (e.g., local health department, hospital, Title V, non-profit), level of development and program focus nationally. This database would provide yet another forum to inform and guide the NHSA in planning and providing needed services.
- **Update and Design Interactive Website.** The NHSA will redesign the web site to make the content more attractive and, secondly, to make the web site more functional for our members by adding features such as forums or bulletin boards and chat rooms, making it more interactive and allowing members more access to assistance with project related issues. The goal is to make technical assistance readily available to staff at all levels, as well as consumers, consortia leaders and the general public.

To further develop mechanisms to better communicate with our members and partners, the NHSA will enhance the quality of the newsletter and expand its dissemination of the newsletter. A "Partners' Corner" and "Consumer Spotlight" will be added to the newsletter. The Partners' Corner will feature and update our collaborative activities with our MCH partners and invite them to share information with our members, and the mailing list will be expanded to include key players in our MCH partner organizations. The Consumer Spotlight will showcase Healthy Start clients who benefited from their local projects. To assist members with getting their good work in the news, NHSA will include an article on marketing through the media in the newsletter and send a reminder to members to share their news regularly for the NHSA's "Healthy Start in the News" alerts.

Finally, through the Partnership grant, the NHSA will establish a formal partnership with each of our MCH partners, outlining the various partnership activities. The NHSA is already involved in active relationships with the Association of Maternal and Child Health Programs (AMCHP), CityMatCH, the March of Dimes (MOD) and the National Organization on Fetal Alcohol Syndrome (NOFAS). Additionally, because the church and faith-based institutions are such an integral part of the communities that are served by Healthy Start projects across the country, the NHSA proposes to early on identify a national church or faith-based organization with which to partner.

By sharing the successful community-based strategies from our Healthy Start projects with our MCH partners, we hope to further contribute to the successes of MCH partner programs as well. The project period began May 1st and the NHSA board has used the first months of the project period to respond to award conditions and plan for staffing and other needs. We anticipate implementation this fall.

Other Partnership grantees include the American Academy of Pediatric Dentistry; Family Voices, Inc.; Today's Child Communications, Inc.; and the University of Nebraska Medical Center. The NHSA is proud to be included with this group of grantees.

Mark Your Calendars

CityMatCH's Annual Urban MCH Leadership Conference, Dallas/Fort Worth, TX, September 10–13, 2005, www.citymatch.org.

National Abandoned Infants Assistance Resource Center's National Conference, "Substance Exposed Newborns: Weaving Together Effective Policy and Practice," Washington, DC, October 6–7, 2005, http://aia.berkeley.edu/training/annual_conference.html.

MCHB's Healthy Start Project Directors' Meeting, November 14–15, Arlington, VA. Contact your project officer for more information, as well as to schedule an appointment to meet one-on-one with your P.O.

March of Dimes Third Annual Prematurity Awareness Day, November 15, 2005, www.modimes.org.

Association of Maternal and Child Health Program's Annual Conference, Arlington, VA, March 4–8, 2006, www.amchp.org.

NHSA's Seventh Annual Spring Education Conference, Washington, DC, March 26–29, 2006, www.healthystartassoc.org.

BECOME A FRIEND OF HEALTHY START!

The NHSA 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 NHSA'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).

Association Co-Sponsored Preconception Care Summit with the CDC

Following the NHSA's 2005 Spring Education Conference, attended by staff from the Centers for Disease Control and Prevention (CDC), the NHSA was invited to co-sponsor the CDC/Agency for Toxic Substances and Disease Registry's *National Summit on Preconception Care* in Atlanta, GA, on June 21–22, 2005, along with the March of Dimes and in collaboration with other national organizations. The Summit served as a catalyst for developing national recommendations for preconception care.

Attendees participated in interactive sessions to understand important and emerging public health and clinical issues in preconception care. Discussed were the latest science, clinical tools and policies. Roundtable and breakout sessions provided opportunities for in-depth learning and discussion. Conference attendees learned about what constitutes preconception care, specifically best practices in programs, policies and clinical practice, integrated programs and approaches, and health promotion and risk assessment; barriers to

preconception care and solutions that put together best practices, leverage healthcare resources and translate research into practice; and the latest and most effective communication and educational tools and methods.

Subsequently, a steering committee met in July to discuss follow-up activities and establish a timeline for drafting recommendations for improving preconception health and care. One outcome was a decision that rather than the CDC hosting another conference, they would seek opportunities to develop sessions and present on preconception care at conferences hosted by other national organizations, such as the NHSA, CityMatCH, AMCHP, MOD and others.

President Kenn Harris attended the summit on behalf of the NHSA, which was honored to be a partner in this valuable effort. Harris is also pleased to announce that the CDC will co-sponsor the NHSA's Seventh Annual Spring Education conference in March 2006, where a session on preconception care will be held.



National Healthy Start Association, Inc.
P. O. Box 25227
Baltimore, MD 21229-0327