

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Summer 2004

Regional Conferences Nearing Completion, Producing Results

As *Getting off to a Healthy Start* goes to press, the NHSA has held five regional conferences with one to go. Just months ago, the NHSA formed six planning teams, including a mix of project directors and program staff, consumers, consortia leaders, evaluators and Title V representatives, and began the planning for the regional conferences. Utilizing a Congressional earmark, the goals of the conferences are to:

- Identify and prioritize the technical assistance needs of Healthy Start projects and to establish a formal process to respond effectively region by region.
- Provide technical assistance on specific topics utilizing NHSA's new toolkits.
- Build collaborative, working relationships among Healthy Start sites and their Title V counterparts.
- Foster and encourage regional networking.

The conferences were not intended to provide focused technical assistance, but to glean the technical assistance needs of each region and provide general training

NHSA's Toolkits

- *Visit the NHSA's Healthy Start Guide to Financial Sustainability*
- *The Healthy Start Guide to Evaluating Success and Measuring Program Impact*
- *The Healthy Start Guide to Risk Factor Assessment and How to Communicate about Perinatal Risk to Local Communities*
- *The Healthy Start Guide to Program Excellence*

on the toolkit topics. The NHSA is very excited about the information that is being gathered. Feedback from the conferences will be used to guide the planning process for providing technical assistance that meets the needs of the 96 Healthy Start communities across the country.

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Fifth Annual Spring Conference Brings Over 300 NHSA Members to Nation's Capital

The NHSA's Fifth Annual Spring Education Conference was held in Washington, DC, April 19–21, under the leadership of the Spring Conference Planning Committee, chaired by board member Jonah Garcia. Nearly 315 people from Healthy Start projects throughout the country attended, including 60-plus project directors and more than 130 program staff, plus well over 100 consumers, consortia leaders and other project representatives.

Three Tracks Led to Valuable Presentations

Consumers/consortia leaders participated in a lively three-part workshop on developing consumers into community leaders. Project Directors held their second "Heart-to-Heart" session to share experiences and ideas. Program staff were treated to a session on systems integration and, along with Project Directors, attended sessions on "Using the Life Skills Progression (LSP)

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Belinda Pettiford (02-05), President
Healthy Start Eastern, Northeastern and
Triad Baby Love Plus (NC)

Kenn Harris (02-05), Vice President
(Former Project Director)
New Haven Healthy Start (CT)

Jonah O. Garcia (03-06), Secretary and Chair
Membership Services Committee
Doña Ana Healthy Start (NM)

Jerry Roberson (03-06), Treasurer
Texas Healthy Start Alliance (TX)

Carol A. Synkewecz (02-05), Past President
Duvall County Health Department/
Administration—MCH (FL)

Cynthia Dean (02-05), Co-Chair
Development Committee
Missouri Bootheel Healthy Start, Sikeston (MO)

Deborah Frazier (former Board Member), Co-Chair
Development Committee
Arkansas Health Services Permit Agency (AR)

Madie Robinson (02-05), Chair
Evaluation & Outcomes Committee
Pee Dee Healthy Start, Florence (SC)

C. Michael Savage (02-05), Chair
Sustainability Committee
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Indianapolis Healthy Start (IN)

Estrellita "Lo" Berry (03-06)
Central Hillsborough Healthy Start, Tampa (FL)

Pamela Bryer (03-06)
Healthy Start for Chester County (PA)

Dianna Christmas (02-05)
Boston Healthy Start Initiative (MA)

Mario Drummonds (03-06)
Central Harlem Healthy Start (NY)

Cindi Garcia (03-06)
Healthy Start Laredo (TX)

Rick Haverkate (04-07)
Maaftaag Mnobmaadzid, "A Start of a
Healthy Life," Sault Ste. Marie (MI)

Patricia McManus (02-05)
Milwaukee Healthy Beginnings Project (WI)

Tamela Milan (04-07)
Westside Healthy Start, Chicago (IL)

Karen Owes
Central Harlem Healthy Start (NY)

Wilford A. Payne (03-06)
Healthy Start Allegheny County/
Fayette County (PA)

Carlton L. Purvis, III
Family Foundations, Medford (OR)

Peter Schafer (03-06)
Baltimore City Healthy Start (MD)

Danetta Taylor (03-06)
Improving Pregnancy Outcomes Program,
Oakland (CA)

Production Coordinator: Bea Haskins
Editor: Janet Denton
Contributing Writers: David Katz, Claudia
Morris, Magi Swartz
Designer: Thomasina Seah

National Healthy Start Association, Inc.
P. O. Box 25227
Baltimore, MD 21229-0327
Phone: (410) 525-1600
Fax: (410) 525-1601
nathealthystart@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.

Letter from the President

Greetings to members of the Healthy Start Family! As your president, I am excited about the activities that the National Healthy Start Association (NHSA) has embarked upon. I am even more pleased about the positive growth of the Association. As this newsletter will highlight, we are winding down a successful six-region conference tour. Many thanks to Claudia Morris (Consultant) and Bea Haskins (Operations Manager) for their tremendous leadership efforts. I especially want to thank the many planning teams around the country for their input, support and unlimited expertise, along with the various present and past board members who have given of their time unselfishly (and free of charge).

NHSA continues to develop new and enhance existing national partnerships. We are partnering with the March of Dimes in the national prematurity campaign to expand research and provide public information and education concerning premature births. We continue to work with the Association of Maternal and Child Health Programs (AMCHP), Centers for Disease Control and Prevention (CDC), CityMatCH and others in a national perinatal health disparities effort. This initiative is working with representatives from five states (Florida, Georgia, Indiana, Maryland and Massachusetts) as they develop state plans to address health disparities. They are all working with their Healthy Start projects and including discussions of organizational racism.

We also continue to work with the Annie E. Casey Foundation as we finalize our first set of toolkits and are in discussions with them about future efforts. Our most anticipated partnership will be with the Maternal and Child Health Bureau (MCHB) as we explore ways to work together to provide technical assistance, training and support for local Healthy Start projects. Discussions continue on this effort!

Within the next few weeks, the Nominating Committee will be soliciting nominations for new board members. Be on the lookout for this information as we continue to expand our leadership. As always, thanks for all you continue to do to serve families throughout the country!

Belinda Pettiford, President

Regional Conference, continued from page 1

Regional Conference Schedule

March 15 & 16, Phoenix, AZ
March 25 & 26, Atlanta, GA
May 7 & 8, Chicago, IL
May 24 & 25, Morgantown, WV
June 3 & 4, Newark, NJ
June 22 & 23, San Antonio, TX

Conferences Meet Regional Needs

Each conference has taken on its own unique character. The planning teams designed their specific conference based on the needs of the projects in their region. The teams had a choice of which toolkits they wanted presented at their conference, as well as determining the focus of other sessions. The size of each conference has also varied, from 60 in Phoenix to 150 in Atlanta and Chicago. Though each conference has its unique qualities, what is consistent among them is that the regional conferences have provided an opportunity for participants to network, share information and discuss common concerns.

In the process of coordinating the six regional conferences, the NHSA staff have been able to improve or enhance each conference by adapting “lessons learned” from the previous conferences. Early on, in Phoenix, the staff noted that many participants, particularly consumers, consortia representatives and frontline staff, had never attended a Healthy Start conference before. Some were unaware that there were other Healthy Start projects in other parts of the country. In addition, it was noted that some consumers in atten-

dance were not clear on their specific roles in their Healthy Start projects or at the conference.

To remedy this, NHSA made revisions to the conference format and broadened the scope of information provided for the remaining conferences. Revisions consisted of the inclusion of an historical overview at the beginning of each conference, having moderators provide an introduction to each topic and why it is important to Healthy Start projects, having presenters include a discussion on the consumers’ role in each session and providing consumers with an orientation session at conferences whenever possible.

Atlanta Evaluation Results Indicative of Other Regions

Preliminary results from the overall evaluation for the Atlanta conference confirm some of these observations. In general, people enjoyed the conference, with 90% saying it was valuable. Of those, 73% said it was very or extremely useful. Seven percent found it not very useful, and the reasons given were that there was not enough time and/or the audience was too broad. The networking opportunities were the most appreciated aspect.

During a follow-up call for the Atlanta conference, planning team members concluded that the findings and observations indicate a need for more regional forums that provide networking opportunities, along with more in-depth technical assistance for frontline staff, consumers and consortia leaders to assist in “shoring up” core services and other key project components. Board member and Team Leader Lo Berry noted that the conference met the established conference goals: collaborative relationships, learning about the skill sets other projects are using, and enhancing and supporting the consumer component of the program.

Save These Dates

- **August 12–14, 2004:** *Fifth National Fetal and Infant Mortality Review Conference, Washington, DC* (www.acog.org/goto/nfimr)
- **September 11–14, 2004:** *CityMatCH’s Annual Leadership Conference, Portland, OR* (www.citymatch.org)
- **October 3–6, 2004:** *HRSA/MCHB All Grantee Meeting, Arlington, VA*
- **October 15–17, 2004:** *Third Annual Black Midwives and Healers Conference, Portland, OR* (www.blackmidwives.org)
- **November 16, 2004:** *Second Annual Prematurity Awareness Day*
- **March 14–16, 2005:** *NHSA’s Sixth Annual Spring Education Conference, Washington, DC*

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to Show Program Effectiveness” and “Prenatal Health Literacy Using the Baby Basics Program.”

Speaking for Our Children

Tamara Lucas Copeland, president of Voices for America’s Children, a children’s advocacy group based in the nation’s capital, was the keynote speaker. Ms. Copeland discussed the need for and impact of child advocates and offered some startling statistics to stress her point:

- One child in two with an absent parent receives no child support.
- One child in three is a year or more behind in school.
- One child in four is not age-appropriately immunized.
- One child in five is born poor.
- One child in six is poor.
- One child in seven lacks health insurance.
- One child in eight lives in a family receiving food stamps.
- One child in nine is born to a mother who smoked during pregnancy.
- One child in ten has a mental illness severe enough to cause some level of impairment.

In closing, Copeland said, “For some, the notion of women and children first still rings true in this country, but for far too many that has never been their experience. Children need your voice, your vigilance and your involvement.” Ms. Copeland received a standing ovation at her conclusion.

Multiculturalism and Grassroots Advocacy Themes of Second Day

A highlight of this year’s conference was a plenary session titled “The Return to Tradition,” during which three multicultural presentations were offered. Producer Rhonda Haynes of New York introduced her documentary, *Bringin’ in Da Spirit*, about the African American midwifery movement. The film was described by participants as “powerful,” “uplifting” and “a true history lesson.” A video from the Healthy Start project in Sault Ste. Marie, Michigan, provided a Native American viewpoint on prenatal care, and introduced attendees to Tabitha Drews, a Healthy Start baby born at less than two pounds, who is now a thriving four-year-old.

Tabitha charmed conference participants and, later, elected officials at our Congressional Reception (*see article*). Closing this session was a bi-lingual presentation on the work of Hispanic American midwives, from Romelia Ochoa of New Mexico. Ms. Haynes’ participation was underwritten by Central Harlem Healthy Start, and Ms. Ochoa’s by the four Healthy Start projects in the Border Health regions of New Mexico and Texas.

In a lively grassroots advocacy session, facilitators role played visits to Capitol Hill, allowing participants to learn how to advocate for the Healthy Start program, how to respond to questions for which they might not have ready answers and what to say and do at the Congressional Reception. This session was led by NHSA Sustainability Chair Mike Savage, Sustainability Committee members George Smith and Mario Drummonds, and Jan Denton and Bill Signer of Navigant Consulting, the Association’s DC-based government relations firm.

Kickoff for Visits to the Hill

Day Three began with rallying speeches from Representative Harold Ford (D-TN) and A.J. Jones, Health Policy Advisor for Congresswoman Donna Christiansen (D-VI). Both encouraged Healthy Start folks to be strong advocates on the Hill, and to make the case for legislators to support increased appropriations for Healthy Start. Hundreds of Hill visits were made during the day to Members of Congress (*see article*).

Participants were overwhelmingly positive about their conference experiences, and those who had attended before said it was the best conference yet. Cited as particularly useful were the preparations for Capitol Hill visits, the visits themselves, information about the political process and about consortia development. NHSA board, staff and the planning committee are already working on next year’s conference.

Clarifications

The last issue of Getting off to a Healthy Start was inaccurately published as the Spring 2003 edition; it was the Spring 2004 issue.

In addition to DC Healthy Start, cited in a Research News article on p. 6 of the last issue, there is another Healthy Start project located in the Nation’s Capitol: Community Healthy Start (Mary’s Center) serves Wards 1, 2 and 4.

Healthy Start Featured in Senate Hearing on the PREEMIE Act

The Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing on S. 1726, Prematurity Research Expansion and Education for Mothers who deliver Infants Early, or the PREEMIE Act, on May 13, 2004. The PREEMIE Act's goals are to reduce preterm labor and delivery and the risks of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, especially by expanding research into its causes. The bill would also educate health care providers and the public about the risks of prematurity and measures that can be taken before and during pregnancy to prevent it. Finally, the bill would provide support services to families who have dealt with a premature birth by funding grants for projects to support the needs of families during the stay of an infant in a neonatal intensive care unit.

In his opening remarks at the hearing, Dr. Peter C. van Dyck, Associate Administrator of the Maternal and Child Health Bureau (MCHB) in the Department of Health and Human Services' (DHHS) Health Resources and Services Administration (HRSA), highlighted programs that work to reduce low birthweight and preterm births. He stated that Healthy Start "strives to institute

the best community-oriented methods to assure that at-risk pregnant women and their infants gain early access to necessary services during pregnancy and are followed through a continuum of care until two years post-delivery." Dr. van Dyck also indicated that Healthy Start "emphasizes outreach, case management, screening and referral for perinatal depression and health education interventions to reduce risk factors such as smoking, alcohol and substance abuse."

Others offered testimony about three common risk factors for preterm delivery. The first factor is race. African American women give birth to low birthweight babies at a rate three times higher than any other race. Economics was the second factor. Mothers who deliver preterm are disproportionately from poorer homes. Lastly, women in urban settings tend to suffer from preterm delivery more than women from other areas. Additional testimony stated that planned pregnancies, good health practices before pregnancy begins, smoking cessation and prenatal care from conception through the pregnancy all lower a woman's risk to deliver preterm. The hearing bolstered the legislation's purpose of continuing to learn more about the causes of preterm birth through research into its causes.

Federal Legislative Update

Congress continues to be embroiled in managing a very tight budget for 2005, and presidential election year politics are affecting most legislative activity. While Healthy Start continues to be a program supported by both Republicans and Democrats, it also competes with many other worthy programs contained in the Labor, Health and Human Services and Education appropriations bills.

In both the House and the Senate, "Dear Colleague" letters asking for \$150 million for Healthy Start for FY2005 have been submitted. Representatives Shelley Moore Capito (R-WV) and John Spratt (D-SC) sent their request to House Appropriations Labor HHS subcommittee Chairman Ralph Regula (R-OH) and ranking member David Obey (D-WI) with 80 signatures, ten more signatures than last year. In the Senate,

Senators Jim Talent (R-MO) and Frank Lautenberg (D-NJ) garnered 32 signatures, 17 more than last year, before they turned the letter into Senate Appropriations Labor HHS subcommittee Chairman Arlen Specter (R-PA) and ranking member Sen. Tom Harkin (D-IA).

To assist the NHSA, earmarks have been requested in both the House and the Senate for \$1 million to work to further provide support and information to the Healthy Start projects and to continue to focus on best practice efforts. Representative Jesse Jackson (D-IL) submitted the request in the House and Senator Mary Landrieu (D-LA) submitted it in the Senate.

It remains unpredictable how or when appropriations bills will pass in either the House or the Senate, as

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priorities for spending vary widely among lawmakers and cuts seem inevitable unless Congress decides to pass a "Continuing Resolution," which will keep all spending the same as FY2004. Such a resolution would delay the appropriations process until after the elections or early next year.

Healthy Start will need to be reauthorized in 2005, and congressional sponsors have been lined up to lend

bipartisan support to the effort. Senators Mike DeWine (R-OH) and Hillary Clinton (D-NY) will introduce the Senate version. Representatives Fred Upton (R-MI), Charles Pickering (R-MS), Elijah Cummings (D-MD) and Edward Towns (D-NY) will co-sponsor the House version. It is also anticipated that this effort will not be complete until next year due the pressure of other 2004 congressional business. No opposition to the legislation is anticipated.

Research News

Passive Smoke Link to Miscarriage

A study found that nearly a third of women whose partners smoked more than 20 cigarettes a day lost their babies within six weeks of conceiving. Among those whose partners did not smoke, the rate was one in five. The study, by researchers in the U.S. (Harvard School of Public Health) and China (Beijing Medical School), is published in the *American Journal of Epidemiology*. Previous research into the effect of passive smoking on pregnancy has produced inconclusive results. This latest study focused on 526 Chinese textile workers who were newly married. It found that whether or not a woman's partner smoked had little difference on the likelihood of conception, but it did seem to have a significant effect on whether the pregnancy continued past the early weeks if a partner smoked 20 or more cigarettes a day. In all, 84% of the women whose husbands did not smoke eventually became pregnant and gave birth. Among those whose partners smoked, the rate was 76%. Researcher Dr. Scott Venners said the study suggested that some of the babies lost by women whose partners smoked would otherwise have survived to full term. The scientists believe that smoking could cause damage to the chromosomes in the sperm. In addition, exposure to tobacco smoke breathed in by a pregnant woman may endanger the developing fetus by effecting levels of female sex hormones, or by reducing blood flow through the placenta. Professor Alison Murdoch, president of the British Fertility Society, said, "Everyone in a household where there is going to be a baby should stop smoking."

BBC News, <http://newsvote.bbc.co.uk>, May 12, 2004.

Dental Care Use and Self-Reported Dental Problems in Relation to Pregnancy

Researchers examined the relationships between risk factors amenable to intervention and the likelihood of dental problems during pregnancy, using data from the Washington State Department of Health's Perinatal Risk Assessment Monitoring System (PRAMS). Of the women surveyed, 58% reported no dental care during pregnancy. Women with no dental care were at a markedly increased risk of having received no counseling on oral health care and other health issues, such as obesity and tobacco use during pregnancy. Researchers note there is a need for enhanced education and training of maternity care providers concerning oral health and pregnancy. (Editor's Note: Research has shown that there is a relationship between poor oral health during pregnancy and preterm, low birthweight babies. Poor oral health during pregnancy can also lead to dental caries in infants and young children.)

Medscape from WebMD, www.medscape.com, May 3, 2004.

Demographic Dental Stats

A higher proportion of Whites (46.7%) than Blacks (26.8%) or Hispanics (25.7%) had at least one dental visit in 2000. Among people who received dental care during 2000, Whites had more visits per user (2.6) than either Hispanics (2.1) or Blacks (2.1). The relationship was observed in each year from 1996 through 2000. (Source: Agency for Healthcare Research and Quality, MEPS, *Research Findings #20: Dental Services: Use, Expenses, and Sources of Payment, 1996-2000*.)

AHRQ Electronic Newsletter, May 28, 2004.

NHSA Honors Congressional Champions

During the Association's second annual Capitol Hill reception on April 20th, NHSA honored several Members of Congress who have supported increased funding for Healthy Start. Over 200 Healthy Start representatives and clients, congressional staff and Members of Congress attended the reception. This is the Association's opportunity to show public appreciation for lawmakers who are especially strong supporters for Healthy Start programs and funding.

President Belinda Pettiford was the mistress of ceremonies to open the program and to introduce the project directors, who in turn introduced their respective Members of Congress who received special awards on behalf of their leadership. Cynthia Dean, Missouri Bootheel Healthy Start program; Zalika Shani, Camden (NJ) Healthy Start Project; and Mario Drummonds, Chief Executive Officer of Northern Manhattan Perinatal Partnership, respectively, introduced the three honorees for 2004: Senator Jim Talent (R-MO), Senator Frank Lautenberg (D-NJ) and Representative Ed Towns (D-NY). Senators Talent and Lautenberg were the authors of the FY2004 and FY2005 Senate Dear Col-

league letters that request increased funding for Healthy Start. Congressman Towns has been a longtime supporter and was a key sponsor of the initial authorization legislation.

While speaking at the reception, Sen. Frank Lautenberg confirmed his commitment to increased funding for Healthy Start and said, "Healthy Start has a successful track record. Preventive care is a 'win-win' for everyone because it results in healthier mothers and babies and lower hospital bills. That's why I'm committed to making sure that the program gets the resources it needs." Senator Talent and Congressman Towns echoed this sentiment in their own warm acknowledgements.

Special guest Senator Hillary Clinton (D-NY) stopped by to express her belief in the mission of the program, indicating, "...Having a healthy start in life should not just be a privilege for a few, but a right for all." She expressed gratitude for those in attendance who dedicate their work to the health of women and infants. "Thank you for all the work you do, thank you, thank you, thank you," she said.

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.

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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).

Special Announcements

The NHSA offers congratulations to the following:

Maribeth Badura, who served as Acting Director of the Division of Perinatal Systems and Women's Health since 2000, has been promoted to Director. The Division, located in MCHB/HRSA/DHHS, is the home of Healthy Start.

Deborah Frazier, who serves as Co-Chair of the NHSA Development Committee, was recently appointed to the Secretary's Advisory Committee on Infant Mortality (SACIM). This 21-member committee advises the Secretary of Health and Human Services on federal programs aimed at reducing infant mortality and improving the health of pregnant women and infants.

Jonah Garcia, NHSA Chair of the Membership Services Committee and board secretary, has been invited to serve on the planning committee for the HRSA/MCHB All Grantee Meeting, scheduled for October 3-6, 2004 in Arlington, VA.

Clarice Lowe, NHSA Board member since January 2000 and Secretary of the Board from December 2000 to December 2003, has resigned from the board effective June 2004. Clarice is also leaving the project director position of the VNS Healthy Start program in Des Moines, Iowa, and moving to Tucson, Arizona with her husband, where she will take a new position.

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.



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