

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Winter 2003

Sixth Annual Meeting Well Attended

The Association's Sixth Annual Membership Meeting was held in Washington, DC on September 21st. Over 120 people from Healthy Start programs across the country attended, the largest group ever. NHSA President Belinda Pettiford reported on the Association's accomplishments in 2003, including our Fourth Spring Education Conference attended by more than 270 individuals, also the largest participation in that event to date. The NHSA held its first Capitol Hill reception for Congressional members as part of the conference. Other key accomplishments noted:

- Securing a Congressional earmark for the Association and maintaining funding for Healthy Start in FY 2003 at \$98.346 Million.
- Securing a grant from the Annie E. Casey Foundation and a contract with Missouri Bootheel Healthy Start to produce four toolkits.
- Adding a much-requested Healthy Start Directory to our website.
- Achieving 98% membership of the Healthy Start projects.
- Representing Healthy Start on the Technical Expert Panel on Evaluation of Healthy Start (TEPEHS).
- Participating with the Association of Maternal and Child Health Programs (AMCHP) on the Perinatal Health Disparities Project with the W.K. Kellogg Foundation, the Centers for Disease Control and Prevention, CityMatCH and others.

A highlight of the meeting was the election of new board members for three-year terms beginning January 2004. Rick Haverkate of the Inter-Tribal Council of Michigan was re-elected to a new term. Newly elected were Yvonne Beasley, Indianapolis Healthy Start;

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Regional Conferences Planning Underway

Planning for the six regional conferences described in the last issue of *Getting off to a Healthy Start* began at a special project directors-only session held in the nation's capitol on September 21st; subsequent planning is well underway. Utilizing the Congressional earmark to the Association to provide technical assistance to the Healthy Start projects and to assess their technical assistance needs, the regional conferences will take place during the first half of 2004. Planning teams for each conference have been established, and include representation from every project, including a mix of project directors and program staff, consumers, consortia leaders and local evaluators. Title V representatives from states that have Healthy Start programs also serve on the planning teams. One aspect of the conferences is to promote the development and/or betterment of Healthy Start/Title V collaborative relationships.

Each planning team is selecting at least two of the NHSA's toolkits (see article) and then tailoring their program to their specific regional interests and needs.

A working session will be held at each conference to assess the projects' technical assistance needs and to develop the most effective ways for the NHSA to help meet those needs. Particular attention will be given to developing a national peer to peer mentoring system. Among other topical sessions selected by the planning teams are "Involving Fathers in the Healthy Start Program" and "Creating and Maintaining Community Support and an Advocacy Plan for Healthy Start." Participation by consumers and consortia leaders, in both planning and attendance at the conferences, lends excitement to the regional conference activity.

For more information about the conference programs, contact Claudia Morris at claudiamorris@aol.com. Claudia, the former Deputy Director of National Healthy Mothers Healthy Babies, is handling all program aspects for the regional conferences. To obtain information about logistics for the conferences, contact Bea Haskins at natlhealthystart@mindspring.com.



Belinda Pettiford (02-05), President
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Triad Baby Love Plus (NC)

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New Haven Healthy Start (CT)

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

Rick Haverkate (02-04)
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Healthy Life," Sault Ste. Marie (MI)

Patricia McManus (02-05)
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Wilford A. Payne (03-06)
Healthy Start Allegheny County/
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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 initiatives addressing the
issues of infant mortality, low birthweight
and racial disparity.

Important Message from the President

The regional conferences planned by the NHSA for 2004 offer a unique opportunity to assess the technical assistance needs of the Healthy Start projects in each region, to obtain your input on how you think the Association can best meet your needs and to solicit your contributions on the best model for a peer to peer mentoring system. Further, because Healthy Start projects are mandated by the Health Resources and Services Administration (HRSA) to work collaboratively with their state Title V representatives, the conferences provide a wonderful chance to enhance mutual understanding of each others' goals and to foster new, or to improve existing, collaborative relationships that might include joint training, mentoring opportunities and dissemination of jointly-produced materials.

In order to make these conferences as cost effective as possible, the NHSA is using its Congressional earmark funds to cover all costs directly related to the conferences, such as speakers' fees, meeting room rental charges and food and beverage costs. Additionally, the Association is underwriting the travel and lodging costs of two consumers from each project. Projects, therefore, are only responsible for travel and lodging expenses for other participants. There is no registration fee for participants.

The Association strongly urges each Healthy Start project to attend its regional conference. These conferences are important, and no project should miss out on the opportunity to be a part.

Sincerely,

Belinda Pettiford
President

Regional Conference Calendar*

March 15 & 16	Phoenix, AZ	Arizona, California, Colorado, Hawaii, South Dakota, Oregon
March 25 & 26	Atlanta, GA	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
May 7 & 8	Chicago, IL	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin
May 24 & 25	Morgantown, WV	District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
June 3 & 4	New York, NY	Connecticut, Massachusetts, New Jersey, New York, Puerto Rico, Virgin Islands
June 22 & 23	San Antonio, TX	Arkansas, Louisiana, New Mexico, Oklahoma, Texas

*Some dates and locations await final confirmation.

SACIM Meeting Highlights Healthy Start Programs

The Secretary's Advisory Committee on Infant Mortality (SACIM) held its quarterly meeting in Washington, DC on November 12–13, 2003. The purpose of SACIM is to advise the Secretary of the U.S. Department of Health and Human Services (DHHS) on department programs that are directed at reducing infant mortality and improving the health status of pregnant women and infants.

Dr. Betty James Duke, HRSA Administrator, provided welcoming remarks and a HRSA update, informing SACIM of various broad, agency-level activities and accomplishments. Under HRSA's Health Center Initiative, Dr. Duke reported that in 2002, 171 new health center access points were established serving an additional one million new patients. She announced the budget increase of \$26 million for the National Health Service Corps, bringing the total budget to \$122 million. Obesity was among her priorities, particularly with regard to weight management during pregnancy.

Dr. Peter van Dyck, Associate Administrator for the Maternal and Child Health Bureau (MCHB), provided an update on the Bureau's activities and a 2010 Healthy People progress review of the Maternal, Infant, and Child Health focus area. Maribeth Badura and Dr. David de la Cruz, both of the Division of Perinatal Systems and Women's Health, provided the SACIM with a brief overview of the Healthy Start Program and its accomplishments. Ms. Badura highlighted the accomplishments of two Healthy Start programs: 1) Building on the Maternal and Child Health block grant and the District of Columbia's own infrastructure, Healthy Start supports projects under the auspices of the DC Department of Health in seven of the eight wards of the District. For 2001, the District reported an infant mortality rate of 10.6 deaths per 1,000 live births, down from 20.7 in 1990; and 2) The Central Harlem Healthy Start project area also experienced a dramatic decline in infant mortality, from a high of 27.7 in 1990 to 6.2 in 2002.

Sixth Annual Meeting, continued from page 1

Tamela Milan, Westside Healthy Start (Chicago); Karen Owes, Central Harlem Healthy Start; and Carlton Purvis, Family Foundations (Medford, Oregon). The election of Milan and Owes was especially significant, as they are the first consumers to serve on the NHSA board. Tamela Milan is the consortia chairperson of Westside Healthy Start. Karen Owes has been a consortia member since 1993 and is co-chair of Central

Ms. Badura further reported that low birthweight has steadily increased at the national level, reaching its highest level in twenty years. In 1998, low birthweight in the Healthy Start projects averaged 12.1 percent. By 2001, in contrast to the national trend, Healthy Start projects had reduced low birthweight to an average of 10.5 percent. Regarding entry into prenatal care, in 1998, first trimester entry into prenatal care for Healthy Start projects was only 41.8 percent. By 2002, projects had increased first trimester entry to 71 percent.

Performance measures for MCHB discretionary programs were developed and, in January 2003, approved by Office of Management and Budget (OMB). Dr. de la Cruz reported that in the spring of 2004, Healthy Start projects will submit their first report under this system reflecting their performance for FY 2003. Additionally, in September 2002, a two-year contract was awarded to Abt Associates, Inc. to conduct an evaluation of all 96 Healthy Start grantees, to determine the factors related to the successful implementation of Healthy Start Program models and to provide information for quality improvement. A second phase contract to conduct an in-depth assessment of illustrative individual sites is anticipated to be awarded in 2004.

Other important topics covered at this meeting included: Closing the Health Gap Initiative on Infant Mortality, DHHS Interagency Coordinating Council on Low Birth Weight and Preterm Birth Update, Breastfeeding Initiatives, Border Health Initiatives, Cesarean Section: Trends and Practices and State Budgets and Their Impact: Health Coverage and Welfare Reform.

Current Committee Chair, Antoinette Eaton, M.D., recognized James W. Collins, Jr., M.D., M.P.H., as the new incoming Chair. Dr. Collins currently serves as an associate professor of pediatrics at Northwestern University Medical School, medical director of the Neonatal Intensive Care Unit, and associate director of the Pediatric Residency Training Program at Children's Memorial Hospital in Chicago.

Harlem's Steering Committee. Their election is a result of the work begun at the NHSA's annual meeting in 2002, and which continued throughout 2003, including a special track for consumers at the 2003 Spring Conference. "We look forward to having the important consumer perspective on our board and in our work, and welcome Karen and Tamela, along with Yvonne and Carlton," said President Pettiford in welcoming them.

Research News

Health Insurance Status of Hispanic Children

Hispanic children were more likely than children of other racial and ethnic groups to be uninsured every year from 1996 to 2002. In 2002, those percentages were 23.8 percent for Hispanic children compared with 11.1 percent of Black children and 10.4 percent of White children.

Agency for Healthcare Research and Quality, *AHRQ Electronic Newsletter*, December 5, 2003, Issue #17.

Pacifier Use, Bottle and Cup Feeding and Their Effect on Breastfeeding

The UNICEF/WHO Baby Friendly Hospital Initiative discourages the use of pacifiers and bottle-feeding because artificial nipples are believed to contribute to breastfeeding problems and early weaning. However, there is a lack of strong evidence for this belief. A recent study suggests that cup-feedings should be the method of choice for breastfed infants who require multiple supplementary feedings or who were born by cesarean, and that pacifier use in the early postpartum should be discouraged.

Breastfeeding Abstracts, August 2003, Volume 22, Number 4, p. 29.

Changing Partners Between Births Raises Risk of Preterm Infant

Women who change partners between their first two births are twice as likely to have a preterm infant as their peers who keep the same partner for both births, researchers report. Although the exact reason for this finding is unclear, changing partners is probably not a direct cause of preterm delivery, according to the report. Rather, this behavioral pattern may simply be associated with other lifestyle or social factors, such as smoking, that raise the risk of adverse pregnancy outcomes. Consistent with the increased risk of preterm delivery, women who changed partners were 2.5 times more likely than those in the control group to have a low birthweight infant. In addition, switching partners was associated with a 1.8-fold increased risk of infant mortality.

With the exception of infant mortality, women with high education levels seemed to be particularly vulnerable to the adverse effects of changing partners. Researchers noted that their findings indicate that this behavioral pattern is associated with a number of adverse pregnancy outcomes.

Medscape from WebMD, *www.medscape.com*, November 13, 2003.

Percentage of Teens Having Sex Continues to Decline, As Does the Teen Birth Rate

The percentage of high school students having sex has continued to decline, falling from 54 percent of all teens in 1991 to 46 percent in 2001. At the same time, the percentage of sexually active teens who reported using drugs or alcohol before their last sexual encounter increased slightly, from 22 percent in 1991 to 26 percent in 2001. The national teen birth rate continued its dramatic decline in 2002, falling 31 percent between 1991 (61.8 births per 1,000 15–19-year-olds) and 2002 (42.9 births per 1,000 15–19-year-olds). Despite this progress, an estimated 18 percent of girls who are currently 15 years old will have a baby before age 20.

Child Trends E-Newsletter, November 24, 2003.

Seatbelts Greatly Reduce Harm to Pregnant Drivers and Fetuses During Car Crashes

Pregnant drivers who do not wear a seatbelt when involved in a car crash are nearly three times more likely to experience a fetal death and twice as likely to have excessive maternal bleeding than are belted pregnant drivers involved in a car crash. Pregnant drivers not wearing seatbelts in a car crash were also more likely to deliver low birthweight infants than pregnant drivers not involved in a car crash.

According to a recent study, many pregnant women still do not wear seatbelts despite substantial research on the overall protective value of seatbelts. Previous research shows that the leading reasons for this include forgetting, discomfort or inconvenience, no seatbelt available and fear that seatbelts may cause injury to the woman or the fetus. Since motor vehicle crashes are the leading cause of traumatic fetal death in the U.S., the researchers suggest that strategies be developed to improve seatbelt usage among pregnant women.

American College of Obstetricians and Gynecologists, *ACOG News Release*, July 31, 2003.

New Strategies Recommended to Improve Immunization Rates

A new American Academy of Pediatrics' policy recommends that pediatricians and child health professionals take additional steps to improve child immunization rates. Despite advances in vaccine delivery, only 77.2 percent of toddlers, ages 19 to 35 months, had received all recommended vaccinations

in 2001. Children who are poor, or a member of a racial or ethnic minority group, are especially at risk. The new policy recommends that pediatricians mail parents reminders for upcoming visits and vaccine recall notices, use prompts during office visits to remind parents and staff about immunizations, and ensure that nurses and other support staff routinely screen patients for needed vaccinations. The policy also calls for a reduction in socioeconomic and racial disparities in immunization rates, and reiterates the importance of every child having a medical home, where all medical records, including immunization information, are maintained.

American Academy of Pediatrics, News Release, October 6, 2003.

Beginnings Guides Available at Discounted Prices to NHTA Members

NHTA members receive a discount on orders of the *Beginnings Guides*' "Pregnancy Guide" and "The New Parent's Guide." The special price is now available at any time, rather than during particular order cycles, as in the past. 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.

Congress Recesses for 2003 with Unfinished Business

Running out of time to resolve major issues with the remaining appropriations bills, the Senate recessed for the year with a promise to return on January 20th to finish the work for fiscal year 2004. The House did manage to gather the remaining seven out of eleven unfinished appropriations bills into one "omnibus" bill, and passed it just before they recessed for the holidays. Federal government funding will remain operational through a continuing resolution that expires on January 20th, presumably giving Congress one day to finish their business before the cycle begins all over again when the president sends his fiscal year 2005 Budget to Congress in early February.

Contained in the House omnibus appropriations bill is a 0.59% across-the-board cut to all programs, with the exception of Defense and Military Construction spending. It is still unknown whether the Senate will follow suit upon its return in January, but a continual squeeze on funding is expected to remain, due in part to the war in Iraq and other programs that have priority with the president and Congress. Healthy Start funding in both the House and Senate bills for fiscal year 2004 was held even at \$98.346 million, an amount that reflects last year's across-the-board cut of 0.65%. If the new 0.59% cut is imposed on Healthy Start, the program

will be reduced by about \$580,000. So far, these cuts have not been taken from grant contracts, but it is unclear whether this will remain the case.

The House will join the Senate and reconvene on January 20th. The President's State of the Union address will be scheduled close to that same date. While the Senate legislative calendar for 2004 has not yet been published, the House has issued theirs at www.majorityleader.gov/media/pdfs/calendar04.pdf. There will be many more "district work periods" scheduled next year to enable lawmakers to spend more time at home in preparation for what is anticipated to be an eventful presidential election year. Thus, the time that lawmakers spend in Washington in 2004 will be comparatively short.

The NHTA is preparing a strategy to maintain pressure on Congress so that the mission of Healthy Start has more visibility and importance to them, and so that program funding can ultimately be increased. In addition, the federal law authorizing Healthy Start will expire in 2005, and the Association is preparing a strategy to ensure that the program remains authorized. Further developments on the 2004 legislative program will be featured in later Association newsletters.

Web Sites of Interest

Visit the following links for helpful information:

MCH Library's new edition of its infant mortality knowledge path: www.mchlibrary.info/KnowledgePaths/kp_infmort.html

Comprehensive web site about finding and applying for all federal grant programs: www.grants.gov

Commercial free quit smoking site: www.smokefree.gov

And remember the NHTA's web site at www.healthystartassoc.org where you can find a directory of all Healthy Start projects, regularly updated funding resources and the monthly *Maternal & Child Health and Social Services Update* with current research in the MCH field and useful resources.

NHSA Collaborating with AMCHP (Association of Maternal and Child Health Programs) in the Kellogg Disparities Initiative

Five states have been selected to participate in Action Learning Labs to develop strategies for incorporating specific guidelines for standards of care aimed at reducing racial and ethnic disparities in perinatal outcomes. Each state will form a Travel Team that will travel to meet with key MCH leaders and researchers to discuss and develop specific guidance. The states will also be charged to formulate Home Teams to carry out the work of the strategic plan. All teams must include consumers of service. The overall goal of this partnership is to assist state and local MCH public health programs to develop new program and policy

strategies to reduce racial and ethnic perinatal health disparities based upon scientific knowledge that links social contributors to poor pregnancy outcomes in African American women.

The five selected states are Florida, Georgia, Indiana, Maryland and Massachusetts. All states have at least one local Healthy Start site. If your Healthy Start site has not been contacted to participate, please call your state Title V Director for additional information. This is a great opportunity to showcase your expertise in community-based public health work along with a wonderful Title V partnership!

Training Community Members to be Health Advisors

Healthy Start projects demonstrate many creative ways to reach out within their communities to provide public health education and to find new clients who could benefit from Healthy Start. A particularly strong program for health education and outreach is underway in Southeastern North Carolina by the Healthy Start CORPS, which meets the needs of community health education through local community members who are trained to pass on the word about healthy practices to their peers in the community, and to ask for referrals of new clients.

The program is based on a curriculum produced by Sandra Cross, Ed.D., from the University of North Carolina at Pembroke, and is contained in the *Manual for Lay Health Advisors*. The curriculum is focused on four key training modules: nutrition, drugs and alcohol, STD's/HIV and self-esteem. Each module contains information on how that particular subject relates to healthy birth outcomes and provides helpful exercises for the lay health advisor to use in conveying the messages about healthy practices that are essential to healthy birth outcomes.

Because the focus of the curriculum is to train former clients and other community representatives to become lay health advisors to the members of their own communities, the training is conducted during the summer months on three consecutive Saturdays. Once training is complete, lay health advisors are paid for the time they spend to organize and teach other members of the

community about healthy practices specific to the four topics of the curriculum. Feedback is obtained when community participants in sessions led by lay health advisors are asked to fill out and return evaluation forms about what they have learned and what they would like to see included in future sessions on healthy practices. The forms become valuable feedback to the Healthy Start CORPS for consideration in updating the manual and the training of future lay health advisors.

According to Linda Greaver, Project Director of the Healthy Start CORPS, there is much more demand for community health education sessions than can be met, an indication of the value of the program. Their trained lay health advisors play an essential role in encouraging community members to find out how important it is to take responsibility for personal health, and new clients who can benefit from Healthy Start CORPS are frequently the result.

In summary, the manual, with its clear and comprehensive instructions, the educational messages about health that have been carefully designed, the training requirements for potential lay health advisors and their ability to help in new client identification, all enable the Healthy Start CORPS to have maximum impact on new client recruitment and health education in their three-county region. The ability to pay lay health advisors for their valuable contribution in the community lends dignity and responsibility to their work as well.

Annie E. Casey Foundation Awards New Grant on Toolkits

In 2003, the Annie E Casey Foundation (AECF) gave a generous grant of \$76,250 to the NHSA for three toolkits based on Healthy Start Models of Excellence, to be developed with and for local communities to improve perinatal outcomes, reduce health disparities and create leadership and advocacy at the local and national levels. These toolkits are nearing completion and will be sent to Association members in the very near future. They include *The Healthy Start Guide to Program Excellence*, *The Healthy Start Guide to Evaluating Success and Measuring Program Impact* and *The Healthy Start Guide to Risk Factor Assessment and How to Communicate about Perinatal Risk to Local Communities*. A fourth toolkit, *The Healthy Start Guide to Financial Sustainability*, underwritten by the Missouri Bootheel Healthy Start program, will be the fourth in this package of technical support materials published by the NHSA.

The AECF recently expanded the toolkits grant with an additional \$25,000 to enable the NHSA to update the toolkits later in 2004 once the forthcoming regional

conferences are complete. In addition, the toolkits will be edited for the AECF "Making Connections" audiences, so that the lessons of Healthy Start can be valuable to many other communities. Making Connections was undertaken by the foundation in 1999 to "...improve the outcomes for families and children in tough or isolated neighborhoods," and represents a substantial investment by the AECF.

In June of 2003, NHSA President Pettiford was invited to participate in a special AECF meeting with other community-based organizations to discuss the goals of the Making Connections initiative. Among the outcomes is that of ensuring that "Children are healthy and ready to succeed in school." As a result of the experience and importance of Healthy Start as a community-based program that is essential to healthy birth outcomes, the Association will work with the foundation to edit the toolkits and make them available to many more communities. To read more about the Making Connections efforts of the Annie E. Casey Foundation, see their website at www.aecf.org/initiatives/mc/.

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 \$ _____

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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).

NHSA Board Elects Officers for 2004; Joins March of Dimes Prematurity Campaign

As provided in the Association's by-laws, the Board of Directors elected officers at its December meeting for terms beginning January 2004. Belinda Pettiford was elected to a fourth term as president. Kenn Harris was re-elected to a second term as vice president, and Jerry Roberson was elected to a second term as treasurer. Jonah Garcia becomes the new secretary. Clarice Lowe, who served three terms as secretary, steps down from that position with the grateful thanks of the entire board. "I truly enjoy working with this group and look forward to our taking the Association to the next level," said Pettiford on her election. Her willingness to serve an unprecedented fourth term is deeply appreciated by everyone.

The Board also overwhelmingly voted to become an Alliance member with the March of Dimes Prematurity Campaign. Prematurity is the second leading cause of infant mortality and affects different populations at

different rates. Healthy Start projects regularly deal with the long-term consequences and costs associated with preterm births, so partnering with the March of Dimes on their Prematurity Campaign is something the Board feels the NHSA can do to work toward the mutual goals of improving perinatal outcomes. Look for more details on the Association's role in the Prematurity Campaign in future issues of *Getting off to a Healthy Start*.

Mark Your Calendars

April 19-21, 2004

**NHSA's Fifth Annual Spring
Education Conference**

Washington Court Hotel, Washington, DC



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