

# Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Winter 2004

## **Healthy Start Program Achieves Success on the Hill; NHSA Receives Second Earmark**

On November 21st, both the House and the Senate passed an “omnibus” spending bill that included the final amount for Labor, Health and Human Services and Education (Labor HHS) appropriations, with an increase for Healthy Start, taking the program to \$103,376,000 for FY 2005. This is slightly less than the \$105 million championed by Senator Arlen Specter (R-PA), the Senate Labor HHS Subcommittee Chairman, but more than the current level of \$97.75 million. This increase can be attributed to the increasing support on Capitol Hill for the program.

Additionally, Congress awarded the NHSA a second “earmark” of \$350,000 to gather and disseminate information on best practices under the Healthy Start program and provide technical assistance to Healthy Start grantees. The funding will enable the NHSA to provide technical assistance to Healthy Start projects, using the information gathered during the 2004 regional conferences on what is most needed.

Offsetting the success of increased funding for the Healthy Start program and the NHSA, Congress was forced not only to reduce many programs, but to adopt an across-the-board cut to cover the cost of the appro-

priations legislation. This cut affects all non-defense federal programs. For Healthy Start and the NHSA, this will probably result in final amounts closer to \$102.6 million and \$347,200, respectively.

### **Preparations Underway for the New 109th Congress**

Recent elections will increase the number of Republicans who will serve in both the Senate and the House, but the leadership of both chambers will remain largely intact. When the 109th Congress convenes in January 2005, the Senate will include 55 Republicans, 44 Democrats and one Independent, and the House will be comprised of 231 Republicans, 201 Democrats and one Independent. The results of a December 4th runoff in Louisiana will determine two additional House seats.

Major changes will occur only in committee chairmanships, due to a six-year term limit for committee chairmanships adopted by the Republicans. Senate Appropriations Chairman Senator Ted Stevens (R-AK) is likely to be replaced by Senator Thad Cochran

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## **Board Elects New President and Vice President**

During its November board meeting, the Board unanimously elected Kenn Harris, currently the NHSA's Vice President, as its new president. Harris begins his two-year term on January 1, 2005. In accepting the nomination, Harris said, “It is daunting to think about replacing Belinda Pettiford as the President of the Association. But I am encouraged that with the support and commitment of both the members of the Board and the NHSA's competent staff, we can continue moving this organization forward. We hope to grow into the size 12 footprint—metaphorically speaking, that is!—that Belinda has left in the sands of Healthy Start. Let's keep stepping!”

Carlton Purvis was also elected to a two-year term as Vice President. Purvis is the Executive Director of the Health Care Coalition of Southern Oregon, the grantee agency for the Family Foundations Healthy Start program in Medford, Oregon. Jonah Garcia and Jerry Roberson will continue in 2005 as Secretary and Treasurer, respectively, completing the second year of their two-year terms that began in 2004. Garcia, who has been serving in two roles as both Secretary of the Board and Chair of the Membership Services Committee, turned the chairmanship role over to Lo Berry as of November.



Belinda Pettiford (02-04), President  
Healthy Start Eastern, Northeastern and  
Triad Baby Love Plus (NC)

Kenn Harris (02-04), Vice President  
(Former Project Director)  
New Haven Healthy Start (CT)

Jonah O. Garcia (03-05), Secretary  
Doña Ana Healthy Start, Las Cruces (NM)

Jerry Roberson (03-05), Treasurer, Chair  
Finance Committee  
Texas Healthy Start Alliance, Fort Worth (TX)

Carol A. Synkewecz (02-04), Past President  
Duvall County Health Department/  
Administration, MCH (FL)

Peter Schafer (03-05), Chair  
Evaluation & Outcomes Committee  
Baltimore City Healthy Start (MD)

Estrellita "Lo" Berry (03-05), Chair  
Membership Services Committee  
Central Hillsborough Healthy Start, Tampa (FL)

Cynthia Dean (02-04), Co-Chair  
Development Committee  
Missouri Bootheel Healthy Start, Sikeston (MO)

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

Madie Robinson (02-04), Co-Chair  
Sustainability Committee  
Pee Dee Healthy Start, Florence (SC)

Wilford A. Payne (03-05), Co-Chair  
Sustainability Committee  
Healthy Start Allegheny County/  
Fayette County (PA)

Yvonne Beasley (04-06)  
Indianapolis Healthy Start (IN)

Pamela Bryer (03-05)  
Healthy Start for Chester County,  
West Chester (PA)

Dianna Christmas (02-04)  
Boston Healthy Start (MA)

Mario Drummonds (03-05)  
Central Harlem Healthy Start (NY)

Cindi Garcia (03-05)  
Healthy Start Laredo (TX)

Rick Haverkate (04-06)  
Maaĳtaag Mnobmaadzid, "A Start of a  
Healthy Life" Sault Ste. Marie (MI)

Patricia McManus (02-04)  
Milwaukee Healthy Beginnings Project (WI)

Tamela Milan (04-06)  
Westside Healthy Start, Chicago (IL)

Karen Owes (04-06)  
Central Harlem Healthy Start (NY)

Carlton L. Purvis (04-06)  
Family Foundations, Medford (OR)

Danetta Taylor (03-05)  
Improving Pregnancy Outcomes Program,  
San Leandro (CA)

Production Coordinator: Bea Haskins  
Editor: Janet Denton  
Contributing Writer: 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  
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.

## Letter from the President

On behalf of the Board of Directors of NHSA, congratulations and thanks for your efforts in securing additional funding for the Healthy Start program. Please know that it is you—our membership—who have helped to make this possible and we are all extremely grateful. We realize that without your diligent efforts and support, this would not be possible.

As you know, my term as President is growing to an end. Yes, January 1, 2005—I will officially become your Past President. Healthy Start was first introduced to me in 1997 in North Carolina when we submitted our first grant application. I began as a Project Director and have since moved into a position of Supervisor for the Perinatal Health and Family Support Unit, which includes three Healthy Start sites. Like many of you, Healthy Start has become a part of my very being and I tend to eat, sleep, and live it at times! When I joined the Board of Directors in 1998, I did not have aspirations of being your President; I just wanted to learn more about the program nationally and meet some new people. I feel extremely fortunate and even blessed to have had this opportunity to not only learn about Healthy Start nationally, but even more to meet and work with a dedicated, compassionate and talented group of individuals from around the country. I have truly enjoyed this time and look forward to my new role as a Legacy Advisory Committee member!

Your support has been invaluable and you should know that your Association is being transitioned into the most capable of hands—a continued strong Board of Directors and an extremely talented new President—Kenn Harris. As Iyanla Vanzant shared in one of her books—"I will realize my own worth when I accept...myself exactly as I am." NHSA is realizing its own worth in the MCH arena and being itself at the same time. Many thanks...and I look forward to seeing you in March!

Belinda Pettiford, President

### Coming in March: NHSA's Sixth Annual Spring Education Conference

Join us March 13–16, 2005 in Washington, DC, for our Sixth Annual Spring Education Conference. This is a unique chance for Healthy Start staff, consumers and consortia leaders to network and share information. With the need to secure reauthorization for the Healthy Start initiative in 2005, this conference is more important than ever!

#### Highlights:

- March 13: Consumer Orientation
- March 14–16: Main Conference
- March 14: Kathleen Tavenner Mitchell, Vice President and National Spokesperson of the National Organization on Fetal Alcohol Syndrome (NOFAS), lunchtime keynote speaker
- March 15: Third Congressional Reception on Capitol Hill
- March 16: Hill Visit Day

Information will be emailed to project directors and posted on the NHSA's website shortly after the first of the year.

**Success on the Hill**, continued from page 1

(R-MS), who has one Healthy Start program in his state. Senator Specter is expected to become the new chairman of the Senate Judiciary committee, and if so, it is unclear whether he will retain his chairmanship of the Labor HHS Appropriations Subcommittee. Senator Specter has been a staunch and long-time supporter of the Healthy Start program.

In the House, the Chairman of the Appropriations Committee, Representative Bill Young (R-FL), will likely be replaced by one of three members who are vying for the post. They are Representatives Ralph Regula (R-OH), Jerry Lewis (R-CA) and Harold Rogers (R-KY). Both Regula and Lewis have Healthy Start programs in their states, but not in their districts, and Rogers has two programs in his state, one of them in his district. If Regula is selected, his Labor HHS Appropriations Subcommittee chairmanship will pass on to someone else. These decisions will be made early next year.

**Impact of Changes on Reauthorization of Healthy Start**

In 2005, when Healthy Start must be reauthorized, it will fall under the jurisdiction of the Senate Committee on Health, Education, Labor and Pensions (HELP), currently chaired by Senator Judd Gregg (R-NH), who is likely to move to the Senate Budget committee.

Senator Mike Enzi (R-WY) is likely to replace Gregg. Fortunately, the bipartisan sponsors of the Healthy Start reauthorization legislation in the Senate, Senators Mike DeWine (R-OH) and Hillary Clinton (D-NY), will remain assigned to the HELP committee. On the House side, the Health Subcommittee of the Energy and Commerce Committee, where Healthy Start was originally authorized, will retain responsibility for reauthorization in 2005. No changes to the chairmanship or ranking member status of the Committee are anticipated, where Representative Michael Bilirakis (R-FL) is expected to remain the Chairman of the Health Subcommittee. HR 4905 was introduced this year by several lead sponsors who will remain on this committee. They are Representatives Fred Upton (R-MI) and Ed Towns (D-NY), both senior members of this committee.

The new 109th Congress is expected to start business on January 4th, and will be followed soon after by the State of the Union address given by the president. The pressure to continue cutting domestic programs is likely to be even more severe next year, as previously approved tax cuts reduce discretionary funding further. Nevertheless, Healthy Start is proving that it is an important program to many Members of Congress and Healthy Start projects' efforts to continue to educate their elected officials will need to be vigorous in 2005 as re-authorization is taken up by Congress.

**Legacy Advisory Committee Established**

At its September meeting, the NHSA Board established the Legacy Advisory Committee (LAC) to provide an avenue for individuals to contribute their wisdom and experiences to help shape and secure the future of this organization. The LAC will serve as an advisory body to the NHSA's Executive Committee and Board leadership.

With many of the original NHSA Board of Directors rotating off of the Board this year, it was felt that the valuable wisdom of these experienced members should be available to help with the transition and future advancement of NHSA and its goals. These individuals are the founding members of the Board and/or original Healthy Start Project Directors, and as such, they possess the rich history of this initiative, all of which should not be lost. In addition, these individuals have a wealth of experience that serves not only as a foundation for the NHSA, but also as a springboard for this organization's evolution. They are, to a great extent, the reason for the strong national presence we have among Healthy Start communities, as well as the respect of the Maternal and Child Health Bureau (MCHB) and the Health Resources and Services Agency.

Initial LAC members include Dianna Christmas, Belinda Pettiford, Madie Robinson, Carol Synkewecz and Deborah Frazier, a founding Board member who continues to serve as co-chair of the Development Committee, though her term ended several years ago. These individuals have served the Board, the Association and the Healthy Start community well through their leadership for over a decade. While it has become necessary to rotate off the Board and move on, they remain committed to paving the way for new leadership to emerge. Their commitment includes a desire to see a successful transition to the new generation of leadership.

**Mark Your Calendar**

February 19-23, 2005: Delivering Results: Improving Pregnancy and Birth, Washington, DC, Association of Maternal and Child Health Programs, [www.amchp.org](http://www.amchp.org).

## NHSA and Member Projects Participate in Prematurity Awareness Day Across Nation

Citing premature birth as the number one health risk for America's newborns, the March of Dimes (MOD) designated November 16th as Prematurity Awareness Day (PAD), part of their Prematurity Awareness Month activities, which included press conferences throughout the country to increase knowledge about this issue. The NHSA is one of more than 40 Prematurity Alliance Members.

In Washington, DC, NHSA's Vice President Kenn Harris participated in a roundtable with other Alliance members on how we can use education, advocacy and communications to address the issues of racial and ethnic disparities and funding for research. Responding to the question, "How can we work individually and collaboratively on these issues to address the Campaign goals," Harris and his roundtable team recommended that, "We need to strengthen our connections, communicate and share our learning, translate information on various levels, and then integrate strategies and activities into our work."

Following the meeting, Harris and other Alliance members walked to Freedom Plaza for a Prematurity Awareness Celebration, joining over one hundred families and supporters who had already gathered for the event. Major landmarks, including the John A. Wilson District Building in the nation's capitol, Niagara Falls in Western New York, The ConEd Building in New York City, and other landmarks across the country, were simultaneously lit pink and blue at 6:30 p.m. to mark the second annual PAD. Speakers included Dr. Jennifer L. House, President, March of Dimes; Dr. Louis Sullivan, Honorary Chair, MOD Prematurity Campaign; Holly Marie Combs, Actress; Laurie Hibberd Gelman and Michael Gelmen from *Live with Regis and Kelly*; and three National Ambassador Families, Justin Washington (2001–02), Emma Henderson (2003), and Amanda Reeves (2004).

With the help of Justin, Emma and Amanda, Dr. House switched the "on" button that lit up Freedom Plaza's Wilson Building pink and blue against dark skies that were accented by the hundreds of pink and blue neon glow-in-the-dark necklaces that were distributed to participants on the plaza. Said Harris, "As I walked away from the event with echoes of the children and families talking, sharing and laughing, I decided to keep my pink and blue artifacts from the event displayed on my clothing, which included a big PAD button and a neon glow-in-the-dark necklace. I even put on my pink MOD baseball cap that I picked up at the

event as I entered the Metro subway station to ensure that I continue the mission of the Prematurity Campaign, 'to draw attention to the growing common, costly and serious public health problem of premature birth.'"

### Healthy Start Projects Join PAD Activities in Local Communities

George R. Smith, project director of the Healthy Start Southeast Chicago project, spoke at a Prematurity Awareness Rally in Chicago. As chair of the local MOD's Volunteer Committee, Smith noted that in Illinois from 2000–2002, the preterm birth rate was highest for Black infants (18.5%), followed by Native Americans (13.4%), Hispanics (11.4%), Whites (11.0%) and Asians (10.2%). In response, he said, "Illinois was one of four states to receive federal funding to address high rates of infant mortality among African American babies...the Illinois Chapter of the March of Dimes is partnering with state and local agencies and the SIDS Alliance of Illinois to develop and implement an educational curriculum aimed at raising awareness in four target community areas in Chicago..."

Puerto Rico Healthy Start provided two speakers at their PAD event, attended by over 300 participants. Project Director Dr. Roberto Varela gave a presentation regarding the status of the MCH population in Puerto Rico, including causes of prematurity, consequences and latest statistics. Teresa Taboas, Project Coordinator, spoke about smoking in pregnancy, its relation to prematurity and low birthweight and how to help smokers quit. A highlight of this symposium was the presentation to Dr. Varela of the Jonas Salk Health Leadership Award for over 30 years of service to the MCH population.

In Indianapolis, NHSA Board Member Yvonne Beasley attended a Prematurity Summit where one of the sessions was on a pre-term labor risk assessment tool. The Richmond Healthy Start project participated in a PAD Press Conference that included a tour of a Neonatal Intensive Care Unit. The Healthy Start project in Wichita, Kansas, distributed educational materials provided by the MOD through the Sedgwick County Health Department. Worcester Healthy Start had a display table at the Boston Prematurity Summit, to increase awareness about their program among people from all over Massachusetts. Their hope is to host their own PAD summit in Worcester next year.

And last but not least, Healthy Start for Chester County's grantee agency, the Maternal and Child Health

***Prematurity Awareness Day, continued from page 4***

Consortium of Chester County (PA), a long-standing MOD partner, issued a press release in which executive director Pam Bryer, also an NHSA Board member, noted, "Pre-term labor and prematurity can happen to any woman. The causes for nearly half of all premature births are not known. However, by improving access to early and regular prenatal care, by providing information and social support, our Healthy Start program has reduced the risk factors which can contribute to prematurity."

According to the MOD, prematurity is the leading cause of neonatal death, accounting for nearly 24% of deaths in the first month of life. Nearly 50% of all premature

births have no known cause, and rates of premature birth vary by race/ethnicity. In 2002, for example, rates for non-Hispanic Black women were the highest among racial/ethnic subgroups at 17.7%, compared to 12.1% for all races, and 11.0% for Whites. The goals of the MOD's five-year, \$75 million Prematurity Campaign are to increase public awareness of the problems of prematurity to at least 60% of the public, and to decrease the rate of preterm birth by at least 15%.

The NHSA is proud to be an Alliance member and applauds all of the member projects and their staff members and consortia leaders who participated in Prematurity Awareness Day, and are working every day to further the goals of this campaign.

## **Packed House for Seventh Annual Meeting**

Almost 100 people representing 66 Healthy Start projects attended the NHSA's Seventh Annual Meeting held October 4th at the Hyatt Regency Crystal City in Arlington, Virginia. A highlight of the meeting was the presentation of certificates of appreciation to founding Board members completing their second terms at the end of 2004. Vice President Kenn Harris presented certificates to Carol Synkewecz, Madie Robinson and Dianna Christmas. Carol was recognized in absentia as the Association's first two-year president, having served in that role from 1998 to 2000. Madie Robinson, currently co-chair of the NHSA's Sustainability Committee, was honored for also serving as Secretary from 1999-2000 and as chair of the Evaluation and Outcomes committee from 1998 to 2004. Dianna Christmas served as Vice President from 2000 through 2002, and chaired the Nominations Committee during both years of those terms. These departing founders will be the first members of a new Legacy Advisory Committee (*see article*).

Harris then surprised President Belinda Pettiford with a special recognition of her own. A framed certificate of appreciation was given to her, which read, "Our first four-year President, who led this organization into a new millennium, making it a leading force in the Maternal and Child Health field. Your commitment and energy can only be summed up with the words, 'supreme leadership,' and we will always appreciate you." Harris announced that Belinda will be further honored at our Spring Conference, when more Association members will be present to share in the ceremonies.

### **Members Elect New Directors to the Board**

Three current members were re-elected to new terms by the membership and five new members were elected

to the Board of Directors for three-year terms beginning January 2005. Re-elected were:

- Cynthia Dean, Project Director of the Missouri Bootheel Healthy Start project, and co-chair of the NHSA's Development Committee;
- Pat McManus, Executive Director of the Black Health Coalition of Wisconsin, the grantee agency of the Milwaukee Healthy Beginnings Project; and
- Kenn Harris, NHSA's Vice President, and former Project Director of New Haven Healthy Start, and who previously worked for the Boston Healthy Start Initiative.

Elected to their first terms were:

- LaShay Avendano, Consumer, Healthy Babies, Inc. in Wichita, Kansas;
- Lisa Derrick, Director of the South Phoenix Healthy Start program in Arizona;
- Ginger Harrell, Project Manager of The Healthy Start Project in Aurora, Colorado;
- Judith Hill, Program Director, Omaha Healthy Start, Nebraska; and
- Penny Womeldorff, Project Director of the West Virginia Healthy Start/HAPI project headquartered in Morgantown.

The remainder of the annual meeting provided highlights of the NHSA's accomplishments of 2004 and committee reports. Lively discussion was held on the competitive application process, the significance of MCHB's All-Grantee Meeting versus a Healthy Start-only meeting and the national evaluation. The NHSA Board is addressing these concerns and will keep the membership informed of our work on these areas.

## Research News

### Racial/Ethnic Composition of a County Can Affect Residents' Access to Care

Most studies on racial/ethnic disparities in access to care in the U.S. have focused on individual characteristics. However, a recent study suggests that the racial/ethnic composition of the county in which one lives may also affect his or her access to care. The study found that 4.3% of Blacks experienced more difficulty obtaining any type of health care when they lived in a county with a high prevalence of Blacks (40% or more), compared with 18.8% of Blacks who found it difficult to obtain health care in low-prevalence (less than 6%) counties. On the other hand, Blacks in high-prevalence counties reported lower rates of financial barriers (did not receive a doctor's care or prescription medication because the family needed money to buy food, clothing or pay for housing) than Blacks living in low-prevalence counties (1.6% vs. 10.5%). Latinos in a county with a high prevalence of Latinos also experienced less difficulty obtaining care than Latinos in low-prevalence counties (5% vs. 13.4%), but they did not experience fewer financial barriers (2.2% vs. 2.4%). Whites who lived in counties with a high prevalence of Latinos were more likely to report difficulty obtaining care and financial barriers to care than Whites living in counties with a low prevalence of Latinos (17.7% vs. 9.4% and 7.5% vs. 3.2%, respectively).

These differences remained after adjustment for a variety of both individual and county level characteristics. Thus, diminishing disparities in access to health care may require interventions that extend beyond the individual, concludes lead author, Jennifer S. Haas, M.D., M.S.P.H., of Harvard Medical School and the University of California, San Francisco. Dr. Haas and her colleagues analyzed data from the nationally representative 1996 Medical Expenditure Panel Survey of U.S. households. They correlated two measures of care access with county prevalence of Blacks and Hispanics in 677 counties.

*AHRQ Research Activities*, No. 289, September 2004, p. 18.

### Initiation of Breastfeeding among Mothers of Very Low Birthweight Infants

A retrospective study analyzed the factors predictive of the initiation of expressed breast milk feedings to very low birthweight (VLBW) infants and the transition to direct breastfeeding by their mothers. Participants in this study were 361 mother-infant pairs obtained from a follow-up study of six-to-eight year-old children born between 1991 and 1993 in five different hospitals. The infants were each born weighing <1501g. Maternal demographic and delivery information was collected

from postpartum maternal interviews, and infant birth and neonatal data were obtained from obstetric and neonatal charts. Infant feeding information was obtained at follow-up by parental questionnaire. The Peabody Picture Verbal Test was administered to mothers as an estimate of verbal IQ.

Of the 361 mothers, 215 (60%) provided expressed breast milk for their VLBW infants. Less than half of those 215 (43%) went on to directly breastfeed their infants. Only 27% of all mothers reported providing direct breastfeeding to their VLBW infants. Thirty percent of infants received human milk feedings at <1 month; the duration of human milk feedings was much shorter for those receiving expressed breast milk only compared to those who transitioned to direct breastfeeding. After four months postpartum, <10% received expressed milk feedings, while breastfeeding continued for 72% of the infants who had transitioned to direct breastfeedings. Only 47 (22%) of the infants who received expressed milk continued to be fed human milk beyond six months, either expressed or directly.

Mothers who were older, White, married, nonsmokers and high school graduates, and who had higher verbal IQ, private insurance and other breastfeeding experience, were more likely to initiate expressed breast milk feeding. Multivariate analysis identified maternal education, other breastfeeding experience and the presence of private insurance as independently associated with the initiation of expressed milk feedings. The decision to transition to direct breastfeeding was influenced by many of the same sociodemographic factors. In the multivariate model, maternal age, insurance status, breastfeeding experience and length of the infant's hospital stay were independently associated with the transition to direct breastfeeding. After adjusting for other factors, each additional week of hospitalization reduced the odds of an infant transitioning to direct breastfeeding by 14%.

The authors suggest that mothers of VLBW infants need to be provided with information on the benefits of breastfeeding, support for expressing milk and advice on the transition to direct breastfeeding. The sociodemographic factors found to influence breastfeeding in this study also influence the decisions to breastfeed term infants; these influences can be addressed through public health initiatives to the general population and to women during prenatal care. Health providers should provide additional support and information to mothers of VLBW infants during the time that their infants are in the NICU.

*Breastfeeding Abstracts*, Vol. 23, No. 1, November 2003, p. 5.

## Committee Reports

Most of the work of the National Healthy Start Association is carried out by standing committees. Membership on these committees, with the exception of the Executive Committee, is open to representatives from any member Healthy Start project or to Friends of Healthy Start. In the last two years, committee membership has blossomed to encompass many individuals beyond the Board of Directors. Their participation is welcome and contributes to the NHSA's ability to truly represent all of its constituents. Here are brief status reports of the major committees' current work.

### Evaluation & Outcomes Committee

Believing that it is essential for the projects, the Association and the MCHB's Division of Healthy Start and Perinatal Services to be able to demonstrate the effectiveness of the community-based Healthy Start model to Congress and others, the committee will survey the members in 2005 to gather information to make its case. Project Directors should be on the lookout for the survey and are asked to return it as quickly as possible once received. *Peter Schafer, Chair.*

### Membership Services Committee/Spring Conference Planning Committee

The main role of this committee is to plan the annual spring conference. The committee has held several meetings to begin planning the 2005 conference (see box) and will gear up in earnest in the near future to secure program details. *Lo Berry, Chair.*

### Development Committee

This committee is responsible for guiding the fundraising efforts of the NHSA, and in this capacity recently approved submission of two federal grant applications, one to promote partnerships and another to improve understanding of maternal and child health, both for \$200,000. In addition, the NHSA has requested a grant of \$50,000 from The Annie E Casey Foundation for a toolkit on consumer outreach and consumer/community leadership development. *Cynthia Dean and Deborah Frazier, Co-Chairs.*

*Continued on page 8*

## 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).

*Committee Reports, continued from page 7*

### **Sustainability Committee**

This committee oversees the education and advocacy efforts aimed at strengthening the financial resources of the Healthy Start program. Recent activities include outreach to projects represented by congressional appropriators asking them to remind their lawmakers how crucial Healthy Start is to their local communities. In addition, special efforts were directed to securing an earmark for NHSA to enhance technical support. Preparations are underway to reintroduce HR 4905, the Healthy Start Reauthorization Act of 2004, when the new 109th Congress convenes in January. *Madie Robinson and Will Payne, Co-Chairs.*

### **Finance Committee**

As overseers of the Association's finances, this Committee has been working since the summer on the NHSA's transition to a new accounting software program and will shortly begin preparing the NHSA's operational budget for 2005. *Jerry Roberson, Chair.*

### **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](http://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.



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