

# Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Winter 2005

## NHSA's Eighth Annual Meeting Kicks Off 2006 Regional Conferences

The largest group ever attended the NHSA's Eighth Annual Membership Meeting on November 14th in Arlington, Virginia. Prior to the official start of the MCHB Project Directors' Meeting, almost 160 people from 82 projects arrived early to hear Vice President Carlton Purvis introduce NHSA board members, staff and new president (see Message from the President on page 2). Belinda Pettiford, past president and now president again, reviewed the NHSA's accomplishments for 2004/2005 before turning the microphone back over to Purvis. As chair of the Nominating Committee, he presented the slate of nominees for election to the Board of Directors for three-year terms that begin January 1, 2006.

### Departing Board Members Recognized

Before the election, the two board members whose terms end this year were recognized and given certificates of appreciation: Jonah Garcia, Doña Ana Healthy Start, Las Cruces, NM, who will also complete her term as secretary to the board, and who will shift her Association work to the Legacy Advisory Committee; and Pamela Bryer, Healthy Start for Chester County, West Chester, PA. A certificate was also presented to Patricia McManus, Milwaukee

Healthy Beginnings Project, Milwaukee, WI, who resigned her seat, but has vowed to stay active on several committees.

### Election for 2006 Seats

Eight board members were nominated for another term:

- Lo Berry, Central Hillsborough Healthy Start, Tampa, FL
- Cynthia Dean, Missouri Bootheel Healthy Start, Sikeston, MO
- Mario Drummonds, Central Harlem Healthy Start, New York, NY
- Cindi Garcia, Healthy Start Laredo, TX
- Will Payne, Pittsburgh/Allegheny County and Fayette County Healthy Start, PA
- Jerry Roberson, Texas Healthy Start Alliance, Dallas, TX
- Peter Schafer, Baltimore City Healthy Start, MD
- Dani Taylor, Improving Pregnancy Outcomes Program, San Leandro, CA

*Continued on page 3*

## Retreat Results in Reorganization of Board Structure

Members of the NHSA's Executive and Legacy Advisory Committees met November 12th & 13th in Arlington to discuss the Association's progress in meeting its goals as stated in the Strategic Plan for 2005-2008, and to examine options for mid-course transitions. With the goal of hiring an executive director in 2006, retreat participants recommended some organizational changes to the NHSA Board of Directors, which were approved at a board meeting on November 13th. These changes, which become effective in January, include:

- Two vice presidents, instead of one as at the present time. Vice President Purvis will become the Vice President for Operations & Finance. The second office will be Vice President for Programs, and Peter Schafer was elected to that position.

- Each standing committee will have co-chairs, and a representative from the Legacy Advisory Committee will serve on each committee. Look for more information on committees in the next issue.

The president will represent the NHSA with the MCHB, our partner organizations and to the general public, while turning more of operations, finance and program work over to the two vice presidents. This structure leads to sharing responsibilities, while not overburdening any one individual, and at the same time, utilizes the expertise of former board members in their capacity as LAC members.

**New in this Issue!**  
Partner's Corner • Spotlight on Consumers

## Letter from the President

Belinda Pettiford, President  
NC Baby Love Plus, Raleigh (NC)

Carlton L. Purvis, Vice President  
Family Foundations, Medford (OR)

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

Jerry Roberson, Treasurer & Chair,  
Finance Committee  
Texas Healthy Start Alliance, Dallas (TX)

Kenneth L. Harris, Past President  
Abba Restoration Center, Groton (CT)

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

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

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

Wilford A. Payne, Co-Chair,  
Sustainability Committee  
Healthy Start Pittsburgh/Fayette,  
Pittsburgh (PA)

Madie Robinson (former Board Member),  
Co-Chair, Sustainability Committee  
Pee Dee Healthy Start, Florence (SC)

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

LaShay Avendaño  
Healthy Babies, Inc., Wichita (KS)

Yvonne Beasley  
Indianapolis Healthy Start (IN)

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

Lisa L. Derrick  
South Phoenix Healthy Start (AZ)

Mario Drummonds  
Central Harlem Healthy Start (NY)

Cindi Garcia  
Healthy Start Laredo (TX)

Rick Haverkate  
Inter-Tribal Council of Michigan,  
Sault Ste. Marie (MI)

Judith M. Hill  
Omaha Healthy Start (NE)

Tamela Milan  
Westside Healthy Start, Chicago (IL)

Karen Owes  
Central Harlem Healthy Start (NY)

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

Penny Womeldorff  
West Virginia Healthy Start/HAPI Project  
Morgantown (WV)

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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.

Hello, NHSA Family! I consider it an honor to return as your President once again. *However, please note that I really enjoyed being Past President.* First, let me personally thank the Board of Directors of the Association for their confidence in my returning to this leadership position. The new board structure that we are putting into place will allow for a more equitable distribution of the workload, along with the ability to utilize the expertise of the entire board. Thanks to Carlton Purvis, Vice President of Operations and Finance, along with Deborah Frazier, Co-Chair of the Development Committee and Legacy Advisory Committee member, for their behind-the-scenes work in developing this plan. Also, many thanks to former president Kenn Harris, for his leadership and devotion to the Association. Kenn will remain on the Board as Past President. His brainchild, the Legacy Advisory Committee, will also have a more clearly defined role within the NHSA. We will have the opportunity to more fully utilize members' experience and expertise within the Healthy Start community and beyond.

As your President, my time will be focused more on relationship building and enhancing the partnerships that have developed over the last few years. This will include continually strengthening our relationship with the Maternal and Child Health Bureau, along with Association of Maternal and Child Health Programs (AMCHP), March of Dimes, Annie E. Casey Foundation and CityMatCH, just to name a few. We will be requesting feedback from our membership concerning additional future partnerships.

The NHSA is experiencing rapid growth and the Board of Directors is finalizing plans for addressing this growth. I have asked each committee co-chair to develop a specific workplan for the upcoming year. This will ensure that we are working in tandem to address the issues outlined in our most recent Strategic Plan, which in turn will allow us to meet more of the needs of our membership. Yes, there is much work to do and your continued support will allow it to come to fruition. As always, thanks for your efforts to serve families and communities throughout this country. Look forward to seeing you in March!



Belinda Pettiford, President

## Katrina Relief Fund Raises over \$5,300

NHSA members and friends contributed more than \$5,300 to benefit the Great Expectations Healthy Start project in New Orleans, following the devastating aftermath of Hurricane Katrina. Healthy Start projects also donated goods and supplies to their sister projects who were assisting evacuees throughout the region. As we go to press, Great Expectations project director Robert Sevalia reports he and most of the staff are back at work in New Orleans, and making plans to provide services to residents who never left or are now returning to the city. The NHSA thanks all those who contributed to this effort.

### 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).

### 2006 Regional Conferences, continued from page 1

Two new candidates were presented to the membership:

- Lisa Matthews, Cleveland MomsFirst, OH
- Risé Ross Ratney, Northwest Indiana Healthy Start, Hammond, IN

When no nominations were made from the floor, Purvis called for a vote and the slate was elected unanimously.

### 2006 Regional Conferences Underway

After the business portion of the meeting, Cynthia Dean and Deborah Frazier, co-chairs of the NHSA's Development Committee, asked participants to gather into regional groups to determine tentative locations and dates for the NHSA's 2006 Regional Conferences. This new series follows the extremely successful regional conferences in 2004, which allowed the NHSA to assess the technical assistance needs of the Healthy Start projects, fostered collaboration between Healthy Start and Title V counterparts, and provided networking opportunities on the regional level. With the award of a second special Congressional funding initiative, the 2006 regional conferences will provide technical assistance in response to the needs expressed in 2004. Title V collaboration and networking will again be hallmarks of the conferences, and each region will have the chance to establish an ongoing Regional Communications Network. Amazingly, each group completed its work before the allotted time was up, and the NHSA is pleased to be able to accommodate each region's first or second choice dates, as well as their desired locations.

NHSA's 2006 Regional Conferences			
Region	States or Territories	Dates	Location
Southeast	AL, FL, GA, KY, MS, NC, SC, TN	April 24–25	Tampa, FL
West	AZ, CA, CO, HI, OR, SD	May 1–2	Oakland, CA
Midwest	IL, IN, IA, KS, MI, MN, MO, NE, OH, WI	May 5–6	St. Louis, MO
East	DC, MD, PA, VA, WV	May 8–9	Baltimore, MD
Northeast	CT, MA, NJ, NY, PR	June 8–9	New Haven, CT
Southwest	AR, LA, NM, OK, TX	June 29–30	New Orleans, LA

While a standardized agenda will be utilized in 2006, planning teams for each region will work with program coordinator Claudia Morris and logistics coordinator Bea Haskins to individualize each conference to make it meaningful for the regional participants. Morris and Haskins are familiar to regional conference participants from the 2004 conferences. Look for details about the regional conferences in future issues, as well as via email.

## Partner's Corner

As part of the NHSA's Partnerships to Promote Maternal and Child Health grant, the Association will enter into cooperative agreements with several compatible agencies to work together, promote the work of each organization and strengthen the MCH field as a whole. Future issues of *Getting off to a Healthy Start* will feature an article in this Corner by or about each of our partners. In this issue, we introduce you to the Partnership grant activities and our anticipated partners.

In the first year of the five-year grant, the NHSA proposes to upgrade and enhance both its newsletter and web site. In addition to the Partner's Corner, a Spotlight on Consumers column has been added in this issue. Future issues will see more photographs and graphics, more color and other enhancements. The web site will also be improved, by adding chat rooms, bulletin boards or forums, a consumers' page and, eventually, profiles of each Healthy Start project. A Communications Workgroup, staffed by NHSA Operations Manager/Publications Director Bea Haskins, has been formed within the Membership Services Committee, and in time, this group will also develop an NHSA brochure and an exhibit that can be taken to conferences sponsored by our partners.

The NHSA also has a goal of bringing our partners to the NHSA's Annual Spring Education Conference. The Association has contracted with Claudia Morris as the program coordinator, who will work with Haskins, the logistics coordinator for the Spring Conference (see article). NHSA's partners include CityMatCH ([www.citymatch.org](http://www.citymatch.org)), the March of Dimes ([www.modimes.org](http://www.modimes.org)) and the Association of Maternal and Child Health Programs ([www.amchp.org](http://www.amchp.org)). Look for information about these MCH partners in future issues of the newsletter, as well as information about collaborative and partnership activities.

### 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.

## Spotlight on Consumers

As part of the plans to enhance *Getting off to a Healthy Start*, the NHSA is adding a regular feature to showcase Healthy Start consumers throughout the country. The newly formed Communications Workgroup will develop guidelines that will be shared with the membership. To inaugurate this column, the NHSA introduces the current consumer representatives on the Board of Directors. Besides the common thread of involvement in Healthy Start and membership on the NHSA board, all three of these consumer leaders demonstrate a thirst for knowledge and have visions for their futures.



### Spotlight on LaShay Avendaño

LaShay Avendaño lives in Wichita, Kansas, with her husband and three-year old son, Isaiah. She and husband Alex are expecting a new baby on May 9, 2006. Now 21, LaShay was referred to the Northeast Wichita Healthy Start program while she was in high school and pregnant with Isaiah. "I decided to participate because I figured more education wouldn't hurt," she said. Healthy Start assisted her through her pregnancy and until Isaiah was two years old. LaShay participates in and helps decide the topics for Northeast Wichita's monthly consortiums, and is assisting in gathering ideas for new projects, such as a breastfeeding assistance phone line.

As an NHSA board member (05-07), LaShay feels "that my opinion as a consumer plays a major role in deciding the future of the clients of the program. I can help tell other members how they can better assist these women on their journeys through their pregnancy and life as parents." LaShay describes herself as very opinionated and passionate about advocating for topics she feels are important to her and other young women. "As a member of the board, I am able to voice my opinion. I want to see positive outcomes for young women who are carrying a high risk pregnancy."

Currently employed as a nurse technician at Via Christi Regional Medical Center, LaShay also works as a monitor tech watching and interpreting heart rhythms. She attends Wichita State University and will graduate with a Bachelors in Science Nursing degree in December 2006. She envisions herself as a nurse and working towards becoming a midwife, and living in Dallas, Texas, within the next five years. When asked "Why Dallas?" LaShay responded, "Dallas would be the ideal location since my family lives around Kansas and my husband's family lives in Mexico. It would be a middle point. Plus, there are some great midwifery schools in Texas, and my husband wants to go to school somewhere in Texas. He currently works full time to pay bills until I am done with school, then we will switch so that he can go to school. Gotta make plans for the future!"



### Spotlight on Tamela Milan

The mother of six children, Tamela Milan lives in a townhouse on the westside of Chicago. Daughter Fiondra, 16, is expecting a baby boy on February 2, 2006. The other kids are Devoureaux, 14; Whitney, 13; Krystal, 12; Tamara, 10; and Afenia, 8. Tamela first became involved with the Westside Healthy Start program when Afenia was three months old. Afenia was a methadone baby and "I had to get her involved in some early intervention services because she was high risk. I think the program helped open my life to the possibility that some things can change and be better. You can never go wrong if you look ahead," Tamela says.

Tamela, 34, is looking ahead to marrying Ernest Alexander within the next year or so. As a developmental screener employed at Access Community Health Center (Westside's grantee agency), she screens children from zero to three who are or may be at risk for developmental delays. High-risk moms are her main focus. "I love my job because I still get to be me and share myself with people who are where I just once was. This is truly a job that lets me give back to my community." Tamela describes herself as a "walking, talking, breathing commercial for Healthy Start." She says she didn't know how big a deal it was to be an NHSA board member (04-06). "I actually thought it was another way to hear myself talk." But she goes on to say, "It is always good to have someone in the room who has lived and remains working at ground zero...I may not be a project director, program manager or something senior management-wise, but I am a voice, a consumer voice, and I pray that this voice is loud and strong."

Tamela takes her job as Westside Healthy Start Consortia Chair very seriously, saying, "I carry the responsibility each and every day to help me show someone there is more to life than struggles. If being on the NHSA board helps me do that, I have held up my part of the bargain." In her vision for her life five years from now, Tamela plans to develop and implement a program that can help more of her community.



### Spotlight on Karen Owes

Karen Owes describes herself as a "Generation Xer," with four children: Afrika, 12; Kwanzaa, 6; and twins Imani and Faith, 20 months. She has lived in Africa, the Caribbean, Florida, Virginia, Kansas, Missouri, Colorado, California, Maryland and Long Island, as well as traveled to over 42 states. She moved to Harlem in 1992 with the goal of working for the New York City Department of Health (NYC-DOH). Through Central Harlem Healthy Start's work readiness program, Karen developed computer experience and utilized the program's fax and printing services to help secure that job at the NYC-DOH.

First as a Public Health Advisor and then as Supervising Public Health Advisor at the DOH, Karen visited the homes of hundreds of pregnant and parenting women to spread the word about mother and infant health. After her promotion in 2000, she did HIV presentations and testing. Karen said that what she liked most about that work was “being able to service the community I lived in.” She has very recently accepted a new position as Case Manager for the Community Health Network where she will once again do home visiting, as well as supervise a team. Karen told *Getting off to a Healthy Start* that she welcomes the challenge to service a broader area and the whole family, feeling this is a holistic approach.

“I am a professional student and take courses whenever I can,” said Karen. She holds a BA with honors from Hampton

University and has taken three hours towards a masters in public health and two hours towards a degree in nursing. “At the rate I am going, I will finish both the RN and MPH by the time I am 86! Slow and steady wins the race.”

She says that serving on the board of the NHSA (04-06) gives her the chance to work with a talented team of individuals from across the nation, and is an honor and a privilege. In the future, Karen would like to learn more about the financial and sustainability aspects of running a nonprofit organization. “Perhaps I will take some learning annex course or a training offered on the topic,” Karen says. “I want to make sure that Healthy Start stays afloat in the future.”

Look for more Consumer Spotlights in future issues.

## Outreach Programs Pool Resources for Success

Reducing infant mortality rates and increasing awareness of HIV/AIDS are the goals of two federally funded programs working together within the Medical College of Georgia (MCG) Health System. Since June, employees in the Enterprise Community Healthy Start Initiative (ECHSI) and the MCG Ryan White Outreach Team have collaborated to address needs in neighboring Burke and McDuffie counties, where infant mortality rates are high and HIV awareness is low.

“From 1999-2001, the infant mortality rate in these counties was 13.3 per 1,000 live births for black women, compared to a rate of 7.8 for white women. The state rate for the same years was 13.6 and 5.8, respectively,” said Naomi Williams, community outreach coordinator for ECHSI. “Our program is striving to reduce racial disparities in low birthweight and infant mortality rates. One of the ways we do that is by encouraging women and their families to engage in preventive health practices.”

Since 1996, the MCG Ryan White Outreach Team has provided free, confidential HIV testing, education, counseling and treatment referral at predetermined testing sites throughout the Aiken-Augusta area. The Outreach Team is one part of a Health Resources and Services Administration Ryan White Grant, which also funds the MCG HIV Clinic, explained David Thompson, outreach worker for the program. “We travel to health fairs, churches and schools to conduct HIV tests and to educate,” said Mr. Thompson. “People need to know their status to protect themselves and the ones they love. One of our goals is to get people into care earlier, because it saves hospitals and taxpayers money to treat people early. We’re not just targeting women or one particular group because HIV/AIDS impacts all races, ages and both genders.”

The South is a target area for prevention and detection programs in part due to an increased rate of infection among southern women, said Mr. Thompson. “Centers for Disease Control and Prevention statistics report 76 percent of new HIV cases among women from 1999-2003 occurred

among women in the South, even though only 29 percent of U.S. women live in the region,” he said. “Girls ages 13 to 19 account for 8 percent of new HIV diagnoses in the South. That’s four times the rate found in other parts of the country. In rural areas, like Burke and McDuffie counties, it’s much more difficult than in urban areas to find young women, help them become aware of HIV, get tested and begin treatment if needed.”

Through satellite offices in Thomson and Waynesboro, the ECHS program works with high-risk women and infants, providing nursing case management, education and outreach activities for up to two years after a baby is born. Case managers and educators encourage pregnant women to know their HIV status to ensure that they get the proper care and prevent transmission to their unborn babies. “Testing as a part of outreach services is vital because early detection and treatment is the key to living with HIV/AIDS,” said Mr. Thompson.

The two programs have partnered to promote education and testing. At least once a month, in both the Thomson and Waynesboro offices, Ryan White Team members provide HIV/AIDS testing and pre- and post-test counseling. Testing is done with oral swabs, which alleviates fears associated with having blood drawn, explained Mr. Thompson. “By working together, we can address both of our missions,” said Ms. Williams. “Even though we are looking at two different things, we have a common goal, which is to ensure families are healthy. Part of that is making sure people know their HIV status and helping them overcome their fear of getting tested.”

“To ensure healthy mothers, babies and families, we encourage everyone to be screened,” said Mr. Thompson. “For those who know their status and want to get medical care, our team is available to help.” Both teams encourage MCG health care providers to refer patients, friends and family members to these programs as needed.

Reprinted with permission from the author, Ellen Gladden Jones, *beeper*, Medical College of Georgia, September 29, 2005, Vol. 15, No. 20.

## Research News

### Preterm Birth Tied to High Blood Pressure in Young Men

For men, blood pressure in young adulthood is inversely related to gestational age at birth, according to a report in the November 21st online issue of *Circulation: Journal of the American Heart Association*. Further studies are needed to determine if this holds true in women as well. According to study authors in Stockholm, Sweden, “It is well known that low birthweight in term babies is associated with high blood pressure and we thought that preterm birth would provide a similar degree of risk. But, we found that preterm birth provides a higher risk than just being small at term.”

The findings stem from a study of 329,495 Swedish men who were born between 1973 and 1981 and had blood pressure measurements recorded 20 years later upon conscription for military service. Term, moderately preterm, very preterm and extremely preterm births were defined as a gestational age of 37 to 41, 33 to 36, 29 to 32 and 24 to 28 weeks, respectively. The risk of high systolic blood pressure increased steadily from 25% for moderately preterm birth to 93% for extremely preterm, relative to term birth. Small for gestational age was only a risk factor for high blood pressure among subjects with a gestational age of at least 33 weeks. Decreasing gestational age was also linked to increasing risks of high diastolic blood pressure, but the association only reached statistical significance for subjects born moderately preterm.

Lead author Dr. Stefan Johansson, from the Karolinska Institute in Stockholm, said that the mechanisms responsible for the link between gestational age and blood pressure are unclear, but “could involve structural changes in the vascular tree. Functional alterations, involving hormones and neuroendocrine effects, could also play a role.” One of the messages from this study, he said, is to ensure that children born preterm have their blood pressure checked because “it may be important to consider other risk factors for cardiovascular disease as they are growing.”

Medscape from WebMD, [www.medscape.com](http://www.medscape.com), November 21, 2005.

### Fast Facts and Hot Stats

- Twenty-eight is the average number of hours teen girls in serious relationships spend with their boyfriends each week. (*Psychology Today*, November/December 2005)
- The percentage of young adults aged 18-24 years who never smoked cigarettes increased in 2003 and remained at this level in 2004. In 2004, approximately seven of every 10 young adults never smoked cigarettes. (Medscape from WebMD; source: National Health Interview Study, 1998–2004, available at [www.cdc.gov/nchs/nhis.htm](http://www.cdc.gov/nchs/nhis.htm))
- The *Preliminary Births for 2004: Infant and Maternal Health* report summarizes selected 2004 preliminary maternal and infant health data for the U.S. Some findings include: The cesarean delivery rate rose 6% in 2004 to 29.1% of all births, the highest rate ever reported in the U.S. No improvement in timely receipt of prenatal care was seen in 2004, and more than a half million infants were born preterm in 2004, the highest number reported since comparable national data on gestational age has been available (1981). (Report: [www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths04/prelimbirths04health.htm](http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths04/prelimbirths04health.htm))

### New HIV Infections Decline for Blacks, Increase for Gays

The rate of newly diagnosed HIV infections among African Americans has dropped an average of 5% a year for three years, but Blacks are still 8.4 times as likely as Whites to contract the lethal virus, said a report from the CDC. The rate of new diagnoses among gay and bisexual men of all races, stable for the preceding three years, rose 8% last year, the report said. Authorities are at a loss to explain the sudden increase, said Dr. Ronald Valdiserri, acting director of the CDC's National Center for HIV, STD and TB Prevention. Another CDC report issued in November, however, showed a 29% rise in syphilis infections among those men during the last four years, suggesting an increase in high-risk sexual activity.

The decline among Black males was due primarily to a 9% drop in new infections among Black intravenous drug users and a 4% drop among Black heterosexuals, Valdiserri said. Blacks account for 69% of new diagnoses among heterosexuals. “Overall, new HIV diagnoses continue to disproportionately and severely impact African Americans, both men and women,” he said. “This is not new, but it is critical that we not become complacent.”

The data reflect information from 33 states with name-based reporting of HIV infections and AIDS cases, in which each case is identified by the name of the patient, not a code number. Name-based reporting is thought to be more accurate. In the 33 states, 38,685 Americans – 71% of them male – were diagnosed with HIV in 2004, down from 41,207 in 2001. Based on other data, the CDC estimates that about 40,000 Americans contract HIV each year. Valdiserri attributed the discrepancy to the often-substantial lag time between infection and diagnosis. About 18,000 Americans die of AIDS each year. The CDC estimates that about 900,000 are infected with the virus, but that a quarter of them do not know it. The virus is believed to have killed about half a million Americans since 1981.

*Los Angeles Times*, [www.latimes.com](http://www.latimes.com), November 18, 2005.

## Legislative Update

Since the 2005 Spring Conference, NHSA members met with and called their elected officials to advocate for an increase in appropriations for the program, as well as reauthorization of Healthy Start. While the Senate Labor, Health and Human Services and Education Appropriations Subcommittee approved Healthy Start at \$104 M for FY 2006 (a slight increase over FY 2005 levels), the House Labor and HHS Subcommittee had the program at the FY 2004 level of \$98 M. Congresspersons Spratt (D-SC) and Capito (R-WV) circulated a "Dear Colleague" letter seeking support of the increased amount. In mid-November, when the House failed to pass the Labor HHS and Education Conference Report, the House and Senate both passed a Continuing Resolution (CR) for spending that expired December 17th. Under the CR, Healthy Start received the same level of funding as in FY 2005, approximately \$102 M.

The House passed the Conference Report on December 14th and the Senate is expected to pass it before the holiday recess. The Report includes funding for Healthy Start at the FY 2005 level, with an across-the-board cut of 1%. It also includes "preferential language" for current grantees, which will help ensure that the 12 projects up for renewal in 2006 will be refunded. Maintaining current funding, even with the across-the-board reduction, is considered a major victory and is a compliment to the

hard work of NHSA members in contacting your legislators this year.

Reauthorization of the Healthy Start program has been put on the back burner, while Congress's attention is on the budget and appropriations. Congressman Upton (R-MI) continues to work on this on Healthy Start's behalf, and there is expectation that reauthorization will occur once other work is taken up by Congress. Healthy Start is authorized through 2005.

Meanwhile, the NHSA's Sustainability Committee plans to broaden its efforts beyond appropriations and authorization. Healthy Start projects continue to demonstrate that early intervention, education and primary care can have a positive impact on the health access, cost and quality crisis in the U.S. The committee will work to position Healthy Start as part of the solution to the crisis, and as a critical part of transforming the U.S. health care system, as the health care crisis is expected to be one of the key issues in the 2006 election. In addition, NHSA members might be asked to attend hearings of the Citizens' Health Care Working group that was formed under the Wyden-Hatch Act of the Medicare reform bill last year. The group is charged with producing a "Health Report to the American People," and with recommending steps to transform the U.S. health system so that it meets the needs of all Americans.

### 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).

## Come to Capitol Hill in 2006!

### NHSA's Spring Conference: March 26–29

The NHSA's Seventh Annual Spring Education Conference promises to bring back well-liked features and to add new aspects recommended by the various workgroups planning the program and other activities. With the theme of *Healthy Start: Celebrating Our Past, Present and Future*, the conference will begin on March 26th with a pre-conference presentation on the history of the Healthy Start program and the NHSA; all conference attendees are welcome to attend. This overview will be followed by two orientation sessions: one for consumers and one for other first-time conferees.

Over the next two days, conference participants will attend general sessions and technical assistance workshops. An anticipated highlight will be a session on Preconception Care, in cooperation with the Centers for Disease Control and Prevention (CDC), a conference co-sponsor. The popular Grassroots Advocacy session, with role playing and the chance to hear this year's "Message to Members of Congress," will return. The planning committee is working with the schedule to find time and space for "special interest groups," or SIGs, to meet informally, outside of the official program. As the newsletter goes to press, it

appears there will be at least two SIGs: consortia developers and fathers/men.

Information about the new conference hotel, the Hyatt Regency Washington on Capitol Hill, registration, the Congressional Reception and the conference itself will be sent in January. The planning team will also send materials on assessing consumer readiness for the conference, and preparing consumers and other first-time attendees for what they can expect when in the Nation's Capitol.

### Mark Your Calenders

*Early Childhood: Building the Foundation for Lifelong Health*, Association of Maternal and Child Health Program's Annual Conference, Arlington, VA, March 4-8, 2006, [www.amchp.org](http://www.amchp.org).

*Healthy Start: Celebrating Our Past, Present and Future*, NHSA's Seventh Annual Spring Education Conference, Washington, DC, March 26-29, 2006, [www.healthystartassoc.org](http://www.healthystartassoc.org) (see article).

CityMatCH's Annual Conference, Providence, RI, August 19-22, 2006, [www.citymatch.org](http://www.citymatch.org).



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