



# Getting off to a **healthystart**

## National Healthy Start Association Newsletter

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## Shake, Rattle and Roll!



All across the country, the NHTSA's Infant Mortality Awareness campaign has taken off thanks to the hard work of the Healthy Start Projects. This September was the first observance of Infant Mortality Awareness Month. Congressman Michael Burgess (R-TX) sponsored a resolution in the U.S. House of Representatives to dedicate September to this important issue. The NHTSA jumped onto the bandwagon by developing an Infant Mortality Awareness Month toolkit, which had been widely disseminated to member projects. The toolkit and campaign were underwritten by the Annie E. Casey Foundation.

Consortiums enthusiastically reported activities such as press conferences, radio campaigns, mass mailings and poster distributions through clinics, hospitals, community agencies and even on the sides of buses. The pink and blue memorial rattle was placed on mailing labels and cover sheets for faxes. Letter writing campaigns to legislatures were happening en masse. Proclamations were made by mayors and governors; open houses, recognition luncheons and candle light vigils were held. Healthy Start communities were beginning to clearly understand the racial disparities in infant mortality and were taking pledges to help eradicate this tragedy.

One of the slogans from the toolkit, "They are dying to hear from you," had been the most widely used, and lapel pins, totes and water bottles are the most popular promotional items. Almost 2,500 lapel pins have been distributed across the United States. The NHTSA had received a great deal of positive feedback on the Infant Mortality Awareness Month Toolkit and members were pleased that their Association could provide a solid foundation with workable ideas.

The NHTSA wants to hear from you about what your project had done and how the Association can help you in your efforts to raise awareness. And don't forget to take pictures for the NHTSA's Photo Contest! Winning photos will be used for marketing purposes on a national level on our website, brochures, newsletters, press kits and PowerPoint presentations. All entries should be submitted in "jpeg" format to [kduncan@nationalhealthystart.org](mailto:kduncan@nationalhealthystart.org) no later than October 15th. Ideas for images include close up photos of consumers' faces, VIPs taking tours or participating in an event or consumers receiving services. Projects that submit winning photos will be featured at our Spring Conference and in the NHTSA newsletter. Good Luck!

## National Healthy Start Association Holds Second Leadership Training Institute

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Inaugural Leadership class poses for celebration!

Twenty project directors and senior staff participated in the new class of the second Leadership Training Institute in August. The inaugural class, which first met in March prior to the National Healthy Start Association's Spring Conference, reconvened at this session of the Institute, held August 4 & 5 in advance of the Grantee Meeting in Arlington, Virginia.

The new class participated in a two-day session,

"Transforming Vision and Hope into Reality," which featured information on leadership challenges and how to manage a successful Healthy Start program. The returning group's two-day session was focused on "Developing Excellence," and included presentations on leadership roles in diversity and inclusion by Hattie Hill and health disparities and a life course perspective from Michael Lu (see Research News for more on Dr. Lu's work). Presenters were able to demonstrate the need to be flexible and accommodating when electrical power was lost at the hotel and a four-block radius. It was the perfect opportunity to put into action our well-honed leadership and crisis management skills!

The second class will continue with an additional session to be held in the Spring 2008. Additionally, a new class will be selected for participation, so watch for information and join in this wonderful opportunity.



National Healthy Start Association's Second Leadership Class in Arlington, Virginia.

**If you have questions or comments contact:**

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**E-mail:** [kduncan@nationalhealthystart.org](mailto:kduncan@nationalhealthystart.org)

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## Greetings from the President



Cynthia Dean,  
President

I would like to thank the Board of Directors and the membership of National Healthy Start Association for this opportunity to serve as President. This is an exciting time in the history of National Healthy Start Association. As we move forward, there are many opportunities and challenges awaiting us. Input from the membership is critical to the success of all of our endeavors. Despite the recent gains in reducing infant deaths in the United States, infant mortality remains a serious tragic problem that can be solved only if all stakeholders work together to find answers.

Our shared vision to become a voice for establishing a continuum of

diverse partnerships for families in underserved communities will foster links between the National Healthy Start Association experience and its value to your organization and yourself. The power of strengthening local and national partnerships with health care agencies and diverse community leaders cannot be underestimated for creating innovative and new ideas that address health care disparities and access issues.

National Healthy Start Association recognizes the value of a community-based perspective that impacts the most vulnerable families who are our primary recipients. Active participation from empowered consumers can serve as the cornerstone for improving access to care and eliminating disparities associated with infant mortality.

Data collection and research are crucial to understanding the status of birth outcomes, because analysis can only be as good as the data gathered. It is essential to improve data collection and analysis on local, regional, state and national levels to ensure that all populations are represented in a comprehensive and thorough manner.

The CEO and Board of Directors have made an unprecedented commitment to reach out to communities and become a champion for advocating and securing resources to ensure the needs of our memberships are met.

Finally, we salute Belinda Pettiford, our Past President, in recognition of her tireless dedication to National Healthy Start Association. We look forward to our joint partnership efforts with HRSA's Division of Healthy Start and Perinatal Services to ensure that all babies born across the United States have a Healthy Start.

Cynthia Dean,  
President

## Introducing the New President

Cynthia Dean has served on the National Healthy Start Association's Board of Directors since 2003. She is currently the CEO of the Missouri Bootheel Regional Consortium. Her professional background contains more than 24 years experience in grant funded programs. Ms. Dean also serves as Project Director for the Missouri Bootheel Healthy Start Project. Prior to joining Healthy Start, she served as Regional Director of Cardiovascular Health Programs for the State of Missouri Department of Health. She has worked with the Centers for Disease Control and Prevention as a liaison with community-based health programs and academic institutions. Ms. Dean has received national, state and regional honors. She was appointed by the Missouri Attorney General to serve on the Missouri Foundation for Health Community Advisory Committee, where she currently serves as Chair. She has co-authored 12 published journal articles on the topics of Community-Based Risk Reduction prevention strategies in Underserved

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Populations.

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Haskins, The Haskins Group

Contributing writers: Lo Berry, Central

## From the CEO's Desk



Peggy Sanchez Mills,  
CEO

Only five months ago, I joined the National Healthy Start Association as your CEO and I am so pleased to have done so! We have a tremendously committed organization that passionately believes in our mission. As I have met many leaders in the Maternal and Child Health arena, I am struck by the awareness of and respect for Healthy Start. You are represented across the country on panels, planning committees and are presenting at major conferences. You are talking to your Congressional members and explaining to them the importance and need for our reauthorization and an increased appropriation. Our collective strength is why we join national organizations, so that we can assure everyone throughout the country benefits.

Thank you to those who responded to my survey asking for input on what we do well and other areas we can assist. I will use your feedback as I move toward implementation of our work plan for the Association. Your consolidated responses are posted on the website for your convenience and I encourage you to review the summary.

I have several updates that I would briefly like to share with our members:

- Our website is being redesigned as many of you requested. Watch for the launch!
- Our Peer Learning Network is almost operational. This is a direct response to your request for the Association to serve as a hub for collecting best practices and sharing of information. Soon we will begin weekly "webinars" to train local projects to use this valuable resource. Watch for the announcement!
- We will soon unveil a new national logo that portrays who we are.
- You will receive in the mail an opportunity to save money with your unemployment costs. Watch for information on 501(c) Agencies Trust!
- Go to [www.nassembly.org](http://www.nassembly.org) and click on Business Services Discount. As a member of the National Healthy Start Association, you can benefit with real financial savings in the purchasing of supplies, conference calling and other possibilities. If you are interested in learning more, please email me directly at [psanchezmills@nationalhealthystart.org](mailto:psanchezmills@nationalhealthystart.org).

I thank you each for your plans and participation in Infant Mortality Awareness Month. Many of you have shared your activities with me and I very much appreciate knowing how creative and enthusiastic you are. Please continue to send me your reports. I also thank you for and encourage your continued diligence in sharing with your Congressional members the need for their support for our reauthorization and appropriation. Please join with me in conveying to Congress that it is not acceptable for babies to die and we need their help in stopping this national disgrace.



Peggy Sanchez Mills,  
CEO

## Pointers from Peggy

- Visit the Annie E. Casey Foundation's web site at [www.aecf.org](http://www.aecf.org) to access the *Race Matters* toolkit featured at the National Healthy Start Association's Spring Conference. Just put *Race Matters* into their search engine.
- Carryover requests should be made if and when appropriate.
- Send HRSA your data and reports on time so the country knows about the good work that you do. This is how the Healthy Start story gets told!

Hillsborough Healthy Start (CHHS); Robena Fogle, Low County Healthy Start (LCHS); Mara Gandal, Association of Maternal & Child Health Programs (AMCHP); Erin Hall, Catholic Charities Diocese of Fort Worth; Anita Hakes, Child & Family Health Analysis & Trends, Inc; Lisa Matthews, Cleveland MomsFirst; Kenneth Scarborough, CHHS; Jon Terry, Triangle2 Partners; Judy Wood, JSWood Marketing Solutions.

Designers: Judy Wood; Renée Winfield

Photographs: AMCHP; Kemia Duncan; Essential Photography; John P. Lofreddo, University of South Florida; Martha King, National Conference of State Legislators; LCHS.

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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 addressing the issues of infant mortality, low birthweight and racial disparity.

## Two New Projects Join Healthy Start Family

**The National Healthy Start Association welcomes two newly funded Projects to the Healthy Start family:**

- Platicamos Salud Healthy Start Program, Nogales, Arizona (Mariposa Community Health Center, Inc.)
- California Border Healthy Start, San Diego, California (Project Concern International)

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## View from the Hill

### Appropriations Update

Both the U.S. House and Senate have passed their respective versions of the funding bill for the U.S. Department of Health and Human Services, which includes the Healthy Start program. The House version of the bill includes \$120 million for Healthy Start, a substantial 18% increase over last year's level. However, the Senate version of this funding bill contains "level funding" for Healthy Start, meaning it is funded at the same level as last year: \$101 million. The House and Senate will have a "conference committee" in order to iron out the differences between the two versions of the bill and determine the final funding level. It is the National Healthy Start Association's goal that the final version of the bill contain an amount as close to the House's \$120 million as possible.

In addition to the dollar amount, the appropriations bills also contain "report language" that provides the Health Resources and Services Administration (HRSA) with guidance on how to operate the Healthy Start program. The Senate bill contains report language stating, "...the Committee urges HRSA to give preference to current and former grantees with expiring or recently expired project periods." This language is very important as it ensures that funding will not be pulled away from an existing project to start a new project in another area.

The National Healthy Start Association will continue to follow the appropriations process and work with Congressional supporters to ensure that Healthy Start receives the support and funding it deserves.

### Authorization Update

Bills have been introduced in both the House and Senate to reauthorize Healthy Start. In the Senate, the Healthy Start bill number is S. 1760 and was introduced by Senator Sherrod Brown (D-OH) and Senator Richard Burr (R-NC). In the House, the bill number is HR 3267 and was introduced by Congressman Ed Towns (D-NY) and Congressman Fred Upton (R-MI).

Now that the bills have been introduced, the National Healthy Start Association will begin seeking other Representatives and Senators to cosponsor the legislation. The more cosponsors on a bill, the better chance that the bill will make it through Congress and eventually be signed into law. If you have not yet done so, please ask your two Senators to cosponsor S. 1760 and your House Member(s) to cosponsor HR 3267. Your help is needed to round up cosponsors if we want to succeed in getting these bills signed into law. The National Healthy Start Association's government relations consultant, Jon Terry, is happy to help you with contacting your relevant Hill offices and making the request. If you have any questions or would like additional information, feel free to contact Jon at [jonterry@triangle2.org](mailto:jonterry@triangle2.org).



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### **National Healthy Start Association Introduces the Male Involvement / Dads Matter Initiative**

The need for and value of male involvement programs where dads matter has been the source of much debate and discussion for years. In response, a number of Healthy Start Projects embrace and support the need to have fathers involved in order to improve the outcome of mothers and babies.

The National Cohort of Male Involvement / Dads Matter Initiative has taken form not from mandatory participation, but voluntarily, having the support of more than 26 Healthy Start Projects, the National Healthy Start Association's Board of Directors and Peggy Sanchez Mills. Organized in April 2007, the cohort has used conference calls, volunteer leadership meetings and a number of workgroup meetings to keep the momentum going.

There are four workgroups working to clarify the direction of the Male Involvement / Dads Matter Initiative: Making the Case (research based data gathering), Stating the Case (analysis and synthesizing data), Presenting the Case (marketing the data results) and Funding the Case (funding programs to improve outcomes). The work of each group has been phenomenal and the outcome is expected to benefit Healthy Start and the MCH and male involvement fields.

There is still much to be done and greater outcomes to be fostered by having dads and males involved in the lives of mothers and babies. Keep looking for future reports on the Male Involvement / Dads Matter Initiative and the work of the National Cohort.

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## Partner's Corner

Featured in this issue of Getting off to a Healthy Start is the Association of Maternal and Child Health Programs (AMCHP). AMCHP represents state public health leaders and others working to improve the health and well-being of women, children, youth and families, including those with special health care needs. In August, Michael Fraser, Ph.D., joined AMCHP as the Chief Executive Officer and he responded to questions for this article.

### Q: How did you get involved in maternal and child health (MCH)?



Michael Fraser  
infrastructure.

**Michael Fraser:** My background is in sociology – my dissertation research was on social support networks for people living with HIV/AIDS. I never “formally” studied MCH, and in fact my first public health job was a research synthesis project looking at HIV/AIDS prevention strategies. I came to MCH through one of the many back-doors we often find ourselves using in public health. A friend from college went to UNC and concentrated in MCH. She kept telling me about the great work of MCH leaders, pushing me to think about moms and kids in the public health enterprise and eventually helping me land my second “public health” job at the National Association of County and City Health Officials working on a study of public health

As I got to know more about state and local public health departments, I realized MCH was at the core of public health. MCH issues are some of the most pressing and critical concerns of our day. Furthermore, working in MCH can have a profound impact on improving the health of communities – healthy women, children and families. These are the fundamental pieces of vibrant, healthy communities. It helps that all the people I really like and admire seem to gravitate toward MCH, too – making meetings fun, and providing me with a great group of colleagues with whom I work on a daily basis now that I’m at AMCHP.



### Q: What is your vision for the future of MCH?

**MF:** Five billion dollars for Title V. OK, just kidding, but that would be great. Look, public health means creating the conditions through which all people can be healthy. MCH is core to that vision – healthy children, healthy families, living in healthy communities. My vision is a society that gives everyone a chance to thrive and contribute to making the world a better place. Our MCH activities are essential to making that happen. We are all part of that vision.

### Q: How do you see AMCHP and Healthy Start collaborating in the future?

**MF:** I think that Healthy Start and AMCHP are in a great place to further our mutual goals of improving the health of women, children and families. Peggy Sanchez Mills and I are both new directors of our organizations, and thus open to new ideas and fresh ways of doing business together. It also helps that the National Healthy Start Association's offices are right down the hall since we are co-located here in Washington!

I see our partnership as a natural extension of AMCHP's strategic goal of furthering an action-oriented MCH agenda – something we'll need collaboration with Healthy Start to truly accomplish. With Healthy Start representing key community assets for reducing health disparities, low birthweight and infant mortality and AMCHP representing state-based programs with the same goals, a partnership with Healthy Start will allow us to influence both state and local policy and programs. Our joint efforts at the federal level will further enhance our respective missions.

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## **Healthy Start to be Featured at Preconception Summit**

The interconception care activities of several federally funded Healthy Start projects will be presented at the Second National Summit on Preconception Health and Health Care. The conference, hosted by the Preconception Care Council of California, the March of Dimes California Chapter and others, in collaboration with the Centers for Disease Control, HRSA, AMCHP and other national groups, will be held October 29-31, 2007, in Oakland, California.

National Healthy Start Association's CEO, Peggy Sanchez Mills, will present during a segment called "Providers Speak Up," along with representatives of, among others, the American College of Obstetricians and Gynecologists, CityMatCH and the American Academy of Family Physicians. Dr. Michael Lu, whose research on the "life course perspective" is featured in this issue of Getting off to a Healthy Start (see [Research News](#)), will be a plenary speaker. "The Why's and How's of Preventing Unintended Pregnancy" and "Envisioning a Healthier Future: Community Faces and Voices" are among the other plenary sessions. Workshops will be offered on a multitude of topics.

For more information or to register, go to [www.marchofdimes.com/california](http://www.marchofdimes.com/california)

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## Consumer Spotlight on Charlene Moseley



Charlene Moseley

Charlene Moseley, a 34-year-old single mother of three, is a Low Country Healthy Start (LCHS) participant and member of the LCHS Consortium Board. A resident of Orangeburg, South Carolina, Charlene is the mother of Sha'kima, 16; Jagetta, 14; and Kynia, now two years old (her LCHS baby). Charlene entered the program as a high-risk postpartum client when Kynia was a low birthweight two-month-old infant.

Charlene was recruited into the program by Outreach Staff and became a member of LCHS's Consortium Board in 2006, representing the community and program participant population. She has benefited greatly from the education and crisis support provided by her social worker, Rubena Fogle. "In time of crisis and stress, I can always call on my social worker," says Charlene. "Low Country Healthy Start is always there to assist with informing me about needed resources in the community." Charlene specifically notes a consumer meeting held November 2005, offering enrichment / life skill / career opportunities and health education that helped to guide her future career path.

With support from LCHS staff and learning about career and education opportunities available through Job Service and the Workforce Investment Act (WIA), Charlene decided she wanted more for herself and her family than her minimum wage job at a local dry cleaner. In May 2006, she began a six-week training session at Orangeburg Calhoun Technical College to become a Certified Nursing Assistant (CNA). After taking the State Board Certification exam in July 2006, and meeting the needed requirements, Charlene received her CNA Certificate. Charlene began her new career as a CNA on October 2, 2006. Employed at a nursing home in Calhoun County, she now has a better income and benefits. "My children and family inspired me to not quit, but to go on," shares Charlene. Encouraged by her teenage daughters to practice what she preached in regard to education and being the best you can be, she followed her own advice and is now reaping the rewards.

Low Country Healthy Start is proud of Charlene's accomplishments and wishes her well with all her future endeavors. Fogle states, "Charlene will continue to climb the hill of success."

## CEO Sanchez Mills Helps New Orleans Rebuilding Efforts



National Healthy Start Association's CEO Peggy Sanchez Mills, third row on left, joined other national leaders and elected officials to paint a school and plant a garden in New Orleans.

National Healthy Start Association's CEO, Peggy Sanchez Mills, attended a meeting in June, called "Using Limited Health Dollars Wisely: What States Can Do to Create the Health System They Want." The meeting was co-sponsored by the National Conference of State Legislatures (NCSL), the National Governors Association, the Association of State and Territorial Health Officials, AMCHP and the National Association of County and City Health Officials.

While at the conference, Sanchez Mills and a team of

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volunteers painted and planted a garden at a New Orleans school, with Hands On New Orleans. The Hands On Network brings people together to strengthen communities through meaningful volunteer action. Hands On Network creates and manages nearly 50,000 projects a year and is made up of 58 national and international volunteer organizations that act as entrepreneurial civic action centers. Said Martha King, NCSL's Health Program Group Director, "We were motivated to try to help out in some way and Hands On found a work project and supplied volunteers to guide us."

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## News from the Projects

### Central Hillsborough Healthy Start, Tampa, Florida



Florida Governor Crist signs Black Infant Mortality Bill. National Healthy Start Association's Vice President of Program, Lo Berry, is third from right.

Florida Governor Charlie Crist signed HB 1269, the Black Infant Mortality Bill, in Tampa, on July 2, 2007. The process by which this Bill was developed is a wonderful example of community collaboration. On December 19, 2006, the Central Hillsborough County Federal Healthy Start (CHHS) Project organized an emergency Call to Action meeting to present disturbing Hillsborough County trends / data in infant mortality and morbidity to key maternal and child health African American community stakeholders. Preliminary data showed, among other trends, that the number of Black babies dying in the first year of life increased from 17.6 deaths per live births in 2001 to 22.7 deaths per 1,000 live births in 2005 in the area.

With assistance from REACH UP, Inc. (Respond, Educate, Advocate, Collaborate for Health in Underserved Populations), the Healthy Start Coalition of Hillsborough County, CHHS and The Lawton and Rhea Chiles Center, State Senator Arthenia Joyner (D-18) drafted SB 2120 to create a Black Infant Health Practice Initiative designed to identify factors in the health and social services systems contributing to higher mortality rates among African American infants. Representative Betty Reed (D-59) introduced the companion bill, HB 1269, in the Florida House of Representatives. The bill passed the House and Senate, appropriating \$1million to the Department of Health to implement the program.

This is a very exciting and groundbreaking piece of legislation. The Black infant mortality rate is rising all across the country, especially in the southeastern United States. This piece of legislation puts Florida "front and center" among those states acting and not just lamenting.

### Catholic Charities Healthy Start, Fort Worth, Texas

In June, Texas Governor Rick Perry signed Senate Bill 143 (approved by both the House and Senate), which gives cities and counties legal authority to create fetal infant mortality review (FIMR) teams. These teams of physicians, nurses, social service providers and others will examine medical records and interview families to find out why these high rates exist in our community. The bill became effective September 1st.

The Tarrant County Infant Mortality Network, of which Catholic Charities Healthy Start is a member, was very active in advocating, seeking legislation and helping to draft the FIMR bill. This network has worked closely with many legislators from all levels of government to increase awareness of and a strong response to the high rates in Tarrant County. For years, Tarrant County has recorded the highest infant mortality rates of any urban county in Texas.

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Pockets of Tarrant County have higher infant mortality rates than some third world countries. The magnitude of these high rates poses significant threats to our community and public health.

The last year has been particularly significant in the Task Force's efforts to combat infant mortality. In 2006, U.S. Congressman Burgess (R-26) championed the legislation observing September as National Infant Mortality Awareness Month. (See article.)

### **Illinois Healthy Start Partnership's Annual Consumer Conference, Chicago, Illinois**



National Healthy Start Association Board Member Tamela Milan looks on as Jerry Wynn, Chicago Healthy Start, presents award to actor Malik Yoba.

Malik Yoba, actor and motivational speaker, was the highlight of a day-long conference sponsored by the six Healthy Start projects in Illinois on August 23rd. The conference goes beyond infant mortality reduction information, adding speakers from the financial and legal arenas offering information on self-sufficiency and disparities in the criminal justice system. Yoba, himself a father, interacted with the participants, bringing dads up on stage to talk about their experiences as a father.

Also from Chicago: National Healthy Start Association Board Member Tamela Milan – one of the first consumers elected to the national board – was recently given an appreciation award from the Illinois Maternal and Child Health coalition for her work as a peer educator with the Closing The Gap initiative. The award was for her untiring efforts and dedication in making Closing The Gap a success. Tamela is Consortium Coordinator of Westside Healthy Start, where she works as a Child Development Specialist.

### **Cleveland MomsFirst, Cleveland, OH**

The MomsFirst Perinatal Depression Project won the Most Innovative Promising Practice Award at the 17th Annual CityMatCH Urban Leadership Conference "for presenting an innovative response to specific problems, issues, or barriers." Chosen by the CityMatCH Board over 26 other projects, MomsFirst received a trophy and certificate. Said Project Director Lisa Matthews, "I am sure it was due to the multi-agency collaboration / funding / support and the multifaceted approach that the collaboration has been able to achieve. We feel like we are making baby steps, but the problems are universal and people were very excited to see how we approached them."

### **Research News: Maternal Health Research and Michael C. Lu, MD, MS MPH**

In August 2007, the inaugural class of National Healthy Start Association's Healthy Start Leadership Institute was treated to Dr.

Michael C. Lu, one of this nation's major voices for a life course, intergenerational perspective in maternal health. Dr. Lu is Assistant Professor of Obstetrics and Gynecology at the UCLA School of Medicine and School of Public Health. He is a member of the research workgroup that drafted the CDC's Recommendations to Improve Preconception Health.<sup>(1)</sup> In this issue, the National Healthy Start Association highlights some of the research Dr. Lu and his colleagues have done that may be of help to Healthy Start communities.

Prenatal care, as currently provided, has important health benefits, but is not effective at reducing low birthweight (LBW). In 1985, an Institute of Medicine Study<sup>(2)</sup> defined prenatal care as the model to reduce LBW in the U.S. Lu and colleagues reviewed research and concluded that few or no LBW reductions were found for psychosocial support, home visitation, low dose aspirin, bed rest and hydration.<sup>(3)</sup> Prenatal care is, however, established as critical for maternal health and the future overall health of a child, including reproductive potential.

In "Racial and Ethnic Disparities in Birth Outcomes: A life Course Perspective,"<sup>(4)</sup> Lu and Haflon reviewed research and reframed the model for reducing poor birth outcomes and disparities. Studies document poorer access to health care for minority populations. Yet disparities occur even when similar economic conditions and prenatal care exists. A woman's risk for preterm birth is a result of complex interactive social, economic and biological factors, some of which cross generations. Greater risk may be the result of "allostatic load" – a wearing down of immune and adaptive systems from biological and environmental stress over time and across generations.<sup>(5)</sup> The life course model argues that disparities can be overcome with a life span and generational perspective that closes "the gap for one generation to give the next an equal start." Prenatal care is just one of the critical investments for a future generation's birth outcomes. Risk reduction and protective strategies should target all sensitive developmental periods for reproductive health.

Prenatal care for undocumented immigrants is cost beneficial.<sup>(6)</sup> Eliminating public funding for prenatal care would save California taxpayers \$58 million in prenatal care but add an additional \$194 million in postnatal maternal care and \$211 million in long term costs from increased LBW, prematurity and poor maternal health outcomes.

Birth outcome risks greater for homeless women of color.<sup>(7-10)</sup> Greater cultural sensitivity and increased health outreach and educational efforts on birth control for homeless populations are needed. Women often become pregnant while homeless and have conditions related to poor birth outcomes such as stress, drug use, poor mental health and nutrition, poor hygiene, STDs, dental infections and abuse. Two studies by Lu and colleagues found that birth outcomes were significantly worse for African American, Hispanic and American Indian homeless women, but not significantly different for homeless White women.

Breastfeeding initiation increases associated with provider encouragement, childbirth education and for those who experienced sexual abuse, but not with postpartum visits or physical and emotional abuse. Forty percent of U.S. women never initiate breastfeeding; only 22% breast-feed for six months or more as recommended.<sup>(11)</sup> Initiation is lower among African American women and for low-income women and women with less than a high school education.<sup>(12)</sup> Lu and colleagues found that among families with children less than age three, nurse or physician encouragement of breastfeeding significantly improves breastfeeding initiation for all racial / ethnic and age groups.<sup>(13)</sup>

Childbirth education attendance is associated with a 75% increase in likelihood of breastfeeding initiation, but attendance by African American populations is significantly lower than that of White and Hispanic.<sup>(14)</sup> A postpartum visit was not associated with breastfeeding duration of six months or more, though it is associated with first trimester prenatal care.<sup>(15)</sup> Those who reported child sexual abuse were twice as likely to initiate breastfeeding as those who did not<sup>(16)</sup> and "...were significantly more likely to have attended a class or discussion about parenting and more likely to comfort their child immediately when he or she starts crying."

Prenatal care is a critical time to assist in the prevention of childhood obesity.<sup>(17)</sup> A higher likelihood of obesity was found in children ages five to 21 when exposed prenatally to maternal conditions of diabetes, smoking and malnutrition during the first and second trimesters. More research is needed to determine effective interventions and other

prenatal conditions related to later obesity (e.g., stress, genetics).

Quality of Care Standards.<sup>(18-20)</sup> Very important to the future of maternal health and Healthy Start programs is the development of standards for monitoring / assessing the quality of maternal health care. Lu and many colleagues are developing such standards in California. They recently established 24 indicators within five categories: health status and access, preconception and interconception care, antenatal care, labor and delivery care and postpartum care.

Dr. Lu's work and that of his colleagues helps us connect some very complex dots that we need to understand as Healthy Start works to improve maternal health, reduce infant mortality and low birthweight and remove disparities in perinatal health care.

#### Endnotes

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A recent article which may be of interest:

- Lu MC. Recommendations for preconception care. *Am Fam Physician* 2007;76(3):397-400.



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- October 29-31, 2007, Preconception Council of California, Second National Summit on Preconception Health and Health Care, Oakland, California, [www.marchofdimes.com/california](http://www.marchofdimes.com/california)
- November 28-30, 2007, National Conference of State Legislators' Fall Forum, Phoenix, Arizona, [www.ncsl.org](http://www.ncsl.org)
- February 27-29, 2008, Grantmakers in Health's 2008 Annual Meeting, Los Angeles, California, [www.gih.org](http://www.gih.org)
- April 9-11, 2008, Community Voices' First Annual Freedom's Choice Conference and Awards Gala, Atlanta, Georgia, [www.communityvoices.org](http://www.communityvoices.org)
- April 20-23, 2008, National Healthy Start Association's Ninth Annual Spring Conference, Washington, DC, [www.healthystartassoc.org](http://www.healthystartassoc.org)

## Healthy Start in the News

Has your Healthy Start project been in the news lately? Send the National Healthy Start Association links to newspaper articles, TV news stories or radio and TV PSAs so they can be shared with your fellow projects.

## Visit National Healthy Start Association's Web Site

The National Healthy Start Association's web site contains useful information for members and others, such as an online Directory with contact information for all federally funded Healthy Start projects. Go to [www.healthystartassoc.org](http://www.healthystartassoc.org).

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