Getting off to a Healthy Start

A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC. Fall 2004

Fresh Ideas Infuse Regional Conferences

The last of the NHSA's six regional conferences was held in San Antonio at the end of June. The evaluator, Geri Lynn Peak, Claudia Morris (Consultant) and Bea Haskins (Operations Manager) have been working since then to compile a final report. The recommendations laid out in this report will be used to guide the planning process for providing technical assistance that meets the needs of the 96 Healthy Start communities across the country.

Overall Findings

Findings included in the report are based on results compiled from evaluation forms distributed at the regional conferences, and include anecdotal findings from conference session discussions, follow-up calls, stakeholder commentary and debriefing meetings held throughout the conference implementation period. Here are some of the highlights:

- Participants overwhelmingly favored regional conferences as a means to provide technical assistance (T.A.). Of 267 respondents, 95.3% felt the conferences were useful. In the participants' view, the conferences' most valuable attributes were the provision of networking opportunities; the conference format itself, especially small groups and exercises; and the supply of knowledge, information and new ideas.
- The inclusion of a broad audience provided a unique networking experience among front line staff, consumers, evaluators, community partners and Title V representatives, together with project directors. These participants, many of whom had never had the opportunity to attend a Healthy Start conference before, were able to actively network, share and work together.

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Healthy Start Reauthorization Bill Introduced

The NHSA is pleased to announce that legislation to keep the Healthy Start program authorized by Congress has been introduced in the House of Representatives as H.R. 4905. Titled "The National Healthy Start Act of 2004," the bill will continue Healthy Start from its statutory expiration date of 2005 until 2010. It encourages the Secretary of Health and Human Services to include consideration of "the extent to which applicants for such grants facilitate a community-based approach to the delivery of services and a comprehensive approach to women's health care to improve perinatal outcomes." Co-sponsors to the bill so far include Representatives Fred Upton (R-MI), Edolphus Towns (D-NY), Charles "Chip" Pickering (R-MS), Elijah Cummings (D-MD), Shelley Moore Capito (R-WV), Rosa DeLauro (D-CT), John Spratt (D-SC), Bobby Rush (D-IL), Jim Marshall (D-GA), Danny Davis (D-IL) and Chris Smith (R-NJ).

Congressional authorizing committees, which are separate from appropriations committees, will review the legislation since they are responsible for drafting and overseeing legislation that designates which federal programs are eligible for funding. It is not uncommon for most federal programs to have a date when their programs expire, giving Congress a chance to review the program and make changes to the focus or mission before authorizing it again to receive funding.

When the new 109th Congress convenes in 2005, NHSA anticipates that the text of H.R. 4905 will be reintroduced, accompanied by a Senate bill to ensure that the program continues to be eligible for funding. Healthy Start was originally authorized as part of the Child Health Act of 2000, and no opposition to the reauthorization legislation is anticipated.

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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.

NHSA Announces New Committee Chairs

President Belinda Pettiford announced recently that Board members Madie Robinson and Will Payne have accepted appointments as co-chairs of the NHSA's Sustainability Committee. This seat became open with the passing of Mike Savage, who chaired the committee since 1998. Robinson, Project/Executive Director of Pee Dee Healthy Start, Inc. in Florence, SC, resigned as the chair of the Evaluation & Outcomes (E & O) Committee to take on this new role. She served in that position since the Association was formed. Payne is the president of the board for the Pittsburgh and Fayette County Healthy Start projects and has an extensive background in advocacy on the local and national levels. He is active in the National Association of Community Health Centers, as was Mike Savage. Peter Schafer, Project Director of the Baltimore City Healthy Start project, has also accepted the appointment to chair of the E & O Committee. He has been an active member of the committee since coming on the board, and is a former local evaluator.

Nominating Committee Seeking New Board Members

Kenn Harris, NHSA's Vice President and chair of the Nominating Committee, reminds all project directors and consortia chairs that the committee is seeking nominations to the Board of Directors, for three year terms that will run from January 1, 2005 through December 31, 2007. Elections will be held on October 5th at the Association's Annual Membership Meeting (see article). Materials about nominations were mailed in August and the deadline for submissions is September 15. This year, the Association hopes to add one more consumer to the Board, along with filling several seats that will be vacated when a number of founding members complete their second terms. For more information, contact Bea Haskins at the NHSA office.

July Board Meeting Results in New Strategic Plan

In July, the NHSA Board of Directors met in Baltimore to review priorities and to update its 2002–2005 Strategic Plan. The retreat was co-sponsored by The Annie E. Casey Foundation, which also provided meals and assistance with hotel expenses. Over two days of thoughtful brainstorming, the board reviewed the priorities of the Association and updated the list of activities that will be essential to fulfilling the five key areas of focus important to the NHSA: Healthy Start Financial Capacity Building, Data Outcomes and Management, Member Support, Relationships and Image and Association Infrastructure/Capacity Building.

The Board discussed priorities for action to address each goal and analyzed the resources that will be necessary to more fully serve the needs of those who work in the Healthy Start program. The final Strategic Plan will be approved by the Board in the near future and will then be posted on the NHSA website.

Fresh Ideas, *continued from page 1*

- A small minority of respondents felt that the broad audience did not lend itself to providing the appropriate level of T.A. to all participants.
- Where consumers were well integrated into the conferences, their inclusion was clearly accepted, according to follow-up calls and anecdotal evidence. Participants were inspired by the stories of success presented in consumer panel sessions. More importantly, consumer attendees were able to see the impact they can have on Healthy Start, on their own lives, the lives of their peers and on the operations and practices of the program.
- All specialized T.A. topics presented, such as consumers in action, fatherhood programs, community education, coalition building and community support/ advocacy, were enthusiastically received overall.
- The T.A. needs most often identified were recruitment and/or retention.
- Fifty-three percent (53%) of 146 respondents favored technically accessible information (via email, web, webcasts or video conferencing) as another valuable means of T.A. from the NHSA, while 51% favored face-to-face, customized T.A. support.

Recommendations

Recommendations are based on data collected using conference evaluations, session feedback, follow up conference calls with planning teams and anecdotal information. Recommendations include:

- Provide pathways for technical assistance, including regional conferences, establishing an institute for project directors and developing an interactive web presence.
- Establish regional roundtables, where each Healthy Start site would be represented to discuss and identify priority issues and T.A. needs.
- Develop a project database, which would include Healthy Start site profiles and an inventory of project models and expertise.
- Offer application guidance to project staff to prepare and empower existing programs to make the best showing under the competitive application process.
- Complete the current toolkits based on feedback provided from regional conference participants.

Lessons Learned

Throughout the planning process and the conferences themselves, many lessons were learned that can be applied to future activities of the NHSA. Some of these included:

- Recognizing the importance of active consumer involvement in all aspects of the regional conferences, on the planning committee, as presenters and as participants.
- Acting on the need to take additional steps to ensure effective communication and relationship building between local Healthy Start projects and their Title V counterparts.
- Utilizing workshop tracks as a more effective avenue for providing technical assistance or training to the different levels of Healthy Start staff participating in regional conferences.
- Facilitating a formal networking session to enhance the opportunity to share information in a more structured setting.

All in all, the regional conferences were a success and the NHSA now has the information it needs to develop a project-driven strategic plan. All project directors should receive a NHSA Regional Conference Final Report in September.

NHSA's Seventh Annual Membership Meeting to be Held in October

Healthy Start project directors attending the HRSA/MCHB All Grantee Meeting should make plans to join the NHSA at its Seventh Annual Membership Meeting. The meeting will be held at the conference hotel (Hyatt Regency Crystal City in Arlington, VA) on Tuesday, October 5th, from 6 to 7:30 p.m. Light refreshments will be offered. An update on the Association's work over the last year will be provided during the meeting, along with information about the NHSA's new strategic plan for 2005–2008, and reauthorization efforts in 2005. Election of new members to the board will be held, and all paid members of the Association are eligible to vote. For more information, contact the NHSA office.

Enterprise Community Healthy Start Set to Promote Health Literacy

Submitted by Sandra Smith, MPH, CHES

Rachel left the room in tears. I was only 20 minutes into the introduction of the Beginnings Life Skill Development Curriculum, so I felt sure it was not something I said. Noting that Rachel's colleagues remained attentive, I followed their lead and continued with the training.

We were talking about promoting mothers' life skills – personal capacities needed for life-long learning, health and development. A mother's life skills determine her capacity to nurture a healthy, competent child and to benefit from your program, community services and healthcare. Ultimately, children's development and your program's results depend on mothers' life skills.

During pregnancy and early parenting, mothers in all socioeconomic levels demonstrate readiness to learn well above the norm. To the limits of their current abilities, mothers develop new capacities to use healthcare and social services. They hone, or develop from scratch, fundamental life skills – learning, building relationships, communicating needs, solving problems, self-control and emotion regulation.

In everyday interactions, mothers pass on their fundamental life skills to their infants and toddlers. This learning and teaching happens between every mother and child to some level, for better or worse, by design or by default. So, a mother's capacities determine whether her child develops a sturdy foundation or a fragile foundation for all that is to follow. Insufficient life skills in a parent can result in generations of default living, poor health, low self-esteem, poverty and illiteracy.

Rachel returned. At the break, she explained her tearful exit. Turns out it *was* something I said. "These are tears of joy," Rachel said. "This curriculum is just what we need, and we've been looking for so long! Thank you for being here." Music to a trainer's ears.

Life Skills for Using the Healthcare System

Children's development further depends on their mother's health. And Congress expects Healthy Start programs to demonstrate progress toward improvements in low birthweight, infant mortality, racial disparities, prenatal care and preventive services utilization and school readiness. Achieving these outcomes depends on mothers' capacities to benefit from healthcare services.

The Institute of Medicine recently defined the basic capacities – life skills – that a person needs to use the healthcare system and make health decisions:

- Background knowledge *(e.g., children are born wired for feelings)*
- Speaking *(e.g., expressing concerns and needs)*
- Listening *(e.g., understanding and recalling instructions)*
- Writing *(e.g., filling out forms)*
- Reading *(e.g., medication labels)*
- Numeracy –using numbers *(e.g., keeping appointments)*

These are literacy skills. When applied in health contexts, they are called *health literacy* skills. Health literacy is *the capacity to obtain, process and understand basic health information needed to make appropriate health decisions.*

The National Adult Literacy Survey and other studies show that about 90 million Americans (a fourth of the adult population) read at or below the 6th grade level and struggle with most written and oral health and medical information. Under-educated, single parents who do not read for fun are most likely to have low literacy skills and low health literacy. Poverty, minority status and disability increase the likelihood of low literacy. Parents' low literacy increases the risk of poor health and low school readiness in their children.

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.*

The Enterprise Community Healthy Start staff in Augusta, Georgia, learned to ask three easy questions to identify clients with low literacy, and two more questions to refer them to local adult education, family literacy or English as a Second Language (ESL) programs. They learned the differences between how skilled and unskilled readers digest information and easy strategies for teaching parents with low literacy skills. They practiced offering mothers opportunities to build health literacy skills during their usual home visiting activities.

After a practice session, one home visitor said, "I can see now how reading aloud makes you focus and really think. There is something about hearing yourself say it that takes the learning deeper, faster. I'll be inviting my clients to read to me." The home visitors discovered words as toys, and that by playing with words during everyday activities, almost every mother can pass on fundamental literacy skills to her infant and toddler.

Home visitors from Enterprise Community Healthy Start are gearing up now to promote health literacy and to measure the effects on outcomes using the Life Skills Progression instrument, which was presented at this year's Spring Conference.

For information on the Life Skills Development Curriculum and training, contact Sandra Smith at *sandras@u.washington.edu* or 800-444-8806.

Healthy Start Loses a Champion

C. Michael Savage, member of the NHSA's Board of Directors since 1998, and CEO of ACCESS Community Health Network in Chicago, died on Thursday, June 24th. Mike died in a group rafting accident in Alaska while attending a community health center meeting on behalf of ACCESS, the grantee agency of the Westside Healthy Start project. He served as Chair of the NHSA's Sustainability Committee and led the effort for Healthy Start being authorized in 2000. He was also instrumental in the NHSA receiving its Congressional earmark that allowed for the 2004 regional conferences.

"Mike was a wonderful person to be around. He always viewed life in a positive light, and we will remember his smile, laughter and wonderful sense of humor. Mike viewed challenges as opportunities to make change. He was truly about helping others," said NHSA President Belinda Pettiford. Thomas P. Coyle, founding president of the NHSA, commented, "The Association has been so fortunate to have Mike as part of our family. Mike was both a wonderful person and a true professional. His contribution to the Healthy Start program and to the Association will never be equaled."

Association members responded with sadness on hearing the news. Cathy Morris of the Heart of Georgia Healthy Start Coalition, said, "I will miss his presence in the Healthy Start family, and my heart goes out to those of you who worked closely with him and will notice his absence even more acutely." New to the Board in 2004, Yvonne Beasley of the Indianapolis Healthy Start program, wrote, "I didn't know Mike as well as most of the board members did. However, I did talk to him during the spring meeting. He had such a jovial and caring spirit. My prayer is for strength and comfort for his family and friends."

Mike will truly be missed by the Board of Directors of the NHSA and the many Healthy Start sites around the country.

Board Member Drummonds Completes Johnson & Johnson Program

Mario Drummonds, NHSA Board member and Executive Director of the Northern Manhattan Perinatal Partnership, grantee agency of the Central Harlem Healthy Start project in New York City, recently graduated from the Johnson & Johnson/UCLA Health Care Executive Program at the Anderson School of Business. We extend our congratulations to him.

Research News

CDC Has New State-Specific Breastfeeding Data

The Centers for Disease Control and Prevention (CDC), for the first time, has state-by-state data on the percentage of mothers who are breastfeeding their babies and for how long. "With this information," said Donna Stroup, Ph.D., M.Sc., acting director of CDC's Coordinating Center for Health Promotion, "state health departments can compare breastfeeding rates in their states and communities to national objectives. The information will help agencies concentrate their efforts where they are most needed and develop targeted programs to promote breastfeeding."

The American Academy of Pediatrics recommends that babies be fed nothing but breast milk for the first six months of life. The national average for mothers who exclusively breastfeed their babies for at least six months is low – 14.2%. Only Oregon had an exclusive breastfeeding rate of over 25% at six months.

The new breastfeeding data were gathered as part of CDC's National Immunization Survey (NIS), which surveyed mothers in 50 states, the District of Columbia and selected geographic areas within the states. The survey revealed that six states – Hawaii, Idaho, Oregon, Utah, Vermont and Washington – met all of the Healthy People 2010 objectives for breastfeeding:

- 65% of new mothers initiate breastfeeding;
- 50% continued to breastfeed for at least six months;
- 25% continued to breastfeed for at least 12 months.

Fourteen states achieved the 75% initiation rate, and eight states met or exceeded the objective of 25% of mothers continuing to breastfeed for at least 12 months. The survey also confirmed previous findings that lower-income mothers and non-Hispanic black mothers had consistently lower breastfeeding rates. For more information, visit *www.cdc.gov / breastfeeding / NIS_data /*.

CDC Office of Communications Media Relations, Press Release, *www.cdc.gov,* August 5, 2004.

Smoking During Pregnancy Linked to Orofacial Clefts

Findings from a United Kingdom (UK) study confirm previous reports linking maternal smoking with an increased risk of cleft lip. In contrast to some earlier studies, the researchers found that the risk of cleft palate was also heightened. The study, which is reported in the July Issue of the *Cleft Palate-Craniofacial Journal,* involved a comparison between 190 children with orofacial clefts and 248 matched controls. Dr. J. Little, from the University of Aberdeen in the UK, and colleagues found that 80 mothers of infants with clefts and 59 mothers in the control group smoked during the first trimester. The investigators calculate that maternal smoking during the first trimester of pregnancy increased the odds of cleft lip with or without cleft palate by 1.9-fold and the risk of cleft palate by 2.3-fold.

For both types of cleft, the risk was directly related to the amount smoked, the researchers point out. Although there was evidence that passive smoking also raised the risks of orofacial clefts, the study did not have sufficient statistical power to confirm or refute this association. In light of these findings, the authors comment, "It may be useful to incorporate information on the effects of maternal smoking on oral clefts into public health campaigns on the consequences of maternal smoking."

Medscape from WebMD, *www.medscape.com,* August 2, 2004.

U.S. Infant Mortality Rates Update

There were 27,977 infant deaths in 2002, up from 27,568 in 2001. The provisional U.S. infant mortality rate (IMR) increased from a rate of 6.8 infant deaths per 1,000 live births in 2001 to a rate of 7.0 per 1,000 live births in 2002, the first year since 1958 that the rate has not declined or remained unchanged. However, there was continued decrease in late-term fetal deaths – defined as 28 or more weeks of gestation. The perinatal mortality rate was unchanged. The CDC attributes the rise in infant mortality to an increase in neonatal infant deaths (infants less than 28 days old), particularly infants who died within the first week of life. Causes of these deaths are thought to be pregnancy-related. Three causes of death accounted for most of the increase in infant mortality: congenital anomalies (birth defects), disorders related to short gestation and low birthweight, and maternal complications of pregnancy.

Why has the IMR gone up for the first time in 46 years? No one knows for sure. However, experts from the CDC point out that preterm and low birthweight births have continued to increase from 1990 to 2002, as well as the

twin birth rate. In addition, risk of poor perinatal outcomes has increased significantly with more frequent assisted reproductive therapy (ART).

FIMR: Making Healthy Communities Happen, National Fetal-Infant Mortality Review Program, Summer 2004, p. 3.

Racial/Ethnic Disparities in Neonatal Mortality – U.S., 1989-2001

From 1989-2001, the neonatal mortality rate (deaths of infants less than 28 days) declined by 25% in the U.S. Declines were seen in Hispanic and non-Hispanic white, black, American Indian/Alaska Native and Asian/Pacific Islander populations. However, neonatality mortality (deaths) among non-Hispanic black infants continued to be nearly twice that of other racial/ethnic populations. Approximately half of neonatal mortality occurred among extremely preterm infants (<28 weeks' gestation). Advances in neonatal medicine and recommendations aimed at preventing certain causes of neonatal death likely contributed to the decline. Results suggest that further emphasis on preventing preterm birth may have a greater effect on reducing neonatal mortality in the future.

MMWR (Morbidity and Mortality) Weekly Report, Synopsis for July 30, 2004, *www.cdc.gov.*

Save These Dates

- **September 11–14, 2004:** CityMatCH's Annual Leadership Conference, Portland, OR *(www.citymatch.org)*
- **October 3–6, 2004:** HRSA/MCHB All Grantee Meeting, Arlington, VA
- **October 5, 2004:** NHSA's Seventh Annual Membership Meeting, 6 p.m., Hyatt Regency Crystal City, Arlington, VA
- **October 15–17, 2004:** Third Annual Black Midwives and Healers Conference, Portland, OR *(www.blackmidwives.org)*
- **November 16, 2004:** Second Annual Prematurity Awareness Day
- **February 19–23, 2005:** Association of Maternal and Child Health Program's Annual Conference, Washington, DC *(www.amchp.org)*
- **March 13–16, 2004:** NHSA's Sixth Annual Spring Education Conference, Washington, DC (March 13th: Consumer Orientation; March 14th–16th: Main Conference)

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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

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☐ $ 200 National organizations, businesses or corporations

☐ Additional contribution enclosed $ _____

Name _____ Company Name _____

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Please return this form with your check to: National Healthy Start Association, Inc., P.O. Box 25227, Baltimore, MD 21229-0327.

Congress Late on Appropriations Work

In order for the federal government to remain funded, Congress must pass 13 separate appropriations bills to send to the president for his signature every year. These bills formally stipulate how much money is to be appropriated to various federal programs for the new fiscal year that begins October 1. Thirteen House and Senate appropriations subcommittees correspond with the 13 bills that must be passed. The Healthy Start program is under the jurisdiction of the Labor, Health and Human Services and Education subcommittees in the House and the Senate.

It is not uncommon for Congress to be late in passing these mandatory bills, and this year is no exception. As we go to press, the House has passed 10 of its 13 bills. Their Labor HHS bill, which provides level funding for Healthy Start at $97.75 million, will likely be taken up by the full House in September. The Senate must also finish the rest of their business when they return after Labor Day, including their own Labor HHS bill.

Sometimes when a congressional session is running late, as it is this year, a group of appropriations bills will be rolled into one big "omnibus" bill for passage, or Congress will pass a "Continuing Resolution" to keep the same levels of funding operational into the new fiscal year. The intense pressure currently for Congress to deal with the 9/11 Commission report before adjournment may move the final appropriations work until after the November 2nd elections. The NHSA will keep its members informed of further developments.

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.

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