



NATIONAL  
HEALTHY START  
ASSOCIATION

*Getting off to a  
Healthy Start*

April 2020

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**Minority  
Health  
Month &  
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## Getting off to a Healthy Start



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The National Healthy Start Association is a 501(c)(3) nonprofit organization. The mission of the NHSA is to be our nation's voice in providing leadership and advocacy for health equity services and interventions that improve birth outcomes and family well-being.

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## COVID-19: Pregnant Women, Delivery and Much More!



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The novel coronavirus, termed COVID-19, is something everyone in American is living with now – and will be for the foreseeable future. NHSA's [website](#) contains a wealth of information about the coronavirus, with resources for professionals working with families and for the families themselves. It is updated regularly as new material comes our way and we encourage you to check it out now and to visit it often. This article offers general information for pregnant women and for families and, well, just about anyone!

### Pregnancy

Why are pregnant women considered high risk, as shown in the graphic above? Expectant moms are at higher risk for developing respiratory infections because their immune systems may be weakened by the pregnancy. Other than that, there is no need to be overly worried about coronavirus, according to numerous experts. Just take the same precautions as everyone else is advised to do: frequent hand washing, avoiding sick people and following the guidelines in your state, which probably include staying at home if possible and wearing a mask when you go out in public. Says Dr. Neil Silverman, a clinical professor of obstetrics and gynecology at UCLA, non-essential travel is not recommended, especially air travel. "Most pregnant women who have mild respiratory symptoms such as a cough or fever need not be tested for coronavirus," Silverman said. "However, if a pregnant woman develops these symptoms after contact with people who have tested positive for coronavirus or traveled to areas where outbreaks have occurred, she should contact her health care provider."<sup>1</sup>

### What about the Hospital and Delivery During the COVID-19 Pandemic?

Hospitals ARE dealing with COVID-19 patients and some hospitals in "hot spots" of the pandemic are overcrowded with coronavirus patients. But hospitals are aware that "life goes on" - bones get broken, heart attacks happen and babies are born and are making adjustments. Assuming an expectant mother is not COVID-19 positive, she should talk to her doctor about the arrangements for arriving at the hospital and what she can expect because of the coronavirus. Some hospitals are limiting visitors and dad and grandparents may not be allowed in the building. This makes it hard on mom, who wants to share the joy and show off the baby and also have the emotional support of her loved ones. But knowing what the situation will be in advance can help her plan to bring her cell phone or tablet - and the chargers - so she can take photos and show the newborn in real time to her family.

*Continued on page 4*

## Research News: **Hot Stats** and **Fast Facts**

### Racial and Ethnic Insurance Gaps Put Moms and Babies at Risk: Study

Women who are Black, Hispanic or Indigenous, and who are already at a higher risk for childbirth complications and pregnancy-related death, are less likely to be insured, new research shows. A study revealed that almost half of these women had disruptions in insurance coverage between preconception and post-delivery, compared to only about 25% of white women. And nearly one in 10 Spanish-speaking women weren't insured at all during this time. Black and Indigenous women are two to four times more likely to die from pregnancy-related causes than white women, noted the study authors, and poverty plays a role, too. The household incomes of about 50% of the Black women in the study were below the federal poverty level. That makes them eligible for Medicaid, but pregnancy-related coverage stops 60 days after delivery. "Racial and ethnic disparities in maternal and child health outcomes are a national public health crisis," said senior author Dr. Lindsay Admon, an obstetrician-gynecologist at Von Voigtlander Women's Hospital in Ann Arbor, MI. "Throughout the most critical periods of pregnancy, we identified wide racial/ethnic disparities related to women's ability to access preconception, prenatal and postpartum care," Admon said, pointing out that insurance coverage is a key prerequisite for getting care.

"Medicaid stability before and after pregnancy is critical for ensuring continuity of coverage and access to care for women of color," said lead author Jamie Daw, an assistant professor of health policy and management at Columbia University in New York City. "Extending pregnancy Medicaid to one year after birth is likely to reduce racial disparities in insurance disruptions and, ultimately, disparities in postpartum health...We know that complications associated with preexisting conditions, chronic conditions such as heart disease, high blood pressure and substance use, are among the leading causes of maternal morbidity and mortality," she said. "It's important for women to have quality health coverage and care to manage these conditions to have the best chance of a healthy pregnancy."

Source: [Racial, Ethnic Gaps in Insurance Put Moms, Babies at Risk: Study](#), 03/20.2020.

### Combining Postpartum Contraception with Infant Care: A Unique Approach

A randomized, controlled trial conducted between January 2015 and January 2017 evaluated whether offering co-located contraceptive services to mothers at well-baby visits would increase the use of long-acting reversible contraception (LARC) at five months postpartum, rather than usual care approaches. Shorter than planned intervals between pregnancies is not uncommon. **Results:** 446 women were randomized. LARC use at 5 months was 19.1% and 20.9% for the intervention and control groups, respectively, and was not significantly different after controlling for weeks postpartum (risk ratio, 0.85; 95% confidence interval, 0.59–1.23). Uptake of the co-located visit was low (17.7%), but the concept was liked; insufficient time to stay for the visit was the biggest barrier to uptake. Women who accepted the visit were more likely to use a LARC method at 5 months compared with women in the control group (risk ratio, 1.97; 95% confidence interval, 1.26–3.07). **Conclusions:** Women perceived co-located care favorably and LARC use was higher among those who completed a visit; however, uptake was low for reasons including inability to stay after the infant visit. Intervention effects were possibly diluted. Future research should test a version of this intervention designed to overcome barriers that participants reported.



Source: [A Novel Approach to Postpartum Contraception Provision Combined with Infant Care: A Randomized, Controlled Trial](#), accessed 04/08/2020.

#### Attention Healthy Start Project Directors, Fatherhood Coordinators and Other Program Staff!

Please keep sending us your stories about what your project is doing, whether it is a special event, a new initiative or something else newsworthy. Send to [bhaskins@nationalhealthystart.org](mailto:bhaskins@nationalhealthystart.org).

Do you invite your Members of Congress to visit your project? Click [here](#) for a link to the 2020 Congressional calendars so you'll know when they will be in the district. Even if they're not scheduled to be "home," they can delegate a staffperson to attend. They'll appreciate the invitation and it will be a great chance to talk to them about the Healthy Start Reauthorization Act! Don't forget to take photos to send in for the newsletter!

## COVID-19: Pregnant Women, Delivery and Much More, continued from page 2

### Expectant Moms Who Test Positive for COVID-19

The Centers for Disease Control and Prevention (CDC) have prepared [considerations](#) (updated as more is known) for hospitals and clinicians providing obstetric care for pregnant patients who have confirmed COVID-19 diagnoses. “Each facility should consider their appropriate space and staffing needs to prevent transmission of the virus that causes COVID-19.”<sup>2</sup> These include isolating pregnant women and additional staff training on proper adherence to infection control practices. Staff should know the procedures to protect newborns from contracting the virus.

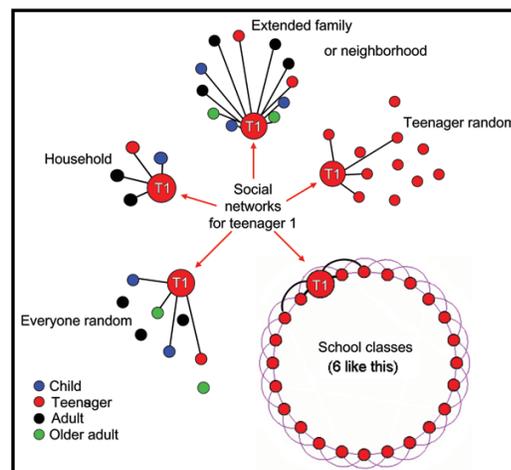
There is not yet a lot of information about the transmission of the coronavirus from mom to newborn. Infants born to mothers with confirmed COVID-19 should be monitored, according to the CDC guidance. “To reduce the risk of transmission of the virus that causes COVID-19 from the mother to the newborn, facilities should consider temporarily separating the mother who has confirmed COVID-19...from her baby...”<sup>3</sup> Health care professionals need to discuss all risks and procedures with mom and her family before delivery so there are no surprises.

### Breastfeeding

Mothers who want to breastfeed and have not been found to have the coronavirus can do this without worry. The only risk is if she has been exposed, or even *may* have been exposed, to anyone who has confirmed COVID-19. In that case, she will probably want to wear a mask during breastfeeding to prevent any respiratory droplets from reaching her baby. If a mother who is confirmed COVID-19 positive wants to breastfeed, she will be encouraged at the hospital to temporarily express her breastmilk to establish a milk supply. Once a newborn’s mom or any mother with confirmed COVID-19 decides to feed at the breast, she is encouraged to practice hand-washing hygiene and wear a mask.

### Let’s Talk about Social Distancing for a Minute

The small print in the graphic on the next page is hard to read, but between the pictures and the graphic on the right, we see the path of transmission from one person who has COVID-19 to others. Social distancing, also called “personal distancing,” reduces exposure and transmission. The CDC reported on an investigation undertaken by the Chicago Department of Public Health of a large, multifamily cluster of COVID-19 cases.<sup>4</sup> Briefly, there was a funeral for a deceased man who was non-COVID-19. A friend of the family attended the funeral and embraced several family members and shared a potluck-style meal with the family. He had recently returned from out-of-state travel and was experiencing mild respiratory symptoms. He was later diagnosed as having COVID-19. By the time the investigation concluded, there were 16 confirmed or probable cases, including three deaths, as a result of this one person’s attendance at the funeral and potluck meal, followed by other extended family gatherings.



This is a cautionary tale on the importance of following the guidelines for staying home if one can, wearing a mask when outside, regular hand washing, avoiding large gatherings and limiting visits with family for the immediate future.

### What about the Babies?

Infants born to mothers with confirmed COVID-19 need to be monitored because there is currently little information about the transmission of the virus before, during or after delivery. Get more facts and recent updates [here](#). None of the babies in a small study had to be in intensive care, had severe complications or needed to be put on a respirator. What the study did show is that infants *can* be infected, which contradicts earlier reports. The report also said there was some good news coming out of China, where “a couple of studies...have reported that the coronavirus does not appear to be transmitted from pregnant mothers to newborns.”<sup>5</sup>

### “The Kids Aren’t All Right”

That’s the title of an article in *The Atlantic*, which says one of the “silver linings” of the pandemic is that the disease isn’t too bad for children. Although not immune, “most healthy kids don’t seem to face a significant risk of death.”<sup>6</sup>

*Continued on the next page*

## THE MATH BEHIND SOCIAL DISTANCING

Social distancing measures can play a critical role in controlling the spread of pandemics, but **only if carried out properly.**

### WHAT IS IT?



Keep at least 6ft (2m) apart from others



Avoid non-essential gatherings and crowds



Limit contact with those at higher risk

### WHAT CAN YOU DO?



Work from home whenever possible



Greet with a wave, not handshakes or hugs



Avoid going out, except for essentials

Source: Government of Canada

Scientists measure the intensity of an infectious disease by its reproduction number ( $R_0$ ).

$R_0$  is the average number of people a sick person will infect



For COVID-19, this has been estimated at 2.5

Source: OurWorld

To illustrate the potential of social distancing, the following assumptions are made:



There is a direct linear correlation between social exposure and  $R_0$



The median incubation period of COVID-19 is approximately five days—after this period, a person will experience symptoms and self-isolate

With these in mind, here's how distancing measures can control the spread of the disease:

### REDUCING SOCIAL EXPOSURE BY 75%

DAY 1



1 Person

INFECTS

DAY 5



0.625 People

INFECTED

DAY 30



2.5 People

INFECTED

### REDUCING SOCIAL EXPOSURE BY 50%

DAY 1



1 Person

INFECTS

DAY 5



1.25 People

INFECTED

DAY 30



15 People

INFECTED

### NO SOCIAL DISTANCING MEASURES IN PLACE

DAY 1



1 Person

INFECTS

DAY 5



2.5 People

INFECTED

406 People  
INFECTED  
IN 30 DAYS

Estimates vary; these results are intended to illustrate the potential of social distancing measures.  
Source: Signer Laboratories, University of Massachusetts Amherst

As scientists and healthcare professionals rush to develop a vaccine for COVID-19, social distancing can be thought of as the first line of defense.

However, for these measures to be as effective as possible, it's important to remember that **we all have a part to play.**



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## COVID-19, continued from page 4

Scenario	5 Day Period	30 Day Period
No social distancing practiced	1 person infects 2.5* others	406 people infected as a result
50% reduction in social exposure	1 person infects 1.25* others	15 people infected as a result
75% reduction in social exposure	1 person infects 0.625* others	2.5 people infected as a result

Source for the image left and scenario above : Signer Laboratories, University of Massachusetts, Amherst. They note that the figures are approximate, as one cannot infect only a percentage of a person.

## The Kids Aren't All Right, continued from page 4

Based on studies of children who lived through Hurricane Katrina in 2005, researchers have found that those kids were much more likely to endure emotional disturbances even years later. "Disasters last a really long time in the lives of children," said one researcher.<sup>7</sup> They don't bounce back as well as we think they will. Another researcher said, "Katrina left PTSD rates in children similar to veterans."<sup>8</sup>

Stay-at-home directives, home schooling, a new daily routine and not being able to play with friends, "...may seem different from the mass evacuation after Katrina, but in practice it can have similar effects, especially for kids who are already vulnerable."<sup>9</sup> Prolonged social distancing means prolonged separation from family member such as grandparents or cousins. School is the main source of structure for kids and now that routine and the social life most enjoy there is gone.

We haven't even mentioned the *economic impact* of COVID-19 and the effect that has on the kids. A parent may be out of work. Money may be tighter than it ever has been. Food may be scarce. Parents are feeling the stress and may not be handling it well themselves. "All the evidence suggests that children – and poor children especially – will bear an incredible burden during the coronavirus pandemic and the attendant economic shocks. But that evidence has trouble breaking into a national conversation dominated by mortality rates and work-from-home strategies."<sup>10</sup>

One hopes the CARES Act passed last month will relieve these economic stressors. Beyond that, parents are encouraged to establish daily routines, intersperse outdoor exercise, games and other fun activities into the home schooling day and allow kids to express their worries. Do your best to reassure them. Teaching them some relaxation exercises at this stage will help them and the adults, too. Visit NHTSA's [website](#) where we have resources for fun and educational activities to do with the kids.

## What Happens When the Pandemic Ends?

No one really knows! In part, it depends on when stay-at-home guidelines are released. Schools may not reopen this year. Jobs may not be there. Shops and restaurants that were forced to close may not reopen. Today we're living in a "new normal." After the pandemic, and life "returns to normal," it is likely to be another "new normal."

More COVID-19 on page 6

## Getting off to a Healthy Start

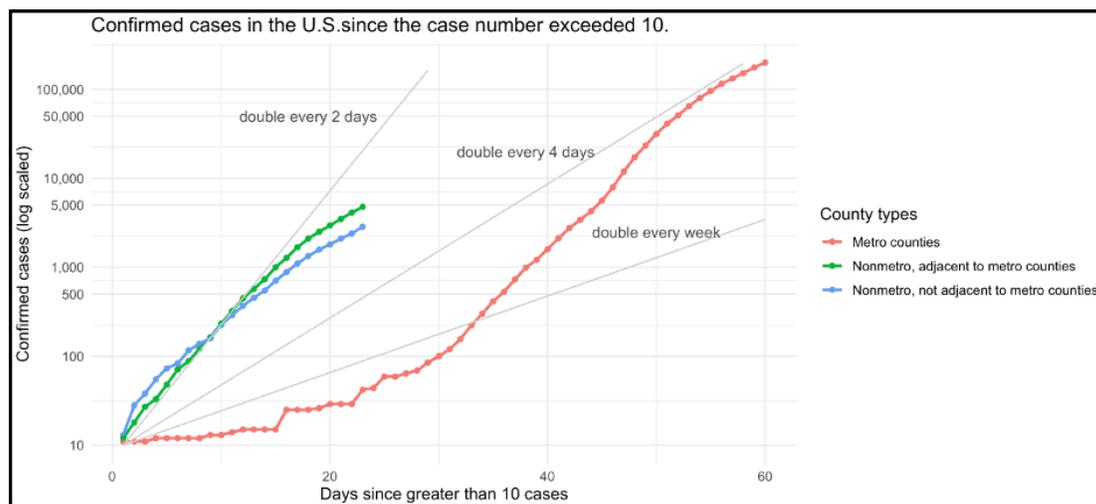
### COVID-19: Racial, Ethnic and Health Disparities on Display

The data is clear: the novel coronavirus, or COVID-19, is disproportionately impacting minorities and rural populations. “Early data shows the coronavirus is hitting Black and Brown Americans especially hard. In Milwaukee, WI, where **African Americans** make up 26% of the population, they make up almost 50% of confirmed COVID-19 cases and 73% of deaths from the virus.<sup>11</sup> “In Michigan, for example, African Americans accounted for 33% of COVID-19 cases and 41% of deaths [as of April 6th], though they represent only 14% of the overall population. In Chicago, 72% of the deaths have been among the city’s black residents, though they make up 29% of the population. The numbers are almost identical in Louisiana.”<sup>12</sup> Data for New York State, excluding New York City, shows that approximately 18% of COVID-19 deaths were black people and 14% were **Hispanic**, whereas black people account for only 9% of the state’s population outside of New York City and Hispanic accounted for 11%.<sup>13</sup>

Dr. **Anthony Fauci**, the director of the National Institute of Allergy and Infectious Disease, explained that the coronavirus is exacerbating a health disparity affecting the country's minority populations, but especially African Americans. He said African Americans suffer disproportionately from underlying health conditions -- such as diabetes, hypertension, obesity and others -- that increase the likelihood someone will require intensive care or intubation when they are infected with the coronavirus. “We're very concerned about that,” he said. “There's nothing we can do about it right now, except try and give them the best possible care to avoid those complications.”<sup>14</sup>

“Hispanics are more concerned than Americans overall about the threat the COVID-19 outbreak poses to the health of the U.S. population, their own financial situation and the day-to-day life of their local community, according to a **new survey** fielded as part of Pew Research Center’s **Election News Pathways project**.”<sup>15</sup> The article goes on to say that COVID-19 has the potential to hit many of America’s nearly 60 million Latinos particularly hard because so many work in the hospitality and other service industries and they are also less likely to have health insurance.<sup>16</sup>

**Rural America** is not spared, either. According to an article in *The Daily Yonder*, “The number of rural infections is a fraction of the metropolitan number. But through April 1, the rural cases were doubling at a faster rate than in metropolitan areas.”<sup>17</sup> (and the chart below) Rural cases are concentrated in counties where the economy is based on tourism and recreation, as well as in farming counties.<sup>18</sup> As of April 5th, two-thirds of rural counties had at least one case.<sup>19</sup>



**Immigrants** “may be among the least able to self-isolate and seek medical care that is essential to protecting their health and slowing the spread of the disease,” according to a *New York Times* article.<sup>20</sup> One woman said in an interview for the article, “We’re petrified.” Even after learning that seeking medical help for the virus would not jeopardize her chances of qualifying for a green card, she did not feel reassured. “This president says one thing one day and does another the next,” she said.<sup>21</sup>

### These Are the People Healthy Start Serves

Continue to page 8 to learn how the Healthy Start projects are providing services during the COVID-19 pandemic!



## Tips for Dads During the Coronavirus Pandemic

Two recent articles from the [National Center for Fathering](#) had some tips and advice for fathers during the COVID-19 pandemic. As one article said, copy some of these or come up with your own. Remember to visit NHTA's [website](#), where we have gathered numerous resources to help entertain the kids while "stuck at home." Sometimes they're even gaining some education while having fun and there's no better way to teach than that.



### Five Tips: Social Distancing Can Mean More Father Involvement

1. **Stay Calm.** As a father, you're a key role model for your kids, and they draw strength from seeing you maintaining your poise and living with the same confidence that you always demonstrate. Yes, it's an uncertain time, but they need to rely on you to be consistent in your character and emotions.
2. **Honor Your Elders.** When our kids see us checking in on our parents and in-laws, as well as elderly neighbors and other acquaintances, it reinforces for them that grandparents and elders are important—plus it's just good for us to honor our elders.
3. **Be Helpers.** Desperate times often bring out the best in people, and it can be true for us and our children as well. Tell them to watch for people who need assistance of some kind, and when you discover someone whom you can help, find ways to involve the entire family in brainstorming and carrying out a positive response—even if you're somewhat limited by the need to keep social distance.
4. **Demonstrate Resourcefulness.** If you're limited in what you can do with your kids, it will require creativity to keep things interesting and engaging. Maybe it's a good time for more active, outdoor adventures with your kids; give them a problem to solve and let them work on it; or give them a simple household item and see what they can figure out to do with it. Dad, set your mind to bringing something fun and challenging to your children's lives. You'll probably be surprised at how many interesting places and activities are right around you but you've never taken the time to check them out.
5. **Teach Something.** Whether or not you try to continue a formal teaching program, remember the broader perspective on and goals for their education: raising well-rounded people with awareness and skills in a wide range of areas. Maybe you can use the coming weeks and months to teach your kids about car or home maintenance, cooking, social skills, faith, or a hobby or interest of yours. Or, your teaching could be more personal, focusing on your family heritage—the people, events and values that have shaped your family's character and legacy.

### Dads: Apply Business Principals with Your Family During the Corona Quarantine

One family organized their ideas into four categories and provided a few examples for each. Yours may be different and that's OK!

1. **Family.** We're going to focus on using what we have in and around the house to do date nights, to do one-on-one time with each of my kids, and really focus on those activities. It's important to build on what we're learning about minimizing distractions during this time and keep that momentum going once we get out of this quarantine situation.
2. **Fitness.** We talked through a...training plan and schedule ..Also, we created a daily fitness routine for the whole family using what we have around the house.
3. **Finances.** We looked at our budget. What's our cash flow plan right now as a family? What investments can we make strategically during this time? What can we do as a family in terms of new ventures or opportunities? All of our kids have launched online businesses recently, and my wife and I have also started some new ventures during this time. (NHTA would add: How can we save money during this time? Can we start a vegetable garden, for instance? Cook more meals from scratch?)
4. **Faith.** We said we wanted to attend church weekly, and for now that means we're going to have to do it virtually online, which is fine for now as long as we participate in a worship service every single week.

Sources: 5 Tips by Dr. Ken Canfield, <http://fathers.com/featured-resource-center-page/5-tips-social-distance-can-mean-more-father-involvement/>; Business Principles by Justin Batt, <http://fathers.com/featured-resource-center-page/dads-apply-business-principals-at-home-during-the-corona-quarantine/>

### MARK YOUR CALENDARS!

**Third Thursday of every month at 1:00 p.m. ET: NHTA Fatherhood Practitioners Webinars.** Healthy Start Project Directors, please make sure we have your Fatherhood Coordinator in our database so they receive notices about the webinars. Send name and email address to [Ken Scarborough](#) and/or [Bea Haskins](#).

## COVID-19: Healthy Start to the Rescue!

Healthy Start programs are community-based and community-driven and located in some of the poorest neighborhoods in the United States. Project staff are creative and determined. Nothing is going to stop them from providing services to their clients. Certainly a global viral infection pandemic is not going to stop them! Let's hear it for—and from—Healthy Start program staff!



### University of Illinois Healthy Start

UIC's Healthy Start three targeted communities are located in the areas of Chicago hardest hit. As the Mayor of Chicago stated, "The disparities in deaths are even greater 'in these communities' ...72% of the city's deaths have been among black Chicagoans, though black Chicagoans make up just 30% of the city's population." Before the epidemic, our communities had some of the highest percentage of health disparities and some of the worst SDOH [social determinants of health] indicators. We have developed a plan to maintain several components of the Healthy Start program during the period of mandatory enforcement of "physical distancing." It incorporates the many "social media" platforms that we can implement and which many of the individuals we want to enroll/provide services to are familiar with and may currently use. This includes: redesign of our various flyers to create Web Pages with direct links to our "Request For Services" form, develop a Face Book page, develop a podcast, create a web page where Program Consent Form and follow-up contact can be digitally signed and/or completed.

### Baltimore Healthy Start (MD)

Baltimore's Project Director, Lashelle Stewart, wrote: "I am going to share two ways we engaged clients during this pandemic...We will continue to engage clients with other options including virtual yoga and virtual breastfeeding education." Click the images to the right to see videos from Baltimore!



### Tougaloo College/Delta HealthPartners Healthy Start (Marks, MS)

Tougaloo College/Delta HealthPartners Healthy Start communities are feeling the brunt of COVID-19 by traveling further distances in this very rural community to purchase necessary household supplies and food due to scarcity of items stocked in neighborhood stores and coupled with an abundance of food deserts in the catchment area. COVID-19 is having a great impact on communities traditional services, such as funeral services, church services, family gatherings, etc. and adapting to alternate methods that comply with the CDC guidelines to prevent the transmission of COVID-19. Tougaloo College/Delta HealthPartners Healthy Start staff are providing services remotely during these challenging times. They are contacting clients by phone, text, email, face time, Skype, mail correspondence and social media. All Healthy Start staff are equipped with laptops and Wi-Fi devices to facilitate documentation, email and staff development activities. Outreach and recruitment is challenging because of no visibility in the community, however, word of mouth is powerful for referrals.

### Cradle Cincinnati Connections (OH)

In light of the new normal we are acclimating to around the world, Cradle Cincinnati Connections is finding creative ways to serve and connect with families in our area. As families are going through major changes, we are working hard to ensure that they still have access to the services we provide, as well as an additional food delivery service for food insecure families. In partnership with local restaurant Mac's Pizza, every Wednesday our team delivers two meals to families in need of a little extra help during this time. This past week, we served 40 families who identified as food insecure. Now more than ever, Cradle Cincinnati Connections sees the importance of making sure women and families still feel connected and have a sense of community. In order to do so, we've partnered with Queens Village for the #AloneTogether Facebook Live streaming series. On March 18, Brandi Rahim, Cradle Cincinnati Connections Social Worker, joined Queens Village to talk about how to deal with anxiety and create balance in your life amidst so much change – [you can view that live stream here](#). On April 8, Ebony Peak, Cradle Cincinnati Connections Social Worker, shared how to make plant-based meals. [You can catch all past live streams here](#).

*Healthy Start to the Rescue continues on page 9*

## More Healthy Start to the Rescue

### Family Road Healthy Start (Baton Rouge, LA)

We all are facing a new daily normal of uncertainty with the onset of the COVID-19 virus spreading across our nation. But what we already know and understand as Healthy Starts, is that the important work we provide and are commissioned to do must continue. [After LA Governor Edwards] placed a Stay at Home Order, our agency moved to remote services. On Friday, March 27, 2020, Family Road CAN quickly moved into action to host the first 2020 ZOOM Meeting with 60 community agencies and partners that attended! The already scheduled presenter, Mara O'Brian Hahn with UNITE US (pictured), provided a very informative online presentation on the Unite Us network resource and referral data system. We were instructed on how to enroll our agencies through a rapid enrollment process due to recent COVID-19 developments. This new tool will serve to assist CAN members - agencies/governmental/health systems/grassroots organizations - with better care coordination of services across the region. Our CAN partners and community agencies were excited to share and provide updates on how services would continue to be provided to our consumers and families during this era of the COVID-19 Pandemic. We Most Certainly CAN Continue to Provide great work!



### Milwaukee County Healthy Start (WI)

While COVID-19 is making face-to-face visits more difficult, Maternal Child Health Navigator (MCHN) Nyree Sanders was able to creatively connect with a client. After Children's Service Society's Milwaukee County Healthy Start had to stop face-to-face visits, a client still needed supplies for her newborn to be dropped off. MCHN Nyree called the mother letting her know that she had put the supplies on the client's porch. The client indicated to MCHN that she knows they had a phone visit scheduled and asked MCHN Nyree if she could talk to the client from her car on the street in order to still see her. MCHN Nyree happily agreed and was able to do her "home visit" from a safe distance in her car, while still seeing her client's face.

### Healthy Start New Orleans (LA)

Chantell Reed, Deputy Director of the New Orleans Health Department wrote that she assumed responsibility of the Healthy Start New Orleans program the day they had their first case. She received the notification during the initial all staff meeting on Monday, March 9<sup>th</sup>. They met again on Wednesday and the staff were ready to go. On Thursday, one of the staff members contacted Chantell to let her know that they had symptoms and had been tested. She advised everyone to quarantine until further notice. On Saturday, March 14<sup>th</sup>, it was confirmed that the individual tested positive for COVID-19. Since she did not exhibit symptoms, Chantell, in her capacity as Deputy Director, remained in her office and "pressed forward." The employee is out of the hospital and better, but another has tested positive. Chantell advised that others are assisting with COVID response, providing remote case management to clients and supplies to WIC families as an opportunity to provide services and support to them while they're at home quarantined. They are providing services curbside, so "that helps a great deal. "

### National Healthy Start Association Helps, Too!

NHSA has held two webinars to provide information, guidance and resources to the projects.

- On March 20<sup>th</sup>, we held *Managing through the COVID-19 Pandemic* for the project directors. Over 165 attended and several project directors presented on their challenges, successes and recommendations. A special focus was on what was happening in various settings, as follows: Community Collaborations: Lashelle Stewart, Baltimore Healthy Start, Inc.; Urban Health Department: Yvonne Beasley and Felicia Hanney, Indianapolis Healthy Start; Rural Community: Cynthia Dean, Missouri Bootheel Regional Consortium; and Community Health Center: Timika Anderson Reeves, Access Community Health Center, Chicago.
- *Managing Your Fatherhood Program through the COVID-19 Pandemic* was the theme of the second webinar, held on April 9<sup>th</sup>, and attended by almost 90 fatherhood coordinators and project directors. Fatherhood coordinators made the presentations and there was time for peer-to-peer sharing challenges and successes. Presenters were Kenneth Scarborough, NHSA; Ra'Shawn E. Davis, Columbus (OH) Health Department; and Sekou Clincy, Tulsa (OK) Healthy Start.

NHSA is available for assistance during this time (and any time) and will be holding additional webinars in the coming months. Contact [Hida Reese](#) if you have questions or are looking for support. If you want to share resources of what your Healthy Start project is doing, contact [Bea Haskins](#). And don't forget NHSA's [website](#)!

## Getting off to a Healthy Start

### National Minority Health Month and Other Health Observances



With the nation advised to stay in and around their homes, this **National Minority Health Month**, sponsored by the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services, highlights the theme *Active & Healthy* and focuses on safe ways all communities can stay physically active and advance mental and emotional wellness. Click [here](#) for more information.

Did you know that physical *inactivity* is more common among racial and ethnic minorities in most states? According to a report on the [CDC website](#): Too many adults are inactive, and inactivity levels differ notably by race and ethnicity. [State maps of adult physical inactivity](#) released in January 2020 show that physical inactivity across the country is high, with state and territory-level estimates of physical inactivity ranging from 17.3% in Colorado to 47.7% in Puerto Rico. Overall, Hispanics had the highest prevalence of physical inactivity (31.7%), followed by non-Hispanic blacks (30.3%) and non-Hispanic whites (23.4%).

Not all people may know how much physical activity affects their health. Being physically active immediately helps you sleep better and feel better. And over time, physical activity reduces your risk of obesity, heart disease, type 2 diabetes and many cancers. Conversely, inactivity contributes to [1 in 10 premature deaths](#) in the US. Inadequate levels of physical activity are associated with \$117 billion in annual healthcare costs. So why do some states or racial/ethnic groups have higher levels of physical inactivity? Many things can influence physical activity levels, including the way in which communities and streets are designed. Many people in the U.S. do not have access to safe or convenient places where they can be active, such as community parks, sidewalks or trails.

The *Active People, Healthy Nation* initiative helps community leaders take advantage of [proven strategies](#) to make physical activity safe and enjoyable for people of all ages and abilities. Community leaders can design activity-friendly communities, encourage school and youth physical activity programs and work with populations who are less active to design and implement culturally relevant solutions to reduce disparities in physical activity. Visit CDC's Division of Nutrition, Physical Activity, and Obesity's website for more information on [why physical activity matters](#), [what your community can do to become more activity-friendly](#), and how you can work with [Active People, Healthy Nation](#) to help 27 million Americans become more physically active by 2027. Together, we can help states and communities improve physical activity and overall health for all Americans.

**April 11-17—Black Maternal Health Week:** BMHW is led by the Black Mamas Matter Alliance and is part of National Minority Health Month! It's a week of awareness, activism and community building intended to deepen the national conversation about Black maternal health in the US; amplify community-driven policy, research and care solutions; center the voices of Black Mamas, women, families and stakeholders; provide a national platform for Black-led entities and efforts on maternal health, birth and reproductive justice; and enhance community organizing on Black maternal health. Click [here](#) for more information.

**April 11-17—Week of the Young Child:** Sponsored by the [National Association for the Education of Young Children](#), this week focuses attention on the needs of young children (birth through age 8) and their families to lay the foundation for children's success in school and later in life. This website has suggestions for activities for each day of the week: [Partnership for Children of Cumberland County](#).

**April 24-30—World Immunization Week & National Infant Immunization Week:** World Immunization Week aims to protect people of all ages against disease. Sponsored by the World Health Organization, this year's theme is [#VaccinesWork for All](#). National Infant Immunization Week's theme this year is **Power to Protect**. Click [here](#) for an overview that will take you to downloadable schedules of immunizations and other resources.



Click the image above for the "9 Things."

## Resources: COVID and Otherwise

### Maintaining Childhood Immunizations During the COVID-19 Pandemic

From the CDC: The COVID-19 pandemic is changing rapidly and continues to affect communities across the United States differently. Some of the strategies used to slow the spread of disease in communities include postponing or cancelling non-urgent elective procedures and using telemedicine instead of face-to-face encounters for routine medical visits. Ensuring the delivery of newborn and well-child care, including childhood immunization, requires different strategies. Healthcare providers in communities affected by COVID-19 are using [strategies to separate well visits from sick visits](#). Examples include scheduling well visits in the morning and sick visits in the afternoon; separating patients spatially, such as by placing patients with sick visits in different areas of the clinic or another location from patients with well visits; collaborating with providers in the community to identify separate locations for holding well visits for children.

Because of personal, practice, or community circumstances related to COVID-19, some providers may not be able to provide well child visits, including provision of immunizations, for all patients in their practice. **If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.** CDC is monitoring the situation and will continue to provide guidance. This [link](#) will take you to more information.

### Mitigating the Implications of Coronavirus

A paper from the Research-to-Policy Collaboration examines the coronavirus pandemic related issues of social shifts, economic uncertainty and disruptions in daily life, along with schools and child care facilities being closed and the demands these are putting on families. Some families have lost jobs. Mental health and other services may not be readily available; insurance coverage may be gone. Important policy information and additional resources can be viewed by clicking [here](#).

### MCH Navigator

*Challenging times call for coming TOGETHER*, so reads the headline of the Navigator distributed on March 28th. “This is the perfect time to focus on coming together as a workforce to support each other and put our MCH knowledge and skills to the test.” They have put together a wide range of resources seen through the lens of their MCH Leadership Competencies. They are gathered into 11 main categories: First Let’s Take a Moment for Ourselves, Self-Reflection, Ethics, Critical Thinking, Communication, Negotiation and Conflict Resolution, Family-Professional Partnerships, Cultural Competency, Developing Others through Teaching, Coaching and Mentoring and Working with Communities and Systems. And then, believe it or not, they even have Additional Resources. Click [here](#) for this extensive resource.



### Maternal and Child Health (MCH) Quick-Guide for COV (Coronavirus)

The University of Minnesota’s Center for Leadership in Maternal & Child Public Health has produced one of their “Quick Guides that can help with communicating about [COVID-19](#), especially when using social media. “We’ve compiled some MCH-focused resources all in one spot. We’ve also drafted sample posts and compiled relevant hashtags for you so that you can easily edit, cut, and paste and adapt to fit many audiences.” Click [here](#).

### Child Opportunity Index

“Established in 2014 with support from the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation, [diversitydatakids.org](#) set out to fill an urgent need for a rigorous, equity-focused research program with a clear mission to help improve child wellbeing and increase racial and ethnic equity in opportunities for children. We now have a thriving community of users of our research and data. We provide them with the information they need to make a positive impact through further research, community conversations about equity, and actions to change policy and allocate resources to increase equitable access to opportunity for all children.”

## Getting off to a Healthy Start

### What's Going on at the Healthy Start Projects?

It is exciting that we continue to receive more photos than we can include in any edition of *Getting off to a Healthy Start*. We've set up a new album on our Facebook page with the rest of the March photos; click [here](#) to see it. You'll know if a project has photos in the album when you see the Facebook icon by a project's name. Check them out! And keep sending those stories and photos to our newsletter editor at [bhaskins@nationalhealthystart.org](mailto:bhaskins@nationalhealthystart.org)!

#### Louisiana Fatherhood Collaborative



The Louisiana Fatherhood Collaborative came together to collaborate, communicate and discuss how to connect and engage fathers in Healthy Start and in maternal and child health. All four Louisiana Healthy Start Project Male Involvement Coordinators were present with members of the CAN who have Fatherhood Program and Initiatives. The session was facilitated by Dr. Jerry Roberson, Evaluator of Family Tree of Lafayette, and author of *Transformation*. Jerry also did a presentation on collective impact that outlined achieving goals through partnership. Special thanks to the Louisiana Healthy Start Project Directors for their support.

#### Northeast Florida Healthy Start Coalition, Inc.



NEFLHSC had a whole collection of great achievements in their February e-newsletter. It was hard to choose what to highlight here! This one was different, though, so we went with it: CSX received their certification as a "I am a Healthy Start Employer" gold-level employer for creating a culture of health and wellbeing for families in the workplace.

The certification is awarded to employers that work hard to ensure families receive the support and education they need before, during and after pregnancy. There are three levels of certification: Bronze, Silver & Gold. Certification is based on a self-assessment completed with I am a Healthy Start Employer staff. To receive the gold-level certification, CSX met requirements around breastfeeding, information and resources, policies and child care.



*Steven Knowles, CSX Intermodel Staff Support Manager, receives award for certification.*

#### Gift of Life Foundation (Montgomery, AL)



Gift of Life Foundation's Community Action Network recently sponsored a skill building workshop on grant writing for area health and service providers and non-profit groups that serve at-risk families. The workshop was held at the county health department and drew about 30 participants. Ann Cooper, Vice President of Community Initiatives for River Region United Way, facilitated the session and helped attendees navigate the grant writing process, from research, identifying needs and capacity, to retooling mission statements, community collaborations and learning how to effectively tell an organization's story. The purpose of the event was to equip providers and nonprofits with the skills they need to increase their program's sustainability beyond grant funding.

## More From the Healthy Start Projects!

### New Haven (CT) Healthy Start

On March 6, 2020, New Haven Healthy Start, in partnership with First Candle, provided a Safe Sleep Training for New Haven Healthy Start, Family Wellness Healthy Start (Hartford) and Boston Healthy Start.

First Candle is committed to ending Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths while providing bereavement support to families who have experienced a loss. This has been the role of First Candle for more than 35 years. In 1994, they partnered with the National Institutes of Health on the Back to Sleep campaign, which led to a reduction in the rate of SIDS by more than 50%.

All Healthy Start Sites are committed to **Increasing the proportion of Healthy Start women participants who engage in safe sleep practices to 80%**. This training was executed with this particular benchmark in mind.



*Tanya Walker, Nieja Jackson, Cynthia Chan, Afua Agyeman, Cerise Young, Mari Mashmasarmi, Rosita Centeio, Bianca Noronas, Rodney Moore, Jara Jhoselyn, Charise Simmons, Shieda Gilles, Paula Karoul, Yesenia Acosta, Morgan Taylor, Regina Osuwa, Natasha Ray, and Barb Himes of First Candle.*

### MomsFirst (Cleveland, OH)



*Screenshot from MomsFirst's virtual training for the staff on the new Healthy Start Data Collection forms, held on March 31<sup>st</sup>. (An example of how Healthy Start projects are coping with working from home.)*

### Milwaukee County Healthy Start

Every Wednesday from February 12<sup>th</sup> through March 4<sup>th</sup>, Milwaukee County Healthy Start Maternal Child Health Navigator, Tina Klos, co-facilitated a young parent support and education group with partnering agency Milwaukee Health Department's supervisor, Ricky Traner. This group was open to moms and dads enrolled in Milwaukee County Healthy Start and offered them peer support and facilitator education around parenting, self-image, relationships, health and much more. We had a great turnout for all four sessions, but had one mom attend all of the groups. That mother, TyQuanna, received a special self-care gift and shared a cookie cake with facilitators and participants to celebrate her success. TyQuanna reported that the group was a moment of peace that she got each week and always looked forward to it.



*(L to R) Milwaukee Health Department supervisor Ricky Traner, TyQuanna, her son Deonta and Maternal Child Health Navigator Tina Klos.*

### East St. Louis (IL) Healthy Start



During the month of March, our East St. Louis Healthy Start program partnered with SIHF Healthcare providers to celebrate Dr. Seuss' birthday and to encourage parents to read to their children by hosting "Story Time" events in two of our pediatric clinics. Participants created a craft of the Cat in the Hat, ate snacks and listened to our Pediatric Physician Assistant Sarah Rahman read *The Cat in the Hat*. Participants received a special appearance by the Cat in the Hat (played by our Male Involvement Coordinator, Kevin McKinney) and several other characters from other Dr. Seuss books (played by other clinical staff members). The event was held at our State Street Clinic Site and Centreville Mother and Child Center.

*Members of the East St. Louis Healthy Start and Clinic Staff, some in costume.*

## Getting off to a Healthy Start

### Still More from the Healthy Start Projects!

#### Tougaloo College/Delta HealthPartners Healthy Start Initiative (Marks, MS)



Another project that had several events and topics! We chose this one: Each February, Tougaloo College/Delta HealthPartners Healthy Start Initiative and associates reach out into communities raising awareness about heart health and urging communities to reduce their risk for developing heart disease.

*Dr. Arletha Howard, Project Director, provided blood pressure screenings in recognition of American Heart Month during the Quitman County CAN meeting in February.*

Census forms have gone out in the mail. Make sure your participants know how important it is to complete and return the form. Offer to help them if they need it.

#### Sources for COVID-19: Pregnant Women, Delivery and Much More!

<sup>1</sup> Expectant Moms: Take Care and Don't Worry about Coronavirus, 03/13/2020, <https://www.medicinenet.com/script/main/art.asp?articlekey=228845>

<sup>2</sup> Considerations for Inpatient Obstetric Healthcare Settings, rec 04/04/2020 and updated periodically, [https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html?deliveryName=USCDC\\_946-DM20867](https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html?deliveryName=USCDC_946-DM20867)

<sup>3</sup> ibid

<sup>4</sup> Community Transmission of SARS-CoV-2 at Two Family Gatherings, Chicago, Illinois – February-March 2020, 04/08/2020, [https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e1.htm?s\\_cid=mm6915e1\\_e&deliveryName=USCDC\\_921-DM25346](https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e1.htm?s_cid=mm6915e1_e&deliveryName=USCDC_921-DM25346)

<sup>5</sup> Babies are spared severe COVID-19 symptoms, 02/16/2020, <https://medicalxpress.com/news/2020-03-babies-severe-covid-symptoms.html>

<sup>6-10</sup> The Kids Aren't All Right, 04/24/2020, <https://www.theatlantic.com/health/archive/2020/03/what-coronavirus-will-do-kids/608608/>

#### Sources for COVID-19: Racial, Ethnic and Health Disparities on Display

<sup>11</sup> 'We cannot have a colorblind policy': Lack of racial data obstructs coronavirus fight, 04/06/2020, <https://www.politico.com/news/2020/04/06/coronavirus-demographics-170353>

<sup>12</sup> Editorial: COVID-19 is disproportionately killing minorities. That's not a coincidence, 04/08/2020, <https://news.yahoo.com/editorial-covid-19-disproportionately-killing-100138028.html>

<sup>13</sup> Coronavirus in NY: COVID-19 race, ethnicity data show black, Hispanic population at higher risk, 04/08/2020, <https://www.recordonline.com/news/20200408/coronavirus-in-ny-covid-19-race-ethnicity-data-show-black-hispanic-population-at-higher-risk>

<sup>14</sup> White House: African Americans disproportionately affected by COVID-19, 04/08/2020, [https://www.upi.com/Top\\_News/US/2020/04/08/White-House-African-Americans-disproportionately-affected-by-COVID-19/6851586323394/](https://www.upi.com/Top_News/US/2020/04/08/White-House-African-Americans-disproportionately-affected-by-COVID-19/6851586323394/)

<sup>15 & 16</sup> Hispanics more likely than Americans overall to see coronavirus as a major threat to health and finances, 03/24/2020, <https://www.pewresearch.org/fact-tank/2020/03/24/hispanics-more-likely-than-americans-overall-to-see-coronavirus-as-a-major-threat-to-health-and-finances/>

<sup>17 (and graph)</sup> Penn State Research Confirms Faster Pace of Rural COVID-19 Infections, 04/06/2020 & updated 04/10/2020, updated periodically, <https://www.dailyyonder.com/penn-state-research-center-confirms-faster-pace-of-covid-19-infections/2020/04/06/>

<sup>18</sup> Pandemic Spreads into Rural America at Rate Similar to Urban Areas, 04/01/2020, <https://www.dailyyonder.com/pandemic-spreads-into-rural-america-at-rate-similar-to-urban-areas/2020/04/01/>

<sup>19</sup> Rural Counties Report First Case of COVID-19 in Past Four Days, 04/01/2020, [https://www.dailyyonder.com/171-rural-counties-report-first-case-of-covid-19-in-past-four-days/2020/04/06/?utm\\_source=Newsletter&utm\\_medium=Email&utm\\_campaign=4-08-20](https://www.dailyyonder.com/171-rural-counties-report-first-case-of-covid-19-in-past-four-days/2020/04/06/?utm_source=Newsletter&utm_medium=Email&utm_campaign=4-08-20)

<sup>20 & 21</sup> 'We're Petrified': Immigrants Afraid to Seek Medical Care for Coronavirus, 03/18/2020, updated 04/10/2020; <https://www.nytimes.com/2020/03/18/us/coronavirus-immigrants.html>

## Bits & Pieces from NHSA

### If Your Project Changes Project Directors...

...Please be sure to let NHSA know so we can update our records. Send the new project director's name and email address, along with the name of the previous PD, to [Bea Haskins](#) and/or [Hida Reese](#).

**Reminder:** Advocacy is a year-round project. Take every opportunity you have to educate your Members of Congress, as well as your state and local legislators. Invite them to your events. Take photos. Send them the NHSA newsletter when their photo appears; they love seeing that!

### Healthy Start Projects!

Does your project have regular baby showers or parenting classes, maybe support groups? Send us photos for *Getting off to a Healthy Start!* It's a great way to spread the word about what your project is doing!

### By the Way

Have you noticed that some projects have photos or stories in almost every issue of the newsletter? That's not a bad thing—we're happy to have their submissions.

But there are a lot of Healthy Start projects that rarely or have never submitted anything. WE WANT TO HEAR FROM YOU! Don't be shy. You know what to do. Just look at the other boxes on this page!

### Healthy Start Project Directors: Send Us Your Healthy Start in the News & Consumer Success Stories!

Don't forget your Consumer Success stories as well as your "In the News" stories! NHSA wants to spotlight consumers in future issues of *Getting off to a Healthy Start*. We have a form with sample questions to help you interview your consumer. To request the form, send an email to [Bea Haskins](#). If you already have a story, send it in, along with photos of your consumer and family! (Make sure you have a waiver form in your files, of course.) And if you have a nice staff story to tell, send that along to Bea, too! We'll include them when we have space.

### Attention Healthy Start Project Directors and Program Staff!

#### Newsletters

- Be sure to include NHSA in your newsletter distribution list so we can include your news in *Getting off to a Healthy Start!* Please add Bea Haskins, Communications Coordinator and our newsletter editor, [bhaskins@nationalhealthystart.org](mailto:bhaskins@nationalhealthystart.org).
- Do you have project staff you'd like to be on *our* distribution list? Send their name, title and email address to Bea so she can add them!
- Not a Healthy Start Project? That's OK! Let us know if you want to add someone to our distribution list.

#### Photos, Stories and More

- Send us photos and news stories from your events for inclusion in the next issue of *Getting off to a Healthy Start!*
- The deadline is the 6<sup>th</sup> of each month.
- Send everything to [Bea Haskins](#).

Stay Connected with NHSA on social media!

