



**December Holidays**



**IN THIS ISSUE**

Establishing Health Equity through Partnership & Policy	2
Holiday Safety Tips	4
Where Dads Matter	5
Message from the Associate Administrator of the MCHB	6
Cookie Recipe Exchange Flyer	7
Resources	8
Research News	9
Projects' Activities	10
Team Member's Holidays	13
NHSA Information	14

**Coming Next Month**

Report on NHSA's December 10<sup>th</sup> Summit  
Holidays at the Projects

**The Holidays Will Be...Different This Year**

**Christmas, Hanukkah, Kwanzaa...How Do We Celebrate This Year?**

The Centers for Disease Control and Prevention (CDC), Dr. Anthony Fauci and other medical personnel and scientists all tell us the same thing: stay home. Celebrate with your immediate family only. If you do have people over, try to hold your event outside (hard to do when it's below freezing out there, right?).

The reality is...we have to accept the reality that the holidays will be different this year. Maybe it can't be as multi-generational as it usually is. Perhaps our Christmas Eve service will be via Zoom. So how do we enjoy the holidays? Well, we accept reality and do so hoping, believing that this is the only year we will have to make such adjustments.

**Remember Those Who May Live Alone...**

Call them. Ask how they are and what they need. Maybe this is a neighbor or even a relative that you don't talk to on the phone very often, so it feels awkward. Tell them what the kids are getting for their presents. Offer to go to the grocery store for them. Drop a meal off on their porch. Or ask them for advice, like if they know how to make a meringue.

**...And Those with Mental Health Issues**

Especially if they are likely to experience the holidays alone, do what you can for them. Send them a letter. Maybe you can tuck in some photos from times past that will make them smile. Check on them to make sure they are taking their medications. Think of ways of letting them know you care and that they matter.

**Make New Traditions**

Watch travel videos together and talk about where you'd like to go when the pandemic is over. Dream big – maybe Fiji is out of the question, but it's fun to think about it.

Organize a Zoom book club. Just like a regular book club but you meet via Zoom.

Make some s'mores outside, if fires/firepits are allowed in your community. Sure it's cold, but what fun to stand around the fire and roast those marshmallows. (The fire will help keep you warm!) Once you come inside, it's time for some hot chocolate.

Play games – "real games" with more than one person, not just playing a game by oneself on a cell phone or computer. Remember Monopoly® or Scrabble®? Or Charades? And thinking about those family members who may be alone? There are some games you can play online together, each of you on your device in your own place!

**The Point Is...**

The point is we are all in this together. We can be sad and unhappy that we can't do things the way we usually do, or we can figure out ways to make the holidays bright and enjoyable. Just different, that's all. And just for this year.



## Getting off to a Healthy Start

### Establishing Health Equity through Partnership and Policy

Dr. Timika Anderson-Reeves, PhD, MSW, Director of Maternal Child Health & Women's Health Community Integration and Westside Healthy Start, Project Director

Community-led programs and organizations that focus on addressing the social drivers of health through a racial and health justice lens are collaborating with marginalized families and leverage the voices and expertise of these community members to achieve health equity. Funded by the [Health Resources and Services Administration](#), the [Healthy Start Initiative](#) is a community-driven program with nearly 30 years of experience in improving perinatal health and racial disparities among marginalized communities across the nation. Communities employing the Healthy Start (HS) Initiative model strive to:

- Improve women's health
- Improve family health and wellness
- Promote systems change
- Assure impact and effectiveness.

These objectives are pursued as communities partner with consumers of services and community decision-makers to reduce high infant mortality rates. According to the Centers for Disease Control and Prevention, African Americans experience infant mortality at a rate of 10.8 deaths per 1,000 births, which is nearly two times higher than the national average of 5.7 deaths per 1,000 births. [1],[2]

Healthy Start Initiative communities across the nation in tribal, rural, and urban areas, which are promoting system-level changes at the community level, are required to employ the [collective impact \(CI\) framework](#) to identify social problems specific to their targeted community area. The CI framework's core principles assist with bringing about social change and include setting a common agenda. The next step is to gain a consensus on which data will be collected and evaluated to conceptualize the selected social problem. Performing mutually reinforcing activities helps keep all partners focused on the set plan and promotes continuous communication to share lessons learned. Lastly, the CI framework's most crucial principle is the backbone organization, which serves as the lead facilitator to ensure all aspects of the project are followed and addressed.[3] This framework has guided HS Initiative programs in developing a diverse community action network (CAN) to establish a strong collaborative spirit between consumers, community members, and decision-makers in creating a shared action plan to achieve racial and health equity.

#### Developing Strategic Partnerships and Consumer Leaders

Historically, the city of Chicago has struggled over the years to meet the housing needs of marginalized communities. Families in these communities have faced obstacles, from redlining to overpriced housing rentals, and shortages of affordable housing; it is not uncommon for struggling families to be forced to choose between accessing health care and obtaining secure housing.[4] The lack of stable housing among pregnant and parenting women has created barriers to access and utilize health care services designed to improve perinatal health outcomes.[5] To combat the myriad of challenges associated with homelessness, a Chicago-based HS program used the CI framework to help leverage the CAN to engage and empower homeless pregnant and parenting consumers, and community members, to become part of a governing body and develop meaningful strategies that translated to achieving racial and health equity.



The CAN governing body included consumers, strategic-minded community-based leaders, and innovative partnerships among health and housing decision-makers. This body helped reframe the way housing policies prioritize pregnant and parenting women. The HS program recognized the value of including the various ranges of expertise, from consumers to decisionmakers, and developed a leadership enrichment curriculum to sharpen the skills and enhance existing knowledge of the entire governing board to create a common place for equitable social change.

The Leadership Series (L-Series) enrichment curricula was developed for the governing body, with a focus on providing soft skills-based training on four key topics:

- Training on using Roberts's Rules of Order to help members participate effectively in organized community meetings.
- Training on public speaking principles to equip members to express concerns effectively in less than a minute when attending organized meetings.
- Knowledge and insight into the importance of remaining civically engaged in their respective communities.
- Learning how to collectively advocate to establish equitable policies related to housing and health effects.

This innovative approach to promoting community-level change was key to helping consumers become strategic leaders to articu-

*Continued on page 3*

### *Establishing Health Equity through Partnership and Policy, continued*

late their personal challenges and their lived experiences with homelessness to decision-makers and legislative officials. Use of this approach created a safe space for consumers to also talk about the racial and housing inequities that they have experienced when accessing housing support services in previous incidents, and how these challenges have caused unnecessary barriers when accessing health care services. To address the social determinants of health and after hearing the concerns of homeless pregnant and parenting women, the HS program worked closely with its backbone organization to ensure all women screened for homelessness are tracked in an electronic database — this is the primary data collection method to determine barriers to housing stability. It is important to leverage nontraditional partnerships with housing organizations when attempting to eliminate housing disparities among marginalized populations. For example, [All Chicago](#) is a community-based organization that provides resources and partners with housing entities to support homeless populations. [6],[7]

#### **Moving from Partnership to Policy**

All Chicago is recognized as the convener of all things related to homelessness in Chicago and has helped to spotlight the various types of homelessness, which include living in cars, emergency shelters, and transitional housing. Working in tandem with All Chicago, and the [Continuum of Care](#), a membership comprised of community-based organizations working to prevent and end homeless in Chicago, health system decision-makers and the HS program gained insight and leverage to vocalize the need to establish equitable health and housing policies that focus on pregnant and parenting populations. Forming a partnership between health and housing programs helped to reframe existing housing policies and integrate recommendations that prioritize pregnant and parenting families' needs to gain immediate access in securing rapid, affordable housing placements that help minimize barriers to health care access. The deadline for passing legislation to support the recommendations in Chicago has not yet been determined; however, other small policy wins have not gone unnoticed by the Healthy Start Initiative program and community members:

- As one example, this innovative partnership between health and housing facilitated the dissemination of critical information to the larger community, which helped simplify how pregnant and parenting families, and community members, became aware of and accessed the intake application entry point into housing support services.
- Through this simplified process, the City of Chicago utilizes a central telephone line, [311](#), to serve as the intake entry point. This process minimizes instances where individuals go directly to a shelter of their choice and determines what type of emergency housing placement is best suited on a case-by-case scenario.
- Productive partnerships like this one have also helped families understand why and how they should follow standardized policies and procedures when accessing housing placement services. They gained realization that following procedures optimally can translate to more long-term-based housing, which in turn creates space to focus on their health.

#### **Forging Future Partnerships at the State Level**

While community-level partnerships are vital to setting a robust policy plan to improve marginalized communities' social injustices, nontraditional partners also have an opportunity to collaborate with Title V programs more broadly. For example, creating a Title V-led homelessness coalition among housing and maternal and child health decision-makers and consumers of services could provide momentum for an action-based plan to improve housing and racial disparities to improve perinatal health outcomes. In addition to maintaining a vested partnership, sustaining continuous dialogue through use of a CAN or similar network will help reframe health and housing policies that coincide. It is then that we can achieve equity among maternal and child health populations.

*Dr. Anderson-Reeves currently serves as the Director of Maternal Child Health & Women's Health Community Integration and the Westside Healthy Start Project Director at Access Community Health Network, an integrated network of more than 30 community health centers serving medically underserved communities in the Chicago metropolitan area. Dr. Anderson-Reeves also volunteers for organizations that have a mission to improve and transform the lives of families residing in communities that continue to experience social injustices. She is the Immediate Past President of the National Healthy Start Association. This article appeared in the November 2020 AMCHP Pulse Newsletter and is reprinted with permission.*

[1] <https://www.cdc.gov/nchs/fastats/black-health.htm>

[2] <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

[3] Ennis, G., & Tofa, M. (2019). Collective impact: A review of the peer-reviewed research. *Australian Social Work*, 73(1), 32–47. doi:10.1080/0312407x.2019.1602662

[4] Swope, C. B., & Hernández, D. (2019). Housing as a determinant of health equity: A conceptual model. *Social Science & Medicine*, 243, 112571. doi:10.1016/j.socscimed.2019.112571

[5] Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Homelessness contributes to pregnancy complications. *Health Affairs*, 38(1), 139–146,146A-146C. doi: 10.1377/hlthaff.2018.05156

[6] Sheward, R., Bovell-Ammon, A., Ahmad, N., Preer, G., Ettinger de Cuba, S., & Sandel, M. (2019). Promoting caregiver and child health through housing stability screening in clinical settings. *Zero to Three*, 39(4), 52–59. Retrieved from [https://www.pec-cares.org/uploads/2/9/3/9/29391481/ztt\\_journal\\_homelessness-2019-march.pdf#page=52](https://www.pec-cares.org/uploads/2/9/3/9/29391481/ztt_journal_homelessness-2019-march.pdf#page=52)

[7] <https://allchicago.org/about/mission-and-vision/>

## Getting off to a Healthy Start

# 'Tis the Season to Be Safe

## Holiday Safety Tips During COVID-19

### Toys

- Follow safety information on packages, and choose toys that match your child's abilities.
- Get safety gear and ensure it's worn properly at all times and sized to fit.
- Keep small balls and toys with small parts away from children younger than age 3.



### Cooking

- Never leave cooking food unattended on the stove.
- Keep flammable items away from the stove and oven.
- Fry a thawed turkey outside only, and away from your home and do not overfill or overheat the oil in the turkey fryer.



### Decorating

- Keep your live Christmas tree well-watered and look for the "Fire Resistant" label when buying an artificial tree.
- Place burning candles away from flammable items, and blow them out before leaving the room.
- Only use lights tested for safety and throw out sets with broken sockets, or frayed wires.





[www.CPSC.gov](http://www.CPSC.gov)  
USCPSC






NSN 02-112020



Source: <https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/holiday-safety>

## December is National Safe Toys and Gifts Month

The U.S. Consumer Product Safety Commission (CPSC)'s toy safety system requires testing by independent, third-party laboratories around the world, enforces stringent lead and phthalates (chemicals that make plastic soft and flexible) limits for toys, imposes exacting toy standards and stops violative and dangerous toys at ports and marketplaces before they reach children's hands. These efforts lead to American families being confident that the toys they shop for are safe. The CPSC offers these safety tips to keep in mind this holiday season:

1. Keep deflated balloons away from children younger than eight years old, as they present a choking hazard. Get rid of broken balloons immediately.
2. Avoid small balls and other toys with small parts that can cause choking for children younger than age three.
3. Skateboards, in-line skates and riding toys can go fast and falls can be deadly. Helmets and safety gear should be worn properly at all times – and should be sized to fit.
4. High-powered magnet sets are dangerous and should be kept away from children, especially small children.

Once the gifts have been opened, discard plastic wrapping and other toy packaging before they become dangerous play things. Keep toys that are OK for older children away from the younger ones. Battery chargers and adapters can pose thermal burn hazards for young children, so supervise them carefully.

Visit <http://www.cpsc.gov/en/Newsroom/News-Releases/2014/Global-System-of-Toy-Safety-Works-to-Keep-Kids-Safe-This-Holiday-Season-Recalls-Down-Port-Seizures-Up/> for more details and Toy Safety Guides.

## Pandemic is Changing Male Friendships

For more than a decade, psychologists have written about the “[friendship crisis](#)” facing many men. Male friendships are often rooted in “shoulder-to-shoulder” interactions, such as watching a football game or playing video games, while women’s interactions are more face-to-face, such as grabbing a coffee or getting together for a glass of wine, said Geoffrey Greif, a professor at the University of Maryland School of Social Work. When Greif surveyed hundreds of men about how they most often socialized with friends, 80% of men said “sports” – either watching or participating in them together. Because of this, many men have probably had a harder time than women figuring out how to adapt their friendships in a pandemic that is keeping them apart. “The rules for guys pursuing other guys for friendships are not clear,” Greif said. “Guys don’t want to seem too needy.” But the pandemic might be forcing this dynamic to change.

### Unprecedented isolation

Niobe Way, a professor of developmental psychology, said many men may be forced to change the way they think about their friendships and to connect in new, deeper ways. “I think they’re being forced to for survival.” John Bramlette, a 42-year-old father of two young children in Chevy Chase, MD, has seen these shifts in his own relationships. Before the pandemic, his closest male friends were from the softball team he has played with for 14 years, every Thursday evening. The group would often get together for a beer after a game or to watch baseball on TV after the kids were asleep. But in normal times, it never dawned on him to ask one of his friends to go for a walk, just to chat, something his wife has been doing with her female friends for her entire adult life. In the past month, he has gone on three walks with male friends, and he plans on continuing to make it a regular thing, at lunchtime in Rock Creek Park. “It’s totally logical,” said Bramlette. “Why wouldn’t we do this?”

Dave Wakeman, who lives in D.C.’s Forest Hills neighborhood, said many of his social interactions before the pandemic revolved around his kids’ sports or family gatherings with neighbors. But eight weeks into the pandemic, he ran into a neighbor two doors down and realized he had lost touch with him and other neighborhood dads. The group of six men decided to start having happy hours with social distancing on their lawn chairs in their shared cul-de-sac. They created a WhatsApp group they call “The Battalion,” where they constantly share everything from Tucker Carlson jokes and political memes to frustrations with parenting and working from home. “It’s become easier for people to say, ‘Hey look, I really am struggling right now,’” Wakeman said.

A few years ago, Stephen Davis, from Alexandria, VA, joined a group text with one of his best friends and some other guys he vaguely knew from college. The conversation was, at first, solely focused on the world of professional wrestling. But recently, the group has evolved into a space to vent about so much more. It’s gotten them through multiple job changes, home moves and the births of four of their children — including two during the pandemic. When Davis was struggling with ideas for how to keep his son occupied when playgrounds were closed, one of the other dads in the group suggested an obstacle course of pillows for his son to run through. The group has become closer than ever during the pandemic. The conversations feel more vulnerable, more honest than others Davis has ever had with friends in the past. They’re the kind of conversations he would have never been able to have while sitting at a bar and watching a game.

These are the kinds of conversations another man in Falls Church, VA, had come to expect from his friendships with other men. [Recently], when a couple of friends came over to help him set up his PC, he expected them to roast him for looking like a “broke college student” in his new studio, where he has barely put anything on the walls and he has cords all over his desk. But instead, the two friends asked him to talk about what led up to his breakup, and how he was handling the past few months. He opened up to them – about his past relationship, the move, the pandemic, everything. He was more personal with them than he had ever been before. One of his friends reminded him he could call the group anytime. “Just talk, just say anything,” the friend said. “Somebody’s going to answer.” He planned to send them a group text message soon, thanking his friends for coming over and for “bailing me out in more ways than you think.”

Source: Excerpted from *No game days. No bars. The pandemic is forcing some men to realize they need deeper friendships*, [Washington Post](#), 11/20/2020.

### Black Men Build Relationships in Barber Shops – and Many Shops Have Closed

Barber shops are a place where conversations take place in many black communities. Men “...hear news talk, talk politics and gossip,” said one shop owner in Silver Spring, MD. “They talk to you about everything.” “Relationships are built there,” said a long-time client. “For generations, throughout the black community, barber shops and beauty salons have become safe havens where cultural conversations take place. And there’s an age-old adage: What is said at the shop, stays at the shop...For many black men in particular, barber shops are safe places to discuss critical issues that directly impact their lives: racial profiling, the shootings of unarmed black men by police, racial discrimination in the workplace and President Trump’s perceived racial insensitivity.”

Many black-owned barber shops and beauty salons have been forced to close due to the pandemic. “[I] miss the camaraderie,” said one customer. He and his friends call each other now to check on them. “We’re stressed and can’t go to those places that maintain our sanity – beauty shops, barber shops, athletic competitions, church,” said one person.

Source: *Black barber shops and salons: Safe havens for cultural chats*, [ABC News](#), 04/29/2020.

## Getting off to a Healthy Start

### HHS Announces Action Plan and Call to Action to Improve Maternal Health

On December 3<sup>rd</sup>, the U.S. Department of Health and Human Services (HHS) “announced a landmark [Maternal Health Initiative](#). The initiative includes a comprehensive [HHS Action Plan](#) to reduce maternal deaths and disparities that put women at risk before, during and after pregnancy. The U.S. Surgeon General issued a complementary [Call to Action to Improve Maternal Health](#), outlining the critical roles everyone can play to improve maternal health.

“Together with public and private sector partners, these actions aim to make our nation one of the safest places in the world for women to give birth.

“In its **Action Plan**, HHS provides a roadmap for addressing risk factors before and during pregnancy, improving the quality of and access to maternity and postpartum care, and supporting a research agenda to fill gaps in current evidence.

“The Action Plan outlines three specific targets to help the nation improve maternal mortality outcomes:

- Reduce the maternal mortality rate by 50% by 2025. (from 17.4 deaths per 100,000 live births to 8.7 births per 100,000 live births)
- Reduce the low-risk cesarean delivery rate by 25% by 2025. (from 25.9% to 19.4%)
- Achieve blood pressure control in 80% of women of reproductive age with hypertension by 2025. (from 55.5% to 80.0%)

“The Surgeon General’s **Call to Action to Improve Maternal Health** aims to engage and equip individuals, organizations, and communities with actions to improve women’s health before, during, and following pregnancy. The Call to Action takes a deep dive into the current state of maternal mortality and morbidity, including the stark racial and ethnic disparities across the U.S.

#### Maternal Mortality and Morbidity in the United States

“Rates of maternal mortality and morbidity are considerably higher in the United States than in other countries of similar income and size, with approximately 700 women dying each year[1] in the U.S. from pregnancy-related causes. While maternal death is a devastating loss, each year, thousands of women experience and survive severe maternal morbidity (SMM), which includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health.[2]

“In 2017, there were more than 25,000 hospital deliveries with an SMM (not including those who only received a blood transfusion), such as bleeding disorders, infection, and emergency hysterectomy. [3] When those with blood transfusions alone are included, the number of hospital deliveries with an SMM more than doubles. There are also significant racial, ethnic, and geographic disparities in the rates of pregnancy-related mortality and severe maternal morbidity.

“We know that approximately two out of three pregnancy-related deaths in the United States are considered preventable.[4] By addressing upstream risk factors, ideally before pregnancy, while also improving the quality of maternity and postpartum care, the United States can dramatically improve birth outcomes.

#### HRSA’s Maternal and Child Health Bureau Continues Supporting Maternal Health

“The Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) promotes maternal health throughout

the life course to reduce maternal mortality and morbidity.

**“Title V Maternal and Child Health Services Block Grant (Title V):** Maternal mortality, SMM and infant mortality are Title V National Outcome Measures that reflect maternal and child health population health status.

- *In 2019, 92 percent of pregnant women nationally benefited from the MCH Block Grant program.*

**“Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV):** Nationwide, MIECHV Program home visitors work with pregnant and postpartum women to improve overall health and access to care, including prenatal and postpartum care, reduce use of tobacco and other substances, screen for maternal depression and intimate partner violence, and refer to community services.

- *In 2019, 82 percent of caregivers in the MIECHV Program were screened for depression within 3 months of enrollment or 3 months of delivery, an increase from 75 percent in 2017 and 78 percent in 2018.*

**“Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Healthy Start):**

- *In FY2019, Healthy Start expanded efforts to address maternal mortality by supporting clinical service professionals within program sites nationwide to provide direct access to well-woman and maternity care.*

**“Women’s Preventive Services Initiative:** The initiative improves women’s health across the lifespan by identifying preventive services and screenings to be used in practice.

- *The recently released **Well Woman Chart** includes age-based preventive service recommendations for women from adolescence to maturity.*

**“State Maternal Health Innovation Program:** The program supports nine states to implement innovative approaches to address disparities in maternal health and improve maternal health outcomes, including preventing and reducing maternal mortality and SMM.

**“Alliance for Innovation on Maternal Health (AIM) and AIM Community Care Initiative (AIM-CCI):** These programs improve the quality and safety of maternity care across the country by developing and implementing maternal safety bundles that address preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women in hospitals, other birthing facilities, outpatient clinical settings, and community-based organizations.

**Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program:** The program’s seven state grantees expand health care providers’ capacity to screen, assess, treat, and refer pregnant and postpartum women for depression and related behavioral health disorders...

“...We are excited to be a part of the Maternal Health Initiative, which builds on decades of work in MCHB, including targeted initiatives in recent years, such as the HRSA Global Maternal Mortality Summit, and the innovative programs mentioned above. I encourage you to think about opportunities in your own work to improve maternal health. Making our country one of the safest in the world for women to give birth will take all of us – and all of our programs and partners – working together. Please continue to be on the lookout for ways that you can get involved.”

*Michael D. Warren, MD, MPH, FAAP, Associate Administrator for Maternal and Child Health Bureau (Email dated 12/03/2020; resources on page 9)*

December 2020



# Cookie Recipe Exchange

Do you love cookies? Do you taste a good cookie and ask for the recipe?

Same here!

Cookie Exchange Parties are fun. You bake a favorite cookie and go home with a whole bunch of different kinds of cookies and the recipes to go with them!

We can't exactly hold an exchange - even virtually! - with 101 Healthy Start Projects and a readership of over 2,500 people.

But we can do a

## DIGITAL RECIPE EXCHANGE!

Here's how it works:

1. Exchange is open to anyone, not just Healthy Start Projects!
2. Send the recipe for your favorite cookie\*, along with a picture of the cookie – and maybe a picture of you, too – to [bhaskins@nationalhealthystart.org](mailto:bhaskins@nationalhealthystart.org).
3. Include your name, title, name of your organization and city and state.
4. Healthy Start Consumers are eligible to enter, too! Please identify them as consumers of your project.
5. Send by January 15, 2021.
6. Recipes should be in a form that Bea can copy and paste so she doesn't have to type them. (But if you have a handwritten version from your great grandmother, send along a scan or photo of that, too, and we'll try to include it.)
7. NHTSA will prepare a recipe book with your submissions.
8. We'll send the link for the book to everyone who participates.
9. And you can print out the book and get some new recipes to try out yourself!



\*Brownies, fudge, fruit roll-ups and similar treats are included in this recipe exchange. Think of it this way: if you make it at holiday time, send it!

## Getting off to a Healthy Start

### Resources You Can Use

#### March of Dimes 2020 Report Card Just Released

The March of Dimes released their annual Report Card on November 16, 2020. “This year’s Report Card offers a comprehensive overview of the health of moms and babies across the U.S. The report grades the U.S., states, Puerto Rico and 100 cities on preterm birth rates, and includes other information such as infant death, states’ efforts on Medicaid expansion and extension, health insurance status, inadequate prenatal care, among other factors and outlines important policy solutions that can make a difference.” (MOD’s website)

#### View the Report Card

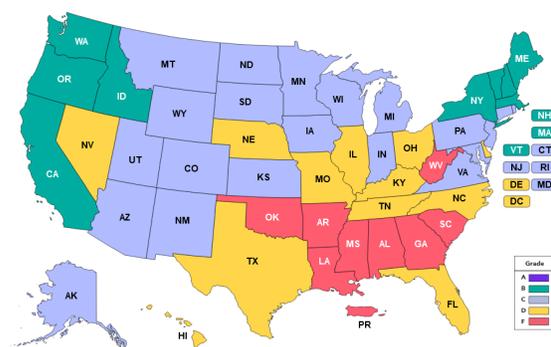
Click [here](#) for a PDF version of the Report Card.

#### Spotlight on State Progress

Learn about initiatives driving progress in some states. Click [here](#).

#### Read the MOD’s Press Release

Click [here](#) to learn more about the MOD Report Card.



#### Building Racial Equity into the Walls of Health Policy

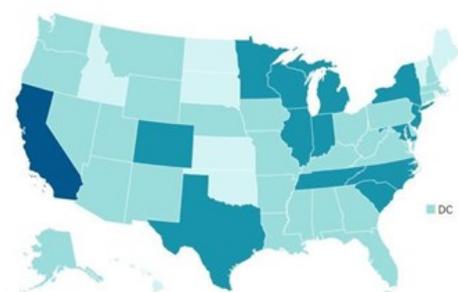
In a blog by Nathan T. Chomilo, he writes, “A common refrain about our health care system’s response to COVID-19 has been, ‘we are building the airplane while we fly it.’ As we’ve learned what public health measures are effective, which treatments move the needle on survival, and how to implement and sustain telehealth as a viable alternative to in-person care, physicians, public health experts, and policy makers have had to compress a decision-making process that can take years into one that took weeks and sometimes days. Many of these policies have relied on knowledge of how our pre-COVID-19 system operated – a system that has been well documented to produce numerous racial health inequities.” Chomilo joined with other public health-focused physicians “to illustrate this by examining how a colorblind allocation of scarce resources would exacerbate structural racism. We called on policy makers, researchers, and medical educators to analyze their projects and proposals through a racial equity lens.”

They noted that even funders of research like the National Institutes of Health do not assess a project’s impact on racial or social health equity as part of their standard review and said that policymakers need to standardize use of racial equity assessments. “There are promising signs this will soon be the expectation rather than the exception. This summer, [H.R. 7510](#), the Assimilating Health and Equity Assessments into Decision-making (AHEAD) Act, was introduced with the stated goal of looking at, ‘the potential benefits on population health outcomes of incorporating into the Federal legislative process tools that measure the impacts of proposed legislation (including in areas outside of health care) on health and health disparities.’”

“Structural racism has impacted health and opportunity for millions of Americans for generations, and our current systems are operating as designed to generate racist outcomes,” said Chomilo in the conclusion. “As we take this opportunity to re-imagine our health care systems, we need to examine each idea through a racial equity lens using the information we have, and also center communities who have been historically denied opportunity to realize ideas we have never before considered. It has been said that equity needs to be built into the walls of institutions and systems, not added on afterwards as wallpaper. We may be building the plane as we fly it, but we still must ensure racial equity is built into its walls.”

Source: Excerpted from *Building Racial Equity Into The Walls Of Health Policy*, [Health Affairs Blog](#), December 1, 2020. DOI: 10.1377/hblog20201119.508776

#### Exploring State Policy Levers to Improve Maternal Health Equity



- State has taken fewer than 10 actions to improve maternal health outcomes
- State has taken 10-15 actions to improve maternal health outcomes
- State has taken 16-20 actions to improve maternal health outcomes
- State has taken more than 20 actions to improve maternal health outcomes

The project outlines policy levers that states have utilized to advance maternal health equity and support high-value care. The database captures 30 total policy categories falling underneath the overarching levers of postpartum coverage and benefits, care delivery transformation, and data and oversight. While the database includes general state policy actions, a large proportion of the resource focuses on state Medicaid policies. Given [increasing national attention](#) to and momentum around maternal health equity due to stark racial inequities in health outcomes, the database will be a critical resource for state agencies, policymakers, researchers, and advocates working to improve equity. The new resource is a companion tool to IMI’s [Medicaid state fact sheets](#).

View and download the database [here](#).

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

### ► **Birth and Infant Outcomes Following Laboratory-Confirmed SARS-CoV-2 Infection in Pregnancy — SET-NET, 16 Jurisdictions, March 29–October 14, 2020** (Health Matters for Women, 11/30/2020)

“Pregnant women with SARS-CoV-2 infection are at increased risk for severe illness compared with nonpregnant women. Adverse pregnancy outcomes such as preterm birth and pregnancy loss have been reported. Among 3,912 infants with known gestational age born to women with SARS-CoV-2 infection, 12.9% were preterm (<37 weeks), higher than a national estimate of 10.2%. Among 610 (21.3%) infants with testing results, 2.6% had positive SARS-CoV-2 results, primarily those born to women with infection at delivery. These findings can inform clinical practice, public health practice, and policy. It is important that providers counsel pregnant women on measures to prevent SARS-CoV-2 infection.”

### ► **Alcohol Use and Co-Use of Other Substances Among Pregnant Females Aged 12–44 Years, U.S. 2015–2018** (Medscape/MMWR, 11/06/2020)

“Drinking alcohol during pregnancy can cause fetal alcohol spectrum disorders, including birth defects, behavioral disorders, and impaired cognitive development. Little is known about the co-use of other substances by females who drink during pregnancy. CDC used 2015–2018 data from the National Survey on Drug Use and Health (NSDUH) to estimate the overall and trimester-specific prevalence of self-reported drinking in the past 12 months, current drinking, and binge drinking, overall and by trimester, and the co-use of other substances among pregnant females aged 12–44 years. Past drinking (12 months) was reported by 64.7% of pregnant respondents. Current drinking (at least one drink in the past 30 days) was reported by 19.6% of respondents who were in their first trimester of pregnancy and 4.7% of respondents who were in their second or third trimester. Binge drinking (consuming four or more drinks on at least one occasion in the past 30 days) was reported by 10.5% of first trimester respondents and 1.4% of second or third trimester respondents. Overall, 38.2% of pregnant respondents who reported current drinking also reported current use of one or more other substances. The substances used most with alcohol were tobacco and marijuana. Self-reported drinking prevalence was substantially lower among second or third trimester respondents than among first trimester respondents. Implications for public health: Co-use of other substances is common among females who drink alcohol during pregnancy. Screenings and interventions for this could improve pregnancy outcomes.”

### ► **Potential Impact of Midwives in Preventing and Reducing Neonatal Mortality and Stillbirths** (The Lancet, 12/01/2020)

“**Background:** Strengthening the capacity of midwives to deliver high-quality maternal and newborn health services has been highlighted as a priority by global health organisations. To support low-income and middle-income countries (LMICs) in their decisions about investments in health, we aimed to estimate the potential impact of midwives on reducing maternal and neonatal deaths and stillbirths under several intervention coverage scenarios.

**Methods:** For this modelling study, we used the Lives Saved Tool to estimate the number of deaths that would be averted by 2035, if coverage of health interventions that can be delivered by professional midwives were scaled up in 88 countries that account for the vast majority of the world's maternal and neonatal deaths and stillbirths. We used four scenarios to assess the effects of increasing the coverage of midwife-delivered interventions by a modest amount (10% every 5 years), a substantial amount (25% every 5 years), and the amount needed to reach universal coverage of these interventions (i.e., to 95%); and the effects of coverage attrition (a 2% decrease every 5 years). We grouped countries in three equal-sized groups according to their Human Development Index. Group A included the 30 countries with the lowest HDI, group B included 29 low-to-medium HDI countries, and group C included 29 medium-to-high HDI countries.

**Findings:** We estimated that, relative to current coverage, a substantial increase in coverage of midwife-delivered interventions could avert 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths, equating to 2.2 million deaths averted per year by 2035. Even a modest increase in coverage of midwife-delivered interventions could avert 22% of maternal deaths, 23% of neonatal deaths, and 14% of stillbirths, equating to 1.3 million deaths averted per year by 2035. Relative to current coverage, universal coverage of midwife-delivered interventions would avert 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths, allowing 4.3 million lives to be saved annually by 2035. These deaths averted would be particularly concentrated in the group B countries, which currently account for a large proportion of the world's population and have high mortality rates compared with group C.

**Interpretation:** Midwives can help to substantially reduce maternal and neonatal mortality and stillbirths in LMICs. However, to realise this potential, midwives need to have skills and competencies in line with recommendations from the International Confederation of Midwives, to be part of a team of sufficient size and skill, and to work in an enabling environment. Our study highlights the potential of midwives but there are many challenges to the achievement of this potential. If increased coverage of midwife-delivered interventions can be achieved, health systems will be better able to provide effective coverage of essential sexual, reproductive, maternal, newborn, and adolescent health interventions.”

#### Resources for article on page 6:

[1] Center for Disease Control and Prevention (2019). Vitalsigns: Pregnancy-related deaths. <https://www.cdc.gov/vitalsigns/maternal-deaths/>.

[2] <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

[3] The SMM estimate is based on the Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 47 States and the District of Columbia (from all states except Alabama, Idaho, and New Hampshire), 2017 pooled estimates with ICD-10-CM/PCS coding. [www.hcup-us.ahrq.gov/sidoverview.jsp](http://www.hcup-us.ahrq.gov/sidoverview.jsp). HCUP SID Partners: <https://www.hcup-us.ahrq.gov/partners.jsp?SID>

[4] The SMM estimate is based on the Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 47 States and the District of Columbia (from all states except Alabama, Idaho, and New Hampshire), 2017 pooled estimates with ICD-10-CM/PCS coding. [www.hcup-us.ahrq.gov/sidoverview.jsp](http://www.hcup-us.ahrq.gov/sidoverview.jsp). HCUP SID Partners: <https://www.hcup-us.ahrq.gov/partners.jsp?SID>

## Getting off to a Healthy Start

### What's Going on at the Healthy Start Projects? Let's Take a Look!

Visit our Facebook page for extra photos that we didn't have room for in this issue; click [here](#) to see the December album. You'll know if a project has photos in the album when you see the Facebook icon by a it's name. Check them out! Please keep sending stories and photos to our newsletter editor at [bhaskins@nationalhealthystart.org](mailto:bhaskins@nationalhealthystart.org)!

### Prematurity Month Activities

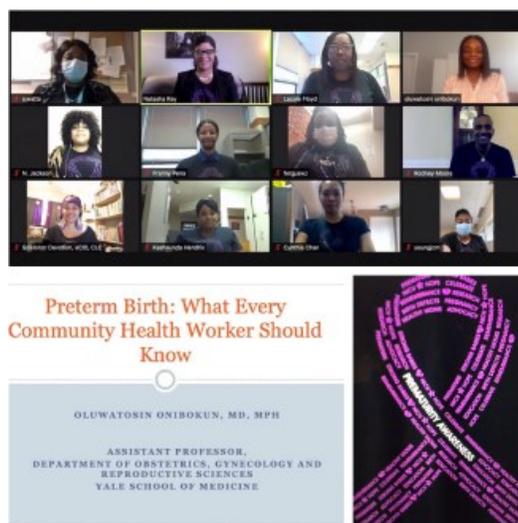
November was Prematurity Awareness Month. Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. In 2019, preterm birth affected 1 of every 10 infants born in the United States. Preterm birth rates decreased from 2007 to 2014, and CDC research shows that this decline is due, in part, to declines in the number of births to teens and young mothers. However, the preterm birth rate rose for the fifth straight year in 2019. Additionally, racial and ethnic differences in preterm birth rates remain. For example, in 2019, the rate of preterm birth among African-American women (14.4%) was about 50 percent higher than the rate of preterm birth among white or Hispanic women (9.3% and 10% respectively). Source: [www.cdc.gov](http://www.cdc.gov). Here are how some of the Healthy Start projects recognized Prematurity Awareness Month!

#### New Haven Healthy Start (CT)

New Haven Healthy Start provided a clinical training on prematurity to the program's Director, Fatherhood Coordinator, Administrative Officer, Patient Navigators, Coordinators, Doulas and Community Health Workers.

Dr. Oluwatosin Onibokun administered this training. Dr. Onibokun provides obstetrics and gynecologic care to women. She is a graduate of Yale Medical School and completed her OB/GYN residency at Harvard where she was the recipient of numerous teaching awards including the prestigious outstanding resident recognition award. In 2020, she completed a Master of Public Health degree at the Yale School of Public Health. Dr Onibokun is passionate about addressing women's health disparities in community and global settings, and is an invaluable resource to the Healthy Start program.

#PrematurityAwarenessMonth #NewHavenHealthyStart #HealthEducation



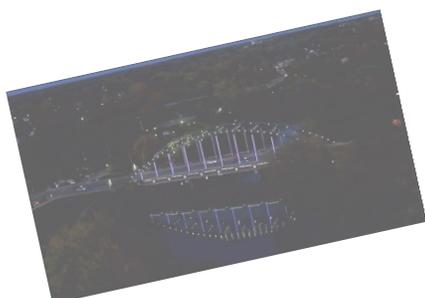
#### Healthier Moms and Babies (Fort Wayne, IN)



Healthier Moms and Babies held a virtual prematurity event at the end of October called "Fighting for Firsts" to raise awareness for preterm birth and celebrate the community's "Firsts." They invited leaders from the community to speak on the impact of preterm birth and dropped flowers into the St. Marys River to honor the over 500 babies born too early in our community in 2018. Prominent places were lit in purple.

← Planning Committee

Check out the drone footage of the Purple Spotlights; a couple are a little hard to see, but you can get the idea of how cool this must have been!



Left: Martin Luther King Bridge

Center: Skyline

Right: Lincoln Bank Tower

## Prematurity Awareness Month at the Projects - and Other Activities, Too!

### Midlands Healthy Start (Columbia, SC)

**Premies Support Group Celebration:** Midlands Healthy Start (MHS) hosted a celebration for their premature participants on November 17, 2020, which was National Prematurity Awareness Day. This celebration was hosted by the MHS Nurse practitioner and the celebration highlighted educational factors associated with preterm birth and showcased baby pictures from birth to present.

Noah and Noelle – born at 33 weeks



**Safe Sleep Class for Dads:** On November 24, 2020, Midlands Healthy Start held a safe sleep class that focused on education for fathers. During the class, the dads were given education on SIDS, the ABCs of Safe Sleep, and the importance of reading to the babies and helping to create a bedtime routine through reading. The presentation included videos about what safe sleep is, how to incorporate it in every sleep, along with nursery rhymes - information was given to fathers to keep their babies safe, healthy, happy and educated. This was a spin-off from **Fall Fun for Fathers** featured in the October newsletter.

Graphic is used with permission from The Lullaby Trust, United Kingdom.

### Healthy Start Tyler (TX) ↓

On November 17<sup>th</sup>, World Prematurity Day, the Healthy Start Tyler staff joined the fight by “lighting it up purple” for premies. →



### Family Tree Healthy Start (Lafayette, LA) ↓

The Family Tree Healthy Start Program, the Louisiana Department of Health Office of Public Health and Cribs for Kids formed a collaboration that provided free pack ‘n plays (aka cribettes) to families impacted by Hurricanes Laura and Delta, delivering hospitals of Louisiana’s Region 4 and Healthy Start participants. Approximately 85 safe sleep environments were made available to the community.



Remember to submit your favorite cookie recipe for the “NHS Cookie Recipe Exchange Book!” Send to [Bea Haskins](#) by January 15, 2021. (See page 7 for more detail.)



### Brothers United Healthy Start (Toledo, OH) ↓



“Father involvement has been a challenge for the Brothers United Healthy Start program. Through November and December of 2020, we hosted a series of four virtual one-hour training sessions on Fatherhood and navigating conversations with clients around the importance of the ‘whole-child’ theory for our Community Health Workers and their Supervisors. The purpose of these trainings was to break the barriers our CHWs have been experiencing in obtaining father referrals. Our hopes are that the CHWs will gain more of an understanding of the importance of Fathers in the lives of their children. Despite the barriers, Brothers United Healthy Start continues to come up with innovative and creative ideas to continue to serve fathers, because #FathersMatter.” Attendance at the training sessions ranged from 10-14.

## Getting off to a Healthy Start

### More Happenings at the Healthy Start Projects!

#### EVMS Healthy Start/Loving Steps (VA)

The Virginia Department of Health, Healthy Start program, known as the Virginia Healthy Start Initiative, has two sites, Crater Health District and Eastern Virginia Medical School (EVMS). The local sites are known as Loving Steps. Over the past 10 years the EVMS Loving Steps site has received turkeys for Thanksgiving from a church in the local community. This year, with COVID-19 restrictions closing churches and limiting outreach efforts, the church could not donate turkeys for the Loving Steps families for Thanksgiving. This was a heavy blow to Loving Steps as they serve a population that has severe food insecurities. As Thanksgiving approached, Loving Steps staff needed to do something to help families in need for the holiday. An extensive search for community partners to help meet this need was not successful until the Program Coordinator, Capris Elmore, reached out to her nephew. Mrs. Elmore's nephew is Raven Greene (#24) of the Green Bay Packers. Mr. Green did not hesitate to give back to the communities in the 757 area where he grew up. He took time to send a note to go along with the turkeys that read, "Happy Thanksgiving to You & Yours, continued Health & Happiness." Mr. Green signed the note, "Raven Greene, Green Bay Packers." The Loving Steps staff went door to door to deliver the turkeys to the families. EVMS Loving Steps staff are thankful for Mr. Greene's generosity and appreciate his commitment to support the program next year.



Thanks to Raven Greene, #24 of the Green Bay Packers, for teaming up with Loving Steps to donate Thanksgiving turkeys to local families!



  
LOVING STEPS

We appreciate Raven Greene, our 757 native, for giving back to his community!

#### Missouri Bootheel Regional Consortium (Sikeston, MO)

##### MBRC Announces Telehealth Grant



On November 14<sup>th</sup>, MBRC was awarded \$14,000 from Missouri Care, Inc. to develop a telehealth room. The telehealth room will support case management, behavioral health, virtual meetings, health education and provider meetings with clients. The room will be designed to support soundproof and audio technology. "The telehealth room will meet the changing needs of our programs and services due to COVID-19 which has accelerated the need, options and processes for onsite technology," said Cynthia Dean, MBRC's CEO/Director of Programs. Click [here](#) to read the announcement press release.

##### MARK YOUR CALENDARS!

**Third Thursday of every month at 1:00 p.m. ET: NHA 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 [Hida Reese](#) and/or [Bea Haskins](#).

##### Diabetes Workshop

On November 13, 2020, the Bootheel Health Alliance Program held its Annual Diabetes Learning Collaborative Workshop virtually with a total of 101 participants. This year's theme was *Inspire Change – Improve Health and Wellness* and featured local, state and national speakers. Presentations included *Bootheel Health Alliance* by Rhonda Diebold, BS, Community Outreach Specialist for Bootheel Health Alliance Program; *Childhood Wellness Program* by Terrico Johnson, BSW, Project Director of Childhood Wellness Program; *Mental Health and Wellness* by LaTisha Glaspie-Harris, LPC, MHSP, NCC, CLC, Owner/Sole Proprietor of "Tisha The Therapist;" *Physical Wellness: Nutrition & Physical Activity* by Alan M. Beck, PhD, CHES, ACSM-CEP, EP, CIFT, CPT, at Prevention Research Center Washington University; *The Important Role of the Faith-Based Community* by Lester Gillespie, CEO, Stella Consulting; and *Why Your Environment Matters* by Valda Boyd Ford, MPH, MS, RN, Chief Executive Officer, Center for Human Diversity, Inc. Anyone interested in viewing the workshop program containing speaker bios along with other information or the workshop recording can do so by visiting [www.mbrinc.org/events/recent-event/](http://www.mbrinc.org/events/recent-event/)

##### Send Us Your Stuff!

Send us your stories and photos by the 6<sup>th</sup> of each month for inclusion in *Getting off to a Healthy Start*. Send to [Bea Haskins](#).

December 2020

## Wow! Even More Activities at the Healthy Start Projects!

### Healthy Start Pittsburgh (PA)

The Healthy Start Center for Urban Breastfeeding, an initiative of Healthy Start Pittsburgh, has been named a Promising Practice, featured in the Fall 2020 Pennsylvania Family Support Programs Needs Assessment Report.

This report, compiled every five years, provides a county-level analysis of “the health of children, mothers, and families, as well as the social and environmental circumstances of families and communities in the state, including capacity of delivery of home visiting services,” according to the report’s executive summary.

The Promising Practices Collection was compiled from community survey responses, which asked for respondents to identify a practice or initiative outside of traditional home visiting that “has been especially impactful in addressing a need in the community that you serve.”

Healthy Start Center for Urban Breastfeeding, or CUB, opened its doors in 2018, expanding the level of support Healthy Start offers for families. Services offered by the CUB are designed to improve breastfeeding initiation and duration rates for families living in Allegheny County, specifically for Black mothers, who have historically had lower breastfeeding rates and reported a lack of support in attempting and continuing breastfeeding. In 2018, the Pennsylvania Department of Health reported that 83.4% of White mothers breastfed their babies, compared to 67.8% of Black mothers.



The CUB provides breastfeeding education and counseling for mothers in individual and group settings, offers on-call support from a Certified Lactation Counselor (CLC) and trains Black women to provide culturally responsive care and support for breastfeeding families. Beyond helping mothers in their breastfeeding journey, the CUB seeks to normalize breastfeeding among family members to cultivate a village of support for mothers and babies in their breastfeeding journeys.

Healthy Start is proud to have the CUB named a Promising Practice, and inspired to continue supporting mothers, babies, and families in embracing breastfeeding as part of their journey towards total family health.

Click [here](#) for the Promising Practices section of the report.

## Getting to Know the NHSA Team: How Our Fatherhood & Men’s Health Consultant Celebrates the Holidays

### Holidays with The Scarborough's by Kenneth Scarborough

Our holidays typically begin at Thanksgiving. We traditionally travel to my hometown in South Carolina. It is there where we gather with my surviving parent(s) and my seven siblings and their children. It is a large gathering where the feast commences after individual thanks and family prayer. Our traditional meal includes the main course (fried turkey, ham, chicken), sides (dressing & gravy, mac n’ cheese, rice, greens, yams, potato salad) and desserts (banana pudding, pies, cakes) – at least a couple of servings between 3:00 and 9:00 p.m. along with board games and TV sports. Later in the evening, several family members head out to the pre-Black Friday sales. This year no travel and no large gathering due to COVID.

Christmas is spent at our home so that our two kids receive and open their gifts. We have a Christmas tree and decorations throughout the house. Christmas morning starts with breakfast prepared by yours truly and then the opening of gifts. We then provide play time, getting dressed, lunch and then off to late afternoon activities with extended family members and friends. The last three years have been different because we were either preparing or serving as missionaries to Costa Rica. We have had to adjust to where we were between Costa Rica and the U.S. This year, due to COVID, we will be celebrating in Costa Rica at our home and later with church members and friends.



*Ken and his daughter with their tree.*

My wife and I enjoy watching the joys of the kids. We work intentionally to share the meaning of the season for us with a heart of giving and thinking of others as well. We wrap the attention in an Attitude of Gratitude.

Enjoy your Holiday Season and Stay Safe and Healthy.

## Getting off to a Healthy Start

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

#### Newsletters

- Be sure to include NHTSA 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!
- Make sure we have your Fatherhood Coordinator's name and email address, too!
- 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!*
- Examples of events: baby showers, educational forums or CAN meetings. December holiday events will be featured in the January issue!
- And remember to invite your elected officials – federal, state and local – to your events and be sure to take pictures of them!
- Don't forget your consumer success stories!
- The deadline is the 6<sup>th</sup> of each month.
- Send everything to **Bea Haskins**.



National Healthy Start Association | Raynard Washington, President | Deborah L. Frazier, CEO | 1325 G Street, NW, Suite 500 | Washington, DC 20005 | 202-295-2195 | [www.nationalhealthystart.org](http://www.nationalhealthystart.org)

The National Healthy Start Association is a 501(c)(3) nonprofit organization. The mission of the NHTSA 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.

**Newsletter Editor:** Bea Haskins, Communications Coordinator | **Contributing Writers:** Timika Anderson-Reeves, Kenneth Scarborough and Healthy Start Projects' Staff; **Photo Credits:** Thank you to the Healthy Start projects that sent in photos used in this issue! Shutterstock photos are used under agreement. **Notice:** Photos in this publication are the property of NHTSA or the Healthy Start projects that submitted them and may not be copied, used or posted elsewhere, including websites or publications, without the express written permission of NHTSA or the Healthy Start project.