



February is
National Black
History Month –
see page 4!

See page 6 for
information on
the “Mominibus
Act!”

IN THIS ISSUE

Healthy Start Turns 30, continued	2
Health Observances	3
Black History Month	4
Fathering During the Pandemic	5
News from the Hill; Resources	6
Research News	7
Projects’ Happenings	8
NHSA Information	12

BIG NEWS!

NHSA is getting a new website with cool features, updated information and a brand new look! We’re not sure yet when it will premier, but we’ll let you know the minute we know!

Three Critically Important Health Observances This Month!
And Black History Month! But We Begin With...

HEALTHY START TURNS 30 IN 2021!

It was 1991. The infant mortality rate (IMR) in the U.S. was 8.9 deaths per 1,000 live births. The African American rate was more than twice the White rate. It was estimated that nearly 20% of pregnant women used one or more illegal substances at some point during their pregnancy. Approximately 21% of women drank alcohol when pregnant and 20% of expectant moms smoked during their pregnancy. In 1989, 25% of all pregnant women in the U.S. received no prenatal care in their first trimester. Approximately 40,000 American infants died every year before they reached their first birthday. The U.S. ranked 22nd among industrialized nations, an embarrassing statistic for the U.S.

Something had to be done. President George H. W. Bush had promised to “invest in our children.” And so, a White House Task Force was formed. Among their infant mortality findings:

- The cause of 60% of infant deaths in the first four weeks of life were premature birth and low birthweight
- 25% of all babies born each year were born to poor families, with 20% born to families with income levels of 100-185% of the poverty level
- Each infant death represented an estimated \$380,000 in lost productivity: reducing the IMR could lead to an increase of \$2.3 billion in national productivity
- Using current knowledge and investing \$500 million per year would save 10,000 additional infant lives per year and prevent untold infant disabilities

The task force implored President Bush to make infant mortality an issue of “national urgency” because “this country cannot afford its current infant mortality rate in economic or in human terms.” They recommended, among other things, the initiation of 20 large-scale comprehensive community infant mortality reduction programs in cities where the IMR was the highest. These programs would be innovative, have community commitment and involvement, increase access to prenatal care and family planning and include personal responsibility and service integration. There would be Infant Mortality Review programs and monitoring at the local level for participation in a national evaluation.

Thus, Healthy Start was born. The federally-funded Healthy Start initiative was first established as a pilot program by

Timeline

1991	Federal-funded Healthy Start initiative began as a demonstration program with 15 programs
1994	7 “special projects” added
1998	Mentoring Phase began with the addition of 75 projects
1998	National Healthy Start Association established
1999	19 projects added
2000	3 projects added; Replication Phase began
2000	Authorization achieved as part of the Children’s Health Act
2001	Perinatal Health Phase began with 9 new grantees
2002	12 existing projects that were designated as “approved, but not funded” received new funding
2004	2 new projects added
2005	98 projects received new funding
2008	Healthy Start reauthorized for five years
2010	Healthy Start grows to 104 projects
2014	Healthy Start was funded for 100 grantees
2019	New funding provided for 101 projects
2020	Healthy Start is reauthorized

Getting off to a Healthy Start

Healthy Start Turns 30, continued from page 1

President Bush in 1991. That year, 15 urban and rural sites in communities with infant mortality rates (IMR) that were 1.5-2.5 times higher than the national average were funded to begin the Healthy Start initiative. The program began with a five-year demonstration phase to identify and develop community-based systems approaches to reducing infant mortality by 50% over the five-year period and to improve the health and well-being of women, infants, children and families.

Recently, NHSA asked Thurma McCann Goldman, M.D., M.P.H., the first director of the new Division of Healthy Start (now the Division of Healthy Start and Perinatal Services) in the Department of Health and Human Services' Maternal and Child Health Bureau (MCHB) for her recollections of the start of Healthy Start. Dr. Goldman, in turn, suggested we look at some of her early writings for material for this issue. To do that, we pulled out all six volumes of the series of booklets called *The Healthy Start Initiative: A Community Driven Approach to Infant Mortality Reduction* and looked at Dr. Goldman's foreword in each book.

"Because of the widespread interest in learning about Healthy Start and what the projects have done to effectively impact on infant mortality," she wrote, "[these publications]...will provide a mechanism by which current and critical information about the projects' activities can be shared and widely distributed."

In Volume III, *Sustainability*, Dr. Goldman said, "The 22 projects are implementing innovative approaches to coordinated, comprehensive, culturally competent models of health and other facilitative services, which can reduce a community's infant mortality." She continued, "It is well known that the best products are those derived after careful planning and deliberation. The efforts of communities involved in the Healthy Start Initiative provide meaningful examples of interventions that can be replicated in other communities. It is important to learn from them, to disseminate this useful information, and to pursue alternative resources in order to win the battle against infant deaths."

Indeed, this is what Healthy Start did in the demonstration phase and has been doing ever since. The projects in New Orleans and Pittsburgh both achieved the 50% reduction in the IMR. The evaluation report said that while infant mortality did not drop significantly in some of the other communities, there were improvements in other indicators, specifically noting that prenatal care utilization increased, preterm birth rates decreased and low and very low birthweights decreased.

Healthy Start has shown a track record of saving lives. The Office of Management and Budget has confirmed that Healthy Start funding is "being used directly and effectively to meet the program's purpose." In 2015, Healthy Start reduced infant mortality rates among Healthy Start program participants to 5.2 infant deaths per 1,000 live births — lower than the national rate of 5.96.¹

In a 2017 journal article, the authors wrote, "As it enters the second half of its third decade, Healthy Start remains true to its core mission of reducing maternal and infant health disparities in high-risk communities. Using the strategies and approaches described in this issue, Healthy Start will continue to work toward the goals of reducing differences in access to and use of health services, improving the quality of the local health care system, empowering women and their families, and increasing consumer and community participation in health care decisions. By supporting women and families before, during, and after pregnancy, and engaging community partners to enhance systems of care, Healthy Start aims to give the next generation a strong and healthy start in life."²

Tribute



NHSA would be remiss in not mentioning a beloved leader and trailblazer in the Healthy Start family. Maribeth Badura was first a project officer in the Division of Healthy Start in 1991 and later became Branch Chief in 1995. In 1998, she became the Acting Director for the renamed Division of Healthy Start and Perinatal Services. Maribeth was named Director in 2004. Maribeth died at her home in the District of Columbia on October 10, 2010. She is still missed.

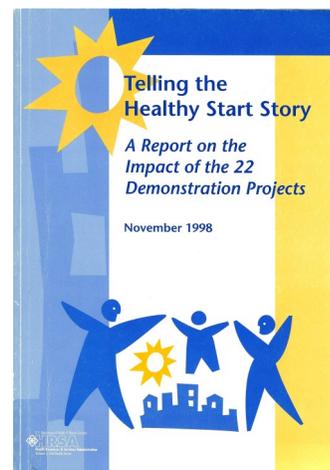
← Maribeth, smiling, as usual.

Resources

The Healthy Start Initiative: A Community-Driven Approach to Infant Mortality Reduction, Vols. 1-6, Forwards by Thurma McCann, 1993-1999, National Center for Education in Maternal and Child Health (various authors).

¹ [HRSA Gives Children and Families a Healthy Start](#) (HRSA/MCHB/Healthy Start website, accessed 02/06/21)

² Escarne, J.G., Atrash, H.K., de la Cruz, D.S. *et al.* Introduction to the Special Issue on Healthy Start. *Matern Child Health J* 21, 1–3 (2017). <https://doi.org/10.1007/s10995-017-2404-y>



Front cover of *Telling the Healthy Start Story*, which details the innovations of the original 22 projects.

And now...Those Three Critically Important Health Observance Months!

American Heart Month: 57th Consecutive Commemoration!

February is the month each year when the spotlight is on heart disease, the #1 killer of Americans and around the world.

President Lyndon B. Johnson, who himself had a heart attack, issued the first proclamation in 1964. In 2021, President Joseph R. Biden, Jr., issued the [57th consecutive proclamation](#), which reads, in part: "Heart disease can impact anyone, but risk factors such as high cholesterol, high blood pressure, physical inactivity, obesity, tobacco use, and alcohol abuse can increase the likelihood of developing the disease. By adopting a few healthy habits, each of us can reduce our risk. Avoiding tobacco, moderating alcohol consumption, making balanced and nutritious meal choices, and staying active can help prevent or treat conditions that lead to heart disease. Adults with heart conditions are also at increased risk of severe illness from COVID-19, which makes it even more important to follow these suggestions."

The [American Heart Association's](#) theme this year is "Heart to Heart: Why Losing One Woman is Too Many." They note that one in three women are diagnosed with heart disease annually. Click here for the [AHA's Heart Disease and Stroke Statistics—2021 Update](#).

The National Heart, Lung and Blood Institute (NHLBI) says, "When we take care of #OurHearts as part of our self-care, we set an example for those around us to do the same." They encourage us to join their [#OurHearts Movement](#).

The Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention has a [hypertension toolkit](#) with key hypertension control resources. Hypertension — high blood pressure — is a leading risk factor for heart disease and stroke.

NHSA reminded our audience of readers of National Wear Red Day on February 5th, a way to honor those we've lost to heart disease and to raise awareness of how we can prevent this mostly preventable disease.

International Prenatal Infection Prevention Month

Each year in February, a worldwide observance is held to promote awareness of infections transmitted from mother to baby. Says the [National Association of County and City Health Officials](#) (NACCHO), "Prenatal infections include bacterial or viral illnesses that can be passed from a mother to her baby during pregnancy or during the delivery process...Though the United States has made significant progress in reducing the incidence of prenatal disease transmission, it still remains a significant priority for the United States and a threat for many countries worldwide. Due to the serious consequences for mother and baby, prenatal infection prevention is a critical component of the broader maternal and child health strategy to ensure that mothers and babies 'survive and thrive.'"

According to the [National Institute of Child Health and Development](#) (NICHD), "Institute-supported research has identified practices and drug combinations that are very effective in preventing mother-to-child transmission of HIV. As a result..., transmission rates in the United States have dropped to less than 1%."

Some of the more common infections that mothers can pass to their unborn babies are the Zika virus, Group Beta Strep (GBS), Cytomegalovirus (CMV) infection and Listeriosis. Moms can best protect themselves and their unborn babies through simple steps like hand washing and regular visits with their obstetricians. Maternal immunizations for vaccine-preventable diseases such as hepatitis B, rubella and varicella are an effective approach to preventing prenatal infections, says NACCHO.

A [new study](#) suggests that pregnant women pass COVID-19 antibodies to their babies, potentially protecting them from infection. Asked about getting the COVID-19 vaccine, it was noted that pregnant women have not yet been included in vaccine studies. One OB-GYN advises pregnant women to talk to their doctor before getting the COVID-19 vaccine.

National Children's Dental Health Month

National Children's Dental Health Month is sponsored by the American Dental Association (ADA) in partnership with Crest and Oral B. The monthlong awareness campaign is designed to work with children, caregivers, teachers and other professionals on the benefits of good oral health.

On February 6, 1950, President Harry S. Truman issued the first [presidential proclamation](#) declaring the nation's first National Children's Dental Health Day. Said Truman, "The health of our children is of supreme importance to the future of the nation." In 1960, President Dwight D. Eisenhower sent a telegram to the ADA in support of what was then National Children's Dental Health Week. In 1981, the observance was extended to a month. Organized dentistry actually began recognizing the importance of children's dental health in 1941 and so in 2021, "National Children's Dental Health Month turns 80 and is still going strong. With its theme, 'Water: Nature's Drink,' celebrations include poster displays, coloring and essay contests, health fairs, free dental screenings, museum exhibits, classroom presentations and dental office tours. For 2021, most events will be virtual, but enthusiasm for the event remains," says the [ADA](#).

"Almost one in four children under five already have cavities and 10 million children under the age of 18 receive no dental care," reports [National Today](#). "According to the U.S. Centers for Disease Control and Prevention (CDC), cavities are the most prevalent infectious disease in children in the U.S.," they continued. "More than 40% of infants and preschoolers are affected by the time they're in kindergarten and about half of all children from lower-income families."

NHSA sent an e-blast to our more than 2,500 readers about Give Kids a Smile Day on February 5th. GKAS is part of National Children's Dental Health Month and is a day when many dental professionals offer free dental screenings to children whose families can't afford them. It is important to provide access to children in need.

Getting off to a Healthy Start

National African-American (Black) History Month

(The following is adapted from an article by McKenzie Jean-Philippe that appeared on [MSN.com](https://www.msn.com) on 01/07/21.)

The Reason Black History Month is in February

Every February, we celebrate a special holiday...I'm referring to the 28 (or 29) days we dedicate to honoring Black History Month, our nation's way of showing respect and recognition for the hard work of and sacrifices made by African Americans. "Black History Month shouldn't be treated as though it is somehow separate from our collective American history, or somehow just boiled down to a compilation of greatest hits from the March on Washington, or from some of our sports heroes," President Barack Obama [said in a 2016 speech](#). "It's about the lived, shared experience of all African Americans, high and low, famous and obscure, and how those experiences have shaped and challenged and ultimately strengthened America. It's about taking an unvarnished look at the past so we can create a better future. It's a reminder of where we as a country have been so that we know where we need to go."

Despite a tragic American history that saw Black people bought and sold into slavery, a continuing fight [against everyday racism](#), and urgent issues like [police brutality](#), we've remained strong. Black Americans confront a layered, painful past while making countless cultural contributions. We've been responsible for [classic books](#), [beauty brands](#) (we're looking at you, [Madam C.J. Walker](#)), [creative small businesses](#), [films](#), and [inventions we can't imagine life without](#) – and we're still [completing countless impressive firsts](#). But...why is Black History Month in February (a.k.a. the month of love)? And who started this tradition? Here's a primer.

It all started with a man named Carter G. Woodson.

Harvard-educated historian Carter G. Woodson is credited with creating Black History Month. [According to Daryl Michael Scott](#), a history professor at Howard University, Woodson got the idea in 1915 after attending a celebration in Illinois for the 50th anniversary of the 13th Amendment, which under Abraham Lincoln's presidency, abolished slavery in 1863 in the Confederate states that seceded from the U.S.: Mississippi, Florida, South Carolina, Alabama, Georgia, Louisiana, Arkansas, Texas, Virginia, North Carolina, and Tennessee. It wasn't until two years later on June 19, 1865, that all people held as property in the United States were officially free. (Which is [why we celebrate Juneteenth](#)). The festivities honoring the proclamation lasted for three weeks, with various exhibits depicting events in African American culture. In 1915, after seeing this display, Woodson decided to form what is now named the [Association for the Study of Afro-American Life and History](#) (ASALH), in order to encourage the study of the accomplishments made by Black Americans.

The Black history celebrations expanded to a week-long event.

According to Scott, after Woodson wrote *The Journal of Negro History* in 1916, which chronicled the overlooked achievements of African Americans, he sought to amplify Black people's success and spread his findings to a wider audience. Through community outreach, he encouraged his fraternity Omega Psi Phi to promote his work. In 1924, the fraternity responded by creating "Negro Achievement Week."



February was selected to align with President Lincoln and Frederick Douglass's birthdays.

Two years later, despite Omega Psi Phi's efforts, Woodson still wanted to make a bigger impact. So in 1926, he and the ASALH officially declared the second week of February to be "Negro History Week..." "This was celebrated for years and was chosen because of the birthdays of Abraham Lincoln on February 12th, and Frederick Douglass on February 14th," says Zebulon Miletsky, the co-chair of the marketing and PR committee for ASALH. Both Lincoln and Douglass had long been celebrated by the Black community in the years before "Negro History Week" was created. Since his assassination, Lincoln's birthday was honored by both African Americans and Republicans alike, so the ASALH only solidified this tradition. And Douglass was already revered as a change-making abolitionist and orator whose legacy would now be cemented with festivities that honored the people he fought so hard for.

President Gerald Ford declared Black History Month official.

"...In the 1940s, efforts began slowly within the Black community to expand the study of Black history in the schools. In the South, Black teachers often taught Negro History as a supplement to United States history," Scott says. "During the civil rights movement in the South, the Freedom Schools incorporated Black history into the curriculum to advance social change. The Negro History movement was an intellectual insurgency that was part of every larger effort to transform race relations." Consequentially, the ASALH expanded the recognition to Black History Month. To solidify this change, in 1976, President Ford declared February "Black History Month" in a commemorative speech. He [urged citizens](#) to "seize the opportunity to honor the too-often neglected accomplishments of Black Americans in every area of endeavor throughout our history."

Today, Black History Month continues to be widely celebrated.

The observations live on as we take the time to honor greats such as [Martin Luther King Jr.](#), [James Baldwin](#), [Maya Angelou](#), and our very own [Oprah Winfrey](#). In the years following Ford's speech, [congress passed a law](#) in 1986 that deemed February "National Black (Afro-American) History Month." Both presidents Ronald Reagan and Bill Clinton issued their own proclamations recognizing it as a national observance, and every POTUS has issued one annually since 1996*... "I have a wonderful phrase that Maya Angelou wrote in one of her poems," Oprah said in [an Instagram post](#). "It said 'I come as one, but I stand as 10,000.' I'm doing that right now...I don't reserve it for one month. I believe that Black history is a part of every day, every life, every year, all the time."

*Read President Joe Biden's Statement on Black History Month [here](#).

Fathering During the Pandemic

“Never before have dads spent so much time deep in the parenting trenches.”

That quote is from an article in [CNN Health](#), referring to dads – and moms, too, of course – being home more because of the pandemic. Dads are spending more time with their kids, and with that, managing schedules, meals, activities and school. Continues the article, “It’s predicted that [mothers will bear most of the burden](#) of the pandemic, professionally and financially, in the long run.” But, notes the [National Center for Fathering](#) (NCF), “We’ve found that some dads have pretty much taken [fathering during the pandemic] in stride, some have really struggled, and of course many experienced varying degrees of both sides.”

Challenges of Fathering During the Pandemic

Below are some of [the challenges](#) dads have faced during the pandemic, according to NCF, although there are many others:

- Many non-custodial dads have been able to see their kids even less than normal because their kids’ mom wants to be extra cautious and minimize the chances that they’ll catch or spread the virus.
- Some dads have lost their jobs or dealt with major financial challenges, adding to the pressure they feel to provide adequately for their families.
- Some struggled to handle the new work-from-home routine and trying to be productive while keeping the kids occupied all day with something other than their phones or gaming systems.
- Some dads enjoyed spending more time at home with their kids, but they quickly ran out of fun activities to do together.
- For some, the changes in 2020 were factors that led them toward greater marital tensions, physical health issues or emotional challenges.

Moving Forward and Meeting the Challenges

There are some specific techniques and things dads can do to help them “father better” during the pandemic. The first four in the list below come from NCF; the rest from the [American Psychological Association](#) (APA):

1. **Develop calmness as a dad.** Know there will be some incidents that just happen – the milk gets spilled, the computer won’t work. Accept that these things will happen and then you can handle them more easily.
2. **Keep communicating with family members.** Check in with your kids on how they’re doing, find out if they need anything from you.
3. **Be positive.** Ask yourself questions like, “What can I learn from this? How can this make me a better father?”
4. **Be resourceful.** Be encouraging, involved, engaged. “...commit to doing whatever it takes to keep bringing fun and interesting experiences to [your kids’] lives. And they don’t have to be extravagant; often simple activities are best.” Click [here](#) for a list of ideas from NCF. NHTSA developed a list of things to do with the kids during the pandemic; click [here](#) to access it.
5. **Acknowledge your emotions.** “It’s normal to feel fearful, anxious or stressed now,” says the APA. Talk to your family and stay connected with your friends. Share a laugh. If your problems are serious, get help from a mental health professional. This can often be done via “telehealth” (virtually) these days.
6. **Set boundaries.** It can be tough when home is both the school place and the work-place, when home life and work life are happening at the same time. Designate areas for specific activities. Do the same with your time. “Thank your child for allowing you to do your work,” suggests the APA.
7. **Establish a routine.** It may be different from “before,” but it’s important to maintain a schedule, both for you and for the kids.
8. **Relax screen time rules.** Let the kids watch a movie or play a video game while you work. Or let them stay connected with their friends. “Don’t forgo the rules entirely,” says the APA. Set rules for appropriate screen time and use.
9. **Communicate with supervisors and co-workers.** If you’re working remotely, explain how you are juggling new responsibilities and scheduling. If you’re going in to work, talk to your boss about what’s going on. Maybe you can negotiate a schedule change, for example.
10. **Share responsibilities.** Work with the other parent or caregiver on scheduling for child care shifts. Get help from other people, if possible. Maybe a grandparent can video chat with your kids while you work. Trade off virtual play dates with a neighbor.
11. **Practice self care.** Everyone – dad, mom, grandpa and even the kids – needs some alone time every day. Take a walk, practice mindfulness meditation. “And practice self-compassion...During this stressful time, it’s important to go easy on your children and yourself.”



Getting off to a Healthy Start

News from Capitol Hill

“Momnibus” Bill Unveiled

On February 8, 2021, the *Black Maternal Health Omnibus Act of 2021* was released by members of the Black Maternal Health Caucus. A [press release](#) from Congresswoman Lauren Underwood’s office states, “The *Momnibus* builds on existing maternal health legislation and the Black Maternal Health Momnibus of 2020 with 12 bills to comprehensively address the drivers of the maternal health crisis. The Momnibus makes critical investments in addressing social determinants of health, funding community-based organizations, growing and diversifying the perinatal workforce, and improving in data collection processes.”

“As maternal mortality rates continue to drop around the world, they are rising in the U.S., leaving behind devastated families and children who will grow up never knowing their moms. This crisis demands urgent attention and serious action to save the lives of Black mothers and all women of color and birthing people across the county,” said Congresswoman Underwood, co-chair and co-founder of the Black Maternal Health Caucus.

Said Congresswoman Adams, “As I’ve said since the start of the COVID-19 pandemic, the disproportionate rate of mortality and morbidity among Black women is a crisis within a crisis. Tens of thousands of pregnant people have contracted COVID-19, the vast majority being Black and Brown mothers. As the pandemic rages on, access to quality maternal care has decreased as the barriers to receiving care have increased.” Added Senator Booker, “As the rest of the world works to improve maternal health outcomes, skyrocketing maternal mortality rates here in the United States are precipitating a public health crisis -- one that puts mothers of color especially at risk. We simply cannot continue to accept this alarming status quo.”

The U.S. has the highest maternal mortality rate in the developed world and the only rate that is rising. The maternal mortality rate is significantly higher among Black women, who are three to four times more likely than white women to die from pregnancy-related complications. Other birthing people of color, including Hispanic, Native American and Asian American and Pacific Islander (AAPI) women, also suffer from disproportionately high rates of adverse maternal health outcomes.

Continued Underwood, “I’m leading the Black Maternal Health Momnibus Act with Representative Adams, Senator Booker and other members of the Black Maternal Health Caucus because no mother should go through pregnancy, labor and delivery, or the postpartum period without the respectful care and comprehensive support they need and deserve. Together, we can – and must – take the bold actions that will be required to save our moms, end disparities and achieve true maternal health justice.”

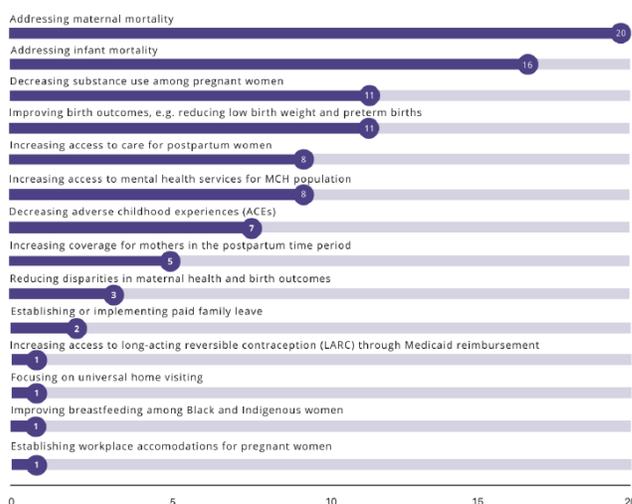
A one-page summary of the *Black Maternal Health Momnibus Act*, including a list of the 80 original co-sponsors in the House of Representatives, can be found [here](#), and additional information about the individual bills in the Momnibus Act can be found on the [Black Maternal Health Caucus website](#). A list of the 191* organizations endorsing the *Black Maternal Health Momnibus Act* can be found [here](#). Quotes in support of the Momnibus Act can be found [here](#). *Soon to be 192 with NHTSA added.

Resources You Can Use!

Maternal and Child Health Update from the National Governors Association

“The National Governors Association Center for Best Practices’ (NGA Center) Maternal and Child Health Update (MCH Update) presents the results from a survey of senior state and territory health officials regarding MCH policy topics. Questions are modified from year to year to address new and emerging issues,” states the opening of the Update. “The 2020 survey focused on Governors’ MCH priorities, coverage and payment reforms, health equity, behavioral health, health workforce, and improving health outcomes. Individuals from multiple agencies with states and territories contributed to the survey, including MCH Directors, Medicaid Directors, and Governors’ offices.”

Governors’ Maternal and Child Health Priorities:



The most common theme identified by states and territories was providing quality, preventive care for infants, which includes practices such as early and continuous screenings and immunizations. Next were oral health, followed by well women visits and prenatal care. Last on the list was chronic health conditions in pregnant women.

Legislative and Executive Action Broadly Focused on MCH			
Five Respondents	Four Respondents	Two Respondents	
<ul style="list-style-type: none"> Medicaid coverage for expanded services, including doulas and lactation consultants Behavioral health services, including mental health and substance use disorder 	<ul style="list-style-type: none"> Reproductive health measures 	<ul style="list-style-type: none"> Racial disparities MCH programming outlined in the state or territory budget Paid family leave 	
Legislative and Executive Action to Improved Birth Outcomes			
Eleven Respondents	Six Respondents	Two Respondents	One Respondent
<ul style="list-style-type: none"> Maternal mortality, including five that established a Maternal Mortality Review Committee/Board 	<ul style="list-style-type: none"> Prematurity and infant mortality 	<ul style="list-style-type: none"> Maternal and perinatal outcomes quality review committees 	<ul style="list-style-type: none"> Increase healthy behaviors for pregnant women and families
Legislative and Executive Action to Improve Post-Birth Outcomes			
Two Respondents			
<ul style="list-style-type: none"> Breastfeeding, including setting break times and locations for state and territory employees to pump Developmental screening practices among babies Providing accessible locations to change diapers, specifically in low-income areas Home visitation 			

Click [here](#) for the full report (where the images will be a little easier to read).

Adverse Pregnancy Outcomes in Maternal and Child Health

A researcher at Boston University's School of Public Health is examining the role of adverse pregnancy outcomes and the maternal risk of coronary heart disease (CHD) among participants in the [Black Women's Health Study](#), the largest prospective cohort study of Black women in the United States. Despite the racial disparities in CHD morbidity and mortality, the majority of available data on this issue pertains to White populations.

"What we've found is that, similarly to previously published research, women with a history of preterm birth are at an increased risk for subsequent maternal cardiovascular disease," says Samantha Parker Kelleher. That means that pregnant parents who have babies preterm are more likely to experience coronary-related health events and procedures later in life, such as heart attacks. "So the next step is to see if there are any earlier signals of cardiovascular disease that we can use to identify women who are at risk of a heart attack or coronary disease later on," she says.

To work towards that goal, Kelleher and colleagues are examining postpartum blood pressure among women delivering at Boston Medical Center. They are focusing on the one-year period after delivery, rather than the "traditional" postpartum period of six weeks. "We've expanded this period because there is research that shows pregnancy-related cardiovascular outcomes can lead to maternal morbidity and mortality in the full year postpartum," Kelleher says. "The trajectory of hypertension right after delivery could be a means to get women into care before they have these severe outcomes."

Source: Jillian McKoy, [Professor Studies Role of Adverse Pregnancy Outcomes in Maternal and Child Health](#), 02/05/21.

Four Steps Health Professionals Can Take to Help Achieve COVID-19 Vaccine Adoption

A new paper from *Health Affairs* says that the way health care professionals speak about the COVID-19 vaccine matters for two reasons:

1. Patients seek their advice for personal decisions.
2. Health care workers are "endorsers" because they got the vaccine first.

Thus, health care workers – nurses, physicians, interpreters, pharmacists and others – can use their credibility to send a positive message about the vaccine. "While confidence in COVID-19 vaccines has increased, more than a quarter of the population [reports](#) still being hesitant, indicating that they 'probably or definitely would not get a COVID-19 vaccine even if it were available for free and deemed safe by scientists.'" Health professionals can use four strategies to "optimally leverage their position as vaccine messengers."

1. **Recognize that hesitancy is not uniform.** For example, there are groups, particularly people of color, who have an historical mistrust of the medical system, groups who think there is not enough data about long-term effect and people who have been convinced by misinformation that the vaccine isn't safe or

necessary. Health care professionals can listen to an individual's concerns and offer "tailored information" that may promote vaccine adoption.

2. **Learn from disinformation campaigns.** Pay attention to what they are saying and how they are delivering the message. Partner with others to deliver community-based messages and visual narratives. Health care professionals can participate in vaccine information task forces and organize vaccine campaign events.
3. **Avoid offering false reassurances.** Don't overstate the science or offer false reassurances, which can backfire and betray trust. Focus on the process and what is known and understood. Emphasize the positive aspects such as the effectiveness rates. Acknowledge concerns and respond with appropriate information.
4. **Use community-based, hopeful messages.** For example, talk about how the vaccine will "help restore love and community through herd immunity." Move from a monologue of delivering a message to a conversation.

"Taken together, these tactics can build positive social momentum around getting a COVID-19 vaccine when the chance arrives."

Source: Adam L. Beckman et al, [Four Steps to Help Achieve COVID-19 Vaccine Adoption: How Health Professionals Can Embrace Their Role as Messengers](#), Health Affairs Blog, 01/22/21.

Op-Ed: Leading by Example on COVID Vax Won't Sway Black Community – It's imperative to face up to, and correct, past abuses

Mistrust of the medical establishment runs deep in communities of Black and Brown working and poor people. Says Bruce Johnson, "The apprehension about the medical community is real, and based in no small part on a long line of atrocities: the Tuskegee syphilis experiments, the deception involved in the Henrietta Lacks cancer cell research, and the systemic racial inequalities in healthcare that still exist today. African Americans have been lied to repeatedly. Listing out facts about the vaccine won't foster trust in a community that has borne a disproportionate share of societal ills."

Johnson, who was a reporter and anchor for the CBS station in Washington, DC, for 45 years, offers three recommendations to overcome this lack of trust and convince these communities to get the vaccine.

1. **Show that we care.** Health care professionals can help address the challenges these communities experience – show people where to apply for food, housing, jobs, social services and more, for example.
2. **Find the real influencers, gain their trust and enlist their help.** These are often the grandmothers and other women, he says, who have the power to change their family, their block, their whole neighborhoods.
3. **Apologize for past indifference** and explain that we are determined not to leave anybody behind going forward.

Source: Bruce Johnson, [Leading by Example on COVID Vax Won't Sway Black Community](#), MedPage Today, 01/23/21.

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 February album. You'll know if a project has photos in the album when you see the Facebook icon by its name. Check them out! Please keep sending stories and photos to our newsletter editor at bhaskins@nationalhealthystart.org!

Family Tree Healthy Start Program (Lafayette, LA)

The Family Tree Healthy Start Program, along with the help of Lafayette Consolidated Government and messaging provided by the Tara Hansen Foundation, celebrated the first ever *Maternal Health Awareness Day on Acadiana* on January 23, 2021. This was accomplished largely due to the efforts of Healthy Start's Community Action Network Workgroup that focuses on maternal mortality.

→ *Family Tree Team that worked on Maternal Health Awareness Day.*



In honor of Maternal Health Awareness Day, the Maternal Mortality Workgroup put together a letter campaign to send to health care providers and fellow maternal health advocates throughout Region 4. The letter included a message from the members of the workgroup advocating for compassionate care and policy change, a proclamation from Mayor-President Josh Guillory declaring January 23rd Maternal Health Awareness Day in Lafayette Parish (right), and a pamphlet providing practical ways that every professional can provide compassionate care for every woman, every time (below).

The workgroup also hosted a social media campaign leading up to Maternal Health Awareness Day via The Family Tree Information, Education, and Counseling Center's Facebook and Instagram page. The messaging source was a toolkit provided by Rutgers Robert Wood Johnson Medical School and the Tara Hansen Foundation.

The workgroup hopes to host Healthy Start's 2nd Maternal Mortality Summit on Maternal Health Awareness Day on January 23, 2022.

<p>Despite advances in medicine, maternal health and safety remains a serious issue in the United States. But together with your health care team, you can be part of the solution!</p> <p>Let's face it: you are the only person who knows exactly what you are feeling at any given time. So when it comes to childbirth and recovery, your input is essential in letting your health care providers know when something just isn't right.</p> <p>In many cases, what you are feeling may simply be a normal part of childbirth and recovery, but there are times when it could signal something more serious.</p> <p>Voice your concerns. Ask questions. Let your doctor, nurse, midwife, or other health care provider know if there's a problem.</p> <p>If you're a spouse or family member, feel free to speak up on behalf of your loved one.</p> <p>Your concerns are the essential trigger for the <i>Stop! Look! and Listen!</i> maternal safety initiative.</p>	<p>Providers Committed to This Campaign Will:</p> <p>STOP!</p> <p>If a woman says she does not feel well, or believes something is wrong, it is time for the health care team to stop everything to address those concerns. They must not assume the issues are "typical" complaints that all new mothers experience.</p>		
	<p>LOOK!</p> <p>Conduct an examination to be sure there are no evolving problems, such as an infection or other serious medical condition.</p>		
	<p>LISTEN!</p> <p>Listen closely to what the woman is experiencing, in her own words. Hear her concerns, and never consider them a usual part of just having a baby.</p>		

PROCLAMATION

Whereas, Lafayette Parish is committed to the health and well-being of the women and families in Louisiana; and

Whereas, Lafayette Parish is focused on improving maternal health outcomes, women's experiences at childbirth, and critical postpartum care, especially for women of color; and

Whereas, the U.S. Center for Disease Control and Prevention's Pregnancy Mortality Surveillance System defines a pregnancy related death as "the death of a woman while pregnant or within one year of the end of a pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes;" and

Whereas, the U.S. Center for Disease Control and Prevention defines severe maternal morbidity to include "unexpected outcomes of labor and delivery that result in significant short-or long-term consequences to a woman's health;" and

Whereas, according to the America's Health Rankings Annual Report, Louisiana ranked 47th in the country for the health of women and children; and

Whereas, over half of the negative maternal health outcomes and deaths in Louisiana are preventable; and

Whereas, The Family Tree Healthy Start Program is committed to reducing maternal mortality, reducing maternal morbidity, and eliminating racial disparities in maternal health outcomes; and

Whereas, a collaborative action is needed among public health leaders, government agencies, health systems, clinicians, social service agencies and elected officials to address this problem; and

Whereas, leaders and providers in Louisiana's hospitals with Labor and Delivery units, Federally Qualified Health Centers, and other health services professions are focused on providing quality maternal health care; and

Whereas, initiatives include the "Stop, Look, and Listen!" educational maternal safety campaign, which was developed and promoted by the Tara Hansen Foundation, the Rutgers Robert Wood Johnson Medical School, and Robert Wood Johnson University Hospital; and the Louisiana Perinatal Quality Collaborative which is a network of advocates who work to advance equity and improve outcomes for birthing persons, families and newborns in Louisiana; and

Whereas, in order to improve public and professional awareness of the issues related to maternal health and mortality, and promote the various promising efforts to reduce maternal mortality, morbidity and disparities, it is both reasonable and appropriate to recognize the first annual "Maternal Health Awareness Day" in Lafayette Parish.

NOW, THEREFORE, I, JOSH GULLORY, LAFAYETTE MAYOR-PRESIDENT, do hereby proclaim January 23, 2021 as

"MATERNAL HEALTH AWARENESS DAY"

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the Office of the Mayor-President to be affixed this 23rd day of January 2021.

Josh Guillory
JOSH GULLORY
LAFAYETTE MAYOR-PRESIDENT

February is also Teen Dating Violence Awareness & Prevention Month! This is an issue that impacts everyone, not just teens, but their parents, teachers, friends and communities as well. Click [here](#) for President Biden's proclamation. This [website](#) has information and resources, including a toolkit, to help spread the word about this issue and what activities groups can do to participate in February and beyond.

February 2021

Projects' Activities, continued

WV Healthy Start/HAPI Project (Morgantown, WV)



10 Steps to Successful Breastfeeding

World Health Organization

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
 2. Train all health care staff in the skills necessary to implement this policy.
 3. Inform all pregnant women about the benefits and management of breastfeeding.
 4. Help mothers initiate breastfeeding within one hour of birth.
 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
 6. Give infants no food or drink other than breast-milk, unless medically indicated.
 7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
 8. Encourage breastfeeding on demand.
 9. Give no pacifiers or artificial nipples to breastfeeding infants.
 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
- www.themamanurse.com

↑ One of the WHO slides used in the breastfeeding class.



NHSA's Calendar of Events

Women's Health and Equity Webinar Series: Women's Health, Chronic Disease and Implications for Pregnancy and Postpartum Outcomes

Webinar #3: March 4, 2021. The third webinar in the series will examine the relationship between pregnancy complications and women's long-term health. Click [here](#) for a flyer with details and click [here](#) to register.

MARK YOUR CALENDARS!

Third Thursday of every month at 1:00 p.m. ET: NHSA Fatherhood Practitioners Webinars. Make sure we have your Fatherhood Coordinators' name and email address. Send to [Hida Reese](#) and copy [Bea Haskins](#).

Due to COVID-19, we know everyone has been trying to stay connected as much as possible and being creative on how to provide as much as we can to support each other.

The WV Healthy Start/HAPI Project has used Zoom to bring staff, clients and guests to provide a space for everyone to expand their knowledge on pregnancy and parenting topics. The first class gave clients car seat safety information, provided by our CAN Coordinator, Jodi McQuillan, who is also a Car Seat Safety Technician.

HAPI is fortunate to have four Designated Care Coordinators who are also Certified Lactation Counselors who hosted a three-part class on breastfeeding. The first class was an introduction to breastfeeding, its benefits to mom and baby and answered questions to help moms feel more confident if they choose to breastfeed. The second class went into more details on breastfeeding (latching, pumping, storage, etc.). The third class was for dads so that they had a better understanding of breastfeeding, infant nutrition and ways they can be supportive to mom and bond with their baby.

Our next series of classes are on infant massage. The instructor, Lois Foster, began our series focusing on the benefits of massage and ways to help an infant with colic. Our next two sessions will include other infant massage techniques and family massage.

We are currently planning future classes for childbirth education, and other topics to support the Healthy Start goals and benchmarks.

Missouri Bootheel Regional Consortium, Inc. (Sikeston, MO)

→ Photo of the cover page of MBRC's *Male Empowerment Now Second Chance Voices newsletter*. Click [here](#) for the newsletter.



Second Chance Voices
January 2021



Mission: Bootheel Regional Consortium is the recipient of the P12018 Second Chance Adult Comprehensive Community-Based Adult Re-Entry Program (Category 1: Community-Based Adult Re-Entry grant program) program funded by the U.S. Department of Justice, Office of Justice Programs #2018-CV-BK-0015, THE SECOND CHANCE ACT OF 2007 (P.L. 110-199)

Getting off to a Healthy Start

More Happenings at the Healthy Start Projects!

Delta Healthy Start Collaborative (Stoneville, MS)

Delta Healthy Start Collaborative celebrated *World Read Aloud Day* on February 3rd with a virtual event. Our fatherhood coordinator, Robert Love, hosted the event. He shared with families the importance of reading aloud to their children and read a story for children and families to enjoy. Twenty families and community members joined in the conversation.

Upper right: Ronald and his child read together.

Center: Dennarius reads to his little one.

Near right: Marquelleus reads as his child points out something on the page.

Note from the Editor: As a lifelong reader who has promoted reading to my own children, grandchildren and great grandchildren, these may be my favorite Healthy Start pictures ever! Go, Dads!



Midlands Healthy Start (Columbia, SC)

On January 26th, Midlands Healthy Start hosted a Safe Sleep class designed specifically for dads. This class was meant to empower fathers with the knowledge of how to ensure a safe sleep, every sleep for their babies. The dads were engaged in meaningful conversation regarding their role in fatherhood and safe sleep practices for their babies. One of the participants shared that he appreciated the information and assistance because it helped him realize that both he and the mom needed to make changes to help keep their twins sleeping safely.

Midlands Healthy Start celebrated 17 graduates from the program on January 20th. These mothers and their babies committed to 18 months of education and support in our program. They submitted photos of their children throughout their life that were shared with the other graduates during our virtual event. The event provided participants the opportunity to express their appreciation for the Midlands Healthy Start program and their journey with us. Our outreach workers will be delivering each graduate a certificate and gift as a way to show our appreciation for their involvement and commitment.



↑*Graduation collage from Midlands Healthy Start.*

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! NHTSA 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](mailto: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.



Send Us Your Stuff!

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

February 2021

More Healthy Start Projects and Their Activities!

Healthy Birth Initiatives (Portland, OR)



↑Flyer for the Dad Talk

→HBI Community Nurses at the Flu Clinic, from left to right: Sherly Paul, Wynetta Jackson, Sancia Obi and Veronica Lopez Erickson.



In January 2021, Healthy Birth Initiatives (HBI) started off the year helping Multnomah County Health Department's Health Racial Ethnic Approaches to Community Health (REACH) program at the new community Flu and COVID-19 test site held once a week at a local community college parking lot. HBI is partnering to provide vaccines and educate the Black/African American community in Multnomah County, Oregon on COVID-19 and the flu.

The January CAN meeting featured the new flu vaccine campaign developed by the Multnomah County REACH program. The agenda also included a recognition of the life of Dr. Martin Luther King Jr., a presentation from our partners at Forward Together on a video project they are working on in partnership with HBI to tell the stories of Black women's prenatal, birthing and postnatal care experiences. The videos will be used to promote policy change in the state of Oregon. And, the CAN Leadership Group facilitated a community visioning process in honor of National Day of Racial Healing.

HBI's Father Involvement program hosted the monthly Dad Talk with a focus on COVID-19 vaccines. Antwon Chavis, MD, a pediatrician with Oregon Health Sciences University Doernbecher Hospital, spoke about COVID-19 in general and vaccine development, the roll out plan and responded to concerns and questions. Fathers were also invited to take part in the monthly Dads Read event on Saturday, January 23rd.

HBI's Program Manager and nurses continue to meet with local maternal/child health care providers to discuss how racism affects the birthing experiences of Black/African American women and their families in Multnomah County and work together on how systems can change policies and provide training to improve the care provided.

Attention Healthy Start Project Directors and Program Staff!

Newsletters

- Be sure to include NNSA 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.
- 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.
- 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 6th of each month.
- Send everything to **Bea Haskins**.



NATIONAL HEALTHY START ASSOCIATION



Stay Connected with NHSA on social media!

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

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.

Newsletter Editor: Bea Haskins, Communications Coordinator | *Contributing Writers:* 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 NHSA 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 NHSA or the Healthy Start project.