

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Summer 2003

Spring Conference a Success

This year, 270 Healthy Start participants from around the country came to Washington, DC for the National Healthy Start Association's fourth annual spring education conference, held April 30th and May 1st. This is almost double the number that attended in 2000, when the Association began organizing an annual event for members.

For the first time, the NHSA made a concerted attempt to encourage projects to include consumers, by offering a special consumer rate and workshops with consumer interests in mind. This year's conference also featured sessions for project directors and other program staff.

Federal Officials Welcome Conferees

NHSA President Belinda Pettiford opened the conference by welcoming Dr. Dennis P. Williams, Deputy Administrator for the Health Resources and Services Administration (HRSA), and Dr. Chris DeGraw, Deputy Associate Administrator for the Maternal and Child Health Bureau (MCHB), both of whom offered greetings to the attendees. Dr. Williams briefed the audience about President Bush's health care initiatives, emphasizing that the work of Healthy Start enhances those efforts. He indicated that HRSA is organizing an interagency coordinating council to evaluate low birthweight and infant mortality. Dr. DeGraw said he hoped Healthy Start would have the chance to work with the council, and indicated that the MCHB now has state specific data on children's special health care needs. He congratulated Healthy Start and thanked the audience in helping the Bureau carry out its mission. Later in the day, Maribeth Badura, Acting Director of the Division of Perinatal Systems and Women's Health, brought attendees up to date on other MCHB activities.

Keynote Speaker Touches Audience

Dr. Gloria WilderBrathwaite, director of Mobile Health Programs at the Children's National Medical Center in Washington, DC, was the featured speaker, and her remarks hit home to conference participants, bringing tears to many eyes. Said WilderBrathwaite, "We still have lots of work to do...we must take our gifts and learn to hear the problems of those who have strayed off course...no one wants your pity. They want to know you hear them." She urged the audience to "translate empathy into action," and to ask themselves, "Who are you advocating for, how will you listen to them, are you willing to set your path based on what they need?"

Wide Range of Topics Discussed

Among the conference highlights:

- Program directors met for a "heart-to-heart" discussion of the challenges and opportunities facing Healthy Start project directors throughout the country.
- Susanna Ginsburg of Abt Associates provided an update on Healthy Start's national evaluation, noting that Abt understands the need to incorporate and allow for the individuality of community-based projects in the evaluation design.
- Case managers, outreach workers and others participated in a session on how to use public education to obtain support for mothers, children and families. Examples of engaging consumers included a program in Texas that teaches outreach workers how to let the community know they can access services without alerting the Immigration and Naturalization Service.

Continued on page 4

Association News

Earmark Update

As reported in the last issue of *Getting off to a Healthy Start*, the NHSA has secured a Congressional earmark. As we go to press, the Association is working with the MCHB, which will distribute the earmark funds, to develop a plan to provide mentoring and technical assistance to the Healthy Start projects. Look for more information in the next edition.

Nominating Committee Begins Work

Under the chairmanship of the NHSA's Vice President Kenn Harris, the Nominating Committee has begun work to develop a slate of nominees to the Board to be elected by the membership at the Association's annual membership meeting. This meeting will be held during the fall grantee meeting in Washington, DC, September 21–24, 2003. Several seats are open, and the Committee is working with the Association's Consumer Task Force regarding consumer participation on the Board. Information will be forthcoming shortly.

Project Directors' Session at the Fall Grantee Meeting

Following the success of the project directors-only sessions at our Spring Education Conference, the NHSA plans to hold an orientation session for new project directors, combined with a refresher session for more experienced directors, during HRSA's fall grantee meeting. Project directors can expect to hear more about this in the months ahead.

Belinda Pettiford (02-05), President
Healthy Start Eastern, Northeastern and
Triad Baby Love Plus (NC)

Kenn Harris (02-05), Vice President
Consultant, Groton (CT)

Clarice Lowe (03-06), Secretary
VNS Healthy Start, Des Moines (IA)

Jerry Roberson (03-06), Treasurer
Texas Healthy Start Alliance (TX)

Carol A. Synkewecz (02-05), Past President
Duvall County Health Department/
Administration—MCH (FL)

Cynthia Dean (02-05), Co-Chair
Development Committee
Missouri Bootheel Healthy Start, Sikeston (MO)

Deborah Frazier (Former Board Member),
Co-Chair
Development Committee
Arkansas Health Services Permit Agency (AR)

Madie Robinson (02-05), Chair
Evaluation & Outcomes Committee
Pee Dee Healthy Start, Florence (SC)

Jonah O. Garcia (03-06), Chair
Membership Services Committee
Doña Ana Healthy Start (NM)

C. Michael Savage (02-05), Chair
Sustainability Committee
Westside Healthy Start, Chicago (IL)

Estrellita "Lo" Berry (03-06)
Central Hillsborough Healthy Start, Tampa (FL)

Pamela Bryer (03-06)
Healthy Start for Chester County (PA)

Dianna Christmas (02-05)
Boston Healthy Start Initiative (MA)

Mario Drummonds (03-06)
Central Harlem Healthy Start (NY)

Cindi Garcia (03-06)
Healthy Start Laredo (TX)

Rick Haverkate (02-04)
Maaftaag Mnobmaadzid, "A Start of a
Healthy Life," Sault Ste. Marie (MI)

Patricia McManus (02-05)
Milwaukee Healthy Beginnings Project (WI)

Wilford A. Payne (03-06)
Healthy Start Allegheny County/
Fayette County (PA)

Peter Schafer (03-06)
Baltimore City Healthy Start (MD)

Danetta Taylor (03-06)
Improving Pregnancy Outcomes Project,
Oakland (CA)

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The National Healthy Start Association, Inc. is a 501 (c) (3) nonprofit organization. Its mission is to promote the development of community-based maternal and child health programs, particularly those initiatives addressing the issues of infant mortality, low birthweight and racial disparity.

Stats from the "Leave-Behinds"

Healthy Start folks visiting Capitol Hill on May 1st were encouraged to leave behind packets of materials with information about the Healthy Start program and their individual projects. Here are some statistics from those materials:

- 118 women screened for postpartum depression with 20% needing some type of mental health follow-up (*Healthy Start Corps, Pembroke, NC*)
- Harrison County's smoking rates: 60% preconception, 49% prenatal, 52% postpartum (*WV Healthy Start/HAPI Project*)
- 481 pregnant and postpartum women were served in 2002 and 3,166 women received information and/or education on health education topics (*Camden Healthy Start, NJ*)
- 94% of clients were Medicaid recipients (*Improving Pregnancy Outcomes Program, Alameda County, CA*)
- Increased breastfeeding initiation rates from 29% to 44% over a two-year period (*Heart of Georgia Healthy Start, Dublin, GA*)

Let us know if you are interested in more project "fast facts" like these.

Healthy Start Goes to Capitol Hill

NHSA Holds First Capitol Hill Reception

The NHSA held its first-ever Capitol Hill Reception on the opening night of the Spring Conference. Representatives Shelley Moore Capito (R-WV) and Elijah Cummings (D-MD), both longtime friends of Healthy Start, were honored during the event. Congresswoman Capito started the evening off thanking the Healthy Start project workers for their hard work. Representative Cummings continued to rally the crowd, speaking to the heart of the Healthy Start mission. He told the project employees, "Hold your head up tall and know that you have saved a child somewhere." The reception was a great success and a perfect way to get everyone motivated to speak to his or her legislators the following day.

Hill Visits

On the second day of the conference, participants took to Capitol Hill, speaking with their members of Congress and staff persons. Congresswoman Carolyn Kilpatrick (D-MI) kicked off Hill Day by urging participants to be assertive and to continue educating their elected officials even after returning home. Healthy Start employees and consumers attended meetings with their Senators and Representatives, explaining the benefits of the Healthy Start program and the need for increased funding. On the House side, Representatives were urged to co-sign a funding request letter being sent to House Labor HHS sub-committee Chair Ralph Regula (R-OH) and Ranking Member Dave Obey (D-WI). In the Senate, participants talked with Senators and staffers about the need for Healthy Start to be funded at \$150 M for FY 2004. These meetings were a great success, both in the House and the Senate. In fact, after Hill Day, Senators Jim Talent (R-MO) and Frank Lautenberg (D-NJ) decided to circulate a funding letter, similar to the one in the House, to Senate Appropriations Labor HHS sub-committee Chair Arlen Specter (R-PA) and Ranking Member Tom Harkin (D-IA).



Representative Cummings shares his award with Baltimore City Project Director and NHSA Board Member Peter Schafer, consumer Maria Valdez and her baby Leah, and NHSA President Belinda Pettiford.



Representative Capito receives NHSA award.

Continued from page 1

- A special presentation on risk assessment included a primer on the use of the Perinatal Periods of Risk (PPOR) model of risk assessment to monitor and investigate fetal-infant mortality. Violanda Grigorescu, HRSA/Centers for Disease Control and Prevention (CDC) MCH Epidemiology Fellow, noted that that prematurity and very low birth-weight are a complex association of different factors and that PPOR integration into the existing community initiatives can enhance MCH/women's health capacity and efforts. (PowerPoint presentations from the PPOR panel will soon be available on the NHSA web site).
- The last presentation prepared attendees for the evening's Congressional Reception on Capitol Hill and Day Two of the conference, NHSA's Day on the Hill (see article).

Consumers the Center of Attention

Consumers participated in three sessions:

- First, consumers looked at how to garner support for mothers, children and families. During open discussion, consumers talked about the need to involve their babies' fathers and the importance of active advocacy to get the services needed.
- During the second session, consumers and program staff merged together to develop a collaborative plan to improve the health of target populations.

This plan, which will be discussed by the NHSA Board and communicated more fully with the membership, encouraged participants to understand and be able to state the problem or need, to develop campaign goals and a campaign message, to select a target audience, build the organizational apparatus to create change and to devise specific campaign tactics.

- Breaking into small groups in the afternoon, consumers indicated they appreciated being invited to the conference, and were glad that the NHSA was listening to them. Consumers said the experience of the conference was somewhat overwhelming, but that they were learning the value of networking. Suggesting that greater consumer participation could be achieved by becoming more involved in the community and by staying involved after services are completed, consumers also said it is important to work through issues of trust with program staff, to assist with marketing to recruit new consumers and for projects to offer support services so consumers can consider involvement an option.

There was a wealth of information and suggestions coming from the consumer sessions, and this material is being reviewed by the NHSA Consumer Task Force, to examine ways to make the consumer voice heard more clearly and to help it grow, including membership on the NHSA Board.

Excerpt from the NHSA's Financial Sustainability Toolkit

“When the New Orleans Healthy Start project needed additional funding...the project was successful in securing a grant from the CDC to provide HIV education to their African American women clients who had one of the highest incidences of HIV in the country. This was an excellent match with available funds targeted for a specific health need.”

The Sustainability Toolkit, underwritten by Missouri Bootheel Healthy Start, features sections on sustaining federal funding, other public/governmental support, foundation grants, corporate support and fundraising events. It will be complete this summer. Three other toolkits funded by The Annie E. Casey Foundation are in the works, covering risk assessment, innovative approaches and evaluation. These will be ready in the fall.

Research News

Newborns to Women Who Smoke Show Signs of Withdrawal

Babies of women who smoke while pregnant show withdrawal symptoms similar to those of crack babies, according to new research in the June issue of *Pediatrics*. Women who smoke even a few cigarettes a day have newborns who are more tense and jittery than infants of nonsmokers, scientists found. The study by Brown University researchers looked at 27 tobacco-exposed and 29 non-exposed full-term newborns from comparable social backgrounds. The results cast doubts on policies for dealing with women who smoke while pregnant, says the study's lead researcher, Dr. Barry Lester. "Here, a legal drug is showing the same effects as an illegal substance, for which protective services will remove babies from their mothers," he said.

Baltimore Sun, June 9, 2003, p. 9A.

Drug May Reduce Preterm Deliveries

Women who have had a spontaneous preterm delivery are at greatly increased risk for preterm delivery in subsequent deliveries. The results of several small trials have suggested that 17 alpha-hydroxyprogesterone caproate (17P) may reduce the risk of preterm delivery. Women who were enrolled at 19 clinical centers at 16 to 20 weeks gestation were randomly assigned to receive either weekly injections of 17P or weekly injections of an inert oil placebo. Injections were continued until delivery or 36 weeks of gestation. Baseline characteristics of both groups of women were similar. Treatment with 17P significantly reduced delivery at less than 37 weeks gestation, 36.3% in the progesterone group versus 54.9% in the placebo group. Delivery at less than 36 weeks was 20.6% in the 17P group versus 30.7% in the placebo group. And delivery at less than 32 weeks of gestation was 11.4% versus 19.6%, respectively. Researchers concluded that weekly injections of 17P resulted in a substantial reduction in the rate of recurrent preterm

delivery among women who were at particularly high risk for preterm delivery, and also reduced the likelihood of several complications in their infants.

New England Journal of Medicine, June 12, 2003, 07:32:02- 0400, Abstract: "Prevention of Recurrent Preterm Delivery by 17 Alpha-Hydroxyprogesterone Caproate."

Links Between Community Environment and Women's Health Outcomes

A new report from the CDC's National Center for Health Statistics shows that several measures of the social and economic status and resources of a woman's community are closely associated with her health and health-related behaviors. The research team related measures of the characteristics of neighborhoods (counties, census tracts and block groups) from the 1990 census to measures of behavior in 1995. Characteristics used included median family income, unemployment and poverty rates, the percentage of adults who have college degrees and the occupational composition of the area's workforce. The report shows that these are often important factors in accounting for delayed childbearing, use of female sterilization for contraceptive purposes, breastfeeding and cigarette smoking. Among the findings, the report shows that:

- In communities with a higher proportion of the work force employed as professionals or managers (that is, a highly educated work force), women were much more likely to breastfeed their babies than in communities with smaller fractions of such workers.
- In communities with higher percentages of adults with college degrees in 1990, women were less likely to smoke cigarettes in 1995 than in communities with a less-educated population (after controlling for the woman's age, race and income).

National Center for Health Statistics, News Release, April 22, 2003, <http://www.cdc.gov/nchs/releases>.

Outside the Box

When the Healthy Start projects in Washington, DC decided to initiate a public information campaign on infant mortality, they turned to focus groups of participants who were dismayed by the District's high infant mortality rate. Group members questioned the source of information and asked, "If this is true, how come we don't know about it?"

Community Healthy Start (Mary's Center for Maternal & Child Care), with input from the District of Columbia Healthy Start project, produced a series of public service announcements that appeared as ads on Washington Metropolitan Transit Authority buses. The images on the ads were purposefully provocative and shocking in order to capture people's attention. Rather than describing Healthy Start services, the ads presented data on the infant mortality rate in the District, understanding that a solution can't be presented if people aren't aware there is a problem.

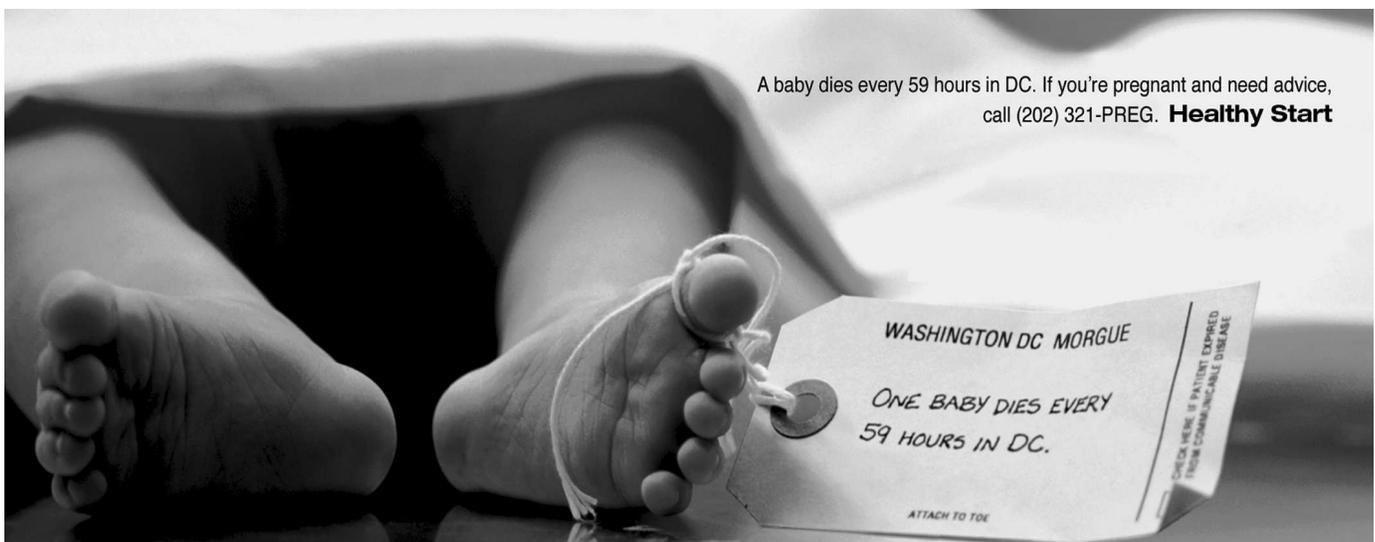
In addition to the ad below, another showed a hearse with a "Baby On Board" sign, and the message, "One of every 67 babies in DC will die before their 1st birthday. Pregnant and need advice? Call..." with the Healthy Start number. The third ad depicted a baby's coffin in a person's hands, with the words "actual size" below it, and the message, "The infant mortality rate in DC is twice the national average. If you're pregnant and need help, call..."

The ads began running in March with a different ad each month and appeared in both Spanish and English. The project received pro bono services from Jacob Tom, who created the ad concept; copywriter Scott Maney, who wrote the text; and world-renowned photographer Harry De Zitter.

Says Community Healthy Start project director Katy Gingles, "We were concerned we would get a lot of calls complaining that the ads were offensive, but we didn't. We have received many calls from women in crises. For example, one call was from a woman who was eight months pregnant, had received no prenatal care and was in an abusive relationship." Continues Gingles, "I think the ads appealed to women who might shy away from an ad with a beautifully groomed pregnant woman nicely reminding folks to love themselves and their unborn children. The starkness of our ads appealed to women who are in desperate situations." For more information on this eye-catching and thought-provoking public information campaign, contact Ms. Gingles at (202) 483-8319, ext. 357, or go to www.communityhealthystart.org to view all the ads.

Educational Materials Can Be Unique, Too

Another example of thinking outside the box and utilizing suggestive materials was undertaken by the Cleveland (OH) Healthy Family/Healthy Start



project. *The Naked Truth* is a spiral bound educational flipchart produced on heavy paper with extremely graphic pictures and hard-hitting text describing sexually transmitted diseases (STDs) and their impact on pregnancy. *The Naked Truth* was developed in February 1998 by a focus group of the project's outreach workers to educate program participants, and highlights 12 truths about STDs and pregnancy, such as, "An STD can kill or cripple you and your unborn child."

The flipchart stresses prevention measures and the importance of early detection and treatment. *The Naked Truth* won the 1999 Global Award in recognition of outstanding achievement in the Globals International Healthcare Communications Competition. Based on that, HRSA gave the Cleveland project permission to mass produce the flipchart. Stein and Company, a Cleveland advertising firm, was contracted to do the design, and the decision to produce a slick, glossy product was made to get

people's attention and to protect the pages. Cleveland Healthy Family/Healthy Start outreach workers use the chart on home visits, and a companion piece is left with the audience after the flipchart presentation. This brochure highlights the 12 truths, as well as the warning signs for preterm labor.

Lisa M. Matthews, project director of the Cleveland project, says, "These are not pretty pictures, but neither is the reality of a sexually transmitted disease. We need to be honest and open with the communities we serve." Contact Ms. Matthews at (216) 664-4281 for more information.

These are two examples of inventive approaches from the Healthy Start projects, utilizing distinctive and potentially controversial art and text to convey important messages. More examples of innovative approaches will be featured in one of the NHSA's toolkits, which will be available in the fall.

BECOME A FRIEND OF HEALTHY START!

The NHSA depends on contributions from supporters, as well as members. If you would like to become a Friend of Healthy Start, please complete the form below and send it today with your check.

I/we want to be a Friend of Healthy Start and enclose a check to National Healthy Start Association, Inc.

- \$ 25 Individual
- \$ 50 Community-based organizations; local businesses and corporations
- \$100 State or regional organizations, businesses or corporations
- \$200 National organizations, businesses or corporations
- Additional contribution enclosed \$ _____

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

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

The National Healthy Start Association, Inc. is a 501 (c) (3) nonprofit organization. Contributions are tax deductible to the extent allowed by law. Consult your tax advisor.

Copies of NHSA's annual financial report may be obtained by writing to National Healthy Start Association, Inc., P.O. Box 25227, Baltimore, MD 21229-0327.

Documents and information filed under the Maryland charitable organization laws can be obtained, for the cost of copies and postage, from the Office of the Secretary of State, State House, Annapolis, MD 21401, (800) 825-4510 (for residents of Maryland).

Mark Your Calendars

September 21–24, 2003

HRSA's Healthy Start Grantee Meeting
Renaissance Washington Hotel, Washington, DC
July 15—Call for Abstracts deadline/
online registration begins
Grantee Meeting information: Treceia Bazemore,
(703) 234-1730

September 21, 5–7 p.m.

NHSA's Annual Membership Meeting
Renaissance Washington Hotel, Washington, DC

April 19–21, 2004

NHSA's Fifth Annual Spring Education Conference
Washington Court Hotel, Washington, DC
New! Extra half-day for workshops and networking
and a half-day for sightseeing!

Stay in Touch!

Be sure to notify the Association if you change project directors or contact information, such as e-mail addresses or phone numbers. This will keep our records up to date so we can easily notify you of important news.



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