NATIONAL HEALTHY START ASSOCIATION

Getting off to a Healthy Start

January 2020

Check these links to keep track of the Healthy Start Reauthorization Act of 2019:

Senate: *S.2619*

House: *H.R.4801*

Census 2020 – see pages 2 & 7!

Inside this Issue

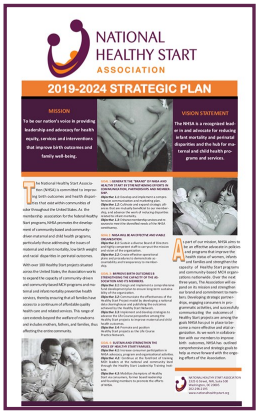
What Will the New Year Bring?

There are some strange and wacky predictions every new year. There are the astrology predictions everyone reads (but says they don't). And then there are some that are thoroughly researched by subject matter experts. These are ones that we found particularly interesting.

- OK, we have to start with astrology, right? According to one astrologer, 2020 is the beginning of a new astrological era and thus there will be nothing easy about the transitions of 2020. Since this is an election year, that comes as no surprise.
- Health plans and providers will try to work together for greater effectiveness. Payer/provider partnerships will lead to the "payvider" model – paying for and providing care – that will lead to bridging information gaps and simplifying processes, such as reducing costs.
- 2020 is a census year and it is critically important that everyone be counted. See pages 2 & 7 for more about this Constitutionally mandated decennial survey.

What's in the Works for NHSA in 2020?

- Webinars – we just had one on Postpartum Depression (see page 2). Some of the 2020 webinars will be specifically for Fatherhood Coordinators.
- 21st Annual Conference – dates to be announced.
- Activities with NICHQ with the Supporting Healthy Start Performance Project grant.
- The Alliance for Innovation in Maternal Health Community Care Initiative (AIM CCI) grant kicks into gear. See page 8 for info on two new consultants.
- Additional staff to serve you better! One new staffperson is introduced on page 8.
- Take a look at the strategic plan (↗) for 2019-2024 for more information!



Click here to better see the plan; it prints on legal-size paper.

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Photo Credits: **Thank you to the Healthy Start projects that sent in photos used in this issue!**

2020 Census – Make Sure Your Community is Included!

Every 10 years, the U.S. Census Bureau conducts a census, where every person in all 50 states, the District of Columbia and five U.S. territories (Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam and the U.S. Virgin Islands) is, or should be, counted. Data from the census is used to determine representation in Congress and that impacts funding allocations for roads, schools, hospitals and much more.

Shape your future START HERE > | United States® Census 2020

Did you know that the 2010 census missed almost two million children ages 0-5? This impacts the services the communities those kids live in received. Don't let this happen in 2020. Here's what your community can do to make sure everyone is counted:

- Form a Complete Count Committee and create a Get Out the Count plan. Go to *https://www.census.gov/content/dam/Census/newsroom/press-kits/2018/ccc-guide-d-1280.pdf* for more info
- Make sure all children are counted. Here are two resources to help: *https://census.gov/programs-surveys/sis/2020census/2020-resources/pre-k.html* and *https://www.wecountkids.org/*
- Count the homeless in your community; go to *http://civilrightsdocs.info/pdf/census/2020/People-Experiencing-Homelessness-HTC.pdf* for more info
- Learn why the census is important for rural communities and how to help ensure everyone is counted: *http://theconversation.com/why-the-2020-census-matters-for-rural-americans-118988*
- Here is a link to Fact Sheets in various languages: *https://www.census.gov/programs-surveys/decennial-census/2020-census/library/fact-sheets.html*
- Confidentiality Fact Sheet: *https://www.census.gov/library/fact-sheets/2019/dec/2020-confidentiality.html*
- Black Dads in the 2020 Census: see page 7 for more information.

Postpartum Depression Intervention Training – Link to Webinar Recording

The informational webinar was held on January 8th and attended by 113 people! Click *here* for a link to the recording. For more information on the training, contact *ROSES.Study@msu.edu.*

New Resource for Parents

Child Trends has a new newsletter called *Positive Parenting Newsfeed*. The project produces eight monthly video news reports in English and Spanish based on the latest child development research. *Positive Parenting* is broadening access to actionable child development research among low-income parents through their preferred news source – local TV news. Funded by the National Science Foundation, *Positive Parenting* is a collaborative partnership between the Child Trends Hispanic Institute and Ivanhoe Broadcast News. Click *here* to subscribe.

Research News: Hot Stats and Fast Facts

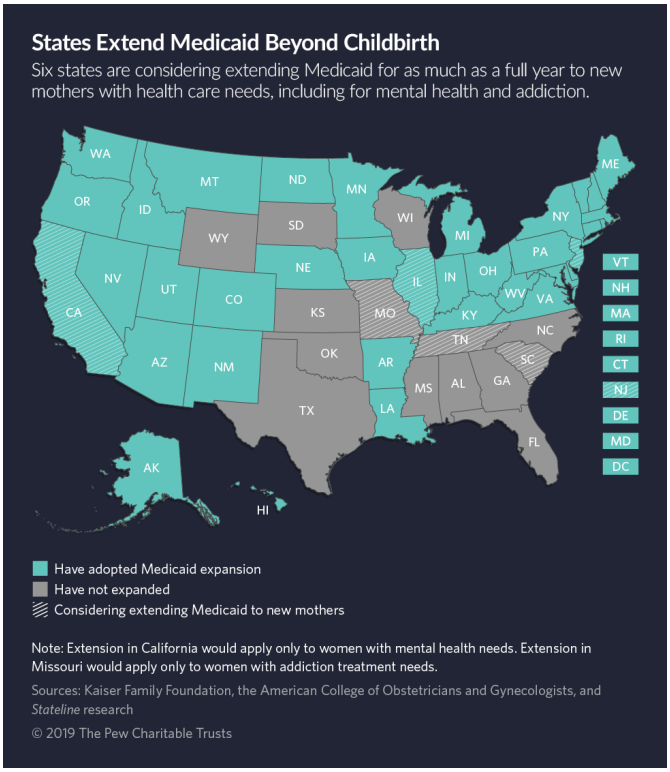
Rural Areas Face Greater Maternal Mortality Risks

According to a study published recently in the journal *Health Affairs*, pregnant women are at a higher risk of life-threatening complications or death if they live in rural areas. The study, conducted by researchers at the University of Michigan and University of Minnesota, examined 6.8 million births nationwide between 2007 and 2015. They found that "rural women were 9% more likely to have a dangerous childbirth situation than urban women, with about 4,400 more cases during the study period." According to the Centers for Disease Control and Prevention (CDC), there are approximately 700 maternal deaths and 50,000 cases of severe maternal morbidity in the U.S. every year and most of these cases are preventable. "Where you live shouldn't dictate the outcome of your pregnancy," said Katy Kozhimannil, the lead author of the study, and director of University of Minnesota's Rural Health Research Center. "However, our findings show that geography affects maternal risks. In rural areas, where there is declining access to obstetric services, it is alarming that more and more rural residents are facing severe maternal morbidity and mortality when they give birth." Added co-author Lindsay Admon, an OB-GYN at the University of Michigan, "Efforts to reduce maternal morbidity and mortality in the U.S. must discern and address the unique health needs of rural populations." Those challenges include clinical factors such as workforce shortages, low patient volume and the opioid epidemic, and social determinants of health, like transportation, housing, poverty, food security, racism, violence and trauma.

Sources: *Study: Rural residents at greater risk of maternal morbidity, mort*ality, 12/16/19 & *Is Childbirth More Dangerous in Rural Areas?*, 12/0919.

Extending Medicaid After Childbirth Could Reduce Maternal Deaths

Drug overdoses, suicide and pregnancy-related illnesses (diabetes, heart disease and high blood pressure) contribute to a nationwide rise in deaths among pregnant women during childbirth and for the first year after delivery. The CDC says three out of those five deaths could be prevented with adequate medical attention. "But Medicaid coverage, which pays for nearly half of all births in the United States, expires 60 days after childbirth, leaving many women without health insurance at one of the most vulnerable times in their lives," says a *Stateline* article by Christine Vestal. The women can reapply as a parent after 60 days, but many women don't qualify because of the income limit.



Click here to see a larger version of the map above.

"Policymakers in at least six states — California, Illinois, Missouri, New Jersey, South Carolina and Tennessee — are trying to change that by extending Medicaid coverage to a full year after delivery. And health agencies in Georgia, Texas, Utah and Washington are recommending similar initiatives. In addition, a bipartisan bill in Congress, the Helping Medicaid Offer Maternity Services Act of 2019, would offer states an incentive to extend their Medicaid coverage to a full year after delivery by reducing red tape and boosting the federal government's share of funding by 5 percentage points."

Pregnancy-related deaths have been dropping worldwide, but they've more than doubled in the U.S. in the past 30 years, according to the CDC, rising from seven deaths per 100,000 live births in 1987 to 17 in 2016, with the opioid epidemic a contributing factor. Substance-abusing women do well during pregnancy when they are getting adequate care covered by insurance. "When things fall apart is postpartum," said OB-GYN Mishka Terplan at the University of California San Francisco. "We actually abandon women after delivery."

Source: *Extending Medicaid After Childbirth Could Reduce Maternal Deaths*, 12/11/19.

More Research News on page 9

Then & Now: NHSA Continues the Series on the Original 22 Projects

This Issue: District of Columbia Health Start

THEN: DC Healthy Start (DCHS) was one of the original 15 federally funded projects awarded grants in 1991. The grantee was the District of Columbia Department of Health and was managed through agreements with other DC government entities. DCHS's target area was Wards 7 and 8, where the 1984-88 baseline average infant mortality rate was 23.2 per 1,000 live births. Wards 7 and 8 had a higher minority population than the other six wards in DC. The baseline community needs assessment and characteristics, according to *Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects*, were:

- High rates of low or no prenatal care; high rates of insufficient weight gain among pregnant women.
- Fragmented systems of care; few mechanisms for coordinating referrals and service delivery among agencies; limited or nonexistent data and referral systems.
- Insufficient service capacity for prenatal care, family planning, substance abuse counseling and treatment.

NHSA recently contacted the very first Project Director of DCHS, Barbara Hatcher, PhD, MPH, RN, FAAN, who is now the president and CEO of Hatcher-DuBois-Odrick Group, LLC. Dr. Hatcher (→) was experiencing some health issues affecting her ability to talk at the time, so she responded to our questions in writing.

Q. *DCHS had a "MOM Van." Can you tell us why the van was necessary and how it was used?*
A: There were the MOM Transportation vans and the MOM Mobile Units. MOM was an acronym for Maternal Outreach Mobile. The MOM Van was for transporting women to/from their prenatal/postpartum visits. The project started in Wards 7 & 8 or East of the River area of DC. This area had limited services, a difficult transportation service by bus only until subway stations were opened. However, transport between these Wards to services in NW and NE DC (across the Anacostia River) could take one to two hours one-way. Our community assessment determined that women did not regularly receive prenatal care because it was too hard to negotiate the limited bus routes and, at that time, women just did not have the bus fare. If a woman had other small children, it was almost impossible to negotiate travel with a small child in tow.

The MOM Mobile Units, staffed by Nurse Practitioners and/or Certified Nurse Midwives (CNMs), along with a nurse case manager, were mobile clinics that went into hard-to-reach and often troubled neighborhoods to find, assess and register pregnant women. In particular, the van recruited hard-to reach populations like drug-addicted pregnant women in need of prenatal care. Identified women received an immediate assessment and were linked to the MOM Van to ensure they received continuing prenatal care.

Q. *Tell us more about the nurse midwives and nurse practitioners. Did you also utilize doulas?*
A. The nurse midwives and nurse practitioners were primarily involved in outreach to very high-risk pregnant women. Also, women were referred to the Midwifery Service at the public hospital, DC General Hospital (DCGH). So midwives followed and delivered some of the HS clients. DCGH is now closed.

We used Resource Mothers who were part of our case management system and provided family support to pregnant women and children up to two years old. We really did not use the doula role. Given the statistics and data at the time, there was a need for a respected member of the community who could help women and families link with and negotiate a variety of services. The Resource Mothers were non-medical companions who supported another individual through a significant health-related experience such as childbirth, miscarriage, induced abortion or stillbirth or non-reproductive experiences such as dying.

Q. *Please tell us more about the Resource Mothers and Male Outreach Workers. Were Resource Mothers former consumers? Do you recall how many male outreach workers there were, how they were received by the DCHS population, their effectiveness – and anything else you think might be relevant to include?*
A. Resource Mothers and Male Outreach Workers (MOWs) were respected neighborhood leaders who resided in the target areas and communities. I do not know what a former consumer means, but as I interpret it, they did not necessarily have experience with HS as a client. They had to reside in the target communities, be referred by the community and picked/vetted with our Community Advisory Board and other community partners.

The MOWs were 40-50% of the total number of outreach workers. Both MOWs and Resource Mothers completed extensive training, but the males in particular completed a very demanding training that required them to make retribution and amends for any past misdeeds as absent fathers, ex-offenders, a commitment to a drug-free lifestyle and a commitment to groom and support the next generation of males.

Q. *Did DCHS have a male involvement or fatherhood component while you were there? If so, can you describe it ?*
A.There was not an official fatherhood component and DCHS was one of the few projects that hired male outreach workers. I remember that New Orleans had male and female outreach workers.

Q. *What was the MOMS tracking tool?*
A.MOMS in this case was more the colloquial term. It was the client database that tracked a variety of services for reporting to HRSA/MCHB. It included demographic and client level data and was also the basis for our infant mortality review committee. It was also used for the evaluation and tracking of services.

Continued on the next page

Then & Now: DC Healthy Start, continued from the previous page

NOW: Today, DCHS continues to serve Wards 7 and 8, and has added Ward 5. These wards were targeted because of the adverse birth outcomes that disproportionately affect non-Hispanic Black mothers and residents. The infant mortality rates for 2012-2016 were 9.02 per 1,000 live births in Ward 5, 9.01 in Ward 7 and 14.34 in Ward 8, compared to the IMR in Wards 2 and 3 at 2.2 and 2.3, respectively.

We had the chance to interview the current Program Manager/Project Director, Kristal Dail, MPH (←), at the DC Department of Health, still the grantee of DCHS. Ms. Dail has a 13-year career in public health and has been the DCHS Project Director for almost two years.

Asked about DC's maternal mortality rate, (MMR) Ms. Dail said that for the five-year period between 2013 and 2017, it was 23.0 deaths per 100,000 live births, while pregnancy-related mortality was 41.9 deaths during the same period. (In comparison, the U.S. MMR in 2015 was 26.4, almost three times higher than the next highest industrialized nation, Portugal at 9.0, with Finland having the lowest, 3.8[1].) She added that in 2018, the Council of the District of Columbia established a Maternal Mortality Review Committee. DC Health is also seeking to establish a perinatal quality collaborative (PQC) for the District and to join the AIM program. Through that participation and implementation of clinical quality improvement initiatives, DC's PQC will work toward the goal of eliminating preventable maternal mortality and severe maternal morbidity in the District.

DC Healthy Start serves women at risk for poor perinatal outcomes, their children up to 18 months and fathers. Residents in Wards 5, 7 and 8 have lower incomes (see chart at right) and experience higher rates of unemployment than their counterparts in the District's other five wards. Additionally, Wards 7 and 8 have a disproportionately higher Black population at 92% and 90% respectively compared to other Wards in DC.

DC Healthy Start provides perinatal health support services through case management, care coordination, doula services and group prenatal care. They are required to serve 700 program participants per year. The biggest difference from DCHS's early years is the integration of community-based doula services and group prenatal care. These models will continue to support the utilization of preventive health services, helping women to access and navigate perinatal health care. The project currently sub-grants two federally qualified health centers in the District, Community of Hope and Mary's Center, to implement Healthy Start services. DCHS no longer utilizes Resource Mothers. Rather, Community Health Workers provide care coordination and case management services to support mothers, children and their families before, during and after pregnancy by addressing their health and social service needs.

When asked what she was most excited about these days, Dail said it was the doula program. "We are integrating community–based doulas into our services for high-risk prenatal participants at Community of Hope (COH). Doula support during pregnancy and childbirth has been associated with improved birth outcomes, such as lower rates of preterm birth and higher rates of breastfeeding initiation, particularly among minorities and women of lower socioeconomic status. COH will employ two doulas to provide services to 70 higher risk prenatal participants. Doula services will include four visits at home prenatally, support at birth and in hospital and approximately four visits postpartum. "

DCHS has a Fatherhood Coordinator, Devin Anderson, who actually was one of the Male Outreach Workers referenced in the "Then" portion of this article. He will work with the sub-grantees to ensure fathers are connected to resources and will be convening a fatherhood group for participants. Mr. Anderson conducts the *Inside Out Dad*® curriculum, an evidence-based curriculum for incarcerated fathers, at the DC Department of Corrections. He also provides health education workshops in partnership with the DC Department of Employment Services Project Empowerment Program. Dail said that she thinks one of DCHS's biggest challenges is keeping dads engaged and she is grateful to have a "great Fatherhood Coordinator who's very familiar with the fathers in the communities."

In addition to Dail and Anderson, DCHS's staff at the health department includes the CAN Coordinator and a data analyst. Staff at the sub-grantees provide all the direct services. The CAN is composed of a variety of stakeholders, including health providers, government agencies and community-based organizations to align their organizations' work with the common goal of reducing infant mortality. The PQC will work cooperatively with the CAN.

We asked Dail what makes DC Healthy Start unique. She replied that DCHS is located in the Nation's Capitol and is one of the original 15 Healthy Start grantees. "As such, we are considered by our peers as experts in serving women, infants and their families in urban communities. DC Healthy Start looks forward to continuing its commitment to improving perinatal outcomes and serving as a leader among Healthy Start projects across the nation, especially those projects serving urban populations."

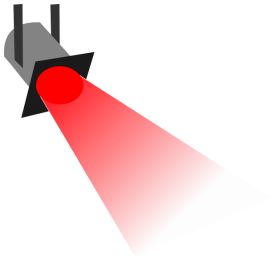
2013-2017 Median Household Income Comparison by Ward[2]

Ward 2 *$104,504*	*Ward **5** $63,552*
Ward 3 *$122,680*	*Ward **7** $40,021*
	*Ward **8** $31,954*

Click *here* to learn more about DCHS.

[1] *The Last Person You'd Expect to Die in Childbirth*, 05/12/17.

[2] *Household Income by Race and Ward*, accessed 01/17/20.



Spotlight on a Fatherhood Coordinator

Jamal Smith, Fatherhood Facilitator, Stronger Parents, Brighter Futures of Virginia (Hampton Roads, VA)

Why do you like working with young parents?

I believe that the key to successful youth begins with successful parenting. This does not mean that parents have to be perfect, but they do need to be present, dedicated and unified, even if they are not in a relationship with the other parent. I was older when I had children. My twins were born when I was 34. I was already somewhat established in life and it still has not been easy, so I can only imagine how difficult it is for young parents who are still trying to figure out what they want to do in life to have to parent on top of that. I appreciate the opportunity to be an extra support for younger parents through the Stronger Parents, Brighter Futures program.

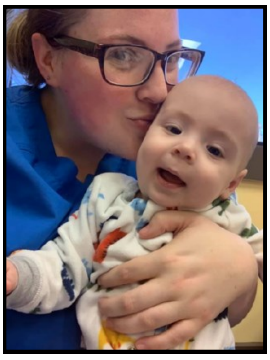
What is your favorite thing to do on the weekends?

It depends on my mood on that particular weekend. Lol. I often find myself working on the weekends. I'm either counseling youth and their families, DJ'ing or both. When I have free time on the weekends, I like to relax and recharge. I also enjoy going out to dance on occasion. If I can sneak a weekend getaway in there, too, then I will. I can't wait until my boys are old enough to get into activities that I can come support them at on the weekends. They will have their choice of activities, but they will be doing something.

What advice would you give a young parent?

Do your best, but don't put too much stress on yourself. Parenting is not an exact science. The most important thing is that you are there for your children and that you and the other parent co-parent well together. Never belittle or tear down the other parent in front of the children. Also, it is very important that you practice self-care. You are no good to your children if you don't take care of yourself too. Your stress can easily become their stress. Remember that your children (planned or unplanned) are a blessing and also a huge responsibility. You are responsible for speaking life into them and helping to guide them on a positive path in life. Embrace the challenge! You got this!

Source: News & Updates from Virginia, Volume 3, January 2020.



Program Participant Spotlight: Haley Sibley from The Family Tree (Acadia, LA)

Haley Sibley has been in the program since July 2019 and was recently named "Mom of the Month." A hard-working mom, Haley exhibits excitement and enthusiasm when learning how to keep baby Conor safe and healthy and is always engaged in her home visits with her case manager, who reports that Haley juggles everything gracefully. Conor is almost five months old now and growing quickly. Haley recently started school for massage therapy and works part-time at her son's daycare. Congratulations on being named Mom of the Month, Haley!

Source: The Family Tree Healthy Start Highlights, 01/02/20.

Healthy Start Project Directors: Send Us Your Consumer Success Stories!

NHSA wants to spotlight consumers in future issues of *Getting off to a Healthy Start.* We have a form with sample questions to help you interview your consumer. To request the form, send an email to ***Bea Haskins***. If you already have a story, send it in, along with photos of your consumer and family! (Make sure you have a waiver form in your files, of course.) And if you have a nice staff story to tell, like the one above, send that along to Bea, too! We'll include them when we have space.

MALE INVOLVEMENT
WhereDadsMatterInitiative
NATIONAL HEALTHY START ASSOCIATION

A NEW YEAR – A NEW DECADE!

By: Ken Scarborough, NHSA Fatherhood & Men's Health Consultant

Each new year ignites new energy and excitement of possibilities for most people. There are resolutions that are made to achieve different levels of improvement in one's life. This holds true for both men and women. "The ancient Babylonians are said to have been the first people to make New Year's resolutions, some 4,000 years ago. They were also the first to hold recorded celebrations in honor of the new year – though for them the year began not in January but in mid-March, when the crops were planted. During a massive 12-day religious festival known as Akitu, the Babylonians crowned a new king or reaffirmed their loyalty to the reigning king. They also made promises to the gods to pay their debts and return any objects they had borrowed. These promises could be considered the forerunners of our New Year's resolutions. If the Babylonians kept to their word, their (pagan) gods would bestow favor on them for the coming year. If not, they would fall out of the gods' favor – a place no one wanted to be.

"Despite the tradition's religious roots, New Year's resolutions today are a mostly secular practice. Instead of making promises to the gods, most people make resolutions only to themselves, and focus purely on self-improvement (which may explain why such resolutions seem so hard to follow through on). According to recent research, while as many as 45 percent of Americans say they usually make New Year's resolutions, only 8 percent are successful in achieving their goals. But that dismal record probably won't stop people from making resolutions anytime soon – after all, we've had about 4,000 years of practice." (*Pruitt, Sarah, History, Updated: August 31, 2018 – Original: December 30, 2015.*)

© Can Stock Photo / dizanna

Whatever the reason is for the resolution, when I served as the Male Involvement Coordinator at REACHUP, Inc. in Tampa, Florida, we used it as a time for creating S.M.A.R.T. goals in the areas of personal, family/relationship, finance, education/employment, community/service for our fathers. We felt it was necessary for fathers and men to plan for their future annually and not simply respond to crises that come their way. This was our way of helping to build-in accountability and focus for our fathers and their families. With regular check-in of the goals, we saw some very positive gains achieved in many of these areas such as: completing GED and two-year degrees, scheduling family times, date nights and vacations, paying off debt and creating emergency saving accounts.

As we look at 2020 and this new decade, let's make sure that we are providing valuable and helpful tools to our fathers and families that will help to move the needle in their lives for greater self-sufficiency, stability and success.

Black Dads Count: A 2020 U.S. Census Vision for Black Fathers

NHSA is a national partner with Fathers Incorporated/Black Dads Count to advance a conversation and civic engagement amongst Black Dads and the 2020 U.S. Census. According to a report on Men's Fertility and Fatherhood (2014) by the U.S. Census Bureau, there are 8.2 Million Black (only) fathers in the U.S. It is hard to fathom that ALL of these dads are absent; however, that is what the societal narrative would lead you to believe. The 2020 U.S. Census affords us the opportunity to engage Black Dads in an extremely meaningful way. When we know how many people live in your community, organizations and businesses are better equipped to evaluate the services and programs needed, such as clinics, schools, and roads. It also determines how seats in Congress are distributed among the 50 states.

BLACK DADS COUNT™
WWW.BLACKDADSCOUNT.COM

Fathers Incorporated has been invited by the U.S. Census Bureau to be a national partner. We have specifically chosen to focus our attention primarily on Black Dads and their families in Hard To Count (HTC) communities. You are critical in this process as we seek to reach, inform and engage as many Black Dads as possible. Click *here* for more information and resources.

Meet NHSA's New Consultants and the Newest Staffperson!

Fleda Mask Jackson, PhD, is the president of Majaica, LLC, a national research firm/think tank, and leader of Save 100 Babies©, a cross-sector network devoted to a social determinant approach to equitable birth outcomes. Dr. Jackson has served as a consultant/advisor and collaborator with organizations such as the Harvard Medical School, the Ford Foundation, W.K. Kellogg Foundation and as a member of the Advisory Committee on Health Disparities for the Director of the CDC and as a member of the Secretary's Advisory Committee on Infant Mortality (SACIM). Jackson graduated from Spellman College and the University of Illinois and is the recipient of the Spelman College Alumnae Achievement Award in Health and Science. She has been honored by the Black Mamas Matter Alliance for her MCH research and work and by the National March of Dimes for her contributions to that organization and the field. Dr. Jackson has been previously involved with NHSA, most notably as the author of our Stress and Depression toolkit. Dr. Jackson's role on the AIM CCI grant is as a subject matter expert (SME).

Deidre McDaniel, MSW, LCSW, has over 20 years of experience in the maternal health field and has worked across a wide variety of settings: hospitals, private healthcare systems, government, nonprofit and policy institutions. Ms. McDaniel provides guidance to state agencies, hospitals and public/private organizations on how to successfully implement and sustain quality improvement projects to reduce severe maternal morbidity and mortality. She employs a critical equity framework through which to understand all health care systems, policies, and practices. Ms. McDaniel is a leader in the maternal health field, demonstrating empathy, cultural competence, compassion, effective communication, an equity mindset and sound content expertise. Ms. McDaniel is a Doctoral Fellow at Morgan State University and a licensed certified social worker and has dedicated her career to improving health outcomes for women and children. Deidre serves as an SME on the AIM CCI Project.

Hida Reese is the new Program Coordinator for the NICHQ Supporting Healthy Start Performance Project (SHSPP) at the National Healthy Start Association. Hida has more than 15 years of workplace experience and a diverse work portfolio, serving in positions for non-profit organizations, the private and public sector. Prior to joining NHSA, Hida worked at the National Association of County and City Health Officials (NACCHO) on projects related to maternal and child health, chronic disease prevention and environmental health. While at NACCHO, Hida provided administrative support as well as training and technical assistance to grantees, members and consultants.

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

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

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

Neonatal Abstinence Syndrome Costs More Than $500 Million a Year

A new study finds that babies born addicted to opioids are costing the health care system in the U.S. more than half a billion dollars a year. Neonatal abstinence syndrome (NAS) accounted for 6.7 per 1,000 hospital births in 2016, according to researchers from the CDC. Those births cost nearly $573 million in 2016 and four of five of those dollars came from Medicaid. "It's very clear the burden of these costs is being borne by federal and state governments," said Dr. Rahul Gupta, chief medical and health officer for the March of Dimes. These babies are usually born preterm or with low birthweight and may have to be weaned off the opioid dependence with which they come into the world. The study also noted that the rates of NAS are highest among American Indians (15.9 per 1,000) and whites (10.5). Low-income families (9.3), people living in rural areas (10.6) and the Northeast (9.5) were also affected. Average cost of delivery and treating the NAS babies was $22,552.

Read the full article: *Treating Babies in Opioid Withdrawal Costs U.S. Over $500 Million Annually*, 12/16/19.

Collaboration to Reduce Hypertension-Related Severe Maternal Morbidity

The Florida Department of Health's Maternal and Child Health Section recently collaborated with state chronic disease epidemiologists to assess hypertension-related severe maternal morbidity (H-SMM) and pre-existing hypertension, gestational hypertension and preeclampsia among women at the time of live birth to try to determine the burden on Florida's health care systems. This is notable because, as indicated in the report, MCH and chronic disease programs at state levels often do not routinely collaborate. During 2014-2016, an MCH team participated with chronic disease epidemiologists (CDEs) in a capacity-building study sponsored by the CDC. The initiative resulted in strategies for enhancing program and clinical activities, communication and surveillance to reduce H-SMM rates. Strategies included increasing screening, monitoring and guideline-based management of hypertension among women of reproductive age – before, during and after pregnancy, as well as including women of reproductive age in hypertension prevention efforts.

Read more: *Collaboration Between Maternal and Child Health and Chronic Disease Epidemiologists to Identify Strategies to Reduce Hypertension-Related Severe Maternal Mortality*, 12/12/19.

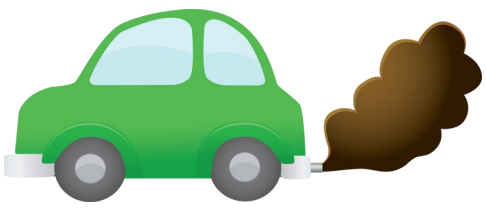
Addressing Social Factors Leading to Adverse Maternal & Infant Outcomes

Large cities in the U.S. face large racial disparities in infant mortality, pre-term and low birthweight births and unacceptable rates of maternal mortality, many due to social determinants. The Los Angeles Maternity Assessment Management Access and Service program is a "a multi-sector initiative that seeks to address the constellation of social factors that contribute to adverse maternal and infant outcomes, including housing instability, food insecurity, untreated mental health conditions, domestic violence and substance abuse." Partnering with the University of Southern California's Data Network, Public Health Foundation Enterprises and the county offices for child protection and probation, the study will examine four components: health home case management, peer and community support, flexible funding for non-medical services and an advanced health information technology platform. Erin Saleeby, M.D., M.P.H., director of Women's Health Programs and Innovations for the Los Angeles County Department of Health Services (DHS), said that "Los Angeles sees low-birthweight and preterm births that are much higher than the national average. Approximately 95 percent of births in DHS facilities are covered by Medicaid, and the rates of pre-term and low-birthweight babies are twice as high as all births in the county."

To learn more, click: *Los Angeles County Studies Multi-Sector Initiative to Address Racial Disparities in Infant Mortality*, 11/21/19.

Traffic-related Air Pollution Increases Risk of Pregnancy Hypertension

Scientists have found that exposure to traffic-related air pollution or TRAP "was associated with development of hypertensive disorders in pregnant women," said Brandy Beverly, PhD and lead scientist, who is a researcher at the National Institute of Environmental Health Sciences, part of NIH. Pregnant women may experience four types of hypertensive disorders: gestational hypertension, preeclampsia, chronic hypertension and chronic hypertension with preeclampsia. When pregnant women are exposed to TRAP, the likelihood of developing preeclampsia increases by about 50%.



Learn more about this topic: *Pregnancy hypertension risk increased by traffic-related air pollution*, 12/18/19.

Getting off to a Healthy Start

Healthy Start Projects Celebrated the Winter Holidays!

Delta Dads, Delta Health Alliance (Indianola, MS)

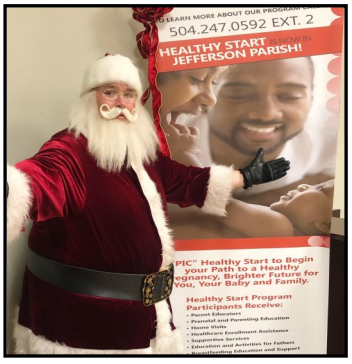
←, → & ↘ *"Dads Can Do Anything" was the theme of Delta Dads' holiday event held at the Yazoo City Head Start. Thirteen dads competed in events such as ring toss and cup pong, culminating in a toy assembly race. The dads' kids got to keep the assembled toys. Altogether, 250 kids played and were given prizes!*

Family Road Healthy Start (Baton Rouge, LA)

↑ & → *Family Road Christmas Open House*

Held on December 12th, Healthy Start program moms, dads, babies and family members celebrated a fun-filled evening with Santa Claus and Family Road Healthy Starts' very own Roadsters Holiday Elves. On hand were festive refreshments, joyous music, reindeer games, Christmas sing-alongs, super exciting door prizes and pictures with the Big Guy Himself, Santa!

Crescent City Family Services (Gretna, LA)



↘ & → *Crescent City's 10th Annual "Christmas on Wall Street United States Marine Corp's Toys for Tots Giveaway" was held between December 19th and Christmas. Approximately 1,000 toys or stocking stuffers were received from Toys for Tots and given to families served by Crescent City Family Services in Jefferson Parish and surrounding communities.*

← *Kids had their photos taken with this famous guy, courtesy of JWP Studios.*

Community Partners: GB Productions, West Jefferson LCMC, LA DHH Lead Prevention Program, Crescent City CAN & staff and Loyola University.

More Holiday Photos from the Projects!

Children's Futures (Trenton, NJ)

←, → & ↓ Children's Futures partnered with the Trenton Board of Education (TBOE) this year for its annual Holiday Toy/Book giveaway. The event was held on Tuesday, December 17th for program participants of Children's Futures and students from the City of Trenton. Over 100 families from the Trenton elementary schools attended the event and the children were able to take pictures with Santa, receive cookies and milk, had a chance to meet one of Trenton's Authors and receive gifts and books.

Donations were from A Better Way, Shine and Inspire, Rose Hill Assisted Living, Princeton Regional Chamber of Commerce, United Fire Group Insurance, Ajilon Staffing Services and Aramark.

Attention Healthy Start Project Directors and Program Staff!

Newsletters

- **Be sure to include NHSA in your newsletter distribution list so we can include your news in *Getting off to a Healthy Start*! Please add Bea Haskins, 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*.**

Stay Connected with NHSA on social media!