



Getting off to a Healthy Start

June – July 2019



Dear Healthy Start Project Directors and Staff, Partners and Friends:

You may have noticed that NHSA did not have a spring conference this year. But that doesn't mean we aren't having a conference at all in 2019! No, for a number of reasons, we've moved it to the fall. Save these dates: October 19-23, 2019. We'll once again be at the Hyatt Regency Washington on Capitol Hill. More details will be sent as we get closer to the date.

It may have also come to your attention that it's been a while since we've sent you a newsletter. Bea Haskins, our newsletter editor, reluctantly took a medical leave of absence that kept her away from her computer for a while. She's back and excited to be working on the newsletter and other communications again. If you have something to share in "Healthy Start in the News" or a great consumer story, send them to Bea at bhaskins@nationalhealthystart.org. Be sure to send photos when possible!

In this issue of *Getting off to a Healthy Start*, we continue our "Then & Now" series on the original 22 Healthy Start projects. We also welcome the 17 new grantees to the Healthy Start family!

Enjoy the newsletter and have a great summer!

Deborah Frazier, CEO

P.S. Please help us keep our databases up to date. If your project has changed Project Directors, for example, please let Bea know so she can make that change in our Project Directors group here in Constant Contact. She'll also pass that information on to me so I can update my Project Directors group.

NHSA Fatherhood Hero Award

NHSA was delighted to present its first ever Fatherhood Hero Awards at the 5th Annual Summit on Fatherhood and the Health & Wellness of Men and Boys in Tulsa, OK, on February 26, 2019. Criteria for the award were involvement/commitment to health and wellness of self and family; involvement/commitment to fatherhood; leadership skills and being an inspiration to others; spirit, strength and agility, demonstrating the ability to triumph over adversity, being unselfish and willing to share their habits and strategies that allowed them to overcome adversity; integrity, showing trustworthiness, respect, honesty and being a positive influence in the lives of others; and contributions to the development and well-being of their communities, including promoting meaningful male inclusion.

→ From l to r: Timika Anderson-Reeves, NHSA President; Charles Johnson, IV, Fatherhood Hero; Deborah Frazier, NHSA CEO; Kenn Harris, NHSA Past President. Mr. Johnson received the Fatherhood Hero Award for his advocacy on maternal mortality after losing his wife following childbirth.

See more Awards photos on pages 7 & 8



Delta Futures Healthy Start / Delta HealthPartners Healthy Start: A Then & Now Story

Delta Futures Healthy Start (DFHS) was one of seven special projects funded in 1994 with the goal of reducing infant mortality through more limited interventions than those of the original 15 projects.

THEN:

Delta Futures' original grantee was the Mississippi Primary Health Care Association. Their target area was eight counties in rural northwest Mississippi. The area's 1988-90 baseline infant mortality rate (IMR) was 18.7 per 1,000 and 20.7 among African-Americans. DFHS' needs assessment and baseline characteristics, according to *Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects* (November 1998), were:

- Need for better coordination among federal, state and local services
- Poor access to services, especially for adolescents
- Limited community education
- Need for additional service capacity

Delta Futures' service model included education and training, transportation and child care, clinical service enhancement and provider recruitment, adolescent programs, risk prevention and reduction and outreach and client recruitment. In addition to the grantee agency, Delta Futures had a project area council (PAC), the PAC executive committee and subcommittees and six county consortia. The local consortia involved their communities in project planning and implantation. Three field offices served the project area.

What were the key trends or impacts?

According to the *Report*, they were enhancement of access, increased community involvement and public education and awareness about adolescent pregnancy, prenatal care and infant mortality.

Delta Futures ceased being a Healthy Start project in 1997. But **THEN**, in 1999, Tougaloo College became the grantee of Delta HealthPartners Healthy Start Initiative (DHPHSI). This is a program of the Owens Health and Wellness Center at the College.

NOW:

Delta HealthPartners Healthy Start Initiative (DHPHSI) "...began working to reduce infant mortality among high-risk and underserved residents of the Mississippi Delta," serving seven delta area counties that are considered some of the most disadvantaged areas in the country. They are Bolivar, Coahoma, Quitman, Sunflower, Tallahatchie, Tunica and Washington counties. "Residents face the daily challenges associated with abject poverty, chronic unemployment, limited educational opportunities, and extreme rural living. They also face a health care infrastructure weakened by increasing demand, rising costs, and diminishing resources."



Focus Areas:

1. Improving women's health
2. Promoting quality service
3. Strengthening family resilience
4. Achieving collective impact
5. Increasing accountability/quality improvement, performance monitoring and evaluation

Each focus area has its own set of goals. For example, under improving women's health, we see the goals as:

- Outreach efforts targeting pregnant women of child bearing age (10 – 44)
- Helping clients to access health coverage under the Affordable Care Act
- Coordinating and facilitating access to health care services
- Support for preventative services (e.g., mammograms, pap smears)
- Assistance with reproductive life planning

Delta HealthPartners Healthy Start, continued

Arletha Howard, Project Director, told *Getting off to a Healthy Start* that in 2018, Delta HealthPartners Healthy Start served a total of 659 women and 237 Male Involvement participants. The project also served 227 infants aged 0-12 months and another 246 babies, 13-24 months. DPHSI has a staff of 14: three RNs, three LSWs, five Community Health Workers (CHWs) and one LCSW supervisor. There are also two Male Involvement staff who use the *24/7 Dads* curriculum and do home visits with the dads. Howard said, "The infant mortality rate among Healthy Start mothers was 4.0 [in 2018]. This was much lower than the IMR in Mississippi (8.8) and lower than the U.S. rate (5.9) during the same year."

DPHSI is unique in that there are seven Community Action Networks (CANs), as each county has differing needs. This allows for good community buy-in and has helped to gain awareness in the rural counties served. DPHSI has numerous partnerships, including with their hospital and the Delta Region Fetal Infant Mortality Review (FIMR). The FIMR meets quarterly and rotates the location, which allows for a case review team to present and advocate for materials and other needs.



Chelesa Presley was a Delta HealthPartners Healthy Start Initiative consumer who is now the CHW Coordinator and lead instructor on health safety. When asked what she loved most about DPHSI, Chelesa said, "Working with the moms!" Mother of three, the middle of whom was her Healthy Start baby and is now 19, Chelesa said she is proud of "...how over the years what we've done has taken fruit."

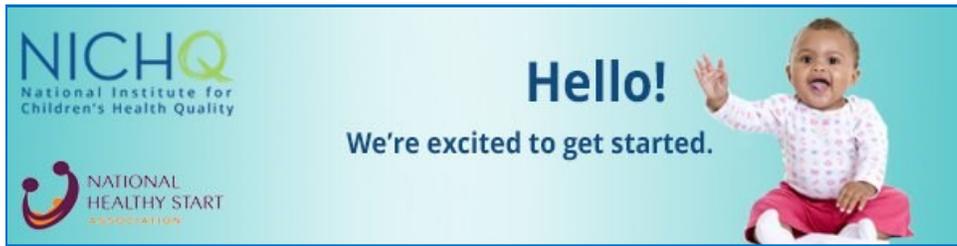
Sources for this article include a phone interview with Ms. Howard and Ms. Presley, other information provided by Ms. Howard and the DPHSI website.

Healthy Start in the News

On March 21, 2019, the Health Resources & Services Administration (HRSA) announced awards of over \$100 million to improve pregnancy outcomes and reduce infant mortality. One hundred organizations, including public and private entities, faith-based, community-based and tribal organizations are the grantee agencies. Most of the award recipients were existing Healthy Start grantees that were awarded new five-year grants. NHSA congratulates those grantees and complements them on their excellent work to date!

Welcome to the new grantees! If you are a new grantee, please send Bea Haskins the name and email address for your project director if that person is already on board. If not, please provide the contact information for a temporary contact. And we are anxious to learn what you have named your project, so please share that with Bea, too, at bhaskins@nationalhealthystart.org.

State, City	Grantee Organization	State, City	Grantee Organization
AR, Little Rock	University of Arkansas System	IN, Linton	Indiana Rural Health Association
CA, Los Angeles	County of Los Angeles	IN, Terre Haute	Union Hospital, Inc.
GA, Atlanta	GA Department of Public Health	NC, Greensboro	Piedmont Health Services & Sickle Cell Agency
GA, Macon	The Corporation of Mercer University	SC, Florence	Pee Dee Healthy Start
GA, Marietta	Cobb County Board of Health	TN, Nashville	Metropolitan Government of Nashville & Davidson County
IL, Chicago	County of Cook	TX, Houston	University of Texas
IL, Chicago	University of Illinois	VA, Arlington	Urban STRATEGIES (services provided in Puerto Rico)
IN, Columbia	Centerstone of Indiana, Inc.	WI, Milwaukee	Children's Service Society of Wisconsin
IN, Fort Wayne	Fort Wayne Medical Society Foundation, Inc.		



Exciting News for Healthy Start Grantees!

The *National Institute for Children's Health Quality* (NICHQ), in partnership with the *National Healthy Start Association* (NHTSA), is excited to lead the Supporting Healthy Start Performance Project funded by the Health Resources and Services Administration and build on the work of the previous contractor, JSI. The grant period is June 1, 2019 through May 31, 2024. The intent of this grant is to make the next five years the strongest in Healthy Start's 28-year history! NICHQ/NHTSA will provide a comprehensive capacity-building assistance training program for all Healthy Start programs that builds off the training the Healthy Start projects received from JSI. The training program includes technical assistance on high-priority topics, such as fatherhood and breastfeeding, and training for program staff on leadership, quality improvement and data and measurement. NICHQ/NHTSA will also continue to support the Healthy Start projects' efforts to collaborate and share innovations and evidence-based best practices, highlight project successes, and not only maintain the Healthy Start EPIC website, but ensure that it expands to meet projects' needs as a result of this partnership.

NICHQ/NHTSA is fortunate to have deep connections to the Healthy Start program on the team. CEO of NHTSA Deborah Frazier will co-lead this work with Scott Berns, NICHQ's president and CEO. Together, they bring their combined decades of experience building the capacity of communities across the country. Kenn L. Harris, NHTSA's Immediate Past President and the former Vice President of Community Engagement at The Community Foundation and former Director of the New Haven Federal Healthy Start program, officially joined the NICHQ team recently. This leadership team is confident that the combination of NICHQ's content expertise and large national network in maternal child health topics and quality improvement, along with Kenn's and Deborah's experience and strong connections with the Healthy Start Program, will set NICHQ/NHTSA up to be responsive to the Healthy Start projects' needs and deliver valuable programming. NICHQ and NHTSA represent a strong partnership that values relationships and they are committed to establishing a strong relationship with each member of the Healthy Start family. NICHQ/NHTSA has already begun to receive Healthy Start projects' technical assistance requests in the new project email account (healthystart@nichq.org). Stay tuned for more information and reports on the work of this partnership!

Consumer Success Story: A Story of Resilience

J.A., a former Indianapolis Healthy Start program participant (IHSP), enrolled in the program in April 2013. At the time of enrollment, she had gone through a lot of trials and tribulations. As an IHSP, J.A. desired to work towards attaining her GED. Shortly after becoming an IHSP, she experienced the sudden death of her father. She was overwhelmed and became unsure about what she wanted to do with her life. Her priority was to continue to take care of her children and provide a stable home for them. She was encouraged by her Case Manager (CM) to go back to school. After much thought

and pondering, J.A. decided she was ready to start her GED journey. During this journey, she successfully graduated from the Healthy Start program in 2015. The CM had established a good rapport with her during her time as an IHSP. Because of their relationship and the encouragement and support provided by the CM, J.A. visited the CM's office in February 2018 to inform her that she and her daughter would be receiving their high school diplomas in June 2018. Approximately six weeks later, J.A.'s 12-year-old son died of a rare heart condition. J.A. was heartbroken, and mourning the loss of her child, but that did not stop her from completing her last class. It was not easy, but she pressed through for herself, her deceased son and his siblings. On June 14, 2018, the CM was able to witness J.A. receive her high school diploma. J.A. was honored to be allowed to present her daughter's diploma to her. J.A. received a scholarship to Ivy Tech College where she will study to become a Medical Assistant. Her long term goal is to become a nurse.



Research News: **HOT STATS** and **FAST FACTS**



Why Infants May Be More Likely to Die in America than Cuba

Despite Cuba being poor and repressive with a "dysfunctional economy," the infant mortality rate is only 4.0 deaths per 1,000 live births. In the U.S., it's 5.9. According to an article in the *New York Times*, "...an American infant is, by official statistics, almost 50 percent more likely to die than a Cuban infant...that means that 7,500 American kids die each year because we don't have as good an infant mortality rate as Cuba reports."

The author says that the figures may not be accurate, but even so, Cuba has the "Medicare for All" that is under discussion in America today. "Cuba's example is important since for decades 'health care for all' has been more than a slogan there," said Dr. Paul Farmer, founder of Partners in Health. "Cuban families aren't ruined financially by catastrophic illness or injury..." The author said that he shadowed a doctor making a house call on a pregnant patient - and that it was the 20th time the doc had visited the woman in six months, which was above and beyond the 14 visits the woman had made to the doctor's office, "in addition to pregnancy consultations [the patient] held with a dentist, a psychologist and a nutritionist." And it was all free!

This particular patient was considered high risk. More typically, a pregnant woman might make 10 office visits and receive eight home visits. Twenty-four or even 18 visits "may be overkill, but this certainly is preferable to the care common in, say, Texas, where one-third of pregnant women don't get a single prenatal checkup in the first trimester."

Source:

New York Times, January 18, 2019.



"An African-American baby born in Youngstown, Ohio, has a higher infant mortality rate than a baby born in Iran."

So said Rep. Tim Ryan (D-OH) in remarks during a CNN town hall on June 2, 2019. Presidential candidate Ryan used this as an example to illustrate racial inequity in the U.S. When taking into consideration all races combined, Youngstown has a lower IMR than Iran. But when calculating the data for African-Americans only, Youngstown's IMR exceeds Iran's rate.

Surprised? In 2016, the black IMR was 15.7 deaths per 1,000 live births in Mahoning County, where Youngstown is the county seat. In Iran, the IMR was 13.3 that year, according to estimates from the U.N. Inter-agency Group for Child Mortality Estimates. "Measuring a longer period of time, from 2011 to 2015, the overall infant mortality rate in Mahoning County was 8.8 but the rate for African Americans was nearly double: 16.9 per 1,000 live births. (Iran was below 16.9 each year from 2011 to 2015, according to the U.N. data.)"

The article in the *Washington Post* goes on to say that there is no simple explanation for the disparity between black and white IMRs, though premature birth and low birthweight are the most common causes for infant deaths. "The question is why black infants are more susceptible than infants of other races," the author says. Institutional racism and a lack of access to health care are cited as reasons, noting that *expanding* Medicaid "did not improve infant mortality rates overall - but it did reduce the disparity between white and black infant mortality rates." The article also notes that some research suggests that stress associated with racial discrimination and other societal factors contribute to the IMRs for black infants and mothers.

The statistics and other information in this article may not be news to the Healthy Start community, but perhaps learning that Iran has a better IMR than a city in America's heartland is.

Source: *Washington Post, June 2, 2019.*

Research News: Hot Stats and Fast Facts, continued



Elevated Blood Pressure and Pregnancy

According to a very recent study, "Elevated blood pressure in the first trimester of pregnancy, or an increase in blood pressure between the first and second trimesters, raises the chances of a high blood pressure disorder of pregnancy..." The study was funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health. The study was led by Alisse Hauspurg, M.D., of the University of Pittsburgh School of Medicine and appears in the *American Journal of Obstetrics and Gynecology*. Researchers wanted to see how revisions in blood pressure guidelines for non-pregnant adult women might apply to pregnant women. Using data from Monitoring Mothers-to-Be, researchers studied the blood pressure readings of almost 9,000 pregnant women. Read the article about the study [here](#).



5th Annual Summit: Fatherhood and the Health & Wellness of Men and Boys

NHSA held its 5th annual Fatherhood Summit on February 25th and 26th in Tulsa, OK. *Forever Fatherhood: Building a Practice for Successful Father Engagement and Men's Health* was the theme. The morning of the first day featured four plenary sessions:

1. "Healing from Trauma" – Alvin Pooley, President & Founder, Native American Fatherhood and Families Association
2. "Economic Burden of Men's Health Disparities" – Roland Thorp, Director of Programs for Research on Men's Health, Johns Hopkins Bloomberg School of Public Health / JHSPH Department of Health, Behavior and Society
3. "A Father's Love: Watering a Child's Wholeness with a Father's Love" – Jerry Tello, Co-founder, National Compadres Network, Director of Training & Capacity Building
4. "A Family Health Question: What About Dad" – Jean Bonhomme, Founder, National Black Men's Health Network; Assistant Professor, Morehouse School of Medicine

The afternoon featured a panel on "The State of Men and Implications for Boys, Men & Families" and concurrent workshop sessions, followed by a networking reception including a tour of the Historic Greenwood District of Tulsa.

Day Two began with a presentation by Charles Johnson, IV, a father and husband who lost his wife, Kira Johnson, after childbirth. "And then she was gone" was Mr. Johnson's journey as a father and advocate for policy reform to improve birth outcomes for mothers and babies.

Six speakers followed:

1. "The Three A's of Father Engagement in Healthy Start" – Patrick J. Patterson, Global Partners for Fathers and Families
2. "A Public Health Approach to Responsible Fatherhood: An Update from CDC" – Lee Warner, Chief, Women's Health & Fertility Branch, Division of Reproductive Health, Centers for Disease Control and Prevention
3. "Understanding the Impact of Mass Incarceration" – Lucius Couloute, Policy Analyst, Prison Policy Initiative
4. "Mass Incarceration and the Impact on the Family" – Danny C. Williams, Jr. & Danny C. Williams, Sr., Former U.S. Attorney, Northern District Oklahoma, 2012-2017
5. "Integrating Responsible Fatherhood Strategies for Early Childhood Development Outcomes" – Kenneth Braswell, Executive Director, National Responsible Fatherhood Clearinghouse; Founder & Executive Director, Fathers Incorporated
6. "Cultivating a Community Action Network to Support a Successful Fatherhood Program" – Kenn L. Harris, VP for Community Engagement and Director of New Haven Healthy Start, The Community Foundation for Greater New Haven and Tamela Milan, MCH Outreach Coordinator, Access Community Health Network

Continued on page 7

Where Dads Matter, continued

The second day concluded with a panel where three Healthy Start fatherhood managers shared challenges, successes, advice and recommendations with new fatherhood programs and managers. The panelists were Kevin Sherman, Crescent City Dads; Sekou Clincy, Community Service Council and Michael Thomas, ReachUP, Inc.

Parenting Programs for Incarcerated Fathers

The Fatherhood Research & Practice Network (FRNP) published a brief in November 2018 on *Parenting Programs for Incarcerated Fathers*. The brief also discusses the effects of incarceration of fathers on children, families and communities. It then reviews research about fathers before, during and after incarceration. And lastly, FRNP examines programs for incarcerated dads that have demonstrated positive impacts for fathers, families and children.

The brief highlighted several programs:

- *Inside/Out Dad*: designed specifically for incarcerated dads
- *Parenting Inside/Out*: for incarcerated parents
- *The Fathering Court Initiative*: designed to support recently incarcerated non-custodial parents who are delinquent in child support payments

Some interesting facts from the FRPN brief:

- 1/2 of incarcerated men reported having children under age 18
- Incarcerated parents say separation from their kids is the most stressful aspect of incarceration
- Children of different ages are impacted differently by their dad's incarceration. Very young children may not even be aware of the incarceration, whereas adolescents are at risk for school dropout, delinquency and risk-taking behavior.

Read the entire brief [here](#).

Photos from the 5th Annual Fatherhood Summit



Vanessa Hall-Harper, Tulsa City Council, District 1 (l) and Deborah Frazier (r). Ms. Hall-Harper offered a welcome to the participants on behalf of the Tulsa City Council.



Deborah Frazier, NHTA CEO, is joined by NHTA Board President Timika A. Reeves and Board member Rev. Tommy Rodgers as she presents an award to NHTA's Immediate Past President, Kenn Harris, on behalf of the Omega Psi Phi Fraternity for Kenn's outstanding work and partnership in supporting fatherhood.

More Photos from the Fatherhood Summit!



↑ Kevin Wilson, Denver Fatherhood Hero, participates in and volunteers at Denver's Healthy Babies, Strong Families program. Father of four, he recruits other dads to the program and organizes events for dads and their children.

→ Fatherhood Hero Charles Johnson, IV, proudly shows his award, with NHSA CEO Deborah Frazier in the background.



↓ Community Service Council Healthy Start's Tangel Johnson, Program Assistant (l), and Corrina Johnson, Project Director (r).



↑(L to R) Kenn Harris, New Haven Healthy Start; Albert Pooley, President & Founder, Native American Fatherhood and Families Association; Roland Thorp, Director of Programs for Research on Men's Health, Johns Hopkins Bloomberg School of Public Health/JHSPH Department of Health Behavior and Society; Patrick Patterson, Global Partners for Fathers and Families; Jerry Tello, Co-founder, National Compadres Network; Deborah Frazier, NHSA's CEO.



And more Fatherhood Summit Photos!

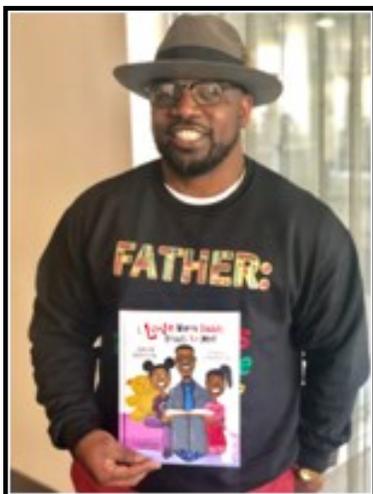


← Jerry Tello (l), Co-founder, National Compadres Network, Director of Training and Capacity Building with Sekou Clincy, Fatherhood Coordinator, Community Services Council of Greater Tulsa Healthy Start (r)



← NNSA President Timika A. Reeves

↓Patrick Patterson, President of Global Partners for Fathers and Families Consulting, holds a copy of his book, *I Love When Daddy Reads to Me*.



↑The men who attended the conference, many of them fathers, surround the two Fatherhood Hero Award recipients who are front and center: Kevin Wilson (l) and Charles Johnson, IV (r).



Editor and Writer: Bea Haskins, bhaskins@nationalhealthystart.org

Fatherhood Summit Photos: Mary Schultheis, Project Director, Crescent City Family Services, Inc.

See what's happening on our social media sites:



National Healthy Start Association
info@nationalhealthystart.org | 202.296.2195
1325 G Street, NW, Suite 500 | Washington, DC 20005
www.nationalhealthystart.org

