

Getting off to a Healthy Start



Photos from the Summit, Conference and the Hill! Plus Research and Other News!

May 2018

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

NHSA celebrated our 20th anniversary last month in Washington, DC, with a reception and Legacy awards honoring some of our earliest supporters. This was preceded by our 4th Annual Fatherhood Summit and followed by our 19th Annual Spring Conference! As always, the Conference culminated with attendees going to Capitol Hill to advocate for the Healthy Start program.

In this issue of *Getting off to a Healthy Start*, we cover all those stories as well as continue our "Then & Now" series honoring the original 22 Healthy Start projects. We have some research news, a consumer story and lots of photos. Enjoy!

Deborah Frazier
CEO

P.S. Does your project have something to share in future editions of "Healthy Start in the News?" Or a Consumer Success story you want to share? Send them to Bea Haskins, Newsletter Editor, at bhaskins@nationalhealthystart.org

Visit our Website



Fourth Annual Fatherhood Summit

Above, left: Retired professional basketball player and now assistant general manager for the New York Knicks Allan Houston is surrounded with members of the "Investments in Boys - Lifetime Impact on Children and Families" panel and town hall (l to r): Andre Perry, Brookings Institution; Janabu Williams, Phi Beta Sigma Fraternity; Houston; Jason Perry, Author; Ralph E..



Johnson, Alpha Phi Alpha Fraternity, Inc. and Thabiti Boone, a White House Champion of Change and supporter of President Obama's Fathering and Mentoring Institute.

Above, right: NHSA President Kenn Harris on the right interviews Jeffery Johnson of the National Partnership for Community Leadership. Jeff was a presenter at our very first spring conference!

Left: Who brings babies to a summit or conference? NHSA does! Here's a Healthy Start family at the Fatherhood Summit.

A Healthy Start for Essex County, NJ, "Migrates" to the Partnership for Maternal and Child Health of Northern New Jersey: A Then & Now Story

A Healthy Start for Essex County (HSEC) was one of seven "special projects" funded in 1994. As such, they are considered one of the "original 22" Healthy Start projects and are the next project to be featured in NHSA's "Then & Now" series.

THEN: The original grantee for A Healthy Start for Essex County was the New Jersey Department of Health and Senior Services (NJDHSS). Their target area was four neighboring cities in the northeastern metropolitan areas of New Jersey: Newark, Orange, East Orange and Irvington. The region's IMR in 1988-1990 was 17.7 per 1,000 live births and 20.2 among African Americans. According to *Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects*, the Baseline Community Needs Assessments and Characteristics were similar to other urban-based Healthy Start projects: inadequate or no pre-natal care and higher rates of birth to adolescents compared to non-urban areas of the state.

HSEC provided a family resource center for teens, offering case management, prenatal care, pediatric health care, family planning and social services, including substance abuse counseling, education programs, outreach services and enhanced transportation and child care services. Outreach workers went door-to-door to find hard-to-reach populations. They also had a Fetal Infant Mortality Review board, funded in the last year of the grant. (All original projects were required to have an FIMR program.)

HSEC promoted collaboration among health, social service and community-based agencies, increased public awareness and education of the Healthy Start program and the issues that it worked to solve. They developed a family resource center, the AD House, into a sustainable entity capable of providing adolescent-oriented ambulatory services and Medicaid prenatal and maternity services.

HSEC began with an advisory board, whose executive committee oversaw the implementation and maintenance of HSEC. This seven-member committee representing both NJDHSS and HSEC met at least bi-monthly and reported to the full advisory board, which met quarterly. The advisory board expanded to include a greater number of culturally representative consumers and community members, and focused on evaluation and sustainability.

NOW: Ilise Zimmerman, Executive Director of the Partnership for Maternal and Child Health of Northern New Jersey (PMCHNNJ), said that recognizing racial disparities was an important evolution of the original project to what it is today. PMCHNNJ is now the grantee for what was the HSEC and serves four specific zip codes in Irvington and Newark, NJ. Core components of the

program include comprehensive case management and linkages to social services, psycho-social assessments and counseling, health insurance enrollment, home visits, support groups and health promotion and education utilizing evidence-based curricula for childbirth and child development, parenting and fatherhood involvement.

Added Zimmerman in a telephone interview in March of this year, the program serves disenfranchised women, those who don't trust the health care system, feel that they have not been respected and have distaste for the establishment. "The outreach workers meet the women in the library, the supermarket, in homeless shelters, temporary housing and jail," she said. The outreach workers partner with them and convince them of the need for prenatal care and then go with them to their appointments

PMCHNNJ is a level 1 grantee with a Community Action Network (CAN) comprised of program participants, community stakeholders and local agencies. In 2015, the latest year for which they have complete data, they enrolled 817 women, 510 infants 0-12 months and 140 children ages 13-24 months. They expect their final numbers for 2017 to show more than 1,100 participants served: 488 pregnant, 163 postpartum, 412 infants and 78 children 12-23 months. PMCHNNJ also served 106 fathers in 2017. They report no known infant mortalities, seven low birthweight babies and eight pre-term births.

The Partnership's fatherhood component engages fathers through FELLAS (Fathers Empowered to Learn, Lead and Achieve Success) program. This program aims to assist fathers and men who are parenting a child or children to become and remain involved in their children's lives in a positive interactive way, by improving the knowledge, attitudes, skills and resources of the participants and their partners. The program employs a full time Fatherhood/Men's Specialist, to specialize in health education and promotion among men."

In 1997, the NJDHSS issued a *Blue Ribbon Panel Report on Black Infant Mortality Reduction*. In its closing paragraph, the report states, "Black infant mortality is a multifaceted problem whose solution calls for many different initiatives; state government, industry, and the public must each contribute to its solution. Without united action, the problem of black infant mortality will not go away."

Whether a Healthy Start project serves a predominantly Black urban population or Hispanic, Native American or rural White populations, that's what it's all about: united action from the public and private sectors to combat serious public health issues.

(See below for a story about one of PMCHNNJ's families.)

Maternal Health & Perinatal Safety Symposium: November 1, 2018, in Hackensack, NJ. Topics include: Severe Maternal Morbidity and Perinatal Safety, Reduction of Peripartum Disparities, Maternal Mental health and more. Click [here](#) for the Save the Date flyer!

NHSA Celebrated 20 Years of Accomplishments at the Reception on the eve of our 19th Spring Conference!

Below, top: Thurma McCann Goldman, first Director of the Division of Healthy Start, Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services, and Joseph T. Jones, III, Founder and CEO of the Center for Urban Families in Baltimore, in the center with Cephus Goldman on the left and Debra Jones on the right. McGann Goldman and Jones received Legacy Awards at the reception.

Center, l to r: Regina Davis Moss, NHSA Board Vice President, NHSA's CEO Deborah Frazier and Alma Roberts, NHSA Past President

Bottom, l to r: Kenn Harris, NHSA President; Estrellita "Lo" Berry, Past President and Reception Chair; Geri Wright, sister of Beverly Wright, late Division of Healthy Start Branch Chief; and Madie Robinson, an original NHSA board members and now a current member of the board.



Healthy Start in the News

Strong Beginnings in Grand Rapids, MI, was featured in the Scottsdale Institute's *Inside Edge* newsletter. "Social & Community Health: The 80-percent solution" addresses the issue of health care that is impacted by socioeconomic, environmental, genomic and behavioral factors - the 80% of a person's health that is not covered by the other 20%, which is healthcare.

In order to address the "80% issue," one solution is to focus on a specific issue such as infant mortality and partner with other agencies and individuals that can help carry the load. Strong Beginnings is a Healthy Start program that is a collaborative partnership of nine agencies.

"Black babies in Grand Rapids are two times more likely to die than White babies... Another startling fact is that in 2015 Michigan had the highest Hispanic infant mortality in the U.S. (9.9 per 1,000 live births)...And the issue is inescapably race-based..." Strong Beginnings' Director, Peggy Vander Meulen, said "We know that poverty and low educational attainment contribute to adverse birth outcomes overall, but they do not account for the racial disparities in infant mortality, low birthweight or prematurity. National and Michigan data show that Black women with good incomes and high levels of education still have higher rates of infant mortality than White women in poverty and limited education, so, although more Blacks proportionately are in poverty and have less education than Whites, those factors do not explain the high rates of infant mortality. The only explanation is that the physiological changes that result from the stress experienced over a lifetime of racism and discrimination is the cause of the disparities in infant mortality."

Vander Meulen added, "Infant mortality is a complex social problem with no single solution. It requires authentic community engagement and collaboration across multiple entities willing to focus on the social determinants that have such an impact on health and birth outcomes, especially racial inequities."

Click [here](#) for the entire article, which also spotlights two other agencies working on the 80% Solution. And note how this article connects with what New Jersey's 1997 Blue Ribbon Report said and one of the articles in Research News below. Let's remember: It does take a village.

NHSA's 19th Annual Spring Conference



Top, left: The Healthy Start Choir, under the direction of Bonita Agee of the Grand Rapids (MI) Strong Beginnings Healthy Start project, opens NHSA's 19th Annual Spring Conference.

Top, right: Bea Haskins, Newsletter Editor in front. In back, l to r: Timika Anderson-Reeves, NHSA Treasurer, with the two conference co-chairs, Carol Gagliano and Sharon Ross-Donaldson.

Above: NHSA's CEO Deborah Frazier with Marc Morial, President and CEO of the National Urban League.

Left: David de la Cruz, Acting Director of the Division of Healthy Start and Perinatal Services in the US Department of Health and Human Services' Health Resources and Services Administration, Maternal and Child Health Bureau .

MALE INVOLVEMENT
WhereDadsMatterInitiative



Research News: Hot Stats and Fast Facts

Hispanic Immigrant Father Involvement with Young Children in the U.S.: A Comparison with U.S.-Born Hispanic and White non-Hispanic Fathers

Fathering is known to foster child-development and health, yet evidence on Hispanic immigrant father involvement with their young children is sparse. The authors of this study explored differences between Hispanic immigrant fathers and U.S.-born Hispanic and U.S.-born White dads re: pregnancy and father involvement. They hypothesized that the differentials would be related to socioeconomic and cultural factors. Using data from the National Survey of Family Growth for 2011-2013 (N=598), they examined pregnancy "intendedness" and five father involvement outcomes: physical care, warmth, outings, reading and discipline.

The results revealed that there were no significant differences in pregnancy intendedness between the two reference groups and Hispanic immigrant fathers. However, it was shown that the immigrant dads were less likely than U.S. -born Hispanics to engage in physical care, warmth and reading. They were also less likely than U.S.-born White fathers to engage in each of the father involvement outcomes.

Conclusions for Practice: The authors found that there were marked socioeconomic and cultural differences between the immigrant Hispanic fathers and the two other groups. Hispanic immigrant status, they state, "is an important determinant of involved fathering and should be taken into account when planning public health policies and programs."

Source: <https://link.springer.com/article/10.1007%2Fs10995-018-2496-z>

Sustaining Teen Pregnancy Prevention Programs

The U.S. Department of Health and Human Services' Office of Adolescent Health supported a study to understand how programs will sustain after federal funding ends. Former Teen Pregnancy Programs (TPP) grantees highlighted the following lessons for program sustainability:

1. Identify or develop a program that is responsive to the needs of the community,
2. Plan ahead for implementation both during and after the grant period,
3. Mobilize champions for the program in the community,
4. Integrate the program into local institutions and
5. Build the capacity of implementation partners early in the grant period.

How 28 former TPP grantees sustained their programs

19 continued to operate the program themselves
9 reported that other organizations had sustained the program

15 scaled-back their programs by reducing program components or the number of youth served
6 scaled-up their program by increasing program components or the number of youth served
3 kept the same scale

10 changed their target population
14 kept the same target population

11 changed their implementation setting
13 kept the same implementation setting

4 grantees did not know what their former TPP program looked like at the time of the interview and therefore are not counted in some of the stats above.

Click [here](#) to access the brief in its entirety.

For Black Women, Education is No Protection Against Infant Mortality

Education protects White women from losing their babies in infancy. The more education they have, the lower the infant mortality rate. Strangely, it's the opposite for Black women. The most educated face the greatest risk of having their children die at birth or in infancy. Why?

"Stress from dealing with racism and sexism seems to be a key reason," said Keisha Bentley-Edwards, a co-author of a report titled, *Fighting at Birth: Eradicating the Black-White Infant Mortality Gap*. She added that the stress can lead to premature births of low birthweight babies.

The findings of the report, says Peter Coy, author of the article in *Bloomberg News*, are not new. But what it does is take a lot of research and put it into a more easily understood form and it "advocates for solutions that the medical establishment has resisted," said Bentley-Edwards. She says that doctors and public health officials tend to focus more on poor women, regardless of their race.

"This is a push for a policy that's directed at Black women specifically," she says. Adding that the report should not be seen as a message that Black women shouldn't seek higher education, but rather that we have to "attack the stressor...eliminate job discrimination" and treat black women at work fairly.

Click [here](#) to read the entire article.

20 Years of Crozer-Keystone Healthy Start: Serving Families from 1997 to 2017 is a report issued by the Crozer-Keystone Community Foundation (now The Community Foundation for Delaware County). Says Joanne Craig, VP for Programs at the Foundation, "Healthy Start is successful in large part because of teamwork and the incredible individuals I've had the pleasure of working with over the years." This is true of every Healthy Start program! To obtain a copy of the report, contact Joanne at jcraig@delcofoundation.org.

Consumer Story: Cindy and Olusanjo Akereke



Mr. and Mrs. Akerele were one of the first couples to enroll in the Partnership for Maternal and Child Health of Northern New Jersey (PMCHNNJ) Healthy Start program in March 2015 (see the *Then & Now* story above). Mrs. Akerele is a Licensed Social Worker and has a Master's degree in social work (see also the article about educated Black women above). She enrolled with her son, Hezekiah, who was a week old! During intake, Cindy Akerele stated that she was a first time mom and would like to participate in classes pertaining to caring for newborns. She was then referred to a number of upcoming workshop and classes.

Cindy attended the Women's Support Group, the Effective Black Parenting series, the Becoming a Mom series and SISTA classes offered by the Newark Community Health Centers. When enrolled, she also expressed issues she was having with breastfeeding. She said she had already met with the WIC lactation specialist, which was unfortunately not helpful. Cindy said she would like a support group setting with other moms discussing their challenges with breastfeeding. She was then linked to a hospital breastfeeding support group.

During this time, Cindy was on maternity leave and finances were tight. Healthy Start provided the family with diapers, wipes, formula on an emergency need basis and referred the couple to Birth Right, North Porch and Newark New Start for further assistance.

Mrs. Akerele attended the first CAN meeting in 2015 where she was vocal about her delivery experience. She talked about how she felt like she was being forced into having a C-section when she opted to deliver vaginally. She explained how she decided to advocate for herself and her family in order to have control of her own health care. Mrs. Akerele also shared this experience in the classes she attended and encouraged other clients to do their research and understand that they have the right to express and discuss their concerns about delivering vaginally or by C-section with their doctors.

Meanwhile, Olusanjo Akerele was one of the first fathers to participate in the FELLAS Fatherhood Program that began in February 2015. He enrolled in the *24/7 Dad A.M. Fatherhood Course*, which

was held in the evenings at the Chelsea Park Family Success Center in Newark, NJ. He also attended the Fathers' Support Group. When asked what prompted him to sign up for this program, Olusanjo said that he just wanted to become a father and continue to create a firm foundation with his wife and child, as well as share the information he could learn with other fathers at his church and in his community.

Cindy and Olusanjo Akerele's case was closed in March of this year when Hezekiah turned two and aged out of the program. Cindy now serves on the board of Programs for Parents in Newark, an agency that provides comprehensive services for families and children.

Going to Capitol Hill!

Right: Ohio Healthy Start representatives in front of Sherrod Brown's office after speaking with Abigail Dugan, Senior Policy Advisor. Senator Brown's office continues to lend their support in efforts to improve outcomes, decrease disparities and the infant mortality rates in Ohio.

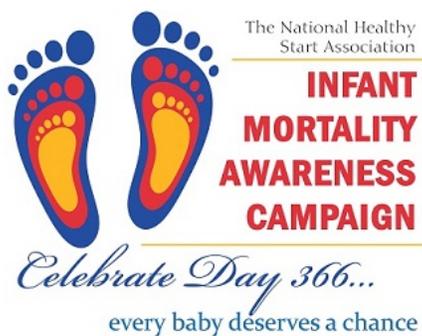


Below, l to r: Madie Robinson, Chair of NHTA's Government Relations Committee and Board member; Hilary O. Shelton, Director of the NAACP's Washington Bureau and Senior VP for Advocacy and Policy; and Deborah Frazier, NHTA's CEO. Mr. Shelton advised attendees on what to say and do when they go to the Hill.



Don't forget! Send photos of your Hill visits, events during the year, notable occasions such as an award or honor your project receives and other news you want to share to

bhaskins@nationalhealthystart.org.



Editor and Writer: Bea Haskins

Photographers: Kole Krause and Mary Schulltheis contributed all photos exclusive of the picture of the Ohio delegation. NHTA thanks them for their dedicated and hard work.

