



Getting Off to a Healthy Start

Dear Healthy Start Project Directors, Partners and Friends:

Welcome to this special issue of *Getting Off to a Healthy Start*. Our president, Kenn Harris, sent an article that we felt was so important, it deserved an issue to itself.

The importance of fatherhood in healthy birth outcomes, as well as in the growth and development of our children, cannot be overstated. The statistics are there. And dads are there - let's make sure we involve them in our programming!

Please remember to send information and photos to Bea Haskins, our newsletter editor,, at bhaskins@nationalhealthystart.org for inclusion in future issues.

Sincerely,

Deborah Frazier
CEO

Visit our Website to learn more about NHSA's 4th Annual Fatherhood Summit and 19th Annual Spring Conference; use links there to register and reserve hotel rooms at the Hyatt Regency on Capitol Hill in Washington, DC!

Our President Revisits, "Where is the 'F' in MCH?"



The "F" has not been missing in federal Healthy Start programs for over 25 years! Fathers have been included, engaged and involved with Healthy Start programs across the country since the program's inception in 1991. The legacy of NHSA's fatherhood work has grown alongside the fatherhood movement in this country for over 25 years. We have not only learned from, but contributed to practice, research and policy development. We've come a long way in MCH with regards to male and fatherhood inclusion, but we still have a lot of ground to cover because many are still asking the question, "Where's the 'F' in MCH?" Fortunately, the 100 Healthy Start projects part of NHSA membership remain in a position to offer answers for the larger MCH community.

And part of our commitment to sharing with the field and advancing, we are excited to offer our 4th Annual Summit on Fatherhood: The Health of Men & Boys, March 24th-25th in Washington, DC, as our pre-conference to our Annual Spring Conference. We invite you to come to this summit to hear how many Healthy Start projects are including men and fathers in their work with women and infants and improving birth outcomes and contributing to early childhood development. Fathers are not necessarily "missing" in MCH, but rather "ignored" or "overlooked" because the MCH system struggles about how to include them in a system not designed for them. While many now focus on father involvement today, Healthy Start has a history of working with men and fathers and we'd like to share our learning with you at our Summit.

I am also excited to be part of the AMCHP Conference this year in a role as moderator for their session, "Guys' Café: The Value and Reality of Engaging Dads and Young Men in Family Health". NHSA enjoys a great partnership with AMCHP. And one of the things we feel strongly about is that MCH has to

continually explore how to include men and fathers in our work with families, as we believe in the value of the positive contributions that dad can make not only in pregnancy and birth outcomes, but in overall family and community well-being. MCH leaders acknowledge the need for meaningful engagement with fathers, young men and male adolescents and are eager to learn how to be more inclusive of this population. The panel that has been assembled for this session at the AMCHP Conference consists of a broad cross-section of individuals that will share their experiences in male involvement within family health efforts. Our goal with this panel is provide examples of how some programs, research and practice have advanced paternal involvement and to encourage the MCH community to continue striving to include men and fathers in your work.

Some may say that, “We’ve come a long way with fatherhood” and some may say, “We haven’t come far enough.” Wherever you may be on this spectrum, the reality is that we need to “keep going.” And that is where the NHSA remains focused. Healthy Start’s legacy as an MCH program that has always included fathers from the beginning uniquely positions us as a leader in the fatherhood work, but as I mentioned earlier, we need to keep going. The system is changing, Environments have become more father-friendly. Research is growing. Practitioners are doing more. And we are starting to see the positive impact that this work in father inclusion is having on children, families and communities. Let’s keep going!

The NHSA thanks our membership for the incredible work that you do to include fathers and your commitment to the many families that are served under Healthy Start. We appreciate our national partners like AMCHP and the opportunity to work with you in educating and supporting our respective memberships around the topic of male involvement and fatherhood. We are at a point that the question is no longer, “Where’s the ‘F’ in MCH?,” but rather, “What are we doing with fathers in MCH?,” which is a much more positive perspective about where we are in 2018.

Let’s continue building on the rich legacy embodied in the 26 years of Healthy Start. Our “secret sauce” is in the fact that we are a community-based MCH program implemented across the country representing urban, rural, tribal and boarder communities; we have so much to lift up. And the NHSA knows what we endeavor to make known in this nation; that no one does it better. Here’s to you, Healthy Start!

Kenn Harris
President

America's Child and Teen Mortality Rate Is Moving in Right Direction

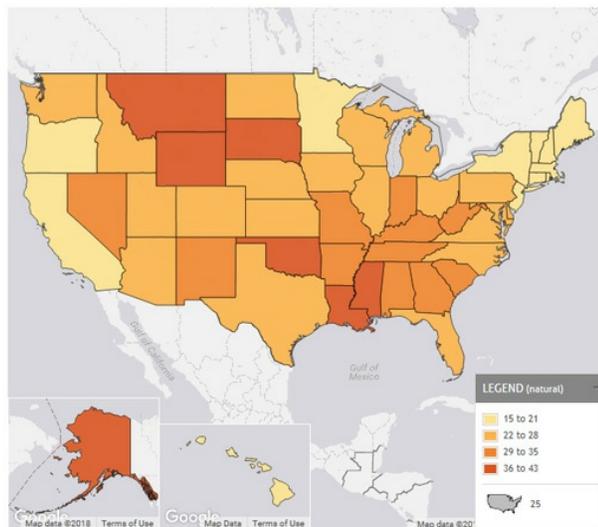
In 2015, there were 25 child and teen deaths for every 100,000 children living in America. This rate, which represents close to 20,000 deaths annually, has shrunk by 22% since 2005.

A notable caveat to such good news is that many of the deaths shaping this statistic are preventable. For instance: In 2015, 74% of children who passed away between the ages of 15 and 19 died because of an accident, homicide or suicide. Also in 2015: 29% of kids who passed away between the ages of 1 and 14 died because of an accident — with motor vehicle accidents listed as the primary cause.

At the state-level, the child and teen death rate varies. Connecticut has the lowest rate (15 deaths per 100,000 children) and Montana has the highest (43 deaths per 100,000 children).

A broad range of factors — including a child’s physical and mental well-being, their access to health care and their level of adult supervision — can impact the size of this statistic.

Parents and caregivers can also take a few simple steps to help keep kids safe. For instance: When families hit the road, adults can ensure that their young passengers are wearing seatbelts and that no



CHILD AND TEEN DEATH RATE (RATE PER 100,000) - 2015

one gets behind the wheel while under the influence of drugs, alcohol or technology.

Source: Kids Count Data Center, January 10, 2018, <http://datacenter.kidscount.org/about>