

Summer 2017



NATIONAL
HEALTHY START
ASSOCIATION

Getting off to a Healthy Start

IT'S BEEN A BUSY FEW MONTHS!
And it's time for us to catch up. Let's go!

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The National Healthy Start Association is a 501(c)(3) nonprofit organization. The mission of the NHTSA is to be our nation's voice in providing leadership and advocacy for health equity services and interventions that improve birth outcomes and family well-being.

Championing Equity in Our Communities – 25 Years and Counting!

NHTSA's 18th Annual Spring Conference began on Monday, April 3, 2-17, with Kenn Harris, President, and Deborah Frazier, CEO, offering welcoming and opening remarks to the 400 attendees. They were joined by Michael Lu, MD, MPH, who is the Associate Administrator of the Maternal and Child Health Bureau, Health Services Resource Administration, U.S. Department of Health and Human Resources, and David de la Cruz, PhD, the Acting Director of the Division of Healthy Start Perinatal Services.

Two keynote addresses followed: Mary-Ann Etiebet, MD, Executive Director of Merck for Mothers, spoke about *Maternal Mortality in the United States and Around the World*. She was followed by Elizabeth Howell, MD, MPP, Professor in the Departments of Population Health Science & Policy, Obstetrics, Gynecology and Reproductive Science and Psychiatry; System Vice Chair for Research in the Department of Obstetrics, Gynecology, and Reproductive Science and Associate Dean for Academic Development at Mount Sinai Health Systems in New York City. Her topic was *Disparities, Quality and Severe Maternal Morbidity*.

During lunch on the first day, attendees were treated to a presentation by Aranthan (AJ) Jones, II, Chief of Staff of the W.K. Kellogg Foundation. Later that evening, Mr. Jones, along with Lucien Read, Series Creator and Executive Producer, hosted a Movie Night and Town Hall Meeting. Three of the story topics from the Kellogg produced *America Divided* series were especially women into one narrative for this event. Everyone also enjoyed the caramel popcorn!

Tuesday led off with a panel on the *Link Between Historical Discriminatory Practices in America and Their Contribution to Infant Mortality Disparities*. The panelists were all from the Ohio State University. Dr. Arthur James is Associate Clinical Professor, Department of OBGYN, Wexner Medical Center. He was joined by Britteny Francis, MPH, and Jessica M. Roach, LPN, BA, MPH(c).

Throughout the conference, participants heard from experts in the fields of maternal and child health and related fields. There was a panel on historical discriminatory practices and their link to infant mortality disparities. Concurrent workshops covered a multitude of topics, such as *Developing Strategic Community Partnerships*, *Evaluating Fatherhood Programs*, *Fetal Infant Mortality Review* or *Working with Families through Grief and Healing*. *Merck for Mothers – Implementing the Charge for Improvements in Maternal Morbidity and Mortality* was an especially well-received panel.

Following a long-standing tradition at the conference, Wednesday was "Hill Day" and began with a Congressional Breakfast. Cynthia Pellegrini, Senior VP for Public Policy and Government Affairs of the March of Dimes, rallied the crowd with *Getting Ready for the Hill – What to Expect, How to Craft the Message*. With that, we were off to the Hill for numerous meetings with legislators or their staff people!

Getting off to a Healthy Start

TYRO DECLARATION

I (state name) am a (husband/wife and) father/mother. I AM a man/woman of honor. I AM a man/woman of good character. I do not embarrass my family nor do I cause them pain and suffering. I live my life upright and full of virtue. I AM a man/woman of integrity.

I do not lie, cheat or steal. I do not live my life justifying my mistakes and shortcomings. I AM trustworthy. I openly admit my faults and seek to become stronger each day. I AM loyal. I protect those that I love and defend those who are weaker than I. I AM grateful. I strive to achieve my highest potential. I know what I believe. I AM a man/woman of faith. My self-esteem does not come from others, but from doing what is right and just in all things.

I AM confident. I am neither arrogant nor boastful. My confidence comes from knowing myself and my character. I AM a friend. I do not use or manipulate people for my own personal gain. I live my life in moderation. I do not need material things to make me feel important or valuable. I know the difference between what I want and what I need. Others needs are important to me. I AM strong. I do not succumb to temptations like drugs, alcohol or lust that will keep me from fulfilling my destiny.

I AM A TYRO. I love learning and strive to increase my knowledge that I may live up to my highest potential. I AM good. I understand pain and suffering. Pain and suffering have been my greatest teachers. I will not use them as an excuse to fail. I AM free. I am free to dream and to create a better world for myself and all those around me. I do not use my freedom to imprison others mentally or physically. I AM patient. I do not lose my temper when I do not get my way or give up when I encounter resistance. I understand that those things worth having are worth waiting for. I AM an ambassador of hope for the hopeless. I AM beautiful. My actions and words reflect beauty and life. I AM the antidote. I do not spread poison with my life. I AM proud of who I am and what I represent and what I have overcome. I love myself. In loving myself, I am able to love others. I love my family. I AM a man/woman of discipline. The discipline I embrace guards me against envy, greed, hate and violence. I AM responsible. I can be depended upon to do what I say I will do. I AM a leader. I AM a man/woman worth following.

I AM A TYRO!

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The Ridge Project, Inc.

NHSA's Third Annual Summit on Fatherhood and the Health and Wellness of Boys and Men

NHSA's 18th Annual Spring Conference actually began with our Third Annual Fatherhood Summit, co-sponsored by the Men's Health Network. Both events were held at the Hyatt Regency on Capitol Hill in Washington, DC. There were two keynote presenters on Day 1 of the Summit on April 1st: Lee Warner, PhD, Associate Director for Science at the Centers for Disease Control and Prevention, who spoke on *PRAMs for Dads*, and Ira Chasnoff, MD, President of the Children's Research Triangle, whose topic was *Men, Marijuana and Fatherhood*. The Pregnancy Risks Assessment Monitoring Systems (PRAMS) recognizes that fathers play a key role in the health and development of their children before and after birth, that little is known about the impact of paternal factors on pregnancy and birth outcomes and that information reported on new fathers is missing from surveillance systems. PRAMS measures the health status of men before and after becoming a father and during the time their partners were pregnant. Dr. Warner spoke about the importance of including fathers' perinatal experiences, as well as the mothers'.

Over the course of the two days of the summit, participants were also treated to panels on what is going on in the fatherhood field. impacting reading proficiency through father engagement, paternity leave and what's new in child support were just a few topics. Kathy and Ron Tijerina of The Ridge Project in Ohio spoke about their TYRO program. The company's flagship suite of programs was created and is based on the Tijerina family's personal experience with welfare and incarceration. It was quite inspirational to hear the Summit participants recite the TYRO Pledge, shown on the right.

Attended by over 160 fatherhood practitioners, as well as Healthy Start dads, the Summit was once again a successful event!



Photos from the Summit



President Kenn Harris with one of the younger attendees at the Fatherhood Summit!



NHSA President Kenn Harris with Thabiti Boone.↑

Armin Brott, author of books on fatherhood, interviews Ken Braswell, executive director of Fathers Incorporated.↓

Mark Your Calendars!
2018 Fatherhood Summit:
March 24-25, 2018
Hyatt Regency on Capitol Hill





HEALTHY START: THEN AND NOW!

PROJECT SPOTLIGHTS

NHSA continues our features on the original federally-funded Healthy Start projects as part of our “Celebrating 25 Years of Healthy Start” (and beyond) project. So far, we’ve looked at Alameda County, CA (Oakland), Baltimore, MD, Birmingham, AL, Boston, MA and Chicago, IL. In this issue, we continue our “Then and Now” review articles about Cleveland, Dallas and Detroit.

Cleveland, Ohio

THEN: Though the City of Cleveland has always been the grantee for the Healthy Start grant, the project has gone through many changes, says Lisa Matthews, Project Director for the program. The infant mortality rate in 1991 in 15 Cleveland neighborhoods was 21.4 per 1,000 live births and 21.8 among African American women. Initially known as Cleveland Healthy Family/Healthy Start (CHF/HS), Cleveland’s community needs assessment showed a lack of service integration and coordination at the community level, low rates of adequate prenatal care, inaccessible health care services and limited or no collaboration among health provider organizations. (Source: *Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects*, November 1998).

After some early adjustments to the program, CHF/HS contracted directly with the agencies providing services, such as neighborhood settlement houses, to allow for more accountability. The early years, CHF/HS had over 100 outreach workers. They did not initially have a fatherhood program, and that is yet another thing that has changed.

A three-pronged approach aimed at the communities, city high schools and high-risk populations in shelters or incarcerated was implemented. The service models included outreach, infant mortality review and risk reduction. CHF/HS also had a robust public information/education model. Each of the 15 neighborhoods had a consortium that met at a local settlement house, which provided a local meeting place. Key trends or impacts of CHF/HS, according to the impact report were:

- “The first significant collaboration among area provider organizations related to infant mortality (via infant mortality review activities);
- “Unprecedented community wide collaboration between public, private and academic sectors;
- “Significant penetration and enhancement of school-based outreach and services; and
- “Enhancement of standards and practice for outreach and services to women in jail.”

Because of the success with their high-risk reduction model in the corrections center, CHF/HS attracted additional funds from the criminal justice system and the Ohio department of health, to expand their services.

Healthy Start Program Levels:

- 1 – Community Based
- 2 – Enhanced Services
- 3 – Leadership and Mentoring

NOW: CHF/HS is now called *MomsFirst*, Matthews said, because there are so many programs in Ohio with “Start” in their names. The name change was consumer driven, as consumers said all the programs with “Start” in their names (including both Healthy Start and Head Start) led to confusion. MomsFirst is a Level 3 program and mentors programs throughout the state.

For the period 2010-2015, MomsFirst participants had a lower Infant Mortality Rate (IMR) than the overall state of Ohio and the nation – 5.3 deaths per 1,000 births. MomsFirst served over 1,700 participants and their families in 2016 and has had an IMR below the Healthy People goal of 6.0 deaths per 1,000 live births in six of the last 10 years. MomsFirst enrolls primarily high risk African -American pregnant women and

teens. Cleveland’s 2016 overall IMR was 10.2*, with a white rate of 5.4* and a black rate of 13.5.* MomsFirst’s IMR for project participants in 2016 was 5.4 deaths per 1,000 live births. These data provide strong evidence regarding the impact the program is having in reducing infant mortality in MomsFirst’s communities.

MomsFirst’s 2016 Annual Report indicates that there were eight case managers and 30 community health workers; staff are funded primarily through the federal grant with others funded by the city and county. The program served 365 teen participants, 67 incarcerated participants and enrolled 655 new participants. And 557 babies were born to program participants! Here are some other fantastic stats:

- 12,974 home visits completed
- 8,899 medical appointments attended
- 1,486 depression screenings administered
- 1,339 reproductive life plans completed
- 105 referrals to job training

Referral sources were 32% from outreach, 22% self-referred, 15% from the Cleveland Metropolitan School District, 11% by a family member or friend and the remainder from other sources.

What about dads? MomsFirst now has a robust fatherhood initiative, including a Welcome to Fatherhood binder given to participants, a fathers support group, bus tickets for dads to accompany moms to their appointments and condoms for dads. Fathers also participate in home visits with their partners. In 2016, 186 men were served.

*Preliminary. Check out this link, a video of MomsFirst’s first 20 years! <https://www.youtube.com/watch?v=SL156XQROFQ>. And turn to page 9 for an article on a consumer who became a MomsFirst CHW!



Getting off to a Healthy Start

HEALTHY START: THEN AND NOW!

Dallas, Texas

THEN: Dallas Healthy Start was one of seven projects funded in 1994 with the goal of reducing infant mortality through more limited interventions. Elizabeth Cowles, an NHTSA founding board member, saw a need in the metroplex where too many babies were dying. The areas of greatest need turned out to be primarily African-American and Hispanic. DHS's grantee agency then and now is the Parkland Health & Hospital System.

Jerry Roberson, PhD, began working for DHS when it received the notice of grant award, first as Program Manager and later as Project Director. As transportation to care was a huge issue, DHS received funds from the March of Dimes for its Mom Mobile. Other efforts to reduce barriers to care led to providing services in small clinics and service centers right in the center of the targeted communities. That was the "point of connection," as Roberson called it, as consumers were then linked to comprehensive prenatal and post-natal care in the Parkland system.

Education at the sites was a way to help the consumers, by teaching them how to get access on their own. Prior to DHS, it could take months to get an appointment. "We got them in ASAP, within five to seven days," Roberson said.

To promote the Mom Mobile, DHS collaborated with an advertising company for promotional materials such as signs on buses and posters in the target areas. Flyers, which were printed with an incorrect phone number crossed out and the correct number written in by hand, resulted in a tremendous increase in participants, helping the staff to understand how important the personal touch was.

While DHS did not do much in the way of fatherhood, they did offer multiple education classes, such as parenting. A unique feature was a Teen Advisory Committee, or TAC, which had about 15-20 kids on it, where they received leadership development, learned about maternal and child health and were trained in advocacy. They would then go speak in middle and high schools about challenges, safe sex and no sex at all. The two co-chairs sat on the Executive Board of the DHS consortia, riding from school to the board meetings and then going back to school. DHS's consortium was 61% consumers and this was very intentional. The other 39% were service providers. The consortium gave DHS a platform in the hospital to obtain greater capacity.

The most challenging aspect for DHS, Roberson commented, was data, making it hard to tell the DHS story. Eventually they developed a good data system.

Roberson also credited Cowles for teaching him about collaboration, saying Liz was not afraid of building unusual collaborations. One example was offering nutritional cooking classes at different agencies, using that as a way to get the DHS message out into the community.

NOW: Dallas Healthy Start is a Level 2 program and currently has 16 staff, including Karla McCoy, who has been the project director for two and a half years. DHS is part of Parkland's Women's & Infants Division, with an office in a building across from the main hospital. Dallas Healthy Start offers services in seven ZIP codes that have the highest rates of infant deaths in Dallas County.

The array of services includes case management home visits, Medicaid access, prenatal and parenting education, depression screening and referrals, food and housing assistance, breastfeeding information, well baby care, nutrition counseling, family planning referrals, teen pregnancy prevention, transportation assistance, dental care referrals, father and male involvement, a car seat education and distribution program and substance abuse prevention, screening and referrals. Last year, well over 500 clients received a car seat through the Safe Rider program, a child safety seat and education program of the Texas Department of Public Health Services.

The prenatal classes are held at three women's health centers and are open to the community, not just Healthy Start clients. The DHS case management model includes assessment, observation, referrals, education, resource connections and home visits. Parenting education is done one-on-one in the home, using a modified *Parents as Teachers (PAT)*, an evidence-based curriculum utilized along with *Partners for Healthy Babies*, a nationally recognized, research-based curriculum used by many home visiting models to improve birth outcomes, reduce rates of child abuse, increase intervals between pregnancies, strengthen families, enhance child health and developmental outcomes and support family stability and economic self-sufficiency. The PAT is a home visiting model within an early childhood system that focuses on parent-child interaction, development-centered parenting and family well-being. Case management served 650 women, some teens, in 2016, with an average of 647 encounters per month.

Fatherhood and male involvement is offered through an agreement with Anthem Family Services, which also serves its own clientele. Anthem utilizes the TYTRO Championship Dads program (see page 2) to strengthen the role of dads in their children's lives. Anthem is also one of DHS's CAN partners. McCoy noted that they are looking at some new partnerships for the CAN.

Liz Cowles would be proud to know that DHS survives and thrives, almost 25 years after its inception. And she'd be happy to know that NHTSA is still holding annual conferences and providing other support to the grantees and the MCH field.



Elizabeth (Liz) Cowles, who passed away in 2011, was instrumental in obtaining DHS's first grant and was also a founding director of NHTSA.



HEALTHY START: THEN AND NOW!

Detroit, Michigan

THEN: The original grantee for Detroit Healthy Start was the City of Detroit. According to “Early Implementation Lessons Learned” (Vol. II in *The Healthy Start Initiative series*), Detroit’s infant mortality rate of 26.3 deaths per live births was due in great part to poverty and related social and economic conditions. Marsha Thomas, a social worker then and now, recalled that her case load was around 50 clients at any one time and that she did five home visits a day. The staff of 20-30 was based at the now-closed Herman Keifer Hospital.

Similar to other grantees, DHS offered educational classes on childbirth and parenting. Breastfeeding, said Thomas, wasn’t talked about then compared to now. Then it was considered sort of taboo, she said, and even now, there are still some people who don’t see its benefits. DHS had a lactation specialist who encouraged the moms to tell the nurses that they wanted to breastfeed. “Skin to skin” was the phrase they used.

One of Thomas’s favorite memories is the baby showers DHSP held, with refreshments and presents such as baby blankets and t-shirts. Every now and then they’d have a raffle for a new crib. Dads were encouraged to attend the showers, but not many did. Thomas did not recall a specific fatherhood/male involvement endeavor.

Another aspect that Thomas remembers well is their Grief Support Group. When a family lost a baby, the investigation by the police into the death made the parents feel even worse. The team would help them through the stages of grief and with how the police investigation into the death made them feel. She said that DHS, like all original healthy Start projects, had a Fetal and Infant Mortality Review program.

Transportation to obtain services was a major barrier for Detroit, as well as many other grantees, according to *Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects*. Twenty two percent of DHS women missed medical appointments and the average number of appointments missed was 2.2% per client. To address this barrier, DHS engaged in a “progressive partnership” with a transportation program already in place and expanded the service to the target area. The transportation program “exceeded its ridership goals of 2,500 trips by 77% (4,442 trips)” in one full year!

DHS’s consortium was comprised of current and former clients, community people and others. It was well attended and the consumers were very vocal. Clients would get awards for participating. Thomas remembers her time with the original DHS

NOW: Things have changed for the Healthy Start project in Detroit. In 2014, the project moved from the City of Detroit to the Institute of Population Health and the name changed to IPH Healthy Start Detroit (IPH/HSD). Gwendolyn Daniels, DPN, RN, is the Interim Executive Director of IPH, which is a 501c3 non-profit organization. IPH/HSD is a Level 3 program and is also a Federally Qualified Health Center Look-Alike. IPH/HSD serves eight zip-codes in the lower east side of Detroit. There are currently 20 staff and they are based at the Henry Ford Pregnancy & Birthing Center of Excellence.

IPH/HSD follows the Healthy Start 3.0 approaches:

- Improve Women’s Health
- Promote Quality Services
- Strengthen Family Resilience
- Achieve Collective Impact
- Increase Accountability through Quality Improvement, Performance Monitoring and Evaluation.



Felicia Lane, a former client and now a CHW, is seen here enrolling other pregnant women in the program.

Healthy Start clients are assessed for risks and then a care plan is developed. Infants are screened for developmental factors and parents are provided education, coordination and referrals for infants as needed.

IPH/HSD’s goals are to see 500 pregnant women and 500 non-pregnant women and infants each year. In 2016, they saw over 1,440 clients and had contact with 2,500 pregnant women, non-pregnant and parents of infants! As of May of 2017, IPH/HSD has seen 350 infants and 300 non-pregnant women. Daniels said that when IPH/HSD finds that a woman is enrolled in other programs, they provide a brief intervention and then “hand her off” to the other program.

Daniels said they want to ensure that every pregnant woman they come in contact with is in care, even if not in the IPH/HSD program. She also noted that one of the program’s strengths is their Community Health Workers (CHWs), who know how to reach high-risk women and get them in to care. Infants have a well-baby visit and moms receive post-partum visits. Pregnant women receive nine visits. After delivery, they have one visit, with their infant receiving nine visits.

A fatherhood component is in development, Daniels said, as the CAN members adopted it as an initiative. The CAN has a number of strong agencies who attend every month. They are looking at the social determinants of health and policies and procedures for a strong strategy to take away the barriers to health care and risk factors in pregnancy.

Healthy Start – 25 plus years of accomplishment!

National Healthy Start Association Turns 20 in 2018!

Celebrate 20 years of the NHSA at the 2018 Spring Conference. NHSA's past presidents are organizing a gala for Sunday, March 25th, at the Hyatt Regency on Capitol Hill. The gala will be similar to the one held in 2016 to celebrate the 25th anniversary of the Healthy Start initiative. More details about the gala will be forthcoming – we hope to see you there!



SOME of NHSA's Achievements

*Achieved authorization of Healthy Start in 2000 & reauthorization in 2008 *1st Spring Conference in 2000 *6 Regional Conferences in 2004 & 6 in 2006 *Inaugurated the Infant Mortality Awareness Month campaign in 2007 & developed an IMAM toolkit for the projects *Developed the Peer Learning Network in 2007 *Held first Capitol Hill Briefing in 2007 *Developed 6 other toolkits to help the projects *Initiated the Healthy Start Leadership Institute in 2007 *Began Dads Matter Initiative in 20__ * Developed Texting with Dads in 2015 *Inaugurated the annual Fatherhood Summit in 2015; held 3rd in 2018 *18th Annual Spring Conference in 2017 *Capitol Hill advocacy *Numerous White Papers

It's hard to believe that the National Healthy Start Association will be 20 years old in 2018. The initial demonstration phase began with 15 projects in 1991 and seven more were added in 1994. But in 1998 with the "replication" phase, the Healthy Start initiative suddenly had 100 projects, serving a mix of various demographics.

There was a visionary, who, along with other far-sighted leaders, saw a need to bring the grantees together to share client and project success stories, strategies for meeting challenges and advocate for the initiative in a cohesive manner. That visionary was Thomas P. Coyle, Assistant Commissioner for Maternal & Child Health at the Baltimore City Health Department, the grantee agency for Baltimore City Healthy Start (see the Summer 2016 issue of *Getting Off to a Healthy Start*).

Coyle sought the services of a law firm in Baltimore, which shepherded the incorporation in the State of Maryland and helped to get NHSA's 501c3 status. The first board of directors was made up of project directors and other Healthy Start leaders from around the country.

Initially housed in Coyle's office at the Health Department, NHSA was later located in our current newsletter editor's home office for about 10 years, when we finally got an office in Washington, DC. Our first CEO, Peggy Sanchez Mills, came on board in 2007. Her first task was to attend the inaugural Healthy Start Leadership Institute and 2007 Spring Conference, traveling from Florida to DC in the middle of an ice storm. What a way to start, right? Peggy coped beautifully, however.

There have been ups and downs, challenges, trials and tribulations. As we head into our 20th year, we are a strong, viable and much needed organization. Not only a resource to the grantees, NHSA is nationally recognized as a leader in the MCH field. Thanks to our members, we will continue on to our 25th anniversary – and beyond!

Celebrate the 20th anniversary of NHSA!

Be sure to mark your calendars for the National Healthy Start Association's
19th Annual Spring Conference in Washington, DC

AND the 20th Anniversary of NHSA!

March 24-25, 2018: Summit on Fatherhood and the Health and Wellness of Boys and Men

March 25, 2018: 20th Anniversary Gala

March 26-28, 2018: Annual Conference with Congressional Breakfast and visits to Capitol Hill planned for

March 28th.

Getting off to a Healthy Start

HEALTHY START IN THE NEWS

Strong Beginnings – Healthy Start Receives the Hospital Charitable Service Award

Strong Beginnings – Healthy Start, a 10-year-old partnership of eight community agencies with Spectrum Health as the fiduciary, received one of 10 Programs of Excellence awards from the 2016 Hospital Charitable Service Awards program. These awards honor hospital-sponsored programs that set new standards for health and wellness in their communities through education, access and delivery. The awards program's press release state, "We commend all of the finalists for their unique commitment to addressing community health needs with sustainable, innovative and collaborative efforts."



Health Professionals from The Netherlands Visits The Magnolia Project

The Magnolia Project, the Northeast Florida Healthy Start Coalition's nationally-recognized preconception health initiative, welcomed two international maternal and child health experts from the Netherlands for a tour on March 13, 2017. Eric A.P. Steegers, MD, PhD, and Regine P.M. Steegers-Theunissen, MD, PhD, from the university-affiliated medical center Erasmus MC in Rotterdam, Netherlands, toured the Magnolia Project and met with several Coalition staff and partners to learn about the local efforts to improve women's health. Dr. Steegers is a professor and chair of the Obstetrics and Gynecology Department, while Dr. Steegers-Theunissen is a professor of periconception epidemiology in the Obstetrics and Gynecology and Pediatrics Departments.



The tour began in the Magnolia office space, where the Dutch doctors met with staff and learned about the work that the Magnolia does from a community and case management perspective. Community Action Network Coordinator Vanessa Jefferson, discussed how she and community partners meet the participants of the Magnolia Project where they are to supply them with what they need, while Case Manager Anna Matthews, talked about the importance of building relationships with participants. Dr. Steegers and Dr. Steegers-Theunissen were then given an inside look at the clinical portion of the Magnolia Project, followed by a quick discussion on why preconception health sites, like the Magnolia Project, are important for women living in Health Zone 1. The clinic offers women birth control, STD testing, as well as prenatal care and information on how to have a healthy pregnancy in an easy-to-access storefront in the community.

NEFHSC Coalition CEO (and former Magnolia Project Project Director) Faye Johnson with Dr. Steegers and Dr. Steegers-Theunissen outside the Magnolia Project site.

The tour continued to the Magnolia Project OASIS where Freedom Coach Sabrina Willis discussed the importance of dealing with toxic stress and how initiatives like Yoga in the Streets are a way for women to cope and relax. "It's very interesting that you all implement Yoga into the work that you do here" Dr. Steegers-Theunissen said. "I love that you all address toxic stress and ways to reduce it. It is all so very important to healthy preconception." Dr. Steegers-Theunissen and Dr. Steegers both gave a presentation to staff and Jersey College nursing students about the importance of including the partner in healthy decision making.

"We developed an app that teaches nutrition and encourages its users to make better health decisions as related to preconception" Dr. Steegers-Theunissen said. "Ninety percent of the pregnancies in the Netherlands are planned, and with launching this app in 2011, we learned that women are more likely to make better health decisions when their partner is included in the process."

Healthy Start Regional Conference Co-hosted by Baltimore Healthy Start, Inc. (BHSI)

BHSI had the opportunity to co-host the regional Healthy Start meeting this year with the U.S. Department of Health and Human Services' Health Resources Services Administration. The program was full of expert panelists and lively cross learning opportunities among sites. SAMHSA staff even stopped by to hear Drs. Mishka Terplan, MD, MPH FACOG, FASAM and Georgiana Wilton, PhD, speak about behavioral health and substance misuse across the perinatal period.



Attendees at the Regional Conference.

NEFHSC Receives Grant to Reduce the Rate of Substance-Abuse Newborns

The Northeast Florida Healthy Start Coalition was awarded a three-year grant from the U.S. Department of Health and Human Services' Office on Women's Health to reduce the alarming rate of babies born with Neonatal Abstinence Syndrome (NAS), a condition experienced by neonates exposed to opioid prescription or illicit drugs during the prenatal period. The grant will be managed by a prevention director at the Azalea Project, an initiative of the coalition focused on substance-misusing women.

Getting off to a Healthy Start

RESEARCH NEWS: **Hot** Stats and **Fast** Facts

The Infant Mortality Rate Dropped in the U.S., But Racial Inequities Remain

According to a new report by the Centers for Disease Control and Prevention, infant mortality rates in the U.S. have declined 15 percent, reports CNN. Troublingly, the report also reveals inequities across the racial spectrum. Overall, the U.S.'s infant mortality rate dropped from 6.86 infant deaths per 1,000 live births to 5.82 from 2005 to 2014. But the change in infant mortality rates differed depending on race: American Indians and Native Alaskans saw about the same rate of infant deaths, for example, while Asians and Pacific Islanders saw the most significant drop – 21 percent. Some differences are especially stark when compared. Per CNN: "Infants born to non-Hispanic black women have a mortality rate more than double that of non-Hispanic white women."

The report's author, T.J. Matthews, told CNN, "I think there was a public-health push in the past decade to figure out ways to lower this rate, and it has made an impact." Cases of sudden infant-death syndrome, for example, fell by 29 percent. Dr. Paul Jarris, chief medical officer for the March of Dimes, described the report to CNN as "good news," adding that more work must be done to improve the rate. "What is concerning, though," he said, "is that the inequities between non-Hispanic blacks and American Indians and the Caucasian population have persisted."

Source: <https://www.thecut.com/2017/03/the-u-s-infant-mortality-rate-has-dropped-but-racial-inequities-remain.html> (Author: Jen Gann); 03/21/17; accessed 08/14/17.



SAFE TO SLEEP

Remember, October is SIDS Awareness Month. The Eunice Kennedy Shriver National Institute of Child Health and Development-led Safe to Sleep® Campaign celebrates 20 years of educating parents, caregivers and health care providers. While the prevalence of sudden infant death syndrome (SIDS) in the United States has decreased by 50% over the last 20 years, SIDS remains the leading cause of death for U.S. infants one month to one year of age. This **SIDS Awareness Month**, the NICHD highlights SIDS resources and research to help parents, caregivers and medical professionals reduce the risk of SIDS. Click the link below for more information and resources for your SIDS Awareness Month activities.

Resource: <https://www.nichd.nih.gov/sts/Pages/default.aspx>; accessed 08/17/17.

Flu Shots and Pregnancy

Pregnant women and young babies are among those most at risk for complications, hospitalization and death from the flu. While doctors have long recommended flu shots for protection, experts weren't exactly sure how the shots affect pregnancy. According to a study by the Institute for Behavioral Medicine Research at The Ohio State University Wexner Medical Center, "All women should get the flu shot during pregnancy because it's a time of high risk for complications from the flu and, until they are six months of age, babies can't get their own flu shots, so the only way to protect them in the first few months of life is for the mother to get a flu shot during pregnancy. In addition to getting a flu vaccine, pregnant women should avoid people who are sick and wash their hands frequently to prevent the spread of germs."

Source: <https://www.sciencedaily.com/releases/2017/08/1708011101718.htm>, 08/01/17; accessed 08/14/17.



Births: Final Data for 2015

This report from the National Vital Statistics Report has a wealth of information about births in the U.S. Here are some stats about Birthweight and Gestation:

- Number of babies born low birthweight (less than 2,500grams): 320,869
- Percent born low birthweight: 8.08%
- Percent born very low birthweight: 1.40%
- Number of preterm births: 382,786
- Percent born preterm: 9.63%

Download the 70-page report here: https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, 01/05/17; accessed 08/14/17.

Impact of Income and Wealth on Infant Mortality and Children's Health



Infant mortality and children's health are also strongly linked to family income and maternal education. Rates of low birth weight are highest among infants born to low-income mothers. Children in poor families are approximately four times as likely to be in poor or fair health as children in families with incomes at or above 400% percent of the Federal Poverty Level. Lower-income children experience higher rates of asthma, heart conditions, hearing problems, digestive disorders, and elevated blood lead levels. In 2006–08, the prevalence of asthma was 8.2% among non-poor children but 11.7% among poor children and 23.3 percent among poor Hispanic children. Poor children also have more risk factors for disease, such as childhood obesity, which is a strong predictor of obesity as an adult.

Source: Income and Health Initiative: *Brief One: How Are Income and Wealth Linked to Health and Longevity?*, April 2015; <http://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf>; accessed 08/15/17.

Getting off to a Healthy Start



SPOTLIGHT ON CONSUMERS

MomsFirst Gives Education and Support to Push Moms Forward

Candence Pinkard, MomsFirst Community Health Worker at Friendly Inn Settlement House, had no idea that she would be working for the program that helped push her forward shortly after graduating from college *summa cum laude*. Looking at the smile on her, it's hard to imagine the battle that she faced when expecting her third child. "I was jobless and struggling. It was an unexpected pregnancy; I was in college trying to graduate. I was very sad and depressed about not working and having the resources I needed," said Pinkard. When Candence met her Community Health Worker (CHW), LaTanisha Walker-White of St. Martin De Porres Family Center, she found a light at the end of the tunnel. "Coming into the program with her was destined," said Candence. "I needed the support; I needed the resources. With this pregnancy, I didn't have the support and someone to motivate me and I was very happy that she was able to do that," she added.

In preparation for motherhood, many women have traditionally relied on role models such as older female relatives or someone who seemed like a mother to them, such as a neighbor. These role models would circle around them. The value of caring for one another is evident in the work of CHWs who go the extra mile to support mothers through pregnancy. These women often come from different paths but meet at a pivotal point in their lives.

While their stories may be different, they share a common thread. This thread is unity, sisterhood and perseverance. LaTanisha Walker-White remembers standing alongside Candence when she was expecting. As her CHW, LaTanisha was dedicated to making sure she had all of the resources she needed to succeed. "Whatever I gave her, she followed through. She also helped me because she would find resources in the community that were free and tell me to give them to my participants," said Walker-White.

LaTanisha knew what it was like to be pregnant and in need of support herself. She didn't grow up thinking that she would get pregnant with her first child at 17. Planted in a neighborhood where a helping hand was right next door, she soon discovered family in the community when she needed it the most. "I was just a young girl having a baby. I didn't know what I was doing. We were in a bad place as far as our family," she stated. Charlesretta Wynn and Deedra Jackson, both CHWs at Lexington Bell Community Center, helped her survive one of the toughest times in her life. Charlesretta, who was once LaTanisha's neighbor, reached out to tell her about MomsFirst, which was then called Healthy Family/ Healthy Start.

Walker-White grew up in Cleveland's Hough community, the same neighborhood that was once plagued by riots stemming from racial tension in July of 1966. The economic and physical condition of the Hough Neighborhood did not improve after the riots. Some attribute the public's realization of the social and economic inequities faced by African-Americans in Cleveland to the riots. "Sometimes you can be a victim of your community. You just accepted how it was going to be," said LaTanisha. "But due to the support of a caring neighbor and Community Health Workers, she was able to choose a path of her own. "I was in a youth program and the youth counselor took me to the abortion clinic and tried to make me get an abortion. Deedra and Charlesretta came along and said, 'If that's not what you want to do, we are going to help you through this and we are going to make sure this baby lives.'" This support helped her have a healthy pregnancy.

LaTanisha was also struggling as a high school student and often missed school due to her chronic asthma. "I got put out of school three times because I turned 18 and they treated me like I had just dropped out," she said. Discouraged, Walker-White was not going to get a diploma. "Charlesretta came home one day and told me she found a school for me," said LaTanisha. "The one thing that they told me that I still remember today is you can do whatever you want to do. You can achieve whatever goal you want to achieve so keep going no matter what happens," she stated.

Deedra remembers LaTanisha's story vividly. She became a shoulder to lean on for many women throughout her 25 years of experience as a Community Health Worker. "I make it clear to my participants that they can talk to me about anything. It's confidential, between me and you," said Jackson. She didn't know that LaTanisha would follow in her footsteps. Overjoyed when she saw her at a MomsFirst meeting, she couldn't help but rejoice. "I like to see them when they do well, that makes me happy," explained Deedra. "They will come back and tell you they were glad you were in their life. It made me feel good as a person; I did something right." The support that LaTanisha and Candence received as participants in the program has had a positive impact on their lives, inspiring them to pay it forward now as CHWs. "It makes me work even harder to help others be successful. If I can do it, you can do it," said Candence Pinkard.



Candence Pinkard (L) is joined by LaTanisha Walker-White in the middle and Deedra Jackson on the right.

Fathers' Resource Page

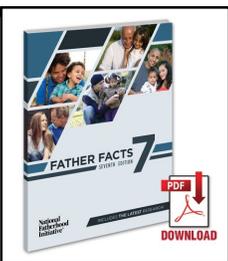
News and Resources for Dads and Programs That Work with Fathers/Men

The Proof Is In: Father Absence Harms Children

Many people believe that family structure doesn't really matter, as long as children are cared for and loved by someone, anyone. However, new research on father absence shows that old adage, "correlation does not imply causation," does not apply to the effects of father absence on children. In other words, for many of our most intractable social ills affecting children, father absence is to blame.

Source: McLanahan, S., Tach, L., & Schneider, D. (2013). *The causal effects of father absence*. *Annual Review of Sociology*, 39, 399-427. From <http://www.fatherhood.org/father-absence-statistics-2016>; accessed 08/15/17.

Father Facts 7 is Now Available from the National Fatherhood Initiative (NFI)



The National Fatherhood Initiative began publishing fatherhood research in the early 1990s. From a one-page fact sheet to the 122-page volume of *Father Facts 7*, research proves that children need good dads. The data shows how important dads are to children's well-being. Use these data in grant proposals, to provide media with statistics on father absence, to inform your local and state legislators about the importance of this issue, and so much more. Staff can use the data to stress the importance of engaging dads. *Father Facts 7* contains the research you need to promote involved, responsible and committed fatherhood to anyone in any setting. Get More Research on Father Absence and Involvement in *Father Facts 7* > <http://store.fatherhood.org/father-facts-7-download>.

Source: <http://www.fatherhood.org/father-absence-statistics-2016>; accessed 08/15/17.

Ex-Prisoner Reentry Strategies

The Ex-Prisoner Reentry Strategies Study conducted by the Urban Institute, documented the implementation of selected reentry programs initially funded in FY2011 under the Responsible Fatherhood grant program, the experiences of staff and participants and lessons useful to others in the field. Additional work involved evaluation design recommendations and a focus on measures appropriate for use in evaluation of programs with similar goals and objectives as these grant programs.

Early implementation findings showed that grantees served fathers before, during and after incarceration. A wide range of pre-release and post-release activities were conducted by grantees including parenting and relationship classes, financial literacy, domestic violence screening and services, support groups, mentoring, child-parent visits and family activity days. Grantees also documented relationships with a multitude of partnership organizations, including local criminal justice organizations, human services programs, community-based organizations and faith-based organizations. Publications from the project include a series of briefs on the responsible parenting, healthy marriage and economic stability components of Responsible Fatherhood programs and a final report on implementation findings. Click the link below for more information.

Source: *Healthy Marriage and Responsible Fatherhood Research and Evaluation Newsletter*, p. 5; https://www.acf.hhs.gov/sites/default/files/opre/healthy_marriage_and_responsible_fatherhood_research_and_evaluation.pdf; accessed 08/15/17.

The Impact of Father Absence

As shown in the infographic on the right, 24 million - 1 out of 3 - children grow up in father absent homes. As a result, these children are up against incredible odds; they are four times more likely to grow up in poverty, seven times more likely to get pregnant as a teen, and two times more likely to drop out of high school - just to name a few.

Source: National Fatherhood Initiative, email dated 08/16/17. Go to <http://www.fatherhood.org> for more information and resources. Infographic used with permission.



Getting off to a Healthy Start

Message from Kenn Harris, NHSA's President



Fathers Lost

Even in the midst of the sounds of darkness echoing in our nation from recent events in Charlottesville, Boston.... I find myself blanketed in somberness, trying to recuperate from the blow dealt by the recent passing of my father, August 5th 2017, just days ago! I cannot believe that my four siblings and I pulled together to execute his funeral services just a couple of days ago and now I'm heading back to work for the first time in two weeks; it seems like I've been away forever.

Although I've been away from work, my work has not been away from me. Hearing the phrase, "I'm sorry, I heard that you lost your father" weighed on my mind so much that the heaviness could not be ignored. I found myself having trouble with the term. You see, to me my father wasn't "lost." I know exactly where he is. I know he transitioned from this life to another in order to be with God in heaven. The idea of a father being "lost" wouldn't let me go because in order for something to be lost, it must first have to be possessed. And here's where my work is not far from me. I cannot help but think about Healthy Start's work around fatherhood and men's health because its meaning and value deepened the day my father died. I realize that what my father gave me, I now possess and that I do not lose it or him in his passing.

Our Healthy Start fathers are not lost either, are they? We know exactly where they are. They need our support. They need our care. They need their families and their families need them. Under our current funding, the new mandate in our federal benchmarks asks Healthy Start projects to count them, but the integrity of our work with men and fathers demands that we **make them count**. Many of you have focused your efforts on *engagement* – you've begun to consider how to engage fathers; *inclusion* – some of you have integrated fathers into your core services that include outreach, case management and care coordination; and *connection* – through your work with fathers you have established partnerships with agencies and organizations that support and serve fathers. Engagement, inclusion and connection are all things that I had with my father and today I realize that it is those things from a physical perspective that are actually lost. And if we don't continue to push the envelope, these are the things that will be lost to the children of the fathers we serve. And in this sense, fathers are lost.

But I find that in my time of grieving over the passing of my father, heralding "fatherhood" becomes more important ever. Healthy Start is in its fourth year of a five-year funding cycle. We cannot afford to let any opportunity pass to talk about the importance of men and fathers, to our women and children, to our families and to our communities. Here are a couple of things about my dad that I'd like to pass along to you. Things that were not lost to me:

A Father's Strength

I have never liked wearing jewelry. In fact, the only piece of jewelry I wear is my wedding ring. But since my Dad's passing, I'm feeling a need to be connected with him, so I've taken to wearing his jewelry; two pieces in particular. His favorite ring was a blue star sapphire ring, and is now my favorite ring and the other piece of jewelry is his gold tennis bracelet. When you'd see Dad's hand, this bracelet was always attached to his wrist. In fact, if you only saw Dad's hand with this bracelet, you'd know it was Dad's right hand. He'd always remind us that any time we read about God's right hand in the Bible, it represented God's strength. I feel Dad's strength when I wear this bracelet. Fathers can instill strength that is not lost even in death. Thank you for your strength, Dad.

Time with My Father

Being on time was important to my father. I'm sure that had something to do with his fascination and collection of watches. Dad told Mom to give each of his four sons and two grandsons one of his watches upon his passing, which she honored. This particular piece of jewelry is one I've chosen not to wear but rather hold on to as a keepsake as I will cherish the time that I had with my father. The times that I shared with my father are not lost; they will always reside in my memories about him.

So, thank you for *strength* and *time*, Dad. In the end, what is it that I want? I want more. More connection. More time. I just want more of my dad. It is our endeavor within the **NHSA Dads Matter Initiative** to ensure that Healthy Start women, children and families have more; more of dads' strength and time in their lives. I appreciate what I had with my time with my dad and I realize that it's not lost in his passing. I still possess those things in my heart. For this, I am thankful.

And I thank you, Healthy Start family, for being there for our families over 26 years and thank you for being here for me, your NHSA president. Your outreach of support is most appreciated. I know that we are living in times of great uncertainty but one thing is certain and that is that we will only achieve success as a collective and connected community. Let's stay together! Be well,

Kenn L. Harris

Getting off to a Healthy Start

Photos from the 18th Annual Spring Conference



NHTSA President Kenn Harris and CEO Deborah Frazier get ready to officially open the conference!



The Healthy Start Choir, under the direction of Bonita Agee, performed several times during the conference.



Dr. Arthur James, Plenary presenter on Tuesday, with NHTSA Board of Directors' Secretary Peggy Vander Meulen.



Healthy Start New Orleans consumer Corina Guerrero with her son and HSNO Case Manager Supervisors Latoyia Hood and Nyra Hood doing some site seeing at DC's World War II Memorial.

Thanks to the Men's Health Network, all the Healthy Start Projects and NHTSA Board Members who provided photos or information for this issue of *Getting off to a Healthy Start*. Be sure to send any photos with a story that you'd like included in future issues.

Getting off to a Healthy Start

Photos from the 18th Annual Spring Conference



Congressman James E. Clyburn (D-SC6) was the keynote speaker at Wednesday's Congressional Breakfast.



Timika Anderson-Reeves, NHSA President-elect and Deborah Frazier present a 2017 Advocacy and Partnership Award to Rebecca Nathanson, Federal Affairs Manager of the American College of Obstetricians and Gynecologists.



NHSA President Kenn Harris (L) and CEO Deborah Frazier present a 2017 Advocacy and Partnership Award to Rebecca Abbot, Deputy Director of Federal Affairs for Public Health, March of Dimes, and Stacy Stewart, President, March of Dimes Foundation.



Healthy Start Consumers on stage with NHSA CEO Deborah to receive their prizes.



Consumers receiving prizes from NHSA President-elect Timika Anderson-Reeves.

2017 Distinguished Legislative Awards
For their efforts to ensure a Healthy Start for every baby
Representative Tim Ryan (D-OH13) Representative Evans Jenkins (R-WV 3)
Senator Debbie Stabenow (D-MI)

Getting off to a Healthy Start

Photos from “Capitol Hill Day,” April 5, 2017



Strong Beginnings – Healthy Start staff with Senator Gary Peters (D-MI), L to R: “Bo” Adnoris Torres, Fatherhood Coordinator; Terri Price Kirkpatrick, Community Health Worker; Senator Peters; Celeste Sanchez Lloyd, Program Manager; Sonia Riley, Health Educator.

NHSA Board Secretary Peggy Vander Meulen presents Senator Debbie Stabenow (D-MI) with her 2017 Distinguished Legislator Award.



→
Strong Beginnings staff with Senator Deborah Stabenow (D-MI), L to R: Sonia Riley, Bo Torres, Senator Stabenow, Celest Sanchez Lloyd, Terri Price Kirkpatrick and Connie Noel, Administrative Project Coordinator.



←
Staff from three of the four Healthy Start Projects in Louisiana – Healthy Start New Orleans, Family Road Healthy Start, Crescent City WIC, along with Dr. Marsha Broussard, Health Director for the City of New Orleans, gather with Representative Cedric Richmond (D-LA2), pictured in the center rear.



Getting off to a Healthy Start

Photos from "Capitol Hill Day," April 5, 2017

Missouri Bootheel Healthy Start on the Hill!



With Senator Roy Blunt (R-MO) in the center are (L to R):

- * Rob Turner, Project Management Coordinator, Bootheel Babies and Families (BBF)
- * Teletia Atkins, Data Manager, BBF
- * Cynthia Dean, CEO, Missouri Bootheel Regional Consortium (MBRC) & Director, Missouri Bootheel Healthy Start (MBHS)
- * Lauren Clark, Health Education Coordinator, MBRC
- * Shira Bills, Case Manager, MBHS
- * Kaleigh Penrod, Outreach Coordinator, BBF
- * Lester Gillespie, Community Member



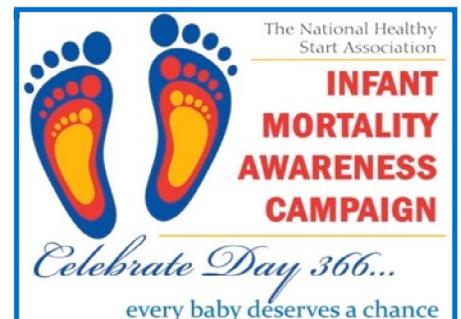
A staffperson from Senator Blunt's office (center) meets with the Missouri Bootheel Healthy Start team.

The team also met with Senator Claire McCaskill (D-MO) during their day on the Hill.



Missouri Bootheel Healthy Start meet with Representative Jason Smith (R-MO 6).

Don't forget to send your Infant Mortality Awareness Month photos and stories!



Getting off to a Healthy Start

Photos from “Capitol Hill Day,” April 5, 2017

Tougaloo College—Delta Health Partners Healthy Start initiative Goes to the Hill!



↑ TC-DPHS staff meet with Representative Bennie Thompson (D—MS 2) to update him on their Healthy Start project activities. ↑

→
 TC-DPHS staff with Senator Roger Wicker (R-MS) in the center. Staff in this and the other pictures are:

- * Nita Carter, Outreach Coordinator
- * Carol Mack, Field Service Supervisor
- * Arletha Howard, Project Director
- * Barbara Brooks, Project Development Officer
- * Dejuan Watts, Male Involvement Coordinator
- * Justin Dishman, Male Involvement Consultant
- * Shonta' Bland, Outreach Consultant



← TC-DPHS staff with Senator Thad Cochran's (R-MS) Health Policy Fellow, Elizabeth Joseph and Elizabeth Gray Henry, Legislative Aide.

Getting off to a Healthy Start

Photos from “Capitol Hill Day,” April 5, 2017



←
Entire Ohio Healthy Start Delegation –
Cleveland, Columbus, Cincinnati, Dayton and
Toledo Projects – outside Senator Sherrod
Brown’s (D-OH) office.



→
Pictured L to R are Margaret Turner and
Cathy Morris (Heart of Georgia Healthy
Start), Representative Jody Hice (R—
GA10) and Debra Griffin and Jodi Hudgins
(Enterprise Healthy Start).



←
Westside Healthy Start (Chicago) staff out-
side Representative Danny Davis’ (D IL-10)
office.

Aside from IMAM & Baby Buggy Walk photos, do you have some other Healthy Start in the News to share? Send it to bhaskins@nationalhealthystart.org. If your photos include consumers, you might want to send a release form giving NHTSA permission to use. Deadline for the next issue of Getting off to a Healthy Start is **October 5th!**

Getting off to a Healthy Start

Photos from “Capitol Hill Day,” April 5, 2017

Indianapolis Healthy Start Has Their Day on the Hill, Too!



Yvonne Beasley, Project Director (L), Felicia Hanney, Project Manager (2nd from left) with Megan Savage, Chief of Staff for Congresswoman Susan W. Brooks (R-IN5)

In the center with the Indianapolis Healthy Start staff is Mica Pilz Harbin, Legislative Fellow for Congressman André Carson (D-IN7).

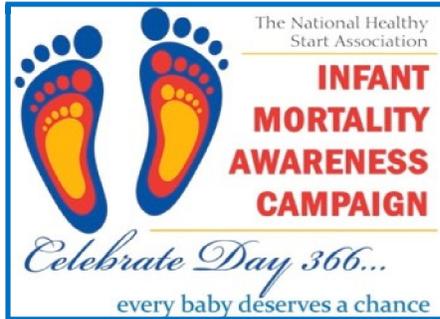


Joined in this picture with the HIS staff is Joe McNally, Legislative Correspondent for Senator Joe Donnelly (D-IN).



Getting off to a Healthy Start

September is Infant Mortality Awareness Month!



ATTENTION: HEALTHY START PROJECTS

Click [here](#) for the Infant Mortality Awareness Month Toolkit!

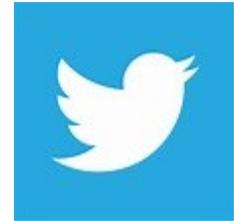
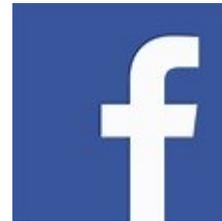


✓ Example of a Baby Buggy Walk photo: Greater Harrisburg (PA) Healthy Start's 2016 Walk.



Send your IMAM photos and other information, such as press releases or commendations, to bhaskins@nationalhealthystart.org for the next issue of *Getting off to a Healthy Start*!

Deadline: October 5, 2017!



Getting off to a Healthy Start

is changing to a monthly – or more realistically – a bi-monthly format!

- ◆ We can get information to you more quickly and what we include won't be as out of date as with a quarterly or twice-a-year issue.
- ◆ The first issue will be in late October/early November and will include:
 - ◆ Highlights of the Healthy Start Projects Infant Mortality Awareness Month activities and Baby Buggy Walks.
 - ◆ Healthy Start in the News.
 - ◆ Preview of NHTA's Annual Spring Conference and Fatherhood Summit.
 - ◆ Continuing the Project Spotlight on the original Healthy Start Projects: Essex County, NJ.

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Special thanks to the staffs of the spotlighted projects for their assistance!

25th Anniversary—
Federal Healthy Start Initiative

twenty-five years of
advancing health equity
through community-
based collaboration