

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Spring 2003

National Healthy Start Association to Receive Federal Funds

The National Healthy Start Association is pleased to announce that Congressional supporters secured a special allocation of \$350,000 for the Association to gather and disseminate information on best practices in the Healthy Start program and to provide technical assistance to Healthy Start grantees. Key Members of Congress instrumental in securing the funds included the entire Congressional Black Caucus led by Representative Elijah Cummings (D-MD), Chairman, and the incomparable help of House Labor-HHS Appropriations members Representative Jesse Jackson, Jr. (D-IL) and Ranking Member David Obey (D-WI).

“We are excited about this funding,” NHSA Board President Belinda Pettiford said. “The Association will be able to provide more services to our membership, including the community-based workers who are focused on eliminating health disparities in perinatal outcomes.” The funds will enable the NHSA to begin to implement its strategic plan, which calls for a nationwide communications and technical assistance network for the exchange and dissemination of information about community-based models that work; efforts to increase public awareness of the needs of at-risk pregnant women, and infants, children and families; the identification of common factors that impact maternal and child health; and the development of strategies to financially sustain Healthy Start and other community-based maternal and child health programs. The Association plans to collect and analyze data and publish reports on

evaluation findings and lessons learned from Healthy Start programs.

This special allocation, known as a Congressional “earmark,” means it is designated solely to the NHSA, and will be subject to the same across-the-board cut of .65 percent applicable to nearly all appropriations in the FY2003 omnibus appropriations package. The funds will be distributed through the Department of Health and Human Services’ (DHHS) Health Resources and Services Administration, under the oversight of the Maternal and Child Health Bureau.

Don't Forget!

NHSA's Fourth Annual Spring Conference

Healthy Start: Building on Success

April 30 & May 1, 2003

Washington Court Hotel

Washington, DC

Keynote Speaker: Gloria WilderBrathwaite,
M.D., M.P.H.

Director of Mobile Health Programs at
Children's National Medical Center,
Washington, DC



Association Updates

Belinda Pettiford (02-05), President
Healthy Start Eastern, Northeastern and
Triad Baby Love Plus (NC)

Kenn Harris (02-05), Vice President
New Haven Healthy Start (CT)

Clarice Lowe (03-06), Secretary
VNS Healthy Start, Des Moines (IA)

Jerry Roberson (03-06), Treasurer
Texas Healthy Start Alliance (TX)

Carol A. Synkewecz (02-05), Past President
Duvall County Health Department/
Administration—MCH (FL)

Cynthia Dean (02-05), Co-Chair
Development Committee
Missouri Bootheel Healthy Start, Sikeston (MO)

Deborah Frazier (Former Board Member),
Co-Chair
Development Committee
Arkansas Health Services Permit Agency (AR)

Madie Robinson (02-05), Chair
Evaluation & Outcomes Committee
Pee Dee Healthy Start, Florence (SC)

Jonah O. Garcia (03-06), Chair
Membership Services Committee
Doña Ana Healthy Start (NM)

C. Michael Savage (02-05), Chair
Sustainability Committee
Westside Healthy Start, Chicago (IL)

Estrellita "Lo" Berry (03-06)
Central Hillsborough Healthy Start, Tampa (FL)

Pamela Bryer (03-06)
Healthy Start for Chester County (PA)

Dianna Christmas (02-05)
Boston Healthy Start Initiative (MA)

Mario Drummonds (03-06)
Central Harlem Healthy Start (NY)

Cindi Garcia (03-06)
Healthy Start Laredo (TX)

Rick Haverkate (02-04)
Maajtaag Mnobmaadzid, "A Start of a
Healthy Life," Sault Ste. Marie (MI)

Patricia McManus (02-05)
Milwaukee Healthy Beginnings Project (WI)

Wilford A. Payne (03-06)
Healthy Start Allegheny County/
Fayette County (PA)

Peter Schafer (03-06)
Baltimore City Healthy Start (MD)

Danetta Taylor (03-06)
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Oakland (CA)

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The National Healthy Start Association, Inc. is a 501 (c) (3) nonprofit organization. Its mission is to promote the development of community-based maternal and child health programs, particularly those initiatives addressing the issues of infant mortality, low birthweight and racial disparity.

Board member Cynthia Dean of Missouri Bootheel Healthy Start recently agreed to co-chair the NHSA's Development Committee with former Board member Deborah Frazier. As a result, she stepped down as Board secretary, and Clarice Lowe, who served as Secretary in 2001-2002, agreed to return to that position and was unanimously elected by the Board to be the Secretary for 2003. Thanks go to Clarice for her willingness to take back the responsibilities of this position, and to Cynthia for agreeing to co-chair the Development Committee.

In other Board news, two committees were renamed to better reflect their purpose. The former Policy/Data Committee, under the chair of Madie Robinson, Pee Dee Healthy Start (SC), is now the Evaluation & Outcomes Committee. The Membership Committee is now called Membership Services, and remains under the leadership of Chair Jonah Garcia, Doña Ana Healthy Start (NM).

Toolkits Report

As reported in the last issue of *Getting off to a Healthy Start*, the NHSA was awarded a grant from the Annie E. Casey Foundation to produce three toolkits, as well as a contract with the Missouri Bootheel Healthy Start (MBHS) project to produce a fourth. Work has begun on all four, with *The Healthy Start Guide to Financial Sustainability* the first one scheduled for completion and publication. Underwritten by MBHS, the guide will have two parts: Types of Financial Support and Tips & Tools. Topics covered include sustaining federal funding and seeking other public support, foundation and corporate support and fundraising Healthy Start projects can do directly, such as capital campaigns or membership drives, as well as tips on grantwriting, the benefits of becoming a non-profit corporation and communication strategies. This toolkit, as well as the others to be completed during the summer, includes an appendix with a list of resources and experts.

To gather information for the Sustainability guide and obtain feedback from those in the field, NHSA consultants Jan Denton and Bea Haskins attended MBHS's Regional Consortium's "Business & Not-For-Profit Forum" in Cape Girardeau, Missouri on March 21st. NHSA Board Member Mario Drummonds of Northern Manhattan Perinatal Partnership (Central Harlem Healthy Start) was a presenter, and MBHS Project Director Cynthia Dean, Co-Chair of NHSA's Development Committee, opened the forum. Missouri Congresswoman Jo Ann Emerson (R-8th) was recognized for her support of Healthy Start and the MBHS project.

The toolkits underwritten by the Annie E. Casey Foundation will be on (1) program excellence, (2) evaluating success and (3) measuring program impact and risk factor assessment and communicating about perinatal risk to local communities. For more information on any of the guides, contact the NHSA office.

NHSA's Fourth Annual Spring Education Conference

Spring is here and our nation's capitol will soon be covered with cherry blossoms. And that means the Association's annual Spring Education Conference can't be far behind. This year's conference –NHSA's fourth – will be held April 30th and May 1st in Washington, DC, at the Washington Court Hotel and on Capitol Hill. Last year, almost 250 Healthy Start folks from around the country attended, and the NHSA anticipates similar participation in 2003.

Day one of the conference, "Healthy Start: Building on Success," features a wide array of technical assistance workshops and speakers. Doctors Elizabeth Duke and Peter van Dyck, Administrator of DHHS's Health Resources and Services Administration and Associate Administrator of HRSA's Maternal and Child Health Bureau, respectively, have been invited to greet the participants to start the conference. This year, a special emphasis will be given to consumers, and one track will be devoted to consumer concerns and input. Another track is strictly for Healthy Start project directors and a third for other program staff. The theme throughout the various tracks will be on how consumers, consortia members and program staff can support mothers, children and families at the local, state and national level. Some of this focus will be on advocacy, with attention also paid to reaching out to faith-based leaders in the local community, to businesses and corporations for support and to foundations for funding.

Dr. Gloria WilderBrathwaite, Director of Mobile Health Programs at Children's National Medical Center in Washington, DC, will be the keynote speaker during a luncheon session. "Dr. Gloria," as her patients call her, has been honored for her service to children and says her personal mission and advocacy interests are "to ensure that all children have access to quality medical homes and that the injustice of poverty no longer be an acceptable reason for a lack of healthcare."

Maribeth Badura, Acting Director of MCHB's

Division of Perinatal Systems and Women's Health, will bring the participants up to date on what is happening at the Division and the Bureau as it impacts the projects. Closing out the daytime portion of Day One will be a session that brings together all the information learned in the various workshops throughout the course of the day.

Congressional Reception

The NHSA will hold its first-ever Congressional Reception later in the evening on April 30th in the Dirksen Senate Office Building, and the Association anticipates a large turnout at this important event. Invited to receive appreciation awards are Senator Tom Harkin (D-IA), Ranking Member, Senate HHS-Labor-Education Subcommittee; Senator Mike DeWine (R-OH), member of the Labor-HHS-Education Subcommittee; Congressman Elijah Cummings (D-MD), Chair of the Congressional Black Caucus; and Congresswoman Shelley Moore Capito (R-WV), key signatory on a "Dear Colleague" letter on Healthy Start's behalf last year. *As Getting off to a Healthy Start* goes to press, underwriters of the reception include the March of Dimes and Highmark of Camp Hill, Pennsylvania. A complete list of sponsors will appear in the next issue.

NHSA Goes to the Hill on May 1st

Congressman Jesse Jackson, Jr. has been invited to kickoff the second day of the conference, after which participants will make visits to their elected officials on Capitol Hill throughout the course of the day. During these visits, Healthy Start staff and consumers will educate their legislators or Congressional staff persons about the value of the Healthy Start program, the individual projects' successes and the importance of sustained funding for the initiative. The conference will conclude with a debriefing session back at the Washington Court Hotel, where participants will report on their visits with their Members of Congress.

108th Congress Completes 2003 Appropriations: Healthy Start Kept Whole

On February 20, 2003, nearly five months after the start of the federal fiscal year, President Bush signed an omnibus package that funded all departments and agencies covered by the remaining appropriations bills left uncompleted by the 107th Congress. The bill sustained Healthy Start funding at \$98.989 million, although this amount is subject to a .65 percent across-the-board cut enacted in light of looming federal deficits and increased costs for security, resulting in an appropriations of \$98.345 million.

Part of the saga that unfolded during the early weeks of the new 108th Congress included efforts by President Bush to pressure Congress into completing appropriations work before his State of the Union address on January 28th. Congress missed this deadline, despite a flurry of continuing resolutions to keep the federal government operational and last-ditch efforts by the Senate to include additional program funding paid for by a proposed 2.9 percent across-the-board cut.

In some good news for the members of the National Healthy Start Association, an "earmark" of targeted one-time funding totaling \$350,000 will enable the Association to provide information and technical assistance to the federal Healthy Start projects, services that will enhance what the Maternal and Child Health Bureau's Division of Perinatal Systems and Women's Health provide. (*See article.*)

In terms of committee and leadership composition on Capitol Hill, new members of the House Appropriations Committee now include Representatives Dave Weldon (R-FL), Mike Simpson (R-ID), John Culberson (R-TX), Mark Kirk (R-IL), Ander Crenshaw (R-FL), Sanford D. Bishop, Jr. (D-GA) and Marion Berry (D-AR). Simpson and Weldon were assigned to the Labor-HHS Subcommittee, which funds Healthy Start; Culberson, Bishop, and Berry have Healthy Start projects in their districts. In addition, Healthy

Start supporter Representative Nancy Pelosi (D-CA) left the Committee to become House Minority Leader, while Representative Tom DeLay (R-TX) vacated the Committee to assume the position of Majority Leader. New Senate appropriators include Senator Sam Brownback (R-KS), who has two Healthy Start projects in his state.

Soon appropriators will start on the FY2004 bills. In President Bush's budget released on February 3rd, Healthy Start was requested at the same level of \$98.989 million, while general funding of discretionary programs will remain very tight. In an acknowledgement that states will be hit hard by shrinking federal and state revenues, the Title V Maternal and Child Health block grant is requested at \$751 million. In the just completed FY 2003 bill, Title V receives a \$3.5 million increase to \$738 million, but subject to the same .65% across-the-board cut.

Despite difficulties, both House Budget Chairman Jim Nussle (R-IA) and Senate Budget Chairman Don Nickles (R-OK) have committed to passing a budget resolution by April 11th, prior to the Spring recess, which would allow the appropriations process to go forward on time. Appropriators generally want to finish their business before the August recess in an attempt to meet the new fiscal year that begins October 1st, but this year will prove as difficult as any to finish business on time.

With focus on the Middle East conflict, as well as tax cuts and a prescription drug benefit, funding for FY 2004 will be very tight. The President's priorities include small increases for drug programs, mentoring, hydrogen-powered cars and AIDS relief, but, in general, the discretionary part of the federal budget will barely cover inflation. These indications mean that Healthy Start will join many other programs trying to keep funding at least at current levels, given the competition for funds.

Consumer Task Force Reports to NHSA Board

At the NHSA's Board of Director's meeting on January 23rd, the Consumer Task Force reported on the work it had undertaken on consumer involvement following the Association's annual meeting in Baltimore last fall. An 11-question survey was sent to the membership in December 2002, asking for general information on consumers at the individual projects, as well as specific information on how to involve consumers on the national level.

Seventy-six responses were received from 67 projects. Eighty-seven percent of the respondents thought the NHSA needs to engage consumers on its board, but there was no clear-cut answer about how this should occur, or even what the exact role of consumers should be. Thirty-three percent said the consumers' role should be as advocates of the Healthy Start program, 31% said they should have an active voice

and 27% said consumers should be advisors. The overall view was that consumers are the voice of the projects and need to be heard for purposes of planning, policy and developing materials used by Healthy Start grantees.

While indicating consumer involvement at the national level needs to be pursued, respondents repeatedly said that there must be a thoughtful process regarding selection, training, expenses and roles. With this in mind, the Spring Conference Planning Workgroup has developed a consumer track at this year's conference. One session is entitled "Consumers' Point of View/Listening Session," and this time will be used to give consumers a chance to express how they view their role in their local Healthy Start programs and consortia, as well as how that role can be expanded to the regional, state and national levels.

Healthy Start Remembers Maria Carter August 31, 1943–February 9, 2003

Many in the Healthy Start family knew Maria Carter in her role of Grants Management Specialist for the Department of Health and Human Services' Maternal and Child Health Bureau. A native of Washington, DC, Maria began her federal government employment in 1964 and received many awards and citations during her years of service. She was married to Raymond Carter, who preceded her in death. They

had two children, a daughter, Toni, and a son, William. Maria will be remembered as a caring, friendly and outgoing woman and the entire Healthy Start community will miss her.

Donations in Maria's honor may be sent to the Mt. Jezreel Baptist Church Scholarship Fund, 420 University Boulevard, East, Silver Spring, MD 20901.

In Honor

Our thanks to Maggie Anderson, who underwrote a "Friend of Healthy Start" membership for her friend Michelle Wilkerson of Oak Brook, Illinois, whose baby died a week after birth due to complications during delivery. Maggie said, "In lieu of flowers, I would like to make a donation to an organization

trying to improve a baby's chance for a full life, especially one that recognizes the special circumstances of African American women. I want to make a donation to your organization in the name of Brevin Cinque Wilkerson." We welcome Michelle as a Friend of Healthy Start, as we recognize her loss.

Research News

Pregnancy-Related Deaths Still Higher in Black Women than White Women

Black women have three to four times the risk of a pregnancy-related death when compared to white women, says a report from the Center for Disease Control and Prevention, "Pregnancy-Related Mortality Surveillance—United States, 1991–1999." The pregnancy-related mortality ratio for all women in the years 1991 through 1998 was 11.8 deaths per 100,000 live births. Pregnancy-related deaths are rare; 525 occurred in 1999. However, significant racial disparities persist. During the nine-year study period, the pregnancy-related mortality for black women was 30.0 deaths per 100,000 live births, compared with 8.1 for white women. This is the largest racial gap of any indicator in the field of maternal and child health, and has persisted for more than 60 years. The report also says that pregnancy-related deaths are higher among women who received no prenatal care, and that black women were also at higher risk in this category. Further, the report authors say that pregnancy-related deaths are still underreported.

CDC Office of Communication, Media Relations, Press Release, February 20, 2003.

Sudden Infant Death Syndrome (SIDS) in Low Birthweight and VLBW Babies

Despite recommendations that all infants be placed on their backs to sleep, researchers following 907 low birthweight infants for six months found that those who weighed less than 3.3 pounds at birth were substantially more likely to be placed on their stomachs at bedtime than heavier babies. In the study, "Sleep Position of Low Birth Weight Infants," researchers report that this finding is significant because very low birthweight infants who sleep on their stomachs are at an especially high risk for SIDS, the leading cause of death among infants beyond the neonatal period. The two primary reasons mothers cited for their babies' stomach sleeping were infant preference and recommendation of a physician or other medical professional.

American Academy of Pediatrics, News Briefs, March 3, 2003.

Periodontal Disease Associated with Preeclampsia Risk

A study published in the February issue of *Obstetrics & Gynecology* finds that active periodontal disease (PD) during pregnancy markedly increases a woman's risk of developing preeclampsia, a significant cause of maternal and perinatal death and illness affecting 5-10% of all pregnancies. PD is a chronic oral infection characterized by receding and/or bleeding gums that can lead to tooth loss.

Preeclampsia, or pregnancy-induced hypertension (PIH), occurs sometime after the 20th week of gestation. The exact cause of PIH is unknown, but women who have a history of chronic hypertension or preeclampsia, are pregnant for the first time, are over age 40, are carrying multiple fetuses or who have certain medical conditions such as diabetes or kidney disease, are at higher risk for developing it. Severe PIH reduces the flow of oxygen and nutrients to the placenta to the fetus and can lead to life-threatening organ damage and seizures in pregnant women. Mild PIH can usually be kept under control until birth, but severe cases may require preterm delivery.

Researchers at the University of North Carolina in Chapel Hill and Duke Medical Center in Durham, NC, examined pregnant women for PD before their 26th week of pregnancy and again at the time of delivery. They found that only 2% of women with healthy gums at less than 26 weeks had preeclampsia compared to 5% with mild PD and 6% with severe PD. When examining the incidence of PD at time of delivery, the researchers found that only 3% of women with healthy gums at delivery had preeclampsia compared to 5% with mild PD and 10% with severe PD. The researchers hypothesize that the infection causing PD may travel to the placenta, causing inflammation there as well, but they caution that further studies are needed to determine whether PD causes preeclampsia or is simply associated with it.

American College of Obstetricians and Gynecology, ACOG News Release, January 31, 2003.

Rap Music Videos Could Be Contributing to Problems for Black Teenage Girls

Black teenage girls who regularly watch rap videos are significantly more likely than those who don't watch the videos to engage in a range of harmful behaviors, according to a report titled "A Prospective Study of Exposure to Rap Music Videos and African American Female Adolescent's Health." Researchers interviewed about 500 black girls age 14-18 who lived in non-urban, lower-income neighborhoods. When compared with peers who didn't watch rap videos, those who regularly viewed them were three times more likely to have hit a teacher, more than 2.5 times as likely to have been arrested, twice as likely to have had multiple sex partners and more than 1.5 times as likely to have acquired a sexually transmitted disease, used drugs and used alcohol. "Exposure to rap music videos, particularly 'gangsta rap' (the most popular type of music video), which

is explicit about sex and violence and rarely shows the potential long-term adverse affects of risky behaviors, may influence adolescents by modeling these unhealthy practices," the researchers wrote. "Future research on rap music videos should be conducted among different adolescent populations."

American Journal of Public Health, AJPH News Release, February 25, 2003.

New Data Show A Decline in Teen Dating

Teens are dating less than they were a decade ago. The percent of 12th graders who report that they never date increased from 14% in 1991 to 22% in 2001. Also, the frequency of dating has declined: 34% of 12th graders reported dating frequently (weekly or more often) in 1991; that figure decreased to 29% in 2001.

News from Child Trends, February 13, 2003.

BECOME A FRIEND OF HEALTHY START!

The NHSA needs support from *all* constituents of the Healthy Start family. Please become a Friend of Healthy Start today and work with us to ensure that the program receives the funding it needs to serve all eligible communities. Benefits include a subscription to *Getting off to a Healthy Start*, advocacy on maternal and child health issues, information on grassroots advocacy efforts, access to Healthy Start data through the Association and partnership promotion and assistance. Complete the form below and send it today with your donation.

I/we want to be a Friend of Healthy Start and enclose a check to National Healthy Start Association, Inc.

- \$ 25 Individual
- \$ 50 Community-based organizations; local businesses and corporations
- \$100 State or regional organizations, businesses or corporations
- \$200 National organizations, businesses or corporations
- Additional contribution enclosed \$ _____

Name _____
Address _____
E-mail _____

Company Name _____
City _____ State _____ Zip _____

Please return this form with your check to: National Healthy Start Association, Inc., P.O. Box 25227, Baltimore, MD 21229-0327.

The National Healthy Start Association, Inc. is a 501 (c) (3) nonprofit organization. Contributions are tax deductible to the extent allowed by law. Consult your tax advisor.

Copies of NHSA's annual financial report may be obtained by writing to National Healthy Start Association, Inc., P.O. Box 25227, Baltimore, MD 21229-0327.

Documents and information filed under the Maryland charitable organization laws can be obtained, for the cost of copies and postage, from the Office of the Secretary of State, State House, Annapolis, MD 21401, (800) 825-4510 (for residents of Maryland).

Check Out the NHSA Web Site

Visit us regularly at www.healthystartassoc.org!

*Monthly Maternal & Child Health and
Social Services Update*

Funding Resources

Download a copy of the NHSA's Strategic Plan
And more!

Stay in Touch!

Be sure to notify the Association if you change project directors or contact information, such as e-mail addresses or phone numbers. This will keep our records up to date so we can easily notify you of important news.



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