

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Spring 2006

Annual **Annual Spring Conference Expected to Bring 400 to DC**

The NHTSA's Seventh Annual Spring Education Conference will be held in Washington, DC, March 26-29th, at the Hyatt Regency Washington on Capitol Hill. The move to the Hyatt from the smaller hotel used in the past is a testament to how this conference has grown over the years – from less than 150 people in 2000 to almost 400 last year.

The 2006 theme is *Healthy Start: Celebrating Our Past, Present and Future*. As the initiative is now 15 years old, this seemed like the perfect theme for this year's conference. The NHTSA anticipates representatives from the U.S. Department of Health and Human Services' (DHHS) Health Resources and Services Administration (HRSA) and HRSA's Maternal and Child Health Bureau and Division of Healthy Start and Perinatal Services to reflect on this milestone in their greetings to conference participants. This year, the Centers for Disease Control and Prevention/DHHS (CDC) is a co-sponsor of this year's conference.

Dr. Vijaya Hogan, Clinical Associate Professor, Maternal and Child Health Department, School of Public Health at the University of North Carolina in Chapel Hill, will present the keynote address on Monday, March 27th, entitled "Social and Environmental Factors and

Disparities in Perinatal Outcomes." The CDC is presenting a plenary session on "Recommendations for Improving Preconception Care." Other highlights will include an historical overview of Healthy Start and the NHTSA, along with orientation sessions for consumers and first-time attendees on Sunday evening; a presentation with CityMatCH on their Perinatal Periods of Risk model for a consumer audience; a workshop on how to make Healthy Start projects "father friendly;" and another plenary on Consumer Development/Leadership

The NHTSA's Sustainability Committee is preparing an interactive Grassroots Advocacy training session for Tuesday morning that will prepare people to go to the Hill, and give them additional information about how to educate leaders year round back home. (See Hill article, page 3.) Wednesday, of course, is the day for Hill Visits, and while it is not known as we go to press who the kick-off rally speaker will be, past conferences suggest it will be an elected official or staffperson from a legislator's office who will reinforce to participants how important their Hill visits are and motivate them to be superior advocates for the Healthy Start initiative.

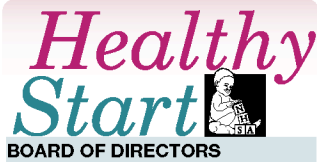
The next issue of *Getting off to a Healthy Start* will provide a summary of the conference and Hill visits.

California **California to Connecticut – and Points in Between**

Four of the six planning teams for the NHTSA's 2006 Regional Conferences are meeting regularly as this issue of *Getting off to a Healthy Start* goes to press. As reported in the last issue (Winter 2005), the new series of regional conferences will provide technical assistance on the most requested topics from the surveys done at the 2004 conferences. Each conference (see chart on page 3) begins with an evening reception and consumer orientation session, as well as a short meeting to begin

to develop Peer Communications Networks to foster ongoing communications and sharing. All of the one-and-a-half-day conferences will have plenary sessions on Effective Community Involvement, Sustainability and MCH Partnerships and Collaborations, and breakout sessions on Preconception/Interconception Care and Fatherhood programs, as well as on Consumers in Action.

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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 addressing the issues of infant mortality, low birthweight and racial disparity.

New Board Structure in Place

As reported in the Winter 2005 issue of *Getting off to a Healthy Start*, the NHTA has reconfigured the Executive Committee and how NHTA committees are organized. Every standing committee has either two co-chairs, or a chair and one or two co-chairs. Committee chairs serve on the Executive Committee along with the officers and past president. Those committees that have two co-chairs in lieu of a chair have designated one of the co-chairs to serve on the Executive Committee. (See board list on this page.)

With the change in the new year to two vice presidents, one for Operations & Finance and the other for Programs, and the new committee chair structure, the NHTA board believes this will lead to more streamlined operations and better diversification of responsibilities. It poises the Association to continue its forward movement as a dynamic, growing and relevant organization in the maternal and child health arena.

Committee chairs/co-chairs are refining their committees' descriptions and developing guidelines for what membership on a committee entails and/or what skill sets a committee is seeking. Look for more information on this in future communications.

Beginnings Guides Available at Discounted Prices to NHTA Members

NHTA members receive a discount on orders of the *Beginnings Guides'* "Pregnancy Guide" and "The New Parent's Guide." The special price is available at any time. Practice Development, Inc., the publishers, makes a donation to the Association based on member orders. For more information about the *Guides*, visit www.BeginningsGuides.net.

Tough Tough Year on the Hill?

The Administration's FY 2007 Budget proposal calls for Healthy Start to be funded at its existing level of \$102 M. This represents a victory, since last year, the Administration proposed cutting back funding for Healthy Start to the pre-FY 2005 level of \$97 M.

Given that the Administration has called for \$3.8 billion in cuts to Labor, HHS discretionary programs, the competition for money this year will be fierce between those programs that have been cut or zeroed out, and those that have maintained their current funding levels. For Healthy Start to maintain, if not increase, its funding will require NHTSA members to be ardent advocates promoting the value of the program.

And so Spring Conference participants will undergo an in-depth grassroots advocacy training in DC (see article) to prepare to fight for an increase in Healthy Start's funding, or at the very least, to maintain level funding per the Administration's budget. Members of the NHTSA's Sustainability Committee are developing materials and guidelines for participants. Included in the advocacy strategy this year is the NHTSA's annual Congressional

Reception on Capitol Hill, to be held on March 28th, where legislators and staff can meet and greet members of the Healthy Start family in a social setting. Most of the expected 400-plus conference attendees will go to Capitol Hill on March 29th as advocates for Healthy Start, educating those legislators that are not familiar with the program about what its goals are and how the work is carried out, and bringing informed legislators up to date about how their projects are doing in reducing infant mortality and premature births. As members go to the Hill to advocate for level or increased appropriations, they will also educate Members of Congress about the need to reauthorize Healthy Start in 2006.

"We recognize this will be a difficult year for many health and social service programs," says Will Payne, chair of the Sustainability Committee. "And we will continue to advocate all year long, not just in March during the Spring Conference, to ensure that Healthy Start does not suffer any cuts." The NHTSA will update its members and other stakeholders in future issues of the newsletter, as well as through email alerts, on what is happening in Congress as it relates to Healthy Start.

California to Connecticut...from page 2

Thinking along the lines of a continuum, some sessions will build on or follow up on information provided at the Spring Conference. It is not intended to be a requirement that the same individuals from each project attend both the Spring Conference and their region's conference, but rather that the individuals at each conference share information with other staff and stakeholders back home.

Planning teams, consisting of a mix of project staff, consumers, consortia leaders and others, will tailor a master agenda to utilize presenters and projects within the region to showcase as models for the varying conference components. Some teams are already seeking dignitaries to open their conference, while others are putting together "welcome" packets to help participants enjoy the host city. Details about and outcomes from the conference will appear in the next several issues of the newsletter.

NHTSA's 2006 Regional Conferences			
Region	States/Territories	Date	Location
Southeast	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	April 23-25	Tampa, FL
West	Arizona, California, Colorado, Hawaii, Oregon, South Dakota	April 30 - May 2	Oakland, CA
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin	May 4 - 6	St. Louis, MO
East	District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	May 7 - 9	Baltimore, MD
Northeast	Connecticut, Massachusetts, New Jersey, New York, Puerto Rico	June 7 - 9	New Haven, CT
Southwest	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	June 28 - 30	New Orleans, LA

Partnership in Progress: NHSA and CityMatCH

CityMatCH is a national membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the United States. Dedicated to improving the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities, CityMatCH connects members from over 150 urban health departments for targeted MCH-related capacity-building, training and educational opportunities.

The NHSA's mission clearly complements CityMatCH's philosophy that all children and families deserve to be healthy and to achieve their optimal growth and development in the physical, intellectual, social, emotional and spiritual aspects of their lives. Responsibility for assuring this is shared by each individual, the family, the community and government at all levels. Both organizations recognize that children and families who live in urban areas have unique needs that must be effectively addressed to achieve their fullest potential.

Over the years, CityMatCH has initiated a number of activities to achieve its mission; a selected few of those activities will be highlighted here. Probably best known to the NHSA is the Perinatal Periods of Risk (PPOR) approach. PPOR is a population-based tool, which can enable communities to better understand and respond to fetal and infant mortality. PPOR uses a combined analysis of birth weight and gestational age as a way to measure and address racial disparities that exist in a community's fetal-infant mortality.

The approach follows six stages sequentially as part of community-based planning for maternal and child health. Its stepwise analytic components enable a wide range of community partners to understand and experience how data can be translated into strategic actions. As a comprehensive planning process, PPOR is designed to be integrated into the current local and state MCH and public health planning process. Since 2000, with funding from the Centers for Disease Control and Prevention, the National March of Dimes Birth Defects Foundation, and the Health Resources and Services Administration/Maternal and Child Health Bureau, CityMatCH has trained over 100 urban communities, including 65 federal healthy start sites, to utilize the PPOR approach.

For many years, CityMatCH has also advanced the DaTA Institute model promoting translation of data to action through a comprehensive, creative and active, year-long learning opportunity. Training focuses closely on three identified core domains of effective data use. They are data, program and policy. Public health practitioners need

leadership, systems thinking and communication skills to be effective translators. This training offers data analysis skills essential to ensure accurate baseline and outcome measures, planning, monitoring and evaluating skills needed for creating/monitoring effective programs and decision-making and data strategy skills for creating evidence based policy.

In the fall of 1999, CityMatCH undertook a national training effort targeted toward the prevention of HIV transmission from mother to baby, also known as perinatal HIV prevention, with dedicated funding from the CDC. CityMatCH entered into a new three-year cooperative agreement with CDC in the fall of 2005. Over the next three years, CityMatCH will collaborate with the American College of Obstetricians and Gynecologists to adapt the Fetal and Infant Mortality Review process to investigate and address cases of perinatal HIV exposures. It is believed that this rich, community-based strategy for better understanding sentinel events will advance the science and practice of HIV prevention from mother to baby.

Each year, CityMatCH hosts a national conference providing numerous opportunities for participants to gain knowledge, skills, and tools to address MCH issues; to disseminate science and information for improving urban MCH, and to network and exchange promising practices with other MCH professionals. CityMatCH encourages NHSA members to participate in this year's 16th annual Urban MCH Leadership Conference on August 19-22, 2006 in Providence, Rhode Island. (For more information or to register, visit <http://www.citymatch.org/>)

The quarterly issue-based newsletter, "CityLights," available online, a biweekly electronic newsletter, "NewsBriefs" and a web-based process known as "Ask-A-Colleague" round out the communications-based repertoire. To improve peer-to-peer support among members (<http://www.citymatch.org/Membership/regional.htm>), CityMatCH maintains the Ask-A-Colleague web-based network used by individual members to ask colleagues around the country specific questions related to MCH issues. All of the above mentioned tools, resources and capacity-building activities can be found on the CityMatCH website.

Both the NHSA and CityMatCH recognize that the measure of this country's future is the health and success of its most vulnerable populations. As partners, each organization can look to each other's strengths as we address key issues together and work to make a measurable difference in the lives of women, children and families.

Spotlight... Spotlight on Consumers

This issue, the NHTSA features two consumers from the Midwest Region. To have your project's consumers spotlighted in future issues of the newsletter, contact the NHTSA.



Spotlight on Elisha Truss

Hailing from Gary, Indiana, Elisha Truss, 21, is a member of the Northwest Indiana Healthy Start consortium. Initially enrolled as a participant, Elisha found out about the program through the

local WIC office. She enrolled for continued support during her pregnancy, utilized the program's services, attended educational classes and followed up on all services to which she was referred.

Mom to 15-month-old Jeremiah, Elisha is a student at Sawyer College in Merrillville, Indiana, in their Medical Assistants Program, recognizing that continued education is a "must." "Healthy Start has taught me self sufficiency," she says, "and that the more informed you are, the better the outcome." Active with the local consortium for two years, Elisha contributes to the project with information addressing needs and concerns from a consumer's point of view, and by providing ideas for their newsletter. Annette Lenoir-Johnson, Case Manager, says, "Elisha was involved in gathering and mailing supplies to victims of Hurricane Katrina, and has been a strong voice in referring others to the program."

"Healthy Start has given me a valuable education in teaching me how to care for my baby and be a good mother...Healthy Start is a great place for expecting women to get help," Elisha says. "They really do care!"

The NHTSA's web site contains useful information for members and others, such as an online Directory with contact information for all federally funded Healthy Start projects. Go to www.healthystartassoc.org.



Spotlight on Mary Rooker

Mary Rooker, of New Madrid, Missouri, has been a client of the Missouri Bootheel Regional Consortium (MBRC) since February 2005. Says Mary, "I am 20 years old, unmarried and don't have any real formal education..."

When I first found out I was pregnant, I freaked out. One of my friends told me to go to the my local Resource Center to sign up for parenting classes, since I knew absolutely nothing about babies at the time." Recruited into the program, her case manager provided the support and confidence she needed to become a successful parent. Now she represents the New Madrid County local council on the MBRC.

Baby Ruby was born on April 15, 2005, weighing 8 lbs., 5 oz. "After Ruby was born, I found the program to be even more useful than before," Mary says. "I want everyone to know that Missouri Bootheel Healthy Start has proved to be the most beneficial resource our area has." Reports MBRC's Community Development Coordinator Shelly Wims, "Mary has her own apartment and takes very good care of her baby. Mary decided to breastfeed her baby after enrolling in the program and is trying to further her education by entering the LPN Program offered by Southeast Missouri State University."

Mary noted that the first time Shelly visited her at home, "I was so nervous...that she was going to pass judgment on me; however that was far from the truth. Not only was she kind and understanding, she could actually relate to me." Adds Shelly, "Mary is eager to learn and ready to use the resources provided by our program. Her positive attitude will help her achieve success as a parent and also as a strong woman."

Research **Research News**

Breastfeeding Duration Recommended by AAP Protects Against Respiratory Disease

Exclusive breastfeeding for at least the first six months of an infant's life reduces the risk of respiratory tract infections compared with breastfeeding for shorter durations, according to a new report. The American Academy of Pediatrics (AAP) has recommended a six-month breastfeeding duration, based, in part, on study findings showing protection against gastrointestinal infection. While it had been thought that this practice would also protect against respiratory tract infections, data supporting this was lacking. Investigators from the University of California Davis Medical Center in Sacramento examined data from the National Health and Nutrition Survey III, a home survey conducted between 1988 and 1994. Data from 2,277 children between ages six and 24 months were included in the analysis.

The rate of pneumonia in infants breastfed for at least six months was 1.6%, significantly lower than the 6.5% rate seen in infants breastfed for four to less than six months. On multivariate analysis, breastfeeding for the recommended duration cut the risk of pneumonia by 4.27-fold and the risk of three or more otitis media (ear infection) episodes by 1.95-fold. By contrast, six months or more of breastfeeding did not affect the risk of three or more episodes of cold/influenza or wheezing. "This analysis is the first to document decreased risk for respiratory tract infection, particularly recurrent otitis media, in children who are fully breastfed for six versus four months," the study authors state. "Our findings add to growing evidence that breastfeeding benefits are dose- and duration-responsive and support current recommendations that infants receive only breast milk during the first six months of life."

Medscape from WebMD, <http://www.medscape.com>, February 7, 2006. Primary source: *Pediatrics* 2006;117:425-432.

Working Night Shift, but Not Heavy Lifting, Is Risk Factor for Preterm Birth

Pregnant women who work the graveyard shift face a significantly higher risk of preterm delivery, yet long hours, standing all day and heavy lifting are not risk factors, investigators at the University of Texas School of Public Health in Houston said. Working between 10 p.m. and 7 a.m. during the first trimester raised the risk by at least 50%, and the risk persisted into the second trimester. And working at night during weeks 28 to 31 of pregnancy was associated with a two-fold increased risk for preterm births. Surprisingly, there were no significant associations between preterm delivery and standing on the job for at least 30 hours a week or performing heavy lifting, compared with women who stood six to 15 hours every week or those who did not lift, respectively.

These activities were also not associated with any increased or decreased risk in small-for-gestational-age births. Interestingly, women who worked at least 46 hours per week during the first trimester showed a 40% risk reduction, compared with women who worked 35 to 45 hours, regardless of the period of work exposure during their pregnancy.

These findings suggest several possibilities, the authors wrote. First, night-shift work may interfere with the circadian rhythm and ultimately affect hormone levels, they speculated. Secondly, women who worked longer hours also tended to have more education, were older and were married. "An extended work week has been associated with higher monetary income among U.S. workers, which is reflected in our study findings," they wrote. People from higher socioeconomic status tend to have better health outcomes.

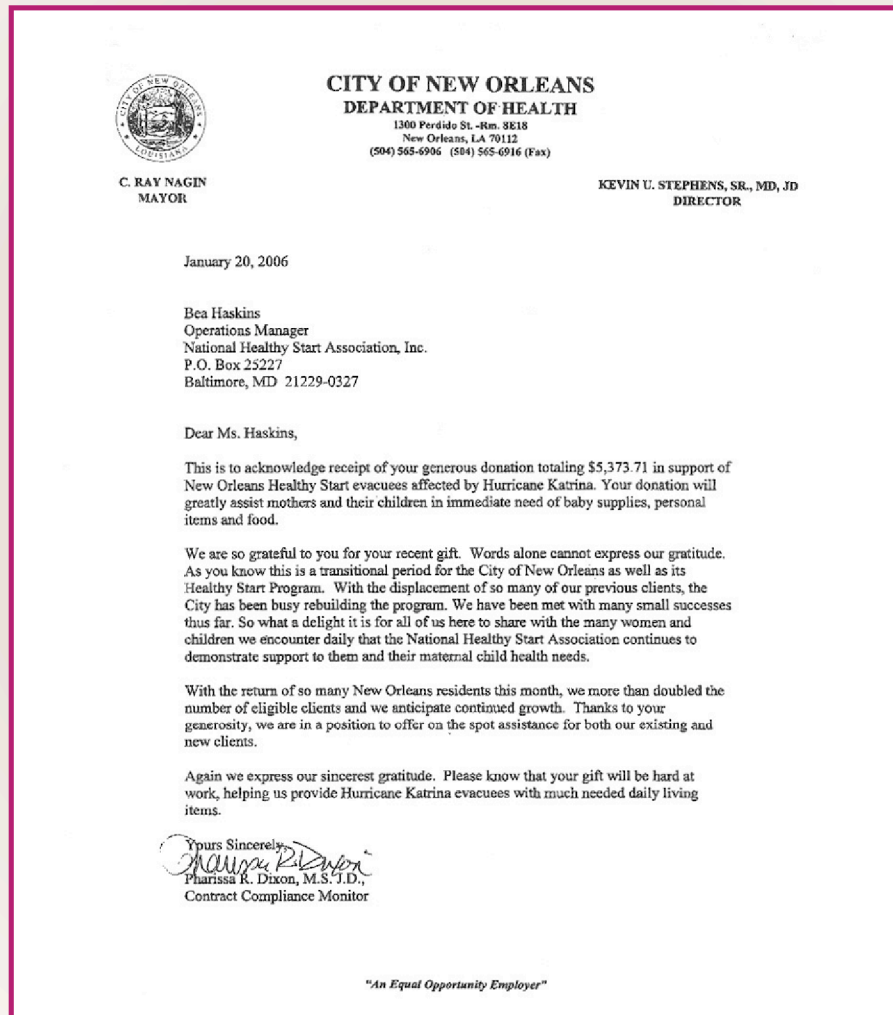
The findings were based on data from the Pregnancy, Infection, and Nutrition study, a prospective cohort study that included 1,908 pregnant women who were recruited during prenatal visits that occurred from January 1995 to April 2000. The women were at 24 and 29 weeks gestation at the time of recruitment. Interviews were conducted both by telephone and then nested case-control participants, a total of 444 women, were interviewed in-person after delivery. The participants were asked about their education, work schedules and job duties. They were also asked about smoking, vaginal bleeding and whether they participated in vigorous leisure activities, such as exercise, during the first and second trimesters. Preterm birth was defined as delivery before 37 weeks gestation. Fetal growth restriction was defined as infants whose birthweight fell below the 10th percentile.

Contrary to earlier beliefs, standing on the job all day and heavy lifting did not affect the risk for preterm delivery or reduced gestational size. It is possible, the authors said, that women who perform these kinds of jobs were already physically fit.

However, night-shift work remained a significant risk factor although the reasons were not entirely clear. The investigators said it is possible that working the graveyard shift may affect "nocturnal surges in uterine activity." Another theory is that the secretion of melatonin, involved in sleep cycles, may be suppressed in nighttime workers, which may also affect uterine activity. The researchers also pointed out that few women in this study worked the night shift during their third trimester; 166 women reported night-shift work during their first trimester compared with 126 women in their second trimester and only 26 women in their final trimester. So the findings, they said, should be interpreted with caution.

Teaching Brief – MedPage Today, <http://www.medpagetoday.com>, December 8, 2005. Primary source: *Obstetrics and Gynecology*, December 2005, Vol. 106, No. 6, p. 1279-1288.

New Orleans Appreciative of Healthy Start's Support After Katrina



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- \$200 National organizations, businesses or corporations
- Additional contribution enclosed \$ _____

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Mark Your Calendars

NHSA's Seventh Annual Spring Conference, March 26-29, 2006, Washington, DC (see article), www.healthystartassoc.org.

March of Dimes' Walk America, generally held the end of April in local communities, www.walkamerica.org.

National Association of County & Public Health Officials' Annual NACCHO Conference, July 26-28, 2006, San Antonio, TX, www.naccho.org.

CityMatCH's Urban MCH Leadership Conference, August 19-22, 2006, Providence, RI, www.citymatch.org.

The Association of State and Territorial Health Officials, ASTHO 2006 Annual Meeting, September 12-15, 2006, Atlanta, GA, www.astho.org.

Healthy Start in the News

Has your Healthy Start project been in the news lately? Send the NHSA links to newspaper articles, TV news stories or radio and TV PSAs so they can be shared with your fellow projects.

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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