

Getting off to a *Healthy Start*



A NEWSLETTER OF THE NATIONAL HEALTHY START ASSOCIATION, INC.

Winter 2002/2003

Republicans Keep House, Retake the Senate: Impact on Healthy Start

In an historic midterm election, Republicans gained seats in the House of Representatives and recaptured the Senate. The general consensus was that the election served as a referendum on President George W. Bush, who traveled extensively to generate support for GOP candidates this cycle.

Delighted with their victory, Republicans are already preparing an ambitious legislative agenda. It is likely President Bush will exercise renewed hope for action on his judicial nominations and his energy plans, as well as passage of Republican-favored bills on homeland security, terrorism insurance and prescription drug coverage. Chances also improve for other Administration priorities, including a permanent extension of last year's tax cuts, tort reform to curtail jury awards, a reduction of business regulations and a Medicare overhaul. According to the White House, one of the first items on next year's agenda will be legislation to stimulate economic growth.

Democratic House leadership has changed as a result of the elections. The House Minority Leader has changed from Rep. Richard Gephardt (D-MO) to Rep. Nancy Pelosi (D-CA), who has been and is expected to be very supportive of Healthy Start. In addition, Pelosi has picked Congressman John Spratt, Jr. (D-SC), who has worked diligently to increase Healthy Start funding, to act as Assistant to the Minority Leader. Also new to the Democratic leadership for the 108th Congress is Rep. James Clyburn (D-SC), another Healthy Start supporter, who will serve as Vice Chairman of the House Democratic Caucus.

Since the Senate will shift back to Republican leadership, Senator Trent Lott (R-MS) will be the Majority Leader, replacing Senator Tom Daschle (D-SD), who has been a strong friend to Healthy Start but retains his position as Senate leader of the Democratic Party. The Republican victory might provide a slightly

improved outlook for the Healthy Start program if Healthy Start-supporter Senator Arlen Specter (R-PA) once again chairs the Labor-HHS Appropriations Subcommittee, as expected.

In the House, several Healthy Start supporters survived tough reelection bids, including Robin Hayes (R-NC), Nancy Johnson (R-CT) and Dennis Moore (D-KS). Of the crucial lawmakers who signed a letter requesting that Labor-HHS Appropriations Chairman Ralph Regula (R-OH) increase funding for Healthy Start, only eight will be leaving the House when the 107th Congress adjourns.

Although the House Republican caucus has made a rule change that requires Appropriations Subcommittee Chairpersons to be approved by the Steering Committee, mostly comprised of House leaders, most likely this will not affect Chairman Regula, who heads the House Labor-HHS Appropriations Subcommittee that provides funding for Healthy Start. Regula was instrumental last year in securing an increase for Healthy Start.

Funding for Healthy Start Put Off Until Next Year

Appropriations bills failed passage this year, and Congress has put over the business of finishing its work until the 108th Congress convenes in January. A Continuing Resolution keeps federal funds flowing until January 11, 2003, at which time the new Congress must act. The massive Labor-HHS bill will likely be rolled into an omnibus bill to allow the appropriations process to proceed more quickly and to ensure passage.

Securing increases in federal funding for Healthy Start will be even more challenging next year, as the federal budget has returned to deficit mode, including a nearly \$160 billion deficit for FY 2002. Pressure will grow on

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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.

Message from the President

As we approach the holiday season, the National Healthy Start Association is pleased to tell you that our plans for 2003 include some exciting projects that will enable us to serve you better.

Recently, the Annie E. Casey Foundation, which generously underwrote our strategic planning activity, advised us that they would now underwrite a series of tool kits, which will include:

- The Healthy Start Guide to Program Excellence
- The Healthy Start Guide to Evaluating Success and Measuring Program Impact
- The Healthy Start Guide to Risk Factor Assessment and How to Communicate about Perinatal Risk to Local Communities

Our Missouri Bootheel Healthy Start (MBHS) project will also contribute funding for a fourth tool kit, The Healthy Start Guide to Ensuring Financial Sustainability for Healthy Start Projects, so that Bootheel can share important information about financial sustainability with all members of the NHSA. For this we thank Board member Cynthia Dean, MBHS project director.

Board member Jonah Garcia, project director of Doña Ana Healthy Start in New Mexico, is heading up the planning committee for the NHSA's Fourth Annual Spring Education Conference, scheduled for April 30th and May 1st in Washington, DC. We hope to engage you in a range of topics important to your work, including the question of how the consumer voice can be heard more clearly. I hope by now you have returned your NHSA consumer survey, which will enable us to enhance consumer participation at the national level.

Finally, we must gear up for strong grassroots efforts to educate our respective Members of Congress as we approach the new 108th Congress. Board member Michael Savage, CEO of the grantee agency for Westside Healthy Start in Chicago, chairs the NHSA effort to ensure that Congress protects federal Healthy Start funding in anticipation of tighter federal budgets and growing deficits.

We know and appreciate the importance of the work you are doing. Saving the lives of mothers and infants certainly should rank up there as among the highest priorities for Congress and the public. With your help, we can sustain these important efforts and advance our successes.

On behalf of the board of the NHSA, I extend our best wishes for a happy and healthy holiday season!

Sincerely,

Belinda Pettiford

NHSA Celebrates Five Years!

The NHSA informally came into existence in 1997, with incorporation in 1998. On October 6th in Baltimore, the Association held its Fifth Annual Meeting, with over 100 members from projects across the country enjoying a delicious anniversary cake and hearing a report on the Association's accomplishments during the last year. These included the achievement of 96 percent of the projects joining the NHSA and increasing the Healthy Start appropriations for FY 2002 to fund the 12 projects that had been approved, but not funded in 2001.

Participants welcomed four project directors recently elected by the Board to fill vacant seats: Rick Haverkate from Sault Ste. Marie, Michigan and Pat McManus of Milwaukee Healthy Beginnings in Wisconsin, took their seats this fall. Two others, Peggy Henderson of Voices of Appalachia in Kentucky and Peter Schafer of Baltimore City Healthy Start, begin their terms in January. Members then reelected five Board members to new three-year terms and four first-term Board members. Elected to second terms were Pam Bryer, Healthy Start for Chester County, Pennsylvania; Clarice Lowe, VNS Healthy Start, Iowa; Jerry Roberson, chairperson of the Texas Healthy Start Alliance; Dani Taylor, Alameda County Healthy Start, California; and Jonah Garcia, Doña Ana Healthy Start, New Mexico. Elected to their first three-year terms were Lo Berry, Central Hillsborough Healthy Start, Florida; Mario Drummonds, Central Harlem Healthy Start, New York;

Cindi Garcia, Healthy Start—Laredo, Texas; and Wilford Payne, president of the Pittsburgh Healthy Start Board of Directors in Pennsylvania.

It was then time to thank departing Board members: Bobbie Brown, Indianapolis Healthy Start and former treasurer of the NHSA; Barbara Lee Jackson, the current treasurer and project director of the Virgin Islands Perinatal Partnership; and Deborah Frazier, formerly the project director for Healthy Start in New Orleans. Those present received certificates of appreciation. This was followed by the presentation of a plaque to Board member Mike Savage, which read, "In appreciation of ACCESS Community Health Network's and your generous support of the National Healthy Start Association and its education and advocacy efforts. We could not have accomplished what we've done without you!"

A highlight of the meeting was a lively discussion on how the Association could involve Healthy Start consumers on the national level. Many ideas were garnered and as a result, the Board established a Consumer Task Force to work on this project.

The NHSA is pleased so many folks turned out for this meeting and looks forward to the continued input from and support of the Healthy Start family across the country.

HHS Regulation Eliminates Maternal Care under the State Children's Health Insurance Program (SCHIP)

A conflict involving insurance coverage of women and their babies through the State Children's Health Insurance Program (SCHIP) arose when, on October 2nd, the U.S. Department of Health and Human Services (DHHS) finalized a regulation that allows states to extend SCHIP to "unborn children" but not to their mothers, unless the mother is under 19 years of age.

The new regulation covers a baby regardless of the immigration status of the mother, thus treating the fetus as though it is already an American citizen. Medical decisions are to be made based on the needs of the baby only. If states wish to extend coverage to mothers, they must apply for a waiver from the

Secretary of DHHS. Legislation to extend coverage to pregnant women would remove the need for states to apply for waivers, but this cannot be addressed until the new 108th Congress opens in 2003. The Administration originally supported such legislation; it reversed its position amid speculation that this new regulation is meant to lay the groundwork for establishing a legal precedent for life beginning at conception.

Administration Reversal

In April of this year, Secretary of Health and Human Services Tommy Thompson testified that he supported

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legislation to expand SCHIP to cover pregnant women, and in the absence of such legislation, he was preparing to issue a regulation that allows coverage for “unborn children.”

In light of Thompson’s support, several bills were introduced in Congress; paramount amongst those was S. 724, the “Mothers and Newborns Health Insurance Act,” sponsored by Senators Kit Bond (R-MO) and John Breaux (D-LA) and cosponsored by both Majority Leader Tom Daschle (D-SD) and Minority Leader Trent Lott (R-MS). This bill eventually incorporated elements of S. 1016, the “Start Healthy, Stay Healthy Act,” by Senators Richard Lugar (R-IN), Blanche Lincoln (D-AR), Jon Corzine (D-NJ), John McCain (R-AZ) and Jeff Bingaman (D-NM), to allow coverage of pregnant women and their babies through the term of their pregnancy as well as the first year of the child’s life. In mid-September, Deputy Assistant Secretary of HHS Christina Beato testified that the Administration would be issuing a letter of support for S.724.

The letter of support was never sent. Instead, Secretary Thompson indicated in a letter to Minority Whip Don Nickles (R-OK) that there was no need for the legislation. In the letter, the Secretary stated his belief that S. 724 would “duplicate what we have already established as administrative policy” and that “there is no need for the Senate to pursue this legislation now.”

Senate Hearing

The change in the Administration position sparked conflict that was in full display at an October 24th hearing of the Senate Health, Education, Labor, and Pensions Committee chaired by Senator Bingaman. The hearing was to receive testimony regarding the expansion of SCHIP; the Committee heard testimony from Senators Lincoln and Corzine, as well as the March of Dimes, American College of Obstetricians and Gynecologists, the American Academy of Pediatrics and The What to Expect Foundation.

The witnesses emphasized the need for legislation to allow states to cover uninsured women, regardless of age, and their babies under SCHIP. They believed it would be too difficult for physicians to distinguish between the medical needs of the mother and those of the child, since they are so inextricably linked. They worried that confusion may lead physicians to deny services to pregnant mothers, due to the fear that certain services would not be covered, and that lack of

coverage for epidurals (since that would be considered a service to the mother) versus coverage for the anesthesia used in Caesarean sections (since that would be for the health of the baby) might increase the number of unnecessary C-sections. They faulted the regulation for its complete lack of postpartum maternal care. Common post-birth complications, such as hemorrhage, infection, pregnancy-induced hypertension and corrective surgery after Caesarean sections, would not be covered.

Finally, the new regulation does not cover a child during its first year after birth. The regulation permits twelve months of continuous coverage, including coverage while in the womb. Once the twelve-month period expires, there will be a gap in coverage for infants who do not qualify under other insurance programs.

Legislative Prospects

The Democratic backers of S. 724 used the October hearing and letters to Secretary Thompson to urge him to remove his objections to the bill and to encourage Republican members of the Senate to allow it to pass by Unanimous Consent, a procedure that enables fast passage in Congress for matters that are not controversial. Unfortunately, two previous Unanimous Consent requests failed passage. Unless Secretary Thompson reverses himself yet again, the prospects for expanding SCHIP coverage to expectant mothers remain gloomy.

We urge you to write to Secretary Thompson and ask for his help in reversing the DHHS regulation and for his assistance in expanding SCHIP to pregnant mothers in new legislation during the 108th Congress. Secretary Thompson’s address is:

Secretary Tommy G. Thompson
200 Independence Avenue SW
Washington, DC 20201

Mark Your Calendars

*Fourth Annual Spring Education Conference
April 30 & May 1, 2003
Washington Court Hotel
Washington, DC*

The planning workgroup is now meeting to make this the best conference ever. Be on the lookout for details in the New Year!

Success Story: Healthy Start Program Focuses on Substance Abusing Women

In 1987, the not-for-profit organization SHIELDS for Families was founded to address the drug dependency problems in the Los Angeles communities of Watts/Willowbrook and Compton, California. In the year prior to SHIELDS' beginning, there were 1,200 babies born in the area addicted to drugs. Through SHIELDS's efforts, that number has dropped to 200. This feat was accomplished through a comprehensive commitment to children and families, as SHIELDS aims to provide a single stop where the entire family can have their social support needs met. The center incorporated Healthy Start in its overall program in 1999, with an outreach model to recruit women into their 90-day program to meet immediate needs. With refunding in 2001, SHIELDS was able to expand its Healthy Start service model, adding comprehensive case management, and health education and child development classes. The SHIELDS program is believed to be the only federally funded Healthy Start program that focuses solely on substance abusing women who are pregnant and/or parenting children from zero to two.

Compton and Watts/Willowbrook are now about 60% Latino and 40% African American. While SHIELDS has more Latino clients than in the past, they recognize that this population tends to keep their problems within the family and not seek treatment. Nevertheless, many program staff are bilingual and SHIELDS has the capacity to offer intake and all classes in either English or Spanish.

SHIELDS' Healthy Start program now has 18 program staff, including the project director and program manager, an outreach coordinator, two outreach workers, a program administrator, case management coordinator, six case managers and one case management aide. The Intervention Program staff include an intervention coordinator, program specialist, case manager and child development specialist. Says Program Manager Charlene Smith, "The use of drugs is five percent of the problem for our clients. The other 95 percent is biosocial factors, environmental, economic, health and family issues. We must not only provide the drug treatment program, but go beyond that to really help our clients and their families over the long-term."

Clients undergoing treatment typically stay in the outpatient program between 18 and 24 months, and all school-age children of clients are eligible for the "Heroes and Sheroes" after-school enrichment program.

The program provides transportation from schools to the SHIELDS center, where their parents are going through treatment. Healthy Start serves 200 clients per year in the case management program, and a subset of 15 clients, ages 18 to 25 years, are in the Healthy Start Intervention Program.

Outreach workers go where the clients are likely to be: laundromats, beauty shops and nail parlors, for example, or on the streets themselves. Once recruited, a client is transferred to the case management team. Client and case manager together develop a Family Service Plan, which identifies every need the client may have, such as housing, WIC, prenatal or postpartum care, cash aid, domestic violence issues and substance abuse treatment. Clients are then referred to other programs within SHIELDS or the community, and also participate in Healthy Start program activities. The treatment program offers the Alcoholics, Narcotics and Cocaine Anonymous models on site at all treatment programs for those clients who wish to attend and participate, and offers behavior modification and intensive health education classes. SHIELDS itself provides a more intensive treatment model, including group and individual therapy in all treatment programs, in addition to HIV/AIDS education, relapse prevention, women's issues, health and nutrition and life skills, among many other group sessions.

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SHIELDS Success Story

Miss W. was 17 when she came to SHIELDS Healthy Start. Though her newborn son's toxicology screen was clean, hers showed marijuana in her system. The California Department of Children & Family Services could have removed the baby, but wanted to give the mom another chance. Referred to Healthy Start, Miss W. received intensive case management services, was placed in housing, has obtained part-time employment and, now turned 18, is enrolled in a high school diploma class and participating in all program activities. She is still in the program, making progress towards self-sufficiency, and, most importantly, lives with and parents her young son.

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Kathryn Icenhower, Executive Director of SHIELDS and the Healthy Start Project Director, says, “Adding the Healthy Start model to the SHIELDS for Families Center enriched our program. We are able to provide extremely important case management services to women who so desperately need it—those women with substance abuse issues who are pregnant, raising a family or who may become pregnant. The expansion of our overall model has been an important contribution to the communities we serve.”

The SHIELDS for Families approach to integrating Healthy Start and other social assistance programs at a single center is truly a success story that can be emulated. Originating with the goal of treating drug-dependent clients, the center has grown to include programs for the entire family.

If you have a success story that you wish to share with the rest of the Healthy Start family, we would love to hear it. It can be an individual participant’s story or the success and growth of a program that you believe can be repeated in other communities. Please send it to the NHSA.

Research News

Maternal Depression May Increase Preterm Birth Risk

In a study of 1,399 low-income African American women attending four clinics in Baltimore, investigators found an increased risk of delivery before 37 weeks gestation among women who were depressed. Nearly 13% of women with depressive symptoms delivered early, compared to 8% of women who did not have symptoms. Study participants completed questionnaires to assess their depressive symptoms, specifically, feelings of sadness and hopelessness, sleep and appetite changes and episodes of crying. The researchers point out that women face the highest risk of a first depressive episode between 20 and 40 years of age, prime childbearing years for most women. Overall, one in five women will experience at least one bout with clinical depression in her lifetime. Spontaneous preterm birth affects twice as many African American women as white women, investigators point out. They indicate that treatment of depressive symptoms among pregnant women, especially economically disadvantaged African American women, could result in a reduction of spontaneous preterm births in this population.

Reuters Medical News, <http://www.medscape.com>. *American Journal of Epidemiology* 2002; 156:797-802.

Teens and Sexual Health Services

On a study of more than 1,000 adolescents who receive health care through Medicaid managed care plans, fewer than one-third received sexual health services such as STD screenings and contraceptive counseling. Girls who did not speak English were especially less likely to receive sexual health services, even if they admitted to being sexually active. While earlier studies

have shown that only 40% of all adolescents are screened for sexual activity during routine office visits, low-income teens are even less likely to be asked about their sexual history or receive sexual health services. This is despite the fact that adolescents are more likely to engage in risky sexual behavior than older patients and that in 1999, chlamydia rates for girls age 15-19 were higher than all other groups.

American Journal of Public Health News Releases, October 29, 2002, <http://www.ajph.org>.

Pregnancy and Domestic Violence

Authors of a study addressing the prevalence and risk of pregnancy-related hospitalized assaults in a large multi-state population found that:

- Ten percent of assault-related discharges among women ages 14-19 were associated with pregnancy.
- Among injured females ages 15-49 with a pregnancy-associated diagnosis, 14% of the injuries were assault-related, compared to 5% for all injured women.
- While the rate of pregnancy-associated assaults was almost seven times higher among minorities than among whites, the rate ratio (pregnant injured women/all injured women) was elevated similarly among both whites and minorities.
- The pregnancy-associated rates and rate ratios were highest in the youngest age group (15-19 years) and declined with age.
- The leading mechanism of assaultive injury was “struck by or against.”
- Pregnancy-associated assault cases were more likely to be paid by Medicaid, with a median charge per

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visit of \$3,351 for pregnancy-associated assaults versus \$6,775 for all assaults against women.

The authors conclude that this study demonstrates the importance of examining the issue of pregnancy risk by age, race and severity. They suggest that preventive efforts addressing pregnant women “should probably take place in conjunction with broader efforts aimed at reducing the differential of the rate of assault by age, socioeconomic status and race, regardless of current pregnancy status.”

MCH Alert, October 25, 2002. Weiss HB, Lawrence BA, Miller TR. 2002. Pregnancy-associated assault hospitalizations. *Obstetrics and Gynecology* 100(4):773-780.

Quick Facts from the Fragile Families Report

Fragile families—unwed parents raising their child or children together—are the focus of a study by Fragile Families and Child Well-Being, which studied 2,670

families from 16 cities between April 1998 and November 2000. Over the long-term, the study will follow the families from their child’s birth through age four. Some of the findings from the report, which can be found at <http://www.crcw.princeton.edu/fragilefamilies/>, under the “publications” link:

- Unmarried parents do not obtain high levels of education: only 4% of mothers and fathers complete college or higher; 37% of mothers and 34% of fathers lack a high school diploma.
- Half of unmarried mothers are living with their child’s father at the time of the child’s birth.
- Unmarried parents tend not to have deep roots in their neighborhoods: 53% of new mothers and 46% of new fathers have lived in their neighborhoods for two years or less.
- A majority of the new parents’ incomes are either below, or just barely above, the poverty line.

Children’s Bureau Express, <http://www.calib.com>, February/March 2002, Vol. 3, No. 2.

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 _____ Company Name _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____

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).

Board Elects New Officers

At a Board of Directors' meeting held shortly after the annual membership meeting on October 6th, officers for 2003 were elected. Belinda Pettiford was elected to a third term as president. Kenn Harris, New Haven (Connecticut) Healthy Start will be the new vice president; Jerry Roberson of Texas will become treasurer and Cynthia Dean of the Missouri Bootheel Healthy

Start project will be the new secretary. Kenn Harris, as the incoming vice president, will also co-chair the newly formed Consumer Task Force, along with past-president, Carol Synkewecz, now with Duval County Health in Florida. Dani Taylor and Jonah Garcia agreed to work on assessing the skills and talents of current Board members and how to make the Board even stronger.

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Republicans, who now lead both houses of Congress and the White House, to reduce federal spending. Although the Bush Administration has not yet asked federal agencies for budget cuts, the necessity of increasing military spending to fight the war on terrorism may very well result in cuts to most non-military federal programs.

As always, Healthy Start programs must depend on local grassroots support to educate Members of Congress about the importance of this community-based program

that is the most effective in reducing infant mortality and low birthweight.

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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