



**National Healthy Start Association, Inc.**

**FINAL REPORT OF THE  
2004 REGIONAL  
CONFERENCES**

July 2005

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**MISSION STATEMENT**

The mission of the National Healthy Start Association 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 disparities in perinatal outcomes. As part of its mission, the NHSA supports the expansion of a wide range of activities and efforts that are rooted in the community and actively involve community residents in their design and implementation.



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### EXECUTIVE SUMMARY

In 2003, the National Healthy Start Association (NHSA) was awarded a congressional earmark to conduct six regional conferences for Healthy Start projects across the country. Held during the first half of 2004, the primary purpose of the conferences was to assess the technical assistance needs of Healthy Start projects and to find out how the Association could best meet the projects' needs. The regional conferences took the strategic planning done previously by the NHSA to another level and provided a strong foundation for an effective and comprehensive technical assistance (T.A.) model.

This report outlines the project goals and objectives, the planning and evaluation process and provides a comprehensive analysis of each regional conference, as well as recommendations for addressing the concerns of Healthy Start project staff and lessons learned during the process.

Several important themes emerged from the regional conferences' data, providing the NHSA with critical guidance with regard to conference dynamics.

- 1) The inclusion of a broad audience and the interaction among different stakeholder groups that resulted was one of the highlights of the regional conferences and proved beneficial to their success.
- 2) Of equal importance was the fact that there were opportunities to network and share among projects regionally, a first for a majority of the projects.
- 3) Consumers and staff were inspired to see how far consumers could go, given information, tools and support.
- 4) The interactive and participatory nature of the regional conference model contributed to the success of each conference.

### Overall Findings

Findings confirmed the overwhelming need to establish the systems necessary to foster state and regional networking, peer mentoring systems, and structured and consistent opportunities for technical assistance. Participants requested that the NHSA:

- Provide technical assistance via regional conferences;
- Provide support for project directors;
- Provide readily accessible information and one-on-one, customized T.A.;
- Share information about Healthy Start sites; and
- Develop project profiles on each Healthy Start project.

The highest ranking technical assistance need identified under each of the core services listed was recruitment/retention. The core services listed were outreach, consortium, health education, interconceptional care, sustainability and case management.

Four NHSA toolkits field-tested at the regional conferences were *The Healthy Start Guide to Program Excellence*, *The Healthy Start Guide to Financial Sustainability*, *The Healthy Start Guide to Evaluating Success and Measuring Program Impact* and *The Healthy Start Guide to Risk Factor Assessment and How to Communicate about Perinatal Risk to Local Communities*. Feedback on each of the toolkits



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helped guide the process for completing them. The top three recommendations for future toolkits were consumer topics, medical issues and programs for fathers.

#### **Recommendations**

Based on the regional conference findings, recommendations urged the NHSA to:

- Establish regional roundtables to identify priority issues and T.A. needs and encourage leadership at all levels;
- Create Healthy Start project profiles as a database of project models;
- Develop an interactive web presence to highlight best and standard practices;
- Establish an institute for project directors to inform and support new and tenured project directors;
- Provide technical assistance via regional conferences to provide staff and community partners with T.A. in a synergistic and cost effective manner;
- Develop an inventory of project models and expertise to provide models for technical assistance and to maximize the expertise within the Healthy Start community;
- Complete the current toolkits for distribution to all Healthy Start projects.

Throughout the planning process and the conferences themselves, many lessons were learned that can be applied to future activities of the NHSA. The foremost lessons learned included the need for:

- 1) Consumer involvement and orientation by actively including consumer participation from the beginning, from planning to presenting and participating, as well as providing an orientation to get acquainted, network and better understand their role as a consumer;
- 2) Better coordination with the Association of Maternal and Child Health Programs to encourage local participation of their Title V representatives;
- 3) A workshop tracking system as a means for providing effective T.A. to a variety of stakeholders; and
- 4) Creating more opportunities for networking and information exchange among the projects.

#### **Next Steps**

As evidenced in our findings, the NHSA is an organization poised to play an even more integral role supporting the federally funded Healthy Start projects in a myriad of ways. Based on the recommendations, the NHSA is seeking support to fund a variety of new projects and enhance current operations for gathering information and dissemination over the next five years. Proposed new projects address technical assistance needs, provide project directors with program support, and develop and maintain mechanisms to network and provide peer-to-peer support regionally and nationally.

The findings and recommendations from the six regional conferences represent a major milestone for the NHSA, in its quest to define and solidify its role as a leader in the Healthy Start community.



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### SECTION I

#### I.a. BACKGROUND

In October 2001, the National Healthy Start Association (NHSA) began a strategic planning process undertaken by its Board of Directors to review its mission statement and develop goals for the next three years. Healthy Start projects were consulted through a series of surveys over a ten-month period to make certain that the strategic plan underwritten by the Annie E. Casey Foundation reflected the needs of local projects. NHSA board members, many of whom represent their own individual projects, contributed their time and experience to ensure that the strategic plan reflected survey results.

Overwhelmingly, the projects asked the NHSA for mentoring and technical assistance. They suggested the NHSA become the clearinghouse for the Healthy Start program, and asked for on-line and on-site assistance. Specific topics for which assistance was sought included enhancing core services, including consortium development and community involvement, male involvement and fatherhood programs, data collection and evaluation, co-morbidity factors, relationships with the Maternal and Child Health Bureau (MCHB), and information about financial sustainability. There were suggestions that the NHSA assist projects in holding local or regional Healthy Start conferences, and that it develop a speakers' bureau along with public service announcements that could be used by all projects.

Although Healthy Start projects were aware of current benefits offered to them as members of the NHSA, mentoring and/or technical assistance were the most frequently mentioned priorities. Some specific technical assistance needs that were identified included help for newer Healthy Start projects on legal and public health issues and advice on services and educational products that are most likely to reduce infant mortality, improve perinatal outcomes and reduce health disparities across all projects.

The NHSA continues to be asked by its membership to not only provide mentoring services, but to serve as an interactive clearinghouse for the exchange of useful information regarding maternal and child health. Healthy Start projects repeatedly express the need for help in addressing financial sustainability and sharing information on best practices and lessons learned. They want to know how Healthy Start fits into the larger system of federal health care policy, and how community-based projects can most effectively work with state and local agencies to maximize successful maternal and child health outcomes.

Another major concern expressed by Healthy Start projects during the development of the NHSA's strategic plan was the need for uniform data collection and evaluation methods that take into consideration the individual characteristics and challenges of each community. Requests for qualitative, as well as quantitative, assessment were numerous, as was the need for clearly defined terminology and collection methods. NHSA members stressed the need to have project directors and local evaluators more actively involved in evaluation design and quality assurance.

In short, it became clear that Healthy Start projects need a range of technical assistance and mentoring to enhance their effectiveness and they look to the NHSA for this service.

Utilizing a special funding initiative from Congress (known as an "earmark") to underwrite expenses, the Association planned a series of six regional conferences as a basis to develop a strong framework for an effective technical assistance model. The earmark was awarded in 2003 and the project period for its use was September 15, 2003 – September 14, 2004.



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### I.b. PURPOSE

The purpose of the Association's regional conference plan was to ensure that all appropriate Healthy Start personnel have the tools they need to fulfill program requirements that MCHB describes as essential to effectiveness. These include effective communication and interactive relationships with Title V programs and personnel, outreach to local communities to foster cooperation and support, professional training and skills enhancement to provide comprehensive health care to mothers and children, efficient use of resources and the ability to contribute to research and knowledge related to the field of maternal and child health.

Bringing together Healthy Start project staff, consumers and consortia leaders, MCH staff from the Health Resources and Services Administration (HRSA) regions and state Title V personnel, the conferences were expected to provide an opportunity to: 1) assess the technical assistance needs of the Healthy Start projects and determine the most effective way the Association can meet those needs for the diverse audience of Healthy Start stakeholders, 2) bring Healthy Start and Title V staff together to talk about common challenges and goals and ways to partner collaboratively and 3) field test the NHSA's new toolkits to provide technical assistance on specific topics and, at the same time, get feedback about the toolkits themselves.

### I.c. GOALS, OBJECTIVES AND OUTCOMES

The NHSA Board established three major goals with related objectives and outcomes to provide a framework for the conference process. The goals and objectives are outlined below:

**Goal One: To identify and prioritize the technical assistance needs of Healthy Start sites and to establish a formal process to respond effectively region by region.**

#### Objectives

- 1.a. Establish six regional planning committees.
- 1.b. Plan and coordinate program and logistics for six regional conferences.
- 1.c. Facilitate a workshop at each regional conference, designed to assist sites to identify and prioritize technical assistance needs (programmatic and operational).
- 1.d. Offer up to four technical assistance workshops, including but not limited to the four recently developed toolkits designed specifically for Healthy Start sites. They are:
  - *The Healthy Start Guide to Financial Sustainability*
  - *The Healthy Start Guide to Risk Factor Assessment and How to Communicate about Perinatal Risk to Local Communities*
  - *The Healthy Start Guide to Evaluating Success and Measuring Program Impact*
  - *The Healthy Start Guide to Strategies for Success*, formerly called *The Healthy Start Guide to Program Excellence* as its working title.

Suggestions were also made to each planning team on other technical assistance topics that had been requested in the past that might be considered for workshops at their specific conference. These included, but were not limited to:



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- Tips on Creating and Maintaining Community Support for Healthy Start
- How to Include Fathers in Healthy Start Programs
- How to Marshall the Help of Your Faith-based and Other Local Institutions
- How to Design and Implement a Communications Plan
- How to Juggle Care Coordination
- How to Create and Sustain an Advocacy Program for Public Support

#### **Outcomes**

- An implementation plan with established priorities for the types of technical assistance most important to Healthy Start projects.
- A formal process for responding to the range of technical assistance needs with appropriate and effective delivery models.
- Increase in the percentage of sites with an understanding of their technical assistance needs and the ability to access effective solutions.

#### **Goal Two: Establish a peer-to-peer mentoring system within each region.**

##### **Objectives**

- 2.a. Document the expertise of Healthy Start sites by conducting a pre-conference survey and a follow-up at each regional conference.
- 2.b. Conduct a facilitated workshop at each regional conference, designed to explore peer-to-peer mentoring models and adopt a model based on a regional consensus.

##### **Outcomes**

- A catalogue of the types of expertise that exists within each region.
- An identified peer-to-peer mentoring model.
- An increase in dialogue and networking among sites in each region.

#### **Goal Three: Build collaborative/working relationships among Healthy Start sites and their Title V counterparts.**

##### **Objectives**

- 3.a. Assess current relationship building among Healthy Start sites and Title V.
- 3.b. Meet with the Association of Maternal and Child Health Programs (AMCHP) to develop a strategy for encouraging relationship building between the Healthy Start sites and Title V representatives in each state.
- 3.c. Require that each regional planning team include a Title V representative.
- 3.d. Encourage all sites to invite their Title V counterpart to the regional conference.



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- 3.e. Include a model workshop, showcasing effective relationships between Healthy Start sites and their Title V counterparts.

#### **Outcomes**

- Increase the percentage of collaborative/working relationships among Healthy Start sites and their Title V counterparts.



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### SECTION II

#### II. a. PLANNING AND LOGISTICS

During the initial planning phase that began in September 2003, the Association contracted with Claudia Morris to serve as the program coordinator for the conferences. Bea Haskins, NHSA Operations Manager, coordinated all conference logistics and Geri Lynn Peak was contracted with in February 2004 to evaluate the proceedings of all six regional conferences.

To kick off the year-long activities, the NHSA held a leadership workshop for Healthy Start project directors on September 21, 2003, in conjunction with the Healthy Start Annual Grantee Meeting. The purpose of the workshop was to orient the project directors on the goals and objectives of the regional conferences, outline what to expect, identify planning committees for all six regions and identify tentative dates and locations for each conference. Eighty-three project directors participated, and met in small regional teams during the session to select a tentative location and date for each conference.

Early on in the planning process, it was decided to combine some “HRSA Regions” and call the planning committees for each combined region a “Planning Team.” Thus, throughout this report references are made to “teams,” which designate the planning group, and “regions,” which refer to the combined regions as designated for the six regional conferences.

Regional conference staff established a planning team to work in each region. The NHSA asked that every Healthy Start project have at least one representative serve on its respective team. Each planning team was encouraged to have at least one project director, one local evaluator, one consortia leader and one consumer. Title V was asked to provide at least one person from the combined region to serve on the Planning Team. Over the course of the planning process, each team evolved to include project directors, local evaluators, consortia representatives, Title V representatives and a diversity of project staff. With the exception of one project, every Healthy Start project had at least one representative on its appropriate planning team. Most teams had consumer representation, often in the person of the consortia representative. Each planning team had a Team Leader, who was usually an NHSA Board member, or, in one case, a representative of the host city with long tenure as a Healthy Start project director.

Each planning team met via conference call one to two times per month for one hour per call to plan and coordinate all aspects of their conference, ranging from which toolkits and other topics they wanted presented, to networking opportunities. To provide some consistency between the six regional conferences, a basic agenda was offered, which was adapted for each region’s specific needs. Each regional conference chose at least two of the NHSA toolkits as a facilitated session. Between team calls, smaller groups worked with Ms. Morris to develop the content and presentations for various sessions. Where possible, the NHSA sought the expertise of its members as presenters, as they are the repertoire of information that is most beneficial to their peers. **(See Regional Conference Agendas in the Appendix)**

In terms of logistical planning, the NHSA benefited from the assistance of a representative of the “host site” where each conference was to be held. For example, in Phoenix, the project director of the South Phoenix Healthy Start project researched hotels, locations, prices and other details and made a recommendation back to Planning Team 6. Once a decision was made on which hotel to utilize for each conference, Ms. Haskins then worked with the hotel on the logistical arrangements.

To ensure that all levels of project staff attended the conferences, the NHSA requested that each project send its project director, local evaluator, consortia leader, two consumers (one of whom might also be the consortia leader) and one or two other program staff, for a maximum of six (6) people per project. The



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Title V programs in each state where Healthy Start projects are located were asked to send at least one high-ranking staff person. The NHSA also asked that the HRSA regional offices send two MCH representatives for their region to the conference.

No registration fee was required for the conference and the NHSA provided meals and breaks associated with the conference, and offered to underwrite the travel and lodging costs for up to two consumers per project. Project staff, Title V and HRSA's MCH staff were expected to cover all other expenses, including their own travel and lodging.

The chart below shows the six "combined regions" with the final date and location for each conference.

Planning Team Designation	States/Territories in NHSA's "Combined Regions"	Date of Regional Conference	Location of Regional Conference
1	Connecticut, Massachusetts, New Jersey, New York, Puerto Rico, Virgin Islands	June 3 & 4, 2004	Newark, NJ
2	District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	May 24 & 25, 2004	Morgantown, WV
3	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	March 25 & 26, 2004	Atlanta, GA
4	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin	May 7 & 8, 2004	Chicago, IL
5	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	June 22 & 23, 2004	San Antonio, TX
6	Arizona, California, Colorado, Hawaii, Oregon, South Dakota	March 15 & 16, 2004	Phoenix, AZ

### II. b. DEMOGRAPHICS

Every effort was made to ensure that every Healthy Start project attended its regional conference. Regretfully, some projects, particularly in California, were under travel restrictions and were not able to send their full contingent of six, or, in some cases, even one. Because of this, the NHSA was able to allow some projects to bring more than six if they desired. In addition, the NHSA went to great lengths to make sure every project sent consumers to the conferences. Information about the importance of their participation and how the NHSA would underwrite consumer expenses was sent in several documents to project directors and/or other decision makers at the project level. Further, when a project submitted a registration form that indicated no consumers were attending, the NHSA immediately contacted the project director and reminded him/her that we would underwrite expenses for up to two consumers.



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Below is a chart that shows the breakdown of attendees at the conferences. For the purposes of this chart, “Project Directors” are those defined as project directors by the MCHB and/or those individuals who are the primary contact for their project, though their title may be something other than “project director.” “Senior, Middle and Front-line Staff” includes senior- and mid-level managers such as deputy directors, case managers, and front-line staff such as outreach workers and advocates, which go by many different names. “Other Project Staff” includes employees such as health educators and nutritionists. Consumers who were also consortia leaders are counted in the Consortia Leaders category. Title V/Federal Representatives include state Title V personnel, Healthy Start project officers from the Division of Healthy Start and Perinatal Services in the MCHB and/or staff from various regional HRSA MCH offices. Last, “Others” includes individuals such as executive officers of grantee agencies, Healthy Start subcontractors or individuals that could not be classified into another category.

### Demographic Breakdown of Conference Participants

Region	Project Directors	Senior, Middle & Front-line Staff	Local Evaluators	Other Project Staff	Consumers	Consortia Leaders	Title V/ Federal Reps.	Others	Total
1	12	23	6	18	13	4	6	8	90
2	10	26	3	15	15	4	5	4	78
3	20	26	17	34	34	12	6	3	148
4	22	31	7	37	37	22	5	5	145
5	11	28	7	12	37	1	3	4	76
6	7	12	3	8	12	4	4	9	53
<b>Totals</b>	82	146	43	119	8	47	33	33	<b>590</b>

In total, more than 650 people attended the six regional conferences, including on-site registrants not included above and presenters, staff and special guests.



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### SECTION III

#### III. a. FINDINGS BY REGION

Evaluation of the regional conferences used four data collection strategies:

- (1) Evaluation forms designed for most of the conference sessions were distributed to determine whether the information presented was useful and effectively conveyed.
- (2) Forms also gathered feedback about other types of resources and information that would be useful and other mechanisms for delivering technical assistance.
- (3) A specialized form used as part of the Peer-to-Peer Technical Assistance session allowed participants from each project to list technical assistance (T.A.) needs by the types of services they provide (core services and other specialized services).
- (4) Toolkit session evaluations were eliminated after the first conference to reduce the burden of the evaluation on attendees. Instead, starting with the second conference in Atlanta (Region 3), forms were used only to evaluate the toolkits and not the actual sessions.

Regarding the toolkit evaluations, first, verbal feedback was gathered during the toolkit sessions to gain immediate feedback on the toolkit presentations and content of the toolkits. Additionally, toolkit evaluation forms were distributed to all participants with their toolkits in order to determine (a) whether the topic was of interest and was presented in a useful way, (b) whether any information or skills were acquired through using the toolkit, (c) what types of changes or adaptations participants might recommend for the current toolkit and (d) other topics of interest for potential future toolkits developed by the NHSA. Staff asked that these evaluation forms be completed and returned to the NHSA office after the participants had a chance to review the toolkits from their conference. Finally, during follow-up calls, NHSA regional conference coordinators, presenters and team members conducted informal and formal debriefings to document the results of each meeting.

The following chart summarizes which toolkits and conference sessions were evaluated at each of the regional conferences:

#### Sessions Evaluated at Each Regional Conference

Sessions Held and Evaluated	Region 1 Newark	Region 2 Morgan-town	Region 3 Atlanta	Region 4 Chicago	Region 5 San Antonio	Region 6 Phoenix
<b>Toolkit Sessions</b>						
Financial Sustainability	Yes	Yes	Yes	Yes	Yes	Yes
Evaluating Success	Yes	No	Yes	Yes	Yes	Yes
Risk Assessment	No	Yes	Yes	Yes	Yes	No
Program Excellence	Yes	Yes	No	No	Yes	Yes
<b>Conference Sessions</b>						
Working together: Healthy Start and Title V	Yes	Yes	Yes	Yes	Yes	Yes



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Sessions Held and Evaluated	Region 1 Newark	Region 2 Morgan-town	Region 3 Atlanta	Region 4 Chicago	Region 5 San Antonio	Region 6 Phoenix
Facilitated T.A. and Peer-to-Peer Mentoring Model	Yes	Yes	Yes	Yes	Yes	Yes
Consumers in Action	No	Yes	Yes	No	Yes	Yes
Making Room for Daddy	No	No	No	No	No	Yes
Community-wide Health Education Models	No	No	No	No	No	Yes
How to Strengthen Consumer Involvement	No	No	No	Yes	No	No
Diagnose your Coalition	No	No	No	Yes	No	No
Alternative Mental Health Intervention Models	Yes	No	No	No	No	No
Creating and Maintaining Community Support	No	No	Yes	No	No	No

The following sub-sections summarize findings for each of the regions. The results present:

- A description of people who completed the overall conference evaluation,
- Findings regarding the overall usefulness of a regional conference as a T.A. mechanism as well as critiques and discussion of other modes to deliver T.A.,
- Findings from session evaluations, with an emphasis on the Title V collaboration and the Peer-to-Peer T.A. session and
- Summary of priority T.A. needs specific to each region.

### **Region 1 (Newark) Evaluation Findings:**

#### *Demographic Breakdown of Attendees*

The overall results for Newark conference (Region 1) are based on 34 completed overall conference evaluation forms. The attendees had the following relationship to Healthy Start:

- 32% – project directors or coordinators or other managerial or administrative staff
- 24% – community partners
- 16% – line staff
- 13% – evaluators or data management staff
- 10% – consortia members
- 3% – consumers <sup>1</sup>

<sup>1</sup> Percentages may not add to 100% for one of three reasons: 1) rounding error can change the total percentage value by up to 3% in either direction; 2) for some items, we only report the most salient groups, leading to a total of less



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Fifty percent (50%) of project directors have been with Healthy Start for two years or less, with an average tenure of 2.7 years. The projects represented in Region 1 tended to be more established, with more than 60% operating five years or longer, with an average age of 5.2 years.

Only one consumer completed the overall conference form. Ten participants gave reasons for the lack of attendance of consumers. Their responses were distributed equally at 30% each between these three categories: (1) pre-existing obligations and/or emergencies, (2) not invited or no money for consumers and (3) personal barriers, such as no child-care or undocumented status. A larger proportion of community partners completed the overall survey. Consequently, only three people cited reasons why no community partners attended, and these were due to personal or poor relationship issues.

### *Regional Conferences are Useful*

Ninety-four percent (94%) of Region 1 participants who completed the overall conference evaluation form found the regional conference useful as a means of delivering T.A., primarily because of the format, which provided small group interactions and hands-on exercises. Of the six people who did not find the conference useful, half cited the lack of time to share and learn about other programs from peers.

### *Other Ways to Receive Technical Assistance*

Region 1 respondents equally favored two different approaches to T.A.: direct, or face-to-face, customized supports, and web or email-based solutions that were readily accessible (34% each).

### *Session Topics are Valuable*

All of the “specialized conference sessions,” that is, those other than the sessions devoted to toolkits, were considered very useful by participants (100% for all regions), and this was true for the “Alternative Mental Health Intervention Model” session presented in Newark.

The “Working Together: Healthy Start and Title V” collaboration session was rated favorably by 75% of those responding to the session evaluation form. Of the 25% that did not rate the session favorably, 75% of those respondents stated they already had a good working relationship with their state Title V representatives. Approximately three-quarters of the respondents felt the assessment tool was easy to understand and use and enhanced the presentation; however, less than 63% planned to recommend using the tool at their project site.

Session evaluation forms for the “Facilitated Technical Assistance and Peer-to-Peer Mentoring Model” session were not distributed.

### *Technical Assistance Needs Identified*

During the facilitated T.A. session, participants gathered by project and were able to identify T.A. needs during the session. These are presented based on results from the customized assessment form used as part of the session exercise. Region 1 conference participants prioritized the following T.A. needs:

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than 100%; or 3) some items allowed respondents to choose multiple responses and therefore totals can reach more than 100%.

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Service Category (# of cases = # of forms including the listed category)	T.A. Need Identified (% of cases)
Consortia (10)	<ul style="list-style-type: none"><li>• Recruit diverse members (90%)</li><li>• Provide leadership training for consumers, other members (70%)</li></ul>
Interconceptional Care (7)	<ul style="list-style-type: none"><li>• Consumer retention/culturally competent approaches (71%)</li><li>• Tools and models (71%)</li></ul>
Outreach (7)	<ul style="list-style-type: none"><li>• Recruitment and retention best practices (57%)</li><li>• Strategies targeting certain localities (57%)</li></ul>

### Region 2 (Morgantown) Evaluation Findings:

Twenty-four percent (24%) of Region 2 participants completed the overall conference evaluation form. The majority completing the form were consumers, project directors or managerial staff and line staff. There were:

- 27% – consumers
- 27% – project directors or coordinators or other managerial or administrative staff
- 27% – line staff
- 17% – consortia members

Only five project directors stated their tenure: two (40%) had less than two years experience, while the other three (60%) have held their position more than two years. Fifty-six percent (56%) of the respondents said their program was more than eight years in existence, with an average age of 8.6 years.

Four people reported that consumers had not come with their group. Two said consumers were not invited and two stated personal reasons or barriers. Only two participants listed reasons for the lack of community partners, which is not consistent with the absence of community partners completing the overall conference form. Both cited travel restrictions. It may be that other community partners had to leave before these forms were collected.

#### *Regional Conferences are Useful*

Nearly all Region 2 participants (99%) who completed the overall conference evaluation form felt that the regional conference was useful. The majority (70%) said that this was due to the networking opportunities.

#### *Other Ways to Receive Technical Assistance*

Region 2 participants most frequently chose customized, direct T.A. as the best way to receive information and support for their sites (37.5%). Web/email-based support systems were preferred by 25% of respondents.



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### *Session Topics are Valuable*

All of the specialized conference sessions were considered very useful by participants (100%), and this was true for the “Consumers in Action” session at this conference, as well.

The “Working Together: Healthy Start and Title V” collaboration session was rated favorably by 86% of the respondents. Region 2 participants were enthusiastic about the collaboration exercise; more than 93% found the collaboration tree a useful tool and 95% would recommend its use.

While the primary purposes of the “Facilitated T.A. and Peer-to-Peer Mentoring Model” session were to assess priorities for T.A. and develop pathways to meet those T.A. needs, most people came away with a better understanding of the peer-to-peer mentoring approach as well. Ninety percent (90%) of respondents agreed the session enhanced an understanding of the peer-to-peer approach.

### *Technical Assistance Needs Identified*

When participants gathered by project to explore T.A. needs, they identified the following priorities:

Service Category (# of cases = # of forms including the listed category)	T.A. Need Identified (% of cases)
Outreach (7)	<ul style="list-style-type: none"><li>• Staff training to increase outreach (86%)</li><li>• Recruitment and retention best practices (71%)</li></ul>
Interconceptional Care (5)	<ul style="list-style-type: none"><li>• Tools and models (80%)</li></ul>
Health Education (6)	<ul style="list-style-type: none"><li>• Strategies to promote attendance (80%)</li></ul>

### **Region 3 (Atlanta) Evaluation Findings:**

Region 3 had a good mix of representatives responding, based on evaluation form results. Among the 72 who completed the overall conference evaluation form, there were:

- 27.5% – project directors or coordinators or other managerial level staff
- 26% – consumers
- 16% – evaluators and data management staff
- 11% – line staff
- 11% – consortia members
- 8% – others

Region 3 had the longest average tenure among project directors, four years. These program sites were also among the oldest, with an average age of 6.6 years.

This meeting was well attended by consumers and there was no pattern to the reasons community partners did not attend, based on responses from five participants.



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### *Regional Conferences are Useful*

Ninety-five percent (95%) of Region 3 respondents thought that the meeting was useful, primarily because of the networking opportunities. Ten people who did not find the conference useful stated that there was a need for more time to share with their peers (50%) and that the audience was too broad for effective training (40%).

### *Other Ways to Receive Technical Assistance*

The Atlanta conference is the group that, due to its size, drove the ranking of web and email-based solutions as the most popular means of receiving information and T.A. (47%). Most other regions rated direct T.A. first and web-based solutions second. The trend is reversed for Region 3, with only 21% favoring direct, customized T.A. solutions.

### *Session Topics are Valuable*

All of the specialized conference sessions were considered very useful by participants and this was true for the two special topics presented in Atlanta: “Consumers in Action” and “Creating and Maintaining Community Support.”

Almost all Team 3 respondents felt the “Working Together: Healthy Start and Title V” collaboration session was extremely valuable; 97% felt the session enhanced the ability to address collaboration. The collaboration tree tool was also very well received, with more than 88% finding the tool useful overall, 94% confirming the ease of use and 89% would recommend its use.

Designed primarily to assess priorities for T.A. and to come up with pathways to meet those T.A. needs, 94% of those evaluating the “Facilitated T.A. and Peer-to-Peer Mentoring Model” session felt the session enhanced an understanding of the peer-to-peer approach. Ninety percent (90%) could accurately describe an aspect of the model.

### *Technical Assistance Needs Identified*

The Atlanta conference was the second meeting held. During the Peer-to-Peer Mentoring and Technical Assistance Needs workshop, a customized form was used to allow Region 3 participants to list their T.A. needs by core services and site name. The most frequently listed core services and examples of specific needs identified are summarized in the chart below.

Core Service Category (# of references in 15 sites present)	T.A. Need Identified (% of cases)
Outreach (11)	<ul style="list-style-type: none"> <li>• Recruitment and retention issues</li> <li>• Best practice, adopting effective procedures and policies</li> </ul>
Consortia (11)	<ul style="list-style-type: none"> <li>• Recruitment issues: diverse members, consumers, males, etc.</li> <li>• Administrative issues: planning, governance, etc.</li> </ul>
Depression/Mental Health (9)	<ul style="list-style-type: none"> <li>• Issues impacting mental health, e.g. racism, cultural bias, quality of life</li> <li>• Access to services, including funding for psychiatrist, tracking of services, coordinating relationships with providers</li> </ul>



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### Region 4 (Chicago) Evaluation Findings:

Region 4 attendees completed 73 overall conference evaluation forms. Analysis showed that there were:

- 32% – project directors or coordinators or other managerial level staff
- 26% – consumers
- 20% – line staff
- 32% – others, including Title V representatives, evaluators and consortia members

Fifty percent (50%) of project directors have been in their positions less than two years. The average tenure of project director-level attendees was the second longest among participants at 3.6 years and the programs had an average length of 6.5 years.

Five people reported that consumers did not attend due to their lack of interest or personal obligations. Two-thirds of the nine people reporting issues affecting the attendance of community partners cited travel restrictions as the main issue.

#### *Regional Conferences are Useful*

Ninety-four percent (94%) of Region 4 participants who completed the overall conference evaluation form found the regional conference useful, primarily because of the small group interactions and hands-on exercises. The seven people who did not find the conference useful cited the broadness of the audience as the main reason.

#### *Other Ways to Receive Technical Assistance*

Region 4 respondents favored direct, customized T.A. as the preferred way to receive information and support (40%). Web or email-based solutions came in second at 28%.

#### *Session Topics are Valuable*

The specialized conference sessions on strengthening consumer involvement and on diagnosing the Healthy Start coalition were universally rated as useful by 100% of the respondents.

Seventy-two percent (72%) felt the “Working Together: Healthy Start and Title V” collaboration session enhanced their ability to promote collaboration. Many of those responding negatively were from sites where they already have good relationships with Title V and therefore felt there was not a need for this area of support (54% of 17 respondents). Response to the collaboration tree tool was fairly strong, with more than 90% finding the tool useful, easy to use and beneficial to the presentation. Around 88% would recommend use of the tool.

A large number of participants (n=85) completed the evaluation form for the “Facilitated T.A. and Peer-to-Peer Mentoring Model” session. The session was designed to uncover and identify pathways to meet regional T.A. needs. Eighty percent (80%) of them felt a peer-to-peer mentoring approach could benefit their Healthy Start program.

#### *Technical Assistance Needs Identified*

Participants met in small groups by state to explore T.A. needs. Region 4 was the first to benefit from the refinements made after the first two conferences. Participants were able to identify T.A. needs during the session and these are presented based on results from the customized form used as part of



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the session exercise. The most frequently cited T.A. needs within the top three core service areas are listed below:

Service Category (# of cases = # of forms including the listed category)	T.A. Need Identified (% of cases)
Consortia (17)	<ul style="list-style-type: none"><li>• Recruit diverse members (71%)</li><li>• Provide leadership training for consumers, other members (41%)</li></ul>
Interconceptional Care (12)	<ul style="list-style-type: none"><li>• Tools and models (75%)</li><li>• Consumer retention/culturally competent approaches (50%)</li></ul>
Sustainability (9)	<ul style="list-style-type: none"><li>• Maintain or acquire new funding sources (89%)</li></ul>

### Region 5 (San Antonio) Evaluation Findings:

Of the 39 people who completed the overall conference evaluation form for Region 5, the attendees had the following relationship to Healthy Start:

- 34% – project directors or coordinators (23%) or other managerial level staff (11%)
- 31% – line staff
- 14% – evaluation or data management roles
- 14% – others, including Title V representatives and consortia members
- 6% – consumers

The average tenure of project directors was 2.5 years; 43% had been in their position less than two years. The projects had an average age of 5.7 years.

Although consumer participation was a primary focus of the regional conferences and funds were available to support attendance, cost was stated as the main reason consumers were not in attendance (by two of five respondents). The reasons that Title V counterparts did not attend were various and with no clear pattern, as was found with some of the other regional experiences.

#### *Regional Conferences are Useful*

Ninety-seven percent (97%) of Region 5 participants thought that the meeting was useful, primarily because of the networking opportunities (59%). Of the five people who did not find the conference useful, most blamed that on the lack of time to share with their peers and learn from them and about their programs.

#### *Other Ways to Receive Technical Assistance*

Forty percent (40%) of Region 5 attendees favored direct, customized solutions as the best way to receive T.A., with web-based and other technological solutions the second choice (31%).

#### *Session Topics are Valuable*

The value of the consumer session was unanimously positive.



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Response to the “Working Together: Healthy Start and Title V” collaboration session was very enthusiastic. Nearly 92% felt the session enhanced the ability to work in collaboration with Title V. The collaboration tree was rated very favorably, with 93% to 98% rating the tool easy to use, useful to the presentation and easy to understand and apply. Further, 93% plan to share the tool with their staff.

As the purposes of the “Facilitated T.A. and Peer-to-Peer Mentoring Model” session were to assess priorities for T.A. and come up with pathways to meet those T.A. needs, the emphasis was on information gathering rather than information sharing. Nevertheless, 100% of participants felt the session enhanced their understanding of peer-to-peer mentoring. Ninety-five (95%) of respondents plan to share what they have learned or integrate it into their programs.

### *Technical Assistance Needs Identified*

The small groups work by projects yielded the following list of future T.A. needs:

Service Category (# of cases = # of forms including the listed category)	T.A. Need Identified (% of cases)
Consortia (17)	<ul style="list-style-type: none"><li>• Recruit diverse members (71%)</li><li>• Provide leadership training for consumers, other members (53%)</li><li>• Planning goals and strategies to improve functionality (53%)</li></ul>
Outreach (15)	<ul style="list-style-type: none"><li>• Recruitment and retention issues (60%)</li><li>• More staff and staff training to increase outreach (53%)</li></ul>
Health Education (14)	<ul style="list-style-type: none"><li>• Tools and models (75%)</li><li>• Consumer retention/culturally competent approaches (50%)</li></ul>

### **Region 6 (Phoenix) Evaluation Findings:**

Based on 25 people who completed the overall conference evaluation form, the attendees at the Phoenix conference had the following relationship to Healthy Start:

- 36% – line staff
- 32% – project directors or coordinators
- 9% – consumers
- 9% – consortia
- 13% – others, including Title V representatives and evaluators

The average tenure of project director-level attendees was approximately one and a half years, with 83% of directors stating they had tenure of less than two years. Projects had a longer history of operation, with an average age of about 5.5 years, with 62% in operation more than five years.



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Many projects were able to bring consumers, which was a primary focus of the regional conferences. Projects that did not bring consumers said that either there were logistical problems or a lack of interest in attending for consumers. Community partners were also encouraged to attend; however, for Region 6, many Title V counterparts had out-of-state travel restrictions that kept them from attending.

#### *Regional Conferences are Useful*

Ninety-five percent (95%) of Region 6 participants who completed the overall conference evaluation form thought that the meeting was useful, primarily because of the networking opportunities. Of the five people who did not find the conference useful, most blamed the lack of time to share with their peers and learn about their programs.

#### *Other Ways to Receive Technical Assistance*

Although the conferences were highly rated as useful, Region 6 participants favored direct, customized solutions as the best way to receive T.A. (36%).

#### *Session Topics are Valuable*

As with the specialized conference sessions at the other conferences, topics at the Phoenix conference considered very useful by participants were: “Consumers in Action,” “Making Room for Daddy” and “Community-wide Health Education Models.”

The “Working Together: Healthy Start and Title V” collaboration session was rated favorably by 78% of those responding to the session evaluation form. No one rationale or critique stood out for those who did not feel the session enhanced their ability to collaborate with Title V. Participants rated the collaboration tree as follows: 87.5% felt the tool was easy to understand and use and more than 81% felt that it helped to enhance the information presented and would recommend they use this tool at their site.

The “Facilitated T.A. and Peer-to-Peer Mentoring Model” session was drastically modified after the Phoenix conference because the session content and presentation format did not match the goals conference planners had for the session to assess priorities for T.A. and to come up with pathways to meet those T.A. needs. Nonetheless, 92% of participants responding felt the session enhanced their understanding of peer-to-peer mentoring. More than 93% could accurately describe some aspect of peer-to-peer mentoring model and 96% could think of strategies to apply what they had learned in their work.

#### *Technical Assistance Needs Identified*

While the process of facilitated T.A. changed dramatically between the first and subsequent conferences, there was still an opportunity for participants to list topics they felt were relevant T.A. needs. Grouped into five broad categories, the topics identified are: Program Management, Core Services, Consortia Development, Male Involvement and an “Other” category with items such as political strategy, national database and standardized educational materials.



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### III. b. OVERALL REGIONAL CONFERENCE EVALUATION FINDINGS

The summary findings below are based on results compiled from evaluation forms distributed at the regional conferences and includes anecdotal findings from conference session discussions, follow-up calls, stakeholder commentary and debriefing meetings held throughout the conference implementation period.

#### *Provide Technical Assistance via Regional Conferences*

Regional conferences were overwhelmingly favored by participants as a means to provide technical assistance. Of 267 respondents, 95.3% felt the conferences were useful, defined by selecting one of the following responses: useful (16%), very useful (39%) or extremely useful (39%). Two groups that had a slightly less favorable view of the regional conferences as a useful T.A. conduit were: 87% of evaluators and MIS or data management staff (mostly program evaluators) and 90% of all others (a category that includes Title V representatives and other community partners). Participants viewed the conferences as valuable primarily for:

- Providing networking opportunities (53% of 168)
- The conference format, especially small groups and exercises (32%)
- Supplying knowledge/information/new ideas (17.9%)

*Note: items total more than 100% since respondents could list several reasons they believed the conference was useful.*

Comments from conference participants made during the regional conferences and in follow-up calls confirmed that a unique feature was the inclusion of a broad audience where front line staff, consumers, evaluators and community partners interacted together with project directors. These participants, many of whom had never had the opportunity to attend a Healthy Start conference before, were able to actively network, and to share and work together. The smaller size and interactive format also encouraged interaction between individuals representing different stakeholder groups. Participants felt this interaction between different Healthy Start stakeholders was a highlight of the regional conferences.

One critique held by the small minority of people who felt some aspect of the regional conference was not useful was that the audience was too broad and that tailored T.A. to meet the different attendees would be beneficial (32.1% or nine of 28 participants). Conference attendees echoed this sentiment anecdotally during the conferences and in follow-up calls; thus, it is a feeling that was expressed both by those who found the conferences useful and those who did not. Other critiques of the regional conference format included:

- Need for increased time for sharing/learning/networking (39.3% of 28 respondents)
- Preference for on-site, customized T.A. (17.9% of 28 respondents)

A special emphasis of the regional conferences was the inclusion of consumers. Where consumers were well integrated into the conferences, their inclusion was clearly accepted, according to follow-up calls and anecdotal evidence. Staff, community partners and consumers were inspired by the stories of success presented in consumer panel sessions. More importantly, consumer attendees were able to see the impact they can have on Healthy Start, on their own lives, the lives of their peers and on the operations and practices of the program. Some consumers were able to network with other participants from throughout their region to gain new ideas or strategize to find solutions to concerns they faced in their home Healthy



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Start initiative. Consumers and staff were inspired to see how far consumers could go, given the tools and support.

All additional T.A. topics, such as consumers in action, fatherhood programs, community education, coalition building and community support/advocacy, were enthusiastically received overall and by team. One hundred percent (100%) of respondents found the special session topics useful. The majority (96-100%) also agreed skills were enhanced by session presentations, for any of the topics presented.

The refinement of the “Facilitated T.A. and Peer-to-Peer Mentoring Model” session exercise after two conferences allowed each project to capture specific T.A. needs in a more precise fashion, so that the needs are identified by core services. The most frequent T.A. needs related to the following core services: *(percentages may total greater than 100%)*

- Outreach
  - General recruit/retention issues (67%)
  - Staff training to increase outreach success (47%)
  - Special targeted strategies, e.g., American Indian, Latino (15%)
- Consortium
  - Recruitment of diverse members, including males (72%)
  - Leadership training, especially to balance consumer/professional differences and learn to work as a team (46%)
  - Tools, e.g., to support development, best practice or planning (22%)
- Health Education
  - Improve health education content/successful strategies (51.7%)
  - Staff capacity building (47%)
  - Strategies to promote attendance (27%)
- Interconceptional care
  - Tools and models, e.g., risk assessment (82%)
  - Consumer retention/culturally competent approaches (40%)
- Sustainability
  - T.A. to help maintain or acquire new funding sources, e.g., list of potential funders (89%)
  - Innovation to meet sustainability challenges (28%)
- Case Management
  - Special topics and issues, e.g., counseling techniques, managing housing needs or mental health resources (56%)
  - Case management best practices, e.g., improve communication with consumers, assessment tools (39%)
  - Retention (30%)



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Note that all core services T.A. needs had at least one item emphasizing recruitment and/or retention, indicating that these are overarching issues for NHSA members. Before responses were collapsed into broader categories, most core services had retention as the highest ranked T.A. need. Also, these findings are based only on Teams 1, 2, 4 and 5, as a different data collection format was used for Teams 3 and 6, as referenced above.

The two most frequently requested topics of interest for additional T.A. in response to the session evaluation forms, besides needs related to core services, were consumer incentives (22%) and father involvement (18%).

### *Provide Support for Project Directors*

Depending on the form analyzed, approximately 24% of project directors responding had tenures less than one year and around 50% had tenures of two years or less. These new project directors appreciated both the learning format at the conferences and ability to work in small groups (66.7%). There was substantial positive feedback regarding the history of the Healthy Start program and about the NHSA as presented in the Program Excellence sessions (or as a special introductory session at those conferences that did not utilize the Program Excellence toolkit). Project directors in place two years or less overwhelmingly preferred to receive information via technically accessible conduits, but also favored direct, face-to-face T.A. It may be that these individuals feel they don't have time to wait a year before the next opportunity for input and support. Web-based information can provide a good way to address needs immediately and serve as backup in conjunction with a periodic in-depth training mechanism.

### *Provide Readily Accessible Information and Direct, Customized Technical Assistance*

Fifty-three percent (53%) of 146 respondents favored technically accessible information (e.g., via email, web, web casts, video conferencing) as another valuable means of T.A. from the NHSA, while 51% favored direct, customized T.A. support. Region 3 had a strong positive support of technological T.A. solutions (47%) and Region 1 favored both of the options equally.

The large numbers of respondents in Region 3 have skewed the results toward technological T.A. solutions. Four other regions (2, 4, 5 and 6) favored direct custom T.A. approaches to email and web-based T.A. by 12 percentage points. Note that for these four programs:

- Email/web was the second choice in every case.
- Before collapsing the various responses from individuals into categories, the web and email category was the most frequent response in preliminary analyses for all teams.

Here is a summary of the percentage of different types of conference attendees who favored technically accessible as their preferred way to receive T.A. information. (*Note that these percentages represent the number one category for that type of participant except where indicated*):

- 34% of project directors
  - 36% of other managers (note that some of these are likely also defined as project directors by NHSA, some are middle management in Healthy Start and some are regional or other administrators or administrative staff)
  - 48% of evaluators/data management staff
  - 19% of line staff, which is second place to direct custom T.A. (49%)
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- 25% of consumers, tied with periodic meetings and direct T.A. for first place
- 29% of consortia members, tied with direct T.A.
- 40% of other participants (Title V and community partners included)

Traditional clearinghouse or resource centers were not favored as a T.A. conduit.

Participants repeatedly requested culturally appropriate strategies and models, particularly Regions 1 and 6. For example, models effective with Spanish language speakers, as well as with African Americans and other English-speaking population groups, were specifically requested.

### *Share Information about Healthy Start Sites*

Survey results and anecdotal evidence suggests that some participants wanted more time to hear about other initiatives in their regional conference area. The Region 2 follow-up call and anecdotal critique revealed that certain program circumstances are too unique to benefit from lessons learned targeting more commonplace models (e.g., rural, border or reservation program applications). An accessible project database might allow projects to identify similar features/settings for better match of models and strategies

### *Healthy Start Site/Project Profiles*

With such strong demand from conference participants for customized direct face-to-face T.A. (51%), there must be a system to match programs to appropriate peers or at least facilitate open communications. Since peer-to-peer solutions are favored, the NHSA should consider using project profiles to match peers for technical assistance. Regions 2 (38%), 4 (40%), 5 (40%) and 6 (36%) prioritized customized T.A. as their number one way to receive technical assistance. Questions of quality and certification arise that could be circumvented by setting up a system of communication channels to discuss specific issues, challenges and solutions without undertaking a major certification effort. These could be web-based or email-based discussion forums, chat rooms or lists.

### *Application Guidance for Project Directors/Related Staff*

Comments made during the Team 1 follow-up call and from participants at the Region 5 meeting illustrate that Healthy Start staff and project directors want the NHSA to take an active role in advocating for the constituency for the competitive application process.

### *Summary of Toolkit Findings from NHSA Regional Conferences*

Four NHSA toolkits were field-tested at the regional conferences. Each Planning Team was required to select at least two of the toolkits topics for their conference. The toolkits, developed in 2003-2004, and funded by a grant from the Annie E. Casey Foundation for three of them and a contract with Missouri Bootheel Healthy Start for the fourth, are designed to support the technical assistance needs of Healthy Start initiatives.

Only three of the toolkits were completed in bound form in time to be part of the pilot-testing phase. The fourth toolkit on Program Excellence was in draft form, so the information was offered as a PowerPoint presentation; thus, some anecdotal commentary on that toolkit has been included in this summary. For the other three toolkits, 151 toolkit evaluation forms were collected over the course of the six regional conferences. We received the following number of forms by type of toolkit:



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- 46 – Financial Sustainability
- 52 – Evaluation
- 53 – Risk Assessment

The summary findings are presented by the type of respondent, i.e., project director, other management, evaluators and data management staff, other staff, consumers, consortia members or other persons in attendance at the regional conference meetings. The toolkit evaluation results were also examined by tenure of the project director and age of the Healthy Start program, but those sub-categories were not found to be useful for understanding the findings.

Interpretation of the results is complicated by the fact that at each meeting, some people were confused as to how to use the toolkit evaluation form, whether or not there was a separate evaluation form for the session presentation. Thus, some comments are clearly more relevant to the presentations than to the documents themselves. Comments determined to be related solely to presentations have been excluded from this summary whenever the difference is clear.

### **The Healthy Start Guide to Strategies for Success (formerly called Program Excellence)**

The strategies for success, or program excellence, toolkit was presented as a workshop session at four of the six conferences. As stated above, participants received a copy of the PowerPoint presentation used in these sessions. Feedback gathered through a qualitative discussion process at the end of each presentation provides insights that can help guide the process of completing this toolkit. The feedback about this toolkit falls into five areas:

1. *Acknowledgement of the value of maintaining the history of Healthy Start.* During the first meeting in Phoenix, participants acknowledged the importance of presenting the history of the Healthy Start initiative. There was great interest in the chronicle of events from the first 15 programs to the present array of almost 100 communities. Many people are new to Healthy Start, and program history may not be stored or shared in this way at the site. Besides the toolkit, some additional suggestions for sharing this information were gathered:
  - a. An immediate result of this feedback was to use the Program Excellence toolkit presentation, or a summary from it, as a mini-orientation to Healthy Start during subsequent meetings. This was done, in fact, at all subsequent regional conferences, as well as at the NHSA's annual Spring Education Conference.
  - b. Several people suggested using this information as the foundation for on-line information sources, a "virtual Healthy Start university."
  - c. The information can be tailored for direct training with project directors or other sub-groups from among the Healthy Start stakeholders.
  - d. Participants suggested compiling a Healthy Start reference guide that would contain a wide variety of information.
2. *Suggestions to help clarify and streamline the information.* Some participants commented on the information included in the presentation in detail. These comments at each meeting helped to shape the next presentation, so the process was dynamic throughout the four conferences that received this presentation. Here are some of the suggestions made during the regional conferences:



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- a. Document standard components and unique variations, so that projects can see some different examples of best practices within the categories presented.
  - b. There is no need to put things like the Perinatal Periods of Risk and Fetal and Infant Mortality Review models in this toolkit, as they are included in the Risk Assessment toolkit.
  - c. Focus on what makes Healthy Start unique and why this is an important national strategy to address perinatal health.
  - d. Clearly state that best practice information is there for different programs to pick from and choose what fits their needs and style, beyond core services.
3. *Suggestions regarding the document format.* This includes additional information that would improve the clarity of the content and tailor information towards the broad audience present at the regional conferences.
- a. Include more resources, not necessarily in full, but where to find them or link to them.
  - b. Include more specific examples.
  - c. Use consumer-friendly language and translate terms and acronyms; include a glossary of terms and a consumer dictionary.
  - d. Ensure sensitivity to common terms with negative connotations, such as “case management.” It was noted, for example, that consumers are not “cases” and there is an opportunity to transform this language.
  - e. Formally modify the public education campaign component to make it more targeted toward consumers.
4. *Discuss core elements of Healthy Start and best practice.* Participants suggested a variety of topics and information they would like to see included in the Strategies for Success toolkit.
- a. Include information on developing Local Health System Action Plans.
  - b. Provide ongoing diversity training to build cultural relevance in services and to minimize turf issues; train so that everyone has their “eyes on the prize”; and provide team building and training to promote unified vision in action.
  - c. Offer a range of resources such as a clearinghouse, resources for grandparents, outreach to fathers/males, information on managing health insurance, engaging religious institutions and including immigrants.
5. *Suggest additional topics to be included.* A variety of topics were suggested in response to this toolkit. Some of these overlap into areas covered by the other three toolkits; some are more detailed than may need to be covered in this toolkit. All of them are issues of interest to Healthy Start stakeholders, so they are listed here:
- a. Men on the “down-low,” that is, unacknowledged homosexual behaviors in the male population, including how prison experience drives that dynamic and may be the introduction to male-male sex.



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- b. Interfacing with protective services and police and justice systems regarding issues such as incest and child molestation, rape, foster care/kinship care and special needs populations.
- c. Substance use/abuse.
- d. Life planning, e.g., planning for pregnancy and interconceptional care.
- e. Grief.

These comments are very comprehensive and may speak to ways that the information currently considered as part of the Strategies for Success guide can be enhanced. However, there are so many suggestions, it may make sense to look at the various suggestions people had about ongoing T.A. and to examine these suggestions as ways to enhance a variety of T.A. strategies, not just the Strategies for Success toolkit.

One way to approach the volume of valuable comments is to focus on the toolkit completion by emphasizing three main areas:

1. Historical overview of the Healthy Start initiative, to give the orientation piece for those new to Healthy Start or just “not in the know.”
2. Relevance and integration of core services within Healthy Start, so that people can see how the different required components and elective components contribute to perinatal well being and beyond of mother and child.
3. Tools and strategies for achieving excellence, where all of the information covered on how to monitor outcomes and use the information to improve service delivery would go. The bulk of the tools would be here, as well as program examples.

This would allow toolkit designers to focus the completion of this toolkit and get information into the hands of front-line staff in the near future. Any additional feedback gathered can be used to inform ongoing T.A. planning and future toolkits.

### **The Healthy Start Guide to Financial Sustainability**

This toolkit was universally found to be useful, with very few people critiquing the toolkit and its content. Often, comments reflected the toolkit presentation and not the content itself.

1. Information, tools, exercises, examples, charts, user forms and resources were all ranked useful or better by all respondents. Because of this favorable assessment, very few respondents commented regarding how to improve the format of the toolkit. Nearly 100% of respondents felt that the information in the tool was presented clearly, but this may reflect both the presentation and the toolkit itself. Some of the actual comments stated that the information presented diverse solutions and was well organized and clear.
2. No one had suggestions on how to make the information more clear; however, two people commented that there was too much information, so it would be useful to make sure that the final toolkit presents information in reasonable “bites” that the audience will find easily digestible.
3. The weakest ratings, relatively, were found in response to exercises, charts/diagrams and user forms. A very small minority people from among the project directors’ group, the



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evaluator/data group or the line staff group rated one or more of these areas as only somewhat useful. While the numbers are low, a review of these elements with an eye towards use would be beneficial before completing the toolkit.

#### **The Healthy Start Guide to Evaluating Success and Measuring Program Impact**

This toolkit was also found to be useful by most of the 52 respondents. Note that for this toolkit, the San Antonio presentation was so comprehensive that we broke our own data collection rule and allowed participants to complete the evaluation form after the session. As with the Financial Sustainability toolkit, some comments seem to reflect the presentation; wherever possible, such comments have been eliminated.

1. Similar to the other toolkits, those who reviewed the evaluation toolkit found that overall, the information, tools, exercises, examples, charts, user forms and resources were useful to extremely useful. Because of this favorable assessment, very few respondents commented regarding how to improve the format of the toolkit. Two of the 52 respondents felt that the evaluation topic was not of interest; since one was a project director, this may be because the project already had an evaluation plan in action.
2. Evaluation toolkit ratings for usefulness were primarily ranked “very” to “extremely” useful for the exercises.
3. This toolkit also had more weak ratings (1, not useful or 2, somewhat useful) than the other two. While these were still very few, it may illustrate that the technical difficulty of the evaluation information warrants presentation in various formats to accommodate different learning styles.

#### **The Healthy Start Guide to Risk Factor Assessment and How to Communicate about Perinatal Risk to Local Communities**

The Risk Assessment toolkit was also ranked very highly by participants in terms of the value of the toolkit as a topic and the usefulness of the information presented in the toolkit.

1. All respondents ranked the information, tools, exercises, examples, charts, user forms and resources compiled as useful or better.
2. There were requests for more specific assessment tools.
3. There were no weak ratings (somewhat or not useful) for any elements of the toolkit.

### **III. c. SUGGESTIONS FOR FUTURE TOOLKITS**

The following list represents respondents’ top three recommendations for future toolkits by order of preference:

1. Consumer topics
2. Medical issues
3. Programs for fathers



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### SECTION IV

#### IV. a. RECOMMENDATIONS

Bringing together Healthy Start project staff, consumers and consortia leaders, MCH staff from the HRSA regions and state Title V personnel, the regional conferences provided an opportunity to: 1) assess the technical assistance needs of the Healthy Start projects and determine the most effective way the Association can meet those needs for the diverse audience of Healthy Start stakeholders, 2) bring Healthy Start and Title V staff together to talk about common challenges and goals and ways to partner collaboratively and 3) field test the NHSA's new toolkits to provide technical assistance on specific topics and, at the same time, get feedback about the toolkits themselves.

A special emphasis of the regional conferences was the inclusion of consumers. Where consumers were well integrated into the conferences, their inclusion was clearly accepted, according to follow-up calls and anecdotal evidence. Staff, community partners and consumers were inspired by the stories of success presented in consumer panel sessions. More importantly, consumer attendees were able to see the impact they can have on Healthy Start, on their own lives, the lives of their peers and on the operations and practices of the program. Some consumers were able to network with other participants from their region to gain new ideas or strategize to find solutions to concerns they faced in their home Healthy Start initiative. Consumers and staff were inspired to see how far consumers could go, given tools and support.

Findings confirmed the overwhelming need to establish the systems necessary to foster state and regional networking, peer mentoring systems, and structured and consistent opportunities for technical assistance. Recommendations, based on regional conference findings, urged the NHSA to:

- **Establish Regional Roundtables**

Project directors and other staff met at the Northeastern Region (or Region 1) conference to begin the development of a regional roundtable, which could be used as a model for other regions. Each Healthy Start site would be represented on their respective Regional Roundtable, where they would discuss and identify priority issues and technical assistance needs. This model would encourage leadership at all levels, from consumer to project director; provide a process for communication from site to region to the NHSA; and provide a process to inform the NHSA of regional concerns/needs.

- **Create Healthy Start Project Profiles**

Profiles of the Healthy Start sites would provide a baseline of project models (e.g., local health department, hospital, Title V, non-profit), level of development and program focus nationally. If established as a database, it would provide easy access for sites to identify like projects, to locate related links, resources and other technical assistance sources. It would provide yet another forum to inform and guide the NHSA in planning and providing needed services.

- **Develop an Interactive Web Presence**

The NHSA's web site should be expanded and made more interactive for all Healthy Start project staff and stakeholders, particularly after having participated in a more formal technical assistance session. A Healthy Start On-line University will highlight best and standard practices and basic information and other resources would be available for quick reference.



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This could start with items from the Project Directors' Institute (see below) posted on the web for access and reference.

An On-line Database and Clearinghouse should be considered as ways to merge the National Center for Education in Maternal and Child Health's clearinghouse with this website, which would then serve as a clearinghouse for information such as project profiles, model programs, resources, toolkits and other web links. A Peer and Expert Information Exchange would provide on-line discussion forums for all Healthy Start project staff and stakeholders. These can include open discussion boards, email lists or list-serves, web casts (where experts can provide information to a broad audience) or special on-line chats with experts or targeting special topics, populations or providers.

- **Establish an Institute for Project Directors**

A Project Directors' Institute would provide background/history and a solid orientation to the Healthy Start model for project directors from newly funded sites and sites with newly hired project directors, and could offer courses on emerging trends or other issues for longer tenured project directors. The Strategies for Success toolkit could be used as a model for orientation. The curriculum would review and underscore the importance and significance of Healthy Start's core services and strategies to provide guidance on how to locate resources, models and technical assistance regionally and nationally. Such an institute would welcome new project directors into the NHSA and make them feel like they are part of the Healthy Start family/community.

- **Provide Technical Assistance via Regional Conferences**

Regional conference participants appreciated the chance to meet on a regional level and network with peers in their regions. They indicate this is an excellent way for participants to benefit from networking regionally among staff at all levels and to provide technical assistance for frontline staff, consortia leaders and consumers in a synergistic and cost-effective manner. Using this format, regional models for the different core services can be identified more easily. The technical assistance priorities included consumer recruitment and retention at all levels, consortia diagnosis/development, case management, sustainability and fatherhood programs.

- **Develop an Inventory of Project Models and Expertise**

An inventory of project models and expertise would utilize an individual project competency plan as a self-assessment tool that can be used to assess what sites are doing well, and which project staff have expertise in what areas. The use of on-line forums would allow the direct exchange of ideas to provide a natural mechanism for expertise to surface and peer-to-peer mentoring to occur. Such a system would provide models for technical assistance through conferences and the website, and would maximize the expertise within the Healthy Start community. It would also articulate how different strategies work within the different Healthy Start models.

- **Complete the Current Toolkits**

Four toolkits entitled The Healthy Start Guide to Financial Sustainability, The Healthy Start Guide to Risk Factor Assessment and How to Communicate about Perinatal Risk to Local Communities, The Healthy Start Guide to Evaluating Success and Measuring Program Impact



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and The Healthy Start Guide to Strategies for Success (formerly called The Healthy Start Guide to Program Excellence as its working title) were field tested during the regional conferences as the first step in providing technical assistance. These toolkits offer the opportunity for more enhanced products to bolster the technical assistance offerings of the NHSA. This toolkit series will be updated and further enhanced based on the findings of the regional conferences, and will be posted on the NHSA website. It is anticipated that regular revision and updating of all materials such as these toolkits will become part of the ongoing work of the NHSA, and that making this information readily accessible to all will further the goals of maternal and child health. Rather than producing and mailing hard copies to all members, the NHSA Board is considering posting the toolkits on the website, to allow for regular revision and updating of the material and make the information readily accessible to staff other than project directors.

### IV. b. LESSONS LEARNED

Throughout the planning process and the conferences themselves, many lessons were learned that can be applied to future activities of the NHSA.

#### 1. Consumer Involvement and Orientation

The level of consumer involvement was inconsistent both among the six regional conferences and among the projects themselves. Staff recognized the impact consumers could have if they were actively involved throughout the process. This includes active participation on the planning committee, as presenters and as participants. Additionally, a consumer orientation session should be planned and held early on, providing consumers with a forum to get acquainted and network and to get a better understanding of their role in Healthy Start and at the conference. And while staff felt their efforts to ensure that all project directors understood that the NHSA would underwrite the costs of two consumers per project to attend the conferences, it appears that this message was not articulated clearly enough to everyone. Finally, it is apparent that there are many barriers to consumer participation, and these need to be addressed in the future.

#### 2. Coordination with Title V

In spite of our best efforts to work with AMCHP and to enlist our projects to encourage local participation of their Title V counterparts, there were too many Title V representatives missing from the conferences. If the NHSA objective to move toward developing relationships with Title V is going to be effective, further steps should be taken to ensure its success. In the future, the NHSA might consider actively participating in the AMCHP conference to begin to plant the seed, openly discuss the barriers and encourage relationship building with Healthy Start Projects. This could include a workshop similar to the one held at each of the regional conferences.

#### 3. Workshop Tracks

Based on participant feedback via the overall evaluations, workshop tracks for the varying levels of participants would be a more effective method of providing T.A. or training to such a broad audience. The tracks might include, but not be limited to, the following categories: consumers, frontline and health education staff and administrative staff.



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#### **4. Networking**

To encourage networking, a reception, ice-breaker and networking luncheon were planned for almost all of the conferences. However, this is an area for which participants felt they needed even more time. These conferences are clearly one of the only times the project staff, other than project directors, have a chance to get to know one another and for them, networking provides an opportunity for a kind of informal peer-to-peer mentoring. Therefore, all future regional conferences should include these planned networking sessions in addition to a more formal networking session as described below.

#### **5. Information Exchange**

Future conferences could include a formal facilitated networking session. Project staff could discuss in detail their challenges, and other sites could provide on-the-spot guidance and a plan for further discussion at a later date. NHSA's then-Vice President Kenn Harris included a well-received exchange similar to this in his Risk Assessment presentation at the Region 2 conference in Morgantown.

#### **6. Conference Spacing and Timing**

NHSA staff made an effort to space the conferences at least one month apart. However, due to various circumstances, that did not happen. Unless there is additional staff dedicated to the coordination and support of the regional conferences, it is not feasible to hold more than one per month. Also, conferences should be scheduled to avoid conflicting with the grant writing season and the fall grantee meeting, as well as the NHSA's own Spring Conference.

#### **7. Conference Assessment/Toolkit Assessment**

In the future, the assessment tools should be tailored more closely to gain more detailed input where needed. We should continue to use facilitated discussions and debriefing sessions to gather new ideas and feedback. We need to target specific audience representatives (possibly with incentives) for detailed input, such as reviewing toolkits, specific web pages or interactive tools or training tracks such as the Project Director's Institute. And we should reserve written forms, whether paper or online, for gathering information efficiently and gathering generalized feedback.

#### **8. Development of NHSA's Healthy Start Regions**

For this project, the NHSA utilized HRSA's regional designations and formulated its own "combined regions," for example, combining HRSA Regions I and II into NHSA's Region 1. Projects in some states might be better served if they are grouped with projects in another region. One example is the lone Healthy Start project in Arkansas. It is geographically closer to projects in Missouri, and could benefit from being grouped with other rural projects, such as Missouri Bootheel Healthy Start. The NHSA should consider designating its own regions, not dependent on the HRSA regional designations. Furthermore, the NHSA should rename its regions, using descriptive words, rather than numbers, so as to better differentiate NHSA's regions from HRSA's regions. For example, NHSA's Region 1 would become the Northeast Region.



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### SECTION V

#### V.a. NEXT STEPS

As evidenced in our findings, now is the time for the NHSA to solidify its place in the Healthy Start community by securing additional resources/funds to fully support the federally funded Healthy Start projects. Based on the recommendations, the NHSA is seeking support to fund a variety of new projects and enhance current operations for gathering information and dissemination over the next five years.

Among improvements to current projects or materials, the NHSA plans to enhance the quality of the newsletter and expand its dissemination, incorporate technical assistance priorities into the work of the NHSA's Annual Spring Education Conference, revise and update the NHSA website making it more functional by adding features such as forums or bulletin boards and chat rooms and making it more interactive, which will allow members more access to assistance with project related issues.

The NHSA's proposed new projects include:

- 1) Establishing a National Healthy Start Leadership Institute for Project Directors. The Institute's goal would be to provide project directors with structured, practical, hands-on learning labs, designed to 1) review and underscore the importance and significance of Healthy Start's core services and strategies, 2) provide guidance on how to build and strengthen their core program components and 3) offer a format that fosters peer mentoring among project directors (new and old) beyond the formal curriculum.
- 2) Establishing and maintaining Regional Roundtables. The goal of the Regional Roundtables is to provide a forum for member projects to discuss emerging MCH issues, share ideas and concerns and identify and discuss technical assistance needs within their region. Each Healthy Start project would be represented on a Roundtable. The structure of the Regional Roundtables promotes the NHSA's community-driven philosophy; encourages leadership at all levels, from consumer to project director; and provides a process for communication from projects to the NHSA, informing the NHSA of regional concerns/needs, while identifying models and best practices to address concerns.
- 3) Developing a database of project profiles. Profiles of each Healthy Start project would provide a baseline of project models (e.g., local health department, hospital, Title V, non-profit), level of development and program focus nationally. This database would provide yet another forum to inform and guide the NHSA in planning and providing needed services, provide easy access for sites to identify similar projects (projects matching their own modus operandi) and assist projects in locating related links, resources and other technical assistance sources.

The findings and recommendations from the six regional conferences have greatly assisted the NHSA to move forward to the next phase of development. They represent a major milestone for the NHSA in its quest to define and solidify its role as a leader in the Healthy Start community and the MCH field.



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## Appendix



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### *Building Healthy Start Excellence*

NHSA's Regional Conference: Northeast

June 3 & 4, 2004 in Newark, NJ

#### Conference Agenda

#### June 2, 2004

4 – 7 p.m.

**Pre-registration**

4 – 6 p.m.

**Reception**

6 – 7 p.m.

**Planning Meeting for Project Directors**

Project Directors and one additional staff member from each project will meet to develop the Regional Healthy Start Roundtable.

*Facilitators:*

*Delores Greenlee, New Haven Healthy Start, New Haven, CT*

*Lorna Fairweather, Healthy Start Brooklyn, Brooklyn, NY*

#### June 3, 2004

7:30 – 8:30 a.m.

**Registration**

**Continental Breakfast**

8:00 – 8:30 a.m.

**Opening Remarks**

- *Dianna Christmas, Boston Healthy Start Initiative, Boston, MA*
- *Goldie Watkins-Bryant, Central Harlem Healthy Start, New York, NY*
- *Ilise Zimmerman, Northern New Jersey MCH Consortium, Paramus, NJ*

**Ice Breaker – Xandra Negron, Boston Healthy Start Initiative, Boston, MA**

8:30 – 10:30 a.m.

**Technical Assistance Workshop:**

**The Healthy Start Guide to Program Excellence**

*Moderator: Jean Reilly, Syracuse Healthy Start, Syracuse, NY*

*Deborah Frazier, Healthy Arkansas Health Permit Services Agency, Little Rock, AR*

*Carol Synkewecz, Duval County Health Department, Jacksonville, FL*

Workshop facilitators will provide participants with strategies for planning, designing and implementing a successful Healthy Start Program. Emphasis will be placed on elements that are employed by model Healthy Start programs. Utilizing information that will be included in the Program Excellence toolkit, the facilitators will have a chance to field test the material for the final product.

10:30 – 10:45 a.m.

**Break**

10:45 a.m. – 12:15 a.m.

**Plenary:**

**Alternative Mental Health Intervention Models for Families**

*Moderator: Zalika Shani, Camden Healthy Start, Camden, NJ*

*Diane Davis, DC Healthy Start, Washington, DC*

*Kathy Roe and Donny Bellamy, Parents Anonymous of New Jersey, Inc., Paramus, NJ*

Studies show that a supportive environment fosters positive emotional well-being and can reduce the risk of depression. Presenters for this session will showcase two model programs—the House Party model, which encourages stress reduction in a supportive environment, and Parents Anonymous, which is dedicated to strengthening families through parent-lead support groups and leadership development.



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12:15 – 1:45 p.m.

### **Networking Lunch**

1:30 – 3:30 p.m.

### **Technical Assistance Workshop:**

#### **The Healthy Start Guide to Evaluating Success and Measuring Program Impact**

*Moderator: Dionna Walters, Downstate NY Healthy Start, New York, NY*

*Peter Schafer, Baltimore City Healthy Start, Baltimore, MD*

This toolkit was designed to provide Healthy Start directors and evaluators with practical yet effective local survey techniques—increasing the capability of all Healthy Start projects to learn more about this important aspect of measuring effectiveness. The workshop facilitator will guide you through the toolkit emphasizing the importance of stakeholder involvement (including consumers) from the planning and design phase to the implementation phase.

3:30 – 3:45 p.m.

### **Break**

3:45 – 5:15 p.m.

### **Plenary:**

#### **Working Together: Healthy Start and Title V**

*Moderator: Teresa Taboas, Puerto Rico Healthy Start, San Juan, PR*

*Lorna Fairweather, Brooklyn Healthy Start, Brooklyn, NY*

*Linda Thornton, New York State Title V, Albany, NY*

*Roberto Varela, Puerto Rico Healthy Start and Puerto Rico Title V, San Juan, PR*

Drawing from their own experiences, presenters will discuss the barriers, challenges and opportunities of relationship building among Healthy Start administrators and Title V representatives. Participants will be guided through an exercise designed to enhance the relationship building process.

## **June 4, 2004**

8:00 – 9:30 a.m.

### **Breakfast Roundtable:**

#### **Facilitated Technical Assistance Needs and Peer to Peer Mentoring**

*Moderator: Sunday Gustin, Healthy Start/Children's Futures, Trenton, NJ*

*Mario Drummonds, Central Harlem Healthy Start, New York, NY*

Focusing on the Healthy Start core service areas, participants will be guided through a process of identifying and prioritizing areas of need for technical assistance. The facilitator will also explore various methods of providing technical assistance and gather feedback on what works for the Healthy Start projects in the northeast region.

9:30 – 9:45 a.m.

### **Break**

9:45 – 11:45 a.m.

### **Technical Assistance Workshop:**

#### **The Healthy Start Guide to Financial Sustainability**

*Moderator: Brenda Paul, Syracuse Healthy Start, Syracuse, NY*

*Mario Drummonds, Central Harlem Healthy Start, New York, NY*

To begin, a brief overview of the NHSA Sustainability Toolkit will be provided, with a request for participant feedback on its strengths and weaknesses. The presenter will then provide a realistic case for why your Healthy Start project should not depend solely on MCHB funds and provide assistance in the development of a diversified sustainability plan. The presenter will outline a working definition and the components of a sustainability plan. Participants will break up in groups to work on enhancing their current sustainability plans or develop new ones.

11:45 a.m. – 12:30 p.m.

### **Next Steps and Closing Remarks**

12:30 p.m.

### **Conference adjourns**

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### Planning Team Members

Dianna Christmas, Boston, MA  
Mario Drummonds, New York, NY  
Angella Alexander, Brooklyn, NY  
Dianna Christmas, Boston, MA  
Mario Drummonds, New York, NY  
Shazia Aslam, East Orange, NY  
Marta Bermudez, Rochester, NY  
Lorna Fairweather, Brooklyn, NY  
Eleanor Gilliam, Atlantic City, NJ  
Delores Greenlee, New Haven, CT  
Sunday Gustin, Trenton, NJ  
Barbara Lee Jackson, St. Croix, VI  
Mary Lawrence, Trenton, NJ  
Audrey Mack, Camden, NJ  
Cheryl Merzel, New York, NY

Wendy Nealy, New York, NY  
Karen Owes, New York, NY  
Xandra Negron, Boston, MA  
Brenda Paul, Syracuse, NY  
Jean Reilly, Syracuse, NY  
Zalika Shani, Camden, NJ  
Teresa Taboas, San Juan, PR  
Yadira Taveles, San Juan, PR  
Linda Thornton, Albany, NY  
Roberto Varela, San Juan, PR  
Dionna Walters, New York, NY  
Goldie Watkins-Bryant, New York, NY  
Julie Wisniewski, Worcester, MA  
Bea Haskins, NHSA, Baltimore, MD  
Claudia Morris, NHSA, Washington, DC



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### *Healthy Start On the Move: In Search of Excellence*

NHSA's Regional Conference: East  
(HRSA Region III)

May 24 & 25, 2004 ☞ Morgantown, WV

Radisson Hotel at Waterfront Place

#### Conference Agenda

#### May 23, 2004

4 – 7 p.m.

**Pre-registration**

5 – 7 p.m.

**Reception**

#### May 24, 2004

7:30 a.m.

**Registration**

**Continental Breakfast**

8:00 – 9:30 a.m.

**Breakout Sessions**

**Session 1 – Consumer Orientation**

*Moderator: Diane Davis, DC Healthy Start, Washington, DC*

The goals of the consumer orientation session are to 1) provide the consumers attending the conference with an opportunity to get to know one another, 2) review the conference agenda and 3) discuss the role of the consumer at the conference.

**Session 2 – Working Together: Healthy Start and Title V**

*Moderator: Joanne D. Craig, Crozer-Keystone Healthy Start, Chester, PA*

*Deborah Darlene Roebuck, Southwest & West Philadelphia Healthy Start, Philadelphia, PA*

*Belle P. Marks, Title V, Allentown Department of Health, Allentown, PA*

This session will showcase Healthy Start/Title V relationships between Healthy Start Projects and Title V Programs throughout the state of Pennsylvania. The moderator will lead an exercise designed to improve relationships between Healthy Start programs with their Title V counterparts.

9:30 – 10:00 a.m.

**Opening Remarks**

*Peter Schafer, Baltimore City Healthy Start, Baltimore, MD*

*Penny Womeldorff, West Virginia Healthy Start/HAPI Project, Morgantown, WV*

*Deborah Frazier, NHSA Board of Directors, Little Rock, AR*

**Ice Breaker – Cheryl N. Bodamer, Richmond Healthy Start, Richmond, VA**

10:00 – 10:15 a.m.

**Break**

10:15 a.m.– 12:15 p.m.

**Technical Assistance Workshop:**

**The Healthy Start Guide to Program Excellence**

*Moderator: Cheryl Squire Flint, Fayette County Healthy Start, Uniontown, PA*

*Deborah Frazier, Healthy Arkansas Health Permit Services Agency, Littlerock, AR*

*Carol Synkewecz, Duval County Health Department, Jacksonville, FL*

Workshop facilitators will provide participants with strategies for planning, designing and implementing a successful Healthy Start Program. Emphasis will be placed on elements that are employed by model Healthy Start programs. How to turn consumer feedback into action and how to maintain community involvement will be emphasized.



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- Utilizing information that will be included in the Program Excellence toolkit, the facilitators will have a chance to field test the material for the final product.
- 12:15 – 1:30 p.m. **Networking Lunch**
- 1:30 – 3:30 p.m. **Technical Assistance Workshop: The Healthy Start Guide to Financial Sustainability**  
*Moderator: Linda Foster, Virginia Healthy Start, Richmond, VA*  
*Mario Drummonds, Central Harlem Healthy Start, New York City, NY*  
To begin, a brief overview of the NHSA Sustainability Toolkit will be provided, with a request for participant feedback on its strengths and weaknesses. The presenter will then provide a realistic case for why your Healthy Start project should not depend solely on MCHB funds and provide assistance in the development of a diversified sustainability plan. The presenter will outline a working definition and the components of a sustainability plan. Participants will then break up in groups to work on enhancing their current sustainability plans or develop new ones.
- 3:30 – 3:45 p.m. **Break**
- 3:45 – 5:15 p.m. **Consumers in Action**  
*Moderator: Peter Schafer, Baltimore Healthy Start, Baltimore, MD*  
*Sheila Washington, Baltimore Healthy Start, Baltimore, MD*  
*Tia Snell, Virginia Healthy Start, Petersburg, VA*  
*La Shawn Williams-Bridges and La Shawn Fields, DC Healthy Start, Washington, DC*  
The session moderator will discuss how the Healthy Start target population has changed over the years, with a shift from serving a large percentage of consumers who presented at low-to-moderate risk to a population at higher risk with multiple service needs. Consumers from three Healthy Start projects will provide their perspective on how programs can provide and maintain consumer friendly services that meet the needs of the new Healthy Start consumer.
- May 25, 2004**
- 8:00 – 9:30 a.m. **Breakfast Roundtable: Facilitated Technical Assistance and Peer to Peer Mentoring**  
*Moderator: Sheila Washington, Baltimore Healthy Start, Baltimore, MD*  
*Kenn Harris, NHSA Board of Directors, Groton, CT*  
Focusing on the Healthy Start core service areas, participants will be guided through a process of identifying and prioritizing areas of need for technical assistance. The facilitator will also explore various methods of providing technical assistance and gather feedback on what works for the Healthy Start projects in this region.
- 9:30 – 9:45 a.m. **Break**
- 9:45 – 11:15 a.m. **Technical Assistance Workshop: The Healthy Start Guide to Risk Factor Assessment and How to Communicate About Risk to Local Communities**  
*Moderator: Michale Tompkins, DC Healthy Start, Washington, DC*  
*Kenn Harris, NHSA Board of Directors, Groton, CT*  
The facilitator will provide a brief overview of the draft Risk Factor Assessment Toolkit and solicit feedback from participants on its strengths and weaknesses. The remainder of this session will focus on various aspects of community involvement, including how to identify your community partners, how to communicate with your partners and how to involve consumers in the risk assessment process.
- 11:30 a.m. – 12:30 p.m. **Plenary: Next Steps and Closing Remarks**
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### Planning Team Members

Joanne Craig, Chester, PA

Diane Davis, Washington, DC

Cheryl Squire Flint, Uniontown, PA

Linda Foster, Richmond, VA

Katy Gingles, Washington, DC

Maryann Measure, West Chester, PA

Andrea Morris, Washington, DC

Angela Obringer, Morgantown, WV

Peggy O'Malley, Pittsburgh, PA

Will Payne, Pittsburgh, PA

Deborah Roebuck, Philadelphia, PA

Peter Schafer, Baltimore, MD

Muriel Silva, Philadelphia, PA

Rose Singleton, Richmond, VA

Tia Snell, Petersburg, VA

Theresa Taylor, Richmond, VA

Penny Womeldorff, Morgantown, WV

Bea Haskins, NHSA, Baltimore, MD

Claudia Morris, NHSA, Washington, DC



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### *Healthy Start: Consumers, Consortia & Collaboration*

NHSA's Southeast Regional Conference (HRSA Region IV)

March 25 & 26, 2004 in Atlanta, GA

J.W. Marriott Hotel Lenox

#### Conference Agenda

#### March 24, 2004

4 – 7 p.m.

**Pre-registration**

5 – 7 p.m.

**Reception**

#### March 25, 2004

7:30 – 8:00 a.m.

**Continental Breakfast**

8:00 – 8:30 a.m.

**Registration**

**Opening Remarks**

- *Lo Berry, Central Hillsborough Health Start, Tampa, FL*
- *Cheryl Boykins, Atlanta Healthy Start, Atlanta, GA*
- *Madie Robinson, Pee Dee Healthy Start, Florence, SC*

8:30 – 10:00 a.m.

**Creating and Maintaining Community Support and An Advocacy Program for Healthy Start**

*Moderator: Sandra Pittman, Enterprise Community Healthy Start, Augusta, GA*

*Mobilizing, Creating and Maintaining Community Support Through a Consumer Driven Consortium*

*Lo Berry, Central Hillsborough Healthy Start, Tampa, FL*

Central Hillsborough Healthy Start's Community Council provides a mechanism for project area consumers, providers and other stakeholders to actively participate in the process of building capacity for supporting and nurturing pregnant women and infants. The presenter will emphasize the key role that consumers play, highlight effective strategies that help engage community stakeholders, provide an example of a multi-agency approach to community capacity building and how a community consortium can be instrumental in effective advocacy.

*Assessing Types of Consortia and How to Resolve Conflict and Bring About Collaboration*

*Kenn Harris, NHSA Board of Directors, Groton, CT*

Drawing from his experience with the New Haven and Boston Healthy Start projects, the presenter will address consortia development concerns, including the issue of control versus collaboration and parameters for the consortia's advisory role.

10:00 – 10:15 a.m.

**Break**

10:15 – 12:15 p.m.

**Technical Assistance Workshop: The Healthy Start Guide to Evaluating Success and Measuring Program Impact**

*Moderator: Linda Greaver, Healthy Start Corps, Pembroke, NC*

*Facilitator: Jill Davis, Evaluator, Rollins School of Public Health, Emory University, Atlanta, GA*

This toolkit was designed to provide Healthy Start directors and evaluators with practical yet effective local survey techniques—increasing the capability of all Healthy Start projects to learn more about this important aspect of measuring effectiveness. The



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workshop facilitator will guide you through the toolkit emphasizing the importance of stakeholder involvement from the planning and design phase to the implementation phase.

12:30 – 1:30 p.m.

### **Networking Lunch**

1:30 – 3:00 p.m.

### **Breakout Sessions:**

#### **1. Consumers in Action**

*Moderator: Naomi Williams, Enterprise Community Healthy Start, Augusta, GA*

*Jaye Peabody, Executive Director, HMHB Coalition of Georgia, Atlanta, GA*

*Janice Hawkins, Community Development Coordinator, Magnolia Project, Jacksonville, FL*

This session will explore the various roles that Healthy Start consumers play as advocates, both in their community and with their legislators. The presenters will review the mission of Healthy Start and the importance of consumer advocacy. This session is designed to encourage audience participation.

#### **2. Working Together: Healthy Start and Title V**

*Moderator: Eddie Towson, Georgia Division of Public Health, Atlanta, GA*

*Sara Balcerek, Title V, Columbia, SC*

*Virginia Berry White, Low Country Healthy Start, Denmark, SC*

*Barbara Grice, Edisto Savannah Public Health District, Savannah, GA*

This session will showcase the Healthy Start/Title V relationships in Georgia and South Carolina, and include an exercise to improve the relationships between Healthy Start programs with their Title V counterparts.

3:00 – 3:15 p.m.

### **Break**

3:15 – 5:15 p.m.

### **Technical Assistance Workshop: The Healthy Start Guide to Risk Factor Assessment and How to Communicate About Risk to Local Communities**

*Moderator: Rosetta Harris, Delta Health Partners, Greenwood, MS*

*Kenn Harris, NHSA Board of Directors, Groton, CT*

The facilitator will provide a brief overview of the draft Risk Factor Assessment Toolkit and solicit feedback from participants on its strengths and weaknesses. The remainder of this session will focus on various aspects of community involvement, including how to identify your community partners, how to communicate with your partners and how to involve consumers in the risk assessment process.

## **March 26, 2004**

8:00 – 9:30 a.m.

### **Breakfast Roundtable: Facilitated Technical Assistance and Peer to Peer Mentoring**

*Moderator: La Verne Partlow, Baby Love Plus, Winston-Salem, NC*

*Belinda Pettiford, Eastern, Northeastern & Triad Baby Love Plus*

This is a facilitated session, which will assist participants through the process of identifying and prioritizing areas of need for technical assistance using a modified nominal group process. The session will also include a presentation on a peer-to-peer mentoring model.

9:30 – 9:45 a.m.

### **Break**

9:45 – 11:45 a.m.

### **Technical Assistance Workshop: The Healthy Start Guide to Financial Sustainability**

*Moderator: Ricky Green, Birmingham Healthy Start, Birmingham, AL*

*Mario Drummonds, Central Harlem Healthy Start, New York City, NY*



## National Healthy Start Association, Inc. FINAL REPORT OF THE 2004 REGIONAL CONFERENCES

To begin, a brief overview of the NHSA Sustainability Toolkit will be provided, with a request for participant feedback on its strengths and weaknesses. The presenter will then provide a realistic case for why your Healthy Start project should not depend solely on MCHB funds and provide assistance in the development of a diversified sustainability plan. The presenter will outline a working definition and the components of a sustainability plan. Participants will then break up in groups to work on enhancing their current sustainability plans or develop new ones.

11:45 a.m. – 12:15 p.m. **Next Steps and Closing Remarks**

- Summarize Technical Assistance Needs for the Region
- Summarize Toolkit Feedback

### Planning Team Members

Lo Berry, Tampa, FL

Vienna Adams, St. Petersburg, FL

Patricia Allen, Florence, SC

Sara Balcerek, Columbia, SC

Cheryl Boykins, Atlanta, GA

Kathleen Croley, Williamsburg, KY

Jill Davis, Atlanta, GA

Ginger Dereksen, Louisville, KY

Linda Greaver, Pembroke, NC

Rickey Green, Birmingham, AL

Irma Hall, Jacksonville, FL

Rosetta Harris, Greenwood, MS

Johnny Hatney, Augusta, GA

Janice Hawkins, Jacksonville, FL

Peggy Henderson, Williamsburg, KY

Youjie Huang, Columbia, SC

Jodi Hudgins, Augusta, GA

Reginald James, Tallahassee, FL

Dorothy May, Mobile, AL

Sandra Pittman, Augusta, GA

La Verne Partlow, Winston-Salem, NC

Judy Ruffin, Raleigh, NC

Chalonda Smith, Palm Spring, FL

Jemea Smith, Atlanta, GA

Shirlyn Smith, Pembroke, NC

Carol Synkewecz, Jacksonville, FL

Sheron Thames, Mobile, AL

Eddie Towson, Atlanta, GA

Beverly Watkins, Memphis, TN

Virginia Berry White, Denmark, SC

Bea Haskins, NHSA Baltimore, MD

Claudia Morris, NHSA, Washington, DC



# National Healthy Start Association, Inc.

## FINAL REPORT OF THE 2004 REGIONAL CONFERENCES

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### *Healthy Start: Achieving Excellence Through Partnerships*

NHSA's Regional Conference: Midwest

May 7 & 8, 2004 in Chicago, IL

Hotel Monaco

#### Conference Agenda

#### May 6, 2004

4 – 7 p.m.

**Pre-registration**

5 – 6 p.m.

**Reception** (Hotel Monaco's Complimentary Evening Reception)

#### May 7, 2004

7:30 – 8:00 a.m.

**Continental Breakfast**

**Registration**

8:00 – 8:30 a.m.

**Opening Remarks**

*Rick Haverkate, Inter-Tribal Council of Michigan, Sault Ste. Marie, MI*

*Jerry Wynn, Chicago Healthy Start, Chicago, IL*

*The Honorary Danny K. Davis, (D-7, IL), Invited Speaker*

**Ice Breaker**

*Angela Ellison, Westside Healthy Start, Chicago, IL*

**Historical Overview**

*Belinda Pettiford, NHSA President, Raleigh, NC*

8:30 – 10:30 a.m.

**Technical Assistance Workshop: The Healthy Start Guide to Evaluating Success and Measuring Program Impact**

*Moderator: Cynthia Scott, Greater Englewood Healthy Start, Chicago, IL*

*Patricia McManus, Milwaukee Healthy Beginnings Project, Milwaukee, WI*

This Toolkit was designed to provide Healthy Start directors and evaluators with practical yet effective local survey techniques—increasing the capability of all Healthy Start projects to learn more about this important aspect of measuring effectiveness. The workshop facilitator will guide you through the toolkit emphasizing the importance of stakeholder involvement (including consumers) from the planning and design phase to the implementation phase.

10:30 – 10:45 a.m.

**Break**

10:45 – 12:15 a.m.

**Diagnosing Your Coalition**

*Moderator: Jerry Wynn, Chicago Healthy Start, Chicago, IL*

*Virginia Martinez, International Center for Health Leadership Development, UIC School of Public Health*

Participants will use an assessment tool to identify the strengths and weaknesses of their Healthy Start Coalition. The tool will allow participants to identify potential barriers to collaboration. Through an interactive process, participants will develop strategies to overcome weaknesses and barriers that have been identified. Participants will also share examples of successful Healthy Start collaborative activities and strategies.



# National Healthy Start Association, Inc.

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12:15 - 1:30 p.m.

### **Lunch**

#### **Working Together: Healthy Start and Title V**

*Moderator: Barbara Stoddard, Honoring Our Children Healthy Start, Lac du Flambeau, WI*

*Clarice Lowe, VNS Healthy Start, Des Moines, IA*

*Kim Piper, Title V, Des Moines, IA*

Drawing from their own experiences, presenters will discuss the barriers, challenges and opportunities of relationship building among Healthy Start administrators and Title V representatives. Participants will be guided through an exercise designed to enhance the relationship building process

1:30 – 3:00 p.m.

### **How to Strengthen Consumer Involvement**

*Moderator: Angela Ellison, Westside Healthy Start, Chicago, IL*

*Virginia Martinez, International Center for Health Leadership Development, UIC School of Public Health*

A short presentation will be made by a consumer and staff representative to demonstrate a model project. Participants will then be led through a facilitated brainstorming session to identify strategies to improve consumer involvement, how to ensure that Healthy Start coalitions are sensitive to consumer needs, identify potential barriers to active participation and ways of eliminating those barriers.

3:00 – 3:15 p.m.

### **Break**

3:15 – 5:15 p.m.

### **Technical Assistance Workshop: The Healthy Start Guide to Risk Factor Assessment and How to Communicate About Risk to Local Communities**

*Moderator: Mary McCollough, Detroit Healthy Start, Detroit, MI*

*Kenn Harris, NHSA Vice President, Groton, CT*

The facilitator will provide a brief overview of the draft Risk Factor Assessment Toolkit and solicit feedback from participants on its strengths and weaknesses. The remainder of this session will focus on various aspects of community involvement, including how to identify your community partners, how to communicate with your partners and how to involve consumers in the risk assessment process.

## **May 8, 2004**

8:00 – 9:30 a.m.

### **Breakfast Roundtable: Facilitated Technical Assistance and Peer to Peer Mentoring**

*Moderator: Stephanie Graves, Twin Cities Healthy Start, Minneapolis, MN*

*Belinda Pettiford, NHSA President; North Carolina Baby Love Plus Healthy Start, Raleigh, NC*

Focusing on the Healthy Start core service areas, participants will be guided through a process of identifying and prioritizing areas of need for technical assistance. The facilitator will also explore various methods of providing technical assistance and gather feedback what works for the Healthy Start projects in the mid-west region.

9:30 – 9:45 a.m.

### **Break**

9:45 – 11:45 a.m.

### **Technical Assistance Workshop: The Healthy Start Guide to Financial Sustainability**

*Moderator: Lillian Wyatt, Genesee County Healthy Start, Flint, MI*

*Cynthia Dean, Missouri Bootheel Healthy Start, Sikeston, MO*

To begin, a brief overview of the NHSA Sustainability Toolkit will be provided, with a request for participant feedback on its strengths and weaknesses. The presenter will then



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provide a realistic case for why your Healthy Start project should not depend solely on MCHB funds and provide assistance in the development of a diversified sustainability plan. The presenter will outline a working definition and the components of a sustainability plan. Participants will break up in groups to work on enhancing their current sustainability plans or develop new ones.

11:45 a.m. – 12:30 p.m. **Next Steps and Closing Remarks**

- Summarize Technical Assistance Needs for the Region
- Summarize Toolkit Feedback

### Planning Team 4 Chicago Conference

Jerry Wynn, Team Leader, Chicago, IL

Matt Baldwin-Wilson, Kalamazoo, MI

Yvonne Beasley, Indianapolis, IN

Rose Beavers, St. Louis, MO

Jane Borst, Title V, IA

Paula Brodie, E. St. Louis, IL

Jean Craig, Kansas City, MO

Cynthia Dean, Sikeston, MO

Melissa D'Onorio, Chicago Heights, IL

Angela Ellison, Westside Chicago, IL

Rick Haverkate, Sault Ste. Marie, MI

James Hunter, Omaha, NE

Lela Hutchinson, Westside Chicago, IL

Kimberly Kelley-Sutter, Saginaw, MI

Sandi King, Sault Ste. Marie, MI

Shannon King, Chicago Heights, IL

Clarice Lowe, Des Moines, IA

Mary McCollough, Detroit, MI

Rachel Morgan, Milwaukee, WI

Showa Omabegho, Cleveland, OH

Kim Piper, Title V, IA

Risë Ross Ratney, Hammond, IN

Cynthia Scott, Chicago (Greater Englewood), IL

George Smith, Southeast Chicago, IL

Barbara Stoddard, Lac du Flambeau, WI

La'Tonya Walls, Milwaukee, WI

April Watkins, Chicago (Greater Englewood), IL

Doris Williams, Minneapolis, MN

Susan Wilson, Wichita, KS

Tamela Milan Wolf, Westside Chicago, IL

Lillian Wyatt, Flint, MI

Staff: Claudia Morris, Washington, DC

Staff: Bea Haskins, Baltimore, MD



# National Healthy Start Association, Inc.

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### *Models of Excellence*

NHSA's Regional Conference: Southwest  
June 22-23, 2004 ☞ San Antonio, TX  
Menger Hotel  
Conference Agenda

#### June 21, 2004

4:00 - 7:00 p.m.

**Pre-Registration**

**Project Exhibit (Set up)**

6:00 - 7:00 p.m.

**Reception**

#### June 22, 2004

7:30 a.m.

**Registration and Continental Breakfast**

8:00 - 8:30 a.m.

**Opening Remarks**

*Cindi Garcia, Project Director, Healthy Start Laredo, Laredo, TX*

*Marla Rushing, Baptist Child and Family Services, San Antonio, TX*

**Ice Breaker: Cindi Garcia**

8:30 - 10:30 a.m.

**Workshop: Program Excellence Toolkit**

*Moderator: Jan Figart, Tulsa Healthy Start, Tulsa, OK*

*Deborah Frazier, Healthy Arkansas Health Permit Services Agency, Little Rock, AR*

*Carol Synkewecz, Duval County Health Department, Jacksonville, FL*

Workshop facilitators will provide participants with strategies for planning, designing and implementing a successful Healthy Start Program. Emphasis will be placed on elements that are employed by model Healthy Start programs. Sound management and administrative practices, which are key in any successful program, will be highlighted. Utilizing information that will be included in the Program Excellence toolkit, the facilitators will have a chance to field test the material for the final product.

10:30 - 10:45 a.m.

**Break**

10:45 - 11:45 a.m.

**Breakout Sessions:**

#### 1. Consumer Orientation

*Moderator: Jonah Garcia, LCDF Healthy Start: Adolescent Family Life Program, Las Cruces, NM*

*Yvonne Rodriguez, San Antonio Healthy Start, San Antonio, TX*

*Meg Booth, Association of Maternal and Child Health Programs, Washington, DC*

During this orientation, participants will be encouraged to get to know one another. Presenters will discuss the role of consumers, how important they are to maternal and child health programs and provide an overview of the conference program.

#### 2. Working Together: Healthy Start and Title V

*Moderator: Jerry Roberson, Texas Healthy Start Alliance, Dallas, TX*

*Lavonselle Longmyle, Great Expectations Healthy Start, New Orleans, LA*

This session will showcase the opportunities and the challenges involved in relationship building among a Healthy Start site and their Title V counterpart in Louisiana. Participants will also be guided through an exercise designed to enhance the relationship building process.



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11:45 a.m. - 1:00 p.m.

### **Lunch/Networking**

1:00 - 2:30 p.m.

### **Consumers in Action**

*Moderator: Chan McDermott, Texas Department of Health, Austin, TX*

*Yvonne Rodriguez, San Antonio Healthy Start, San Antonio, TX*

*Pamela Fuller, San Antonio Healthy Start, San Antonio, TX*

*Meg Booth, Association of Maternal and Child Health Programs, Washington, DC*

Presenters will discuss why working with consumers matters and how they have involved consumers at the national and local levels. A consumer will explore her role with Healthy Start, how she became involved and provide recommendations for other projects that want to increase consumer involvement.

2:30 - 2:45 p.m.

### **Break**

2:45 - 4:45 p.m.

### **Technical Assistance Workshop:**

#### **The Healthy Start Guide to Evaluating Success and Measuring Program Impact**

*Moderator: Ivette Martinez, Healthy Start Laredo, Laredo, TX*

*John Henson, Luna County Healthy Start, Deming, NM*

This toolkit was designed to provide Healthy Start directors and evaluators with practical yet effective local survey techniques—increasing the capability of all Healthy Start projects to learn more about this important aspect of measuring effectiveness. The workshop facilitator will guide you through the toolkit emphasizing the importance of stakeholder involvement in the evaluation process—from the planning and design phase to the implementation phase.

## **June 23, 2004**

7:30 a.m.

### **Continental Breakfast**

8:00 - 9:30 a.m.

### **Breakfast Roundtable:**

#### **Facilitated Technical Assistance Assessment Needs Peer to Peer Mentoring**

*Moderator: Jovan Smith, Central Oklahoma City Healthy Start, Midwest City, OK*

*Kenn Harris, NHSA Board of Directors, Groton, CT*

Focusing on the Healthy Start core service areas, participants will be guided through a process of identifying and prioritizing areas of need for technical assistance. The facilitator will also explore various methods of providing technical assistance and gather feedback on what works for the Healthy Start projects in the southwest region.

9:30 - 9:45 a.m.

### **Break**

9:45 - 11:45 a.m.

### **Technical Assistance Workshop:**

#### **The Healthy Start Guide to Financial Sustainability**

*Moderator: Charlet Meredith, Sunny Futures Healthy Start, Houston, TX*

*Cynthia Dean, Missouri Bootheel Healthy Start, Sikeston, MO*

To begin, a brief overview of the NHSA Sustainability Toolkit will be provided, with a request for participant feedback on its strengths and weaknesses. The presenter will then provide a realistic case for why your Healthy Start project should not depend solely on MCHB funds and provide assistance in the development of a diversified sustainability plan. The presenter will outline a working definition and the components of a sustainability plan. Participants will break up in groups to work on enhancing their current sustainability plans or develop new ones.



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12:00 - 1:30 p.m.	<b>Lunch</b> <i>Ballet Folklorico, Laredo, TX</i>
1:45 - 3:45 p.m.	<b>Technical Assistance Workshop: The Healthy Start Guide to Risk Factor Assessment and How to Communicate About Perinatal Risk to Local Communities</b> <i>Moderator: Debby Cortez, Valley Primary Care Network Healthy Start, Brownsville, TX</i> <i>Kenn Harris, NHSA Board of Directors, Groton, CT</i> The facilitator will provide a brief overview of the draft Risk Factor Assessment Toolkit and solicit feedback from participants on its strengths and weaknesses. The remainder of this session will focus on various aspects of community involvement, including how to identify your community partners, how to communicate with your partners and how to involve consumers in the risk assessment process.
3:45 - 4:00 p.m.	<b>Break</b>
4:00 - 4:45 p.m.	<b>Closing Remarks/Next Steps</b>

### Planning Team

Cindi Garcia, Laredo, TX	Charlet Meredith, Houston, TX
LaKeisha Brown-Fields, Dallas, TX	Dick Nugent, Little Rock, AR
Suzanna Dooley, Oklahoma City, OK	Mary Overall, Midwest City, OK
Jan Figart, Tulsa, OK	Victoria Peril, Santa Fe, NM
Jonah Garcia, Las Cruces, NM	Yvonne Rodriguez, San Antonio, TX
John Henson, Deming, NM	Jerry Roberson, Dallas, TX
Barbara Joseph, Monroe, LA	Robert Sevalia, New Orleans, LA
Cedar Jackson, Oklahoma City, OK	Sharon Shumpert, San Antonio, TX
Corrina Jackson, Tulsa, OK	Maria Towery, Blytheville, AR
Birdie Johnson, Oklahoma, OK	Tom Wells, Dallas, TX
Lynda Kruse, Midwest City, OK	Margaret Young, Midwest City, OK
Linda Macias, Deming, NM	Bea Haskins, NHSA, Baltimore, MD
Chan McDermott, Austin, TX	Claudia Morris, NHSA, Washington, DC



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### *Healthy Start: Working Toward Program Excellence*

NHSA's Regional Conference: West

March 15 & 16, 2004 ☞ Phoenix, AZ

Hilton Garden Inn/Holiday Inn Phoenix Airport

#### Conference Agenda

#### March 14, 2004

4 – 7 p.m.

**Pre-registration**

6 – 7 p.m.

**Reception**

#### March 15, 2004

8:00 – 8:30 a.m.

**Opening Remarks**

- *Dani Taylor, Improving Pregnancy Outcomes Program, Alameda County Health Department, San Leandro, CA*
- *Lisa Derrick, South Phoenix Healthy Start, Phoenix, AZ*
- *The Honorable Leah Landrum Taylor, State Representative, District 16, Assistant State Democratic Leader*

8:30 – 10:00 a.m.

**Consumers in Action**

*Moderator: Charlene Smith, SHIELDS for Families Healthy Start, Compton, CA*

*Rhonda Jordan and Earlene Paschel, SHIELDS for Families Healthy Start, Compton, CA*

*Jennifer Lunt, Project Baby Check of Siskiyou Health Center, OR*

This session will feature a panel of consumers from two Healthy Start sites. Panelists will showcase their roles as consumers involved in Healthy Start activities. Using their experiences as a frame of reference, the panel will discuss how they first became involved consumers, what roles they play and what keeps them engaged.

10:00 – 10:15 a.m.

**Break**

10:15 – 11:45 a.m.

**Technical Assistance Workshop:**

**The Healthy Start Guide to Evaluating Success and Measuring Program Impact**

*Moderator: Carlton Purvis, Health Care Coalition of Southern Oregon, Medford, OR*

*Peter Schafer, Baltimore City Healthy Start, Baltimore, MD*

This toolkit is designed to provide Healthy Start directors and evaluators with practical yet effective local survey techniques, increasing the capability of all Healthy Start projects to learn more about this important aspect of measuring effectiveness. The workshop facilitator will guide you through the toolkit emphasizing the importance of stakeholder involvement in the evaluation process – from the planning and design phase to the implementation phase.

12:00 – 1:30 p.m.

**Lunch**

**Working Together: Healthy Start and Title V**

- *Ginger Harrell, Healthy Start Project Serving Aurora, Sheridan and Englewood, CO*
- *Jerry Roberson, Texas Healthy Start Alliance, Dallas, TX*

Drawing from their own experiences, the presenters will discuss the barriers, challenges and opportunities of relationship building among Healthy Start



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administrators and Title V representatives. Participants will be guided through an exercise designed to enhance the relationship building process.

1:30 – 3:00 p.m.

### **Making Room for Daddy: Enhancing Your Agency's Capacity to Serve Fathers**

**Moderator: Sandra Tomiyama, Malama A Ho 'opili Pono Project, Hawai'i Department of Health, Hilo, HI**

**Neil Tift, National Practitioners Network for Fathers and Families, Stillwater, MN**

As a growing number Healthy Start programs decide to develop resources to serve fathers, staff may struggle with determining the most effective methods to recruit and retain this underserved clientele. This workshop will examine barriers that limit father involvement in service delivery, review quality fatherhood program models, identify techniques to capture the needed services, and generate strategies to implement promising practices that have proven to work with a wide range of fathers and men in families.

3:00 – 3:15 p.m.

### **Break**

3:15 – 5:15 p.m.

### **Technical Assistance Workshop:**

#### **The Healthy Start Guide to Financial Sustainability**

**Moderator: Carlton Purvis, Health Care Coalition of Southern Oregon, Medford, OR**

**Cynthia Dean, Missouri Bootheel Healthy Start, Sikeston, MO**

To begin, a brief overview of the NHSA Sustainability Toolkit will be provided, with a request for participant feedback on its strengths and weaknesses. The presenter will then provide a realistic case for why your Healthy Start project should not depend solely on MCHB funds and provide assistance in the development of a diversified sustainability plan. The presenter will outline a working definition and the components of a sustainability plan. Participants will break up in groups to work on enhancing their current sustainability plans or develop new ones.

## **March 16, 2004**

8:00 – 9:30 a.m.

### **Breakfast Roundtable:**

#### **Facilitated Technical Assistance and Peer to Peer Mentoring**

**Moderator: Jacqueline Left Hand Bull, Northern Plains Healthy Start, Rapid City, SD**

**Glenda Russell, Central Oklahoma Integrated Network, Oklahoma City, OK**

This is a facilitated session, which will assist participants through the process of identifying and prioritizing areas of need for technical assistance using a modified nominal group process. The session will also include a 20-minute Power Point presentation on the Bureau of Primary Health Care - Integrated Services Development Initiative Peer to Peer Technical Assistance Program (P2P), describing its development and on-going support by peers for peers in community-based networks.

9:30 – 11:00 a.m.

### **Community-wide Health Education Program Models**

**Moderator: Ginger Harrell, Healthy Start Project Serving Aurora, Sheridan and Englewood, Colorado, CO**

#### **The Malama Way**

**Sandra Tomiyama and Janell Lai-Labuanan, Malama A Ho 'opili Pono Project, Hawai'i Department of Health, Hilo, HI**

This presentation will highlight some of the various community-wide education done on the island of Hawaii in conjunction with the Malama A Ho 'opili Pono Project and what *The Malama Way* of community education is. A recipe for conducting successful



## National Healthy Start Association, Inc. FINAL REPORT OF THE 2004 REGIONAL CONFERENCES

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community-wide education will be presented along with why it was done and how cultural practices have been integrated into doing the community education.

### ***The Fort Worth Story***

***Jerry Roberson, Texas Healthy Start Alliance, Dallas, TX***

The Fort Worth Catholic Charities Healthy Start Initiative has effectively launched a long-term Community Wide Education Campaign. The result of those efforts has been the establishment of an Infant Mortality Task Force, the development of a Strategic Resource Board and an Annual Infant Mortality Summit. The methodology used to launch the Campaign, as well as the highlights of programmatic accomplishments, will be the focus of this presentation.

11:00 – 12 noon

### **Lunch – Next Steps**

- Summarize Regional Technical Assistance
- Summarize Toolkit Feedback

12:00 – 2:00 pm

### **Technical Assistance Workshop:**

#### **The Healthy Start Guide to Program Excellence**

***Moderator: Carlton Purvis, Health Care Coalition of Southern Oregon, Medford, OR***

***Deborah Frazier, Healthy Arkansas Health Permit Services Agency, Littlerock, AR***

***Carol Synkewecz, Duval County Health Department, Jacksonville, FL***

Workshop facilitators will provide participants with strategies for planning, designing and implementing a successful Healthy Start Program. Emphasis will be placed on elements that are employed by model Healthy Start programs. Sound management and administrative practices, which are key to any successful program, will be highlighted. Utilizing information that will be included in the Program Excellence toolkit, the facilitators will have a chance to field test the material for the final product.

2:00 p.m.

### **Conference adjourns**

### **Planning Team Members**

Dani Taylor, Team Leader, San Leandro, CA

Lisa L. Derrick, Host, Phoenix, AZ

Sandra Arakelian, Fresno, CA

Peg Crowley, Medford, OR

Ginger Harrell, Aurora, CO

Debbie Kasyon, Denver, CO

Lesley Kempf, Rapid City, SD

Debbie Kunkel, Aurora, CO

Carlton Purvis, Medford, OR

Alvin Sato, Hilo, HI

Charlene Smith, Compton, CA

Wanda Thompson, Phoenix, AZ

Sandy Tomiyama, Hilo, HI

Karen Trierweiler, Denver, CO

Judy Ulibarri, Portland, OR

Ann Wilson, Rapid City, SD

NHSA Staff:

Bea Haskins, Baltimore, MD

Claudia Morris, Washington, DC

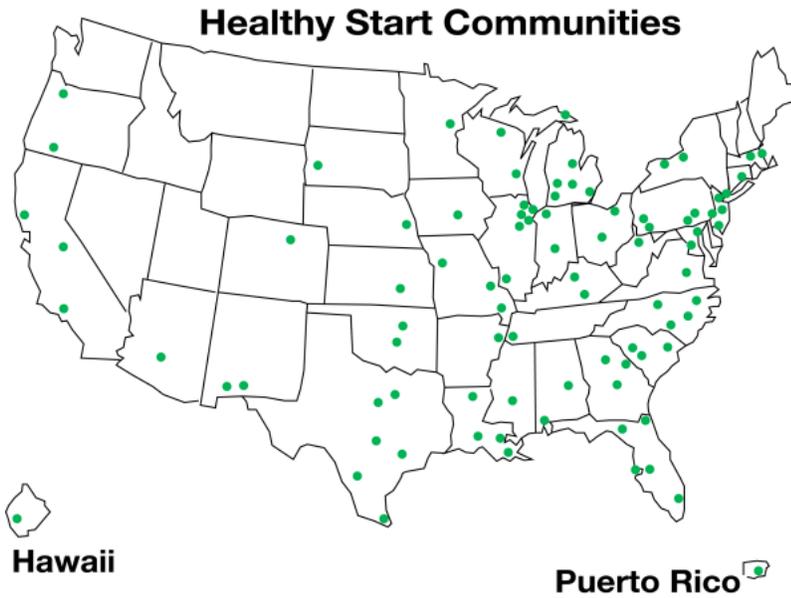
*Special thanks to Lisa Derrick, German Aguinaga and everyone at South Phoenix Healthy Start for their assistance in making this conference a success.*



# National Healthy Start Association, Inc.

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**National Healthy Start Association, Inc.**  
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**Board of Directors, 2005**

**Executive Committee**

**Kenneth L. Harris, President**  
**Groton, CT**

**Carlton L. Purvis, III, Vice President**  
**Medford, OR**

**Jerry Roberson, Treasurer & Chair, Finance Committee**  
**Dallas, TX**

**Jonah O. Garcia, Secretary**  
**Las Cruces, NM**

**Belinda Pettiford, Past President**  
**Raleigh, NC**

**Cynthia Dean, Co-Chair, Development Committee**  
**Sikeston, MO**

**Deborah A. Frazier (Former Board Member), Co-Chair, Development Committee**  
**Little Rock, AR**

**Estrellita “Lo” Berry, Chair, Membership Services Committee**  
**Tampa, FL**

**Wilford A. Payne, Co-Chair, Sustainability Committee**  
**Pittsburgh, PA**

**Madie Robinson (Former Board Member), Co-Chair, Sustainability Committee**  
**Florence, SC**

**Peter Schafer, Chair, Evaluation & Outcomes Committee**  
**Baltimore, MD**



# **National Healthy Start Association, Inc.**

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**LaShay Avendaño**  
Wichita, KS

**Yvonne Beasley**  
Indianapolis, IN

**Pamela Bryer**  
West Chester, PA

**Lisa L. Derrick**  
Phoenix, AZ

**Mario Drummonds**  
New York, NY

**Cindi Garcia**  
Laredo, TX

**Rick Haverkate**  
Sault Ste. Marie, MI

**Judith M. Hill**  
Omaha, NE

**Patricia McManus**  
Milwaukee, WI

**Tamela Milan**  
Chicago, IL

**Karen Owes**  
New York, NY

**Danetta Taylor**  
San Leandro, CA

**Penny Womeldorff**  
Morgantown, WV



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