

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break



Successful Grantee Collaborations & Partnerships

Breakout Session

Thursday, November 4

3-4:20 pm ET

The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.



Successful Grantee Collaborations & Partnerships

Agenda

Housekeeping	Olivia Giordano Kean, Healthy Start TA & Support Center
Welcome	Olivia Giordano Kean, TASC
Ben Archer Health Center	Kara Bower
Baltimore Healthy Start	Lashelle Stewart
Des Moines Healthy Start	Cindy Winn
Center for Health Equity	Sharon Ross-Donaldson
Q&A	All
Closing	Olivia Giordano Kean, TASC





This session is being recorded.



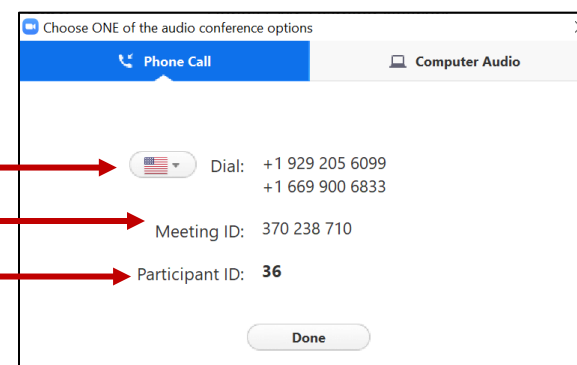
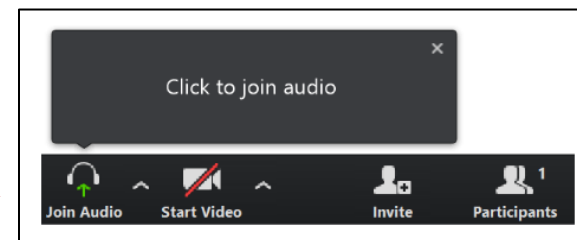
All participants are muted upon entry. We ask that you remain muted to limit background noise.



Participants are encouraged to share comments via the Chat module and ask questions via the Q&A module in Whova (on the mobile app or browser).

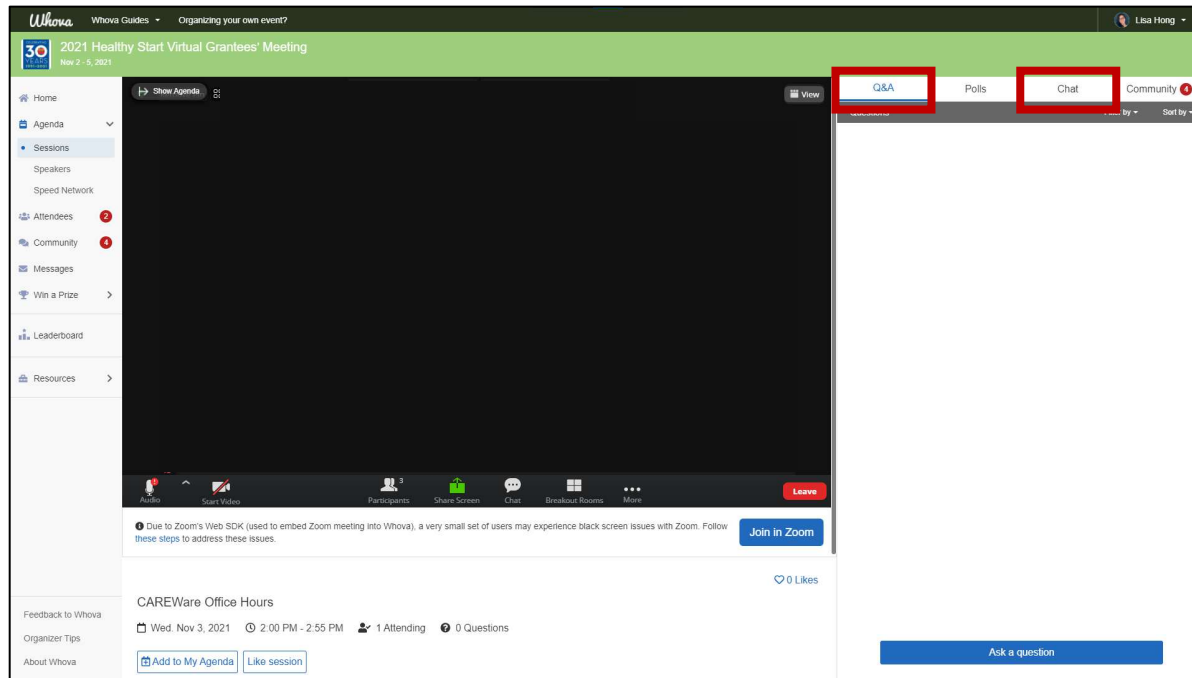
Audio

- After you join the Zoom session, an audio conference box may appear.
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If using the phone:
 - Dial one of the given numbers next to **'Dial'**
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**

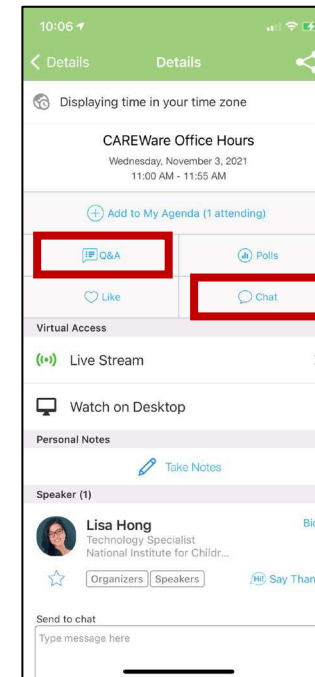


Chat and Q&A modules in Whova

Chrome Browser



Mobile Application



Like what you see?

The Healthy Start TA & Support Center is now active on social media!

1. Take a picture or a screenshot
2. Share on Instagram or Twitter!
3. Don't forget to tag @HS_TASC and @NICHQ and include hashtags #HealthyStartVGM2021 and #HealthyStartStrong

Technical Issues

If you experience any technical challenges with Whova, please email support@whova.com.

A photograph of a woman with long dark hair, wearing a blue quilted vest over a grey long-sleeved shirt, smiling warmly. She is holding a young child with dark hair in a ponytail, wearing a pink shirt and blue jeans. They are outdoors in a grassy area with a white structure in the background. The image is split vertically, with the left side having a blue tint and the right side having a green tint.

Welcome & Introduction

Olivia Giordano Kean

Healthy Start TA &
Support Center

*Successful Grantee Collaborations & Partnerships
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Welcome to the VGM!

We hope you have been
enjoying today's sessions
so far!

In this breakout, you will:

- Learn from other Healthy Start projects that have successfully established community collaborations
- Learn successful strategies for establishing and maintaining those partnerships in rural, urban, and border communities
- Hear about common challenges in establishing community partnerships and potential resolutions

Our Speakers

Kara Bower, LBSW

Welcome Baby Healthy Start
Project Director
Ben Archer Health Center

Sharon Ross-Donaldson, MSW, LCSW, CFSW

Gadsden Woman to Woman Healthy Start
Project Director
Center for Health Equity, Inc.

Cindy Winn

Des Moines Healthy Start
Project Director
EveryStep

Lashelle Stewart, MBA

Executive Director
Baltimore Healthy Start

Questions during the session?

Use the Q&A module in the Whova platform and make sure to identify the speaker to whom you are directing your question(s).

Questions will be answered during the session if time permits. Otherwise, questions will be addressed post-session.

Welcome Baby Healthy Start

Kara Bower, LBSW
Healthy Start Project
Director
Ben Archer Health Center

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Ben Archer Health Center Welcome Baby Healthy Start (WBHS) Program

- Located in southern New Mexico
- Serves rural and border populations
- NM Infant Mortality Rate: 5.6 per 1,000 live births
- WBHS Service Area Infant Mortality Rate is 7.1 per 1,000 live births



WHERE DID YOU GROW UP?



WHAT ARE SOCIAL DETERMINANTS OF HEALTH?

- Safe affordable housing
- Access to quality education/job training
- Public safety
- Availability of healthy foods
- Access to health services
- Availability of community-based resources
- Opportunities for recreation/leisure time
- Transportation
- Social support
- Social norms and attitudes (examples: discrimination, racism, distrust of the government)
- Exposure to crime, violence and/or social disorder
- Socioeconomic status/residential segregation
- Language/literacy
- Access to media and technology
- Culture

BORDER/RURAL SDOHS



COLLABORATION AND PARTNERSHIPS



DOOR-TO-DOOR IMMUNIZATION EVENTS



LESSONS LEARNED

- Involve all partners in the planning
- Plan early
- Get partner buy-in; the campaign should be a win/win for everyone who wants to participate
- Let law enforcement know what areas are being covered and the dates of the campaigns
- Flyers announcing the campaign to families can be distributed in utility bills or through the schools for broad community coverage
- Consider the weather when choosing the dates
- Expect the unexpected
- Provide snacks, water, sunscreen, hats for staff
- If possible staff should wear the same color shirts

OTHER SUCCESSFUL PARTNERSHIPS/COLLABORATIONS

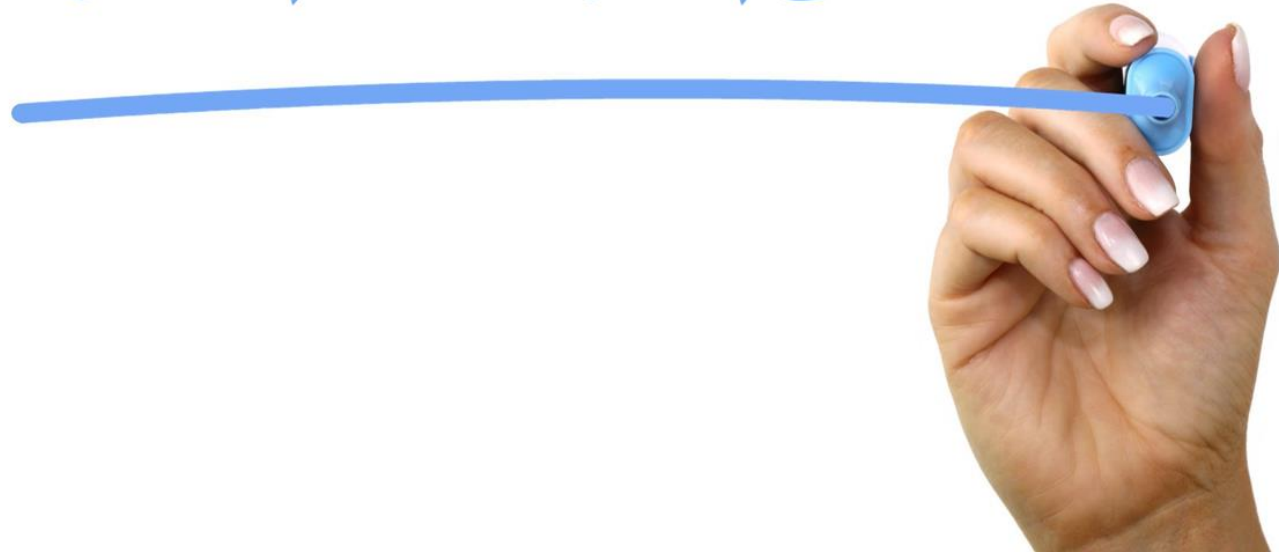
- Ben Archer Health Center partners with one of the area hospitals residency programs to provide high-risk and late term prenatal care to uninsured patients.
- The Welcome Baby Healthy Start Program partners with New Mexico State University to provide internships for nursing and social work students who can provide additional home visiting staff support.
- The Welcome Baby Healthy Start Program partners with food distribution programs to provide healthy lifestyle events.
- The Welcome Baby Health Start Program is part of the New Mexico Home Visiting program which allows for collaboration between all home visiting programs across the state as well as access to high-quality training opportunities. The NM home visiting program also provides scholarships for home visitors to continue their education free of charge in a relevant field.

OTHER RECOMMENDATIONS FOR ESTABLISHING PARTNERSHIPS



ONE WORD FOR PARTNERSHIP/COLLABORATIVE

VALUABLE



Baltimore Healthy Start

Lashelle Stewart, MBA
Executive Director
Baltimore Healthy Start

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Baltimore Healthy Start

- **Urban program in Baltimore, Maryland, serving over 1,000 people annually**
- **Funded from 1991-2024**
- **African Americans are biggest population served with Latinos being the second largest:**
 - **In 2020, 88.5% of clients were AA and 8.2% were Latinos**
- **Maryland IMR in 2019: 5.9 per 1,000 live births**
 - **4.1 per 1,000 live births for White infants**
 - **9.3 per 1,000 live births for Black infants**
- **Baltimore IMR in 2019: 8.8 per 1,000 live births**
 - **4.4 per 1,000 live births for White infants**
 - **11.4 per 1,000 live births for Black infants**



BALTIMORE HEALTHY START, INC.

We work with our families in their residences and communities, to ensure that every child has a safe, nurturing, thriving environment every day, for the first few years of life — and beyond.



BALTIMORE
**HEALTHY
START**

Our Babies Are More Precious Than Gold

MISSION STATEMENT



Baltimore Healthy Start, Inc. is committed to reducing infant mortality by utilizing the Life Course Perspective for improving the health and well-being of women and their families through the provision of comprehensive, supportive services offered in the communities where they live.

WHO WE ARE



- Established in 1991 as a 501(c)3 nonprofit corporation
- One of the original 15 Healthy Start projects
- The only federally funded program of its kind in Maryland
- Member of Maryland Nonprofits
- B'More for Healthy Babies Partner

WHAT WE DO



Core Client Services & Population Health

- Outreach and Participant Recruitment
- Case Management/Care Coordination (Home Visiting)
- Health Education
- Maternal Depression Screening and Referral
- Interconception Care
- Developmental Screenings and Referrals
- STI Screening and Pregnancy Testing

Family Engagement/Wellness Activities

- Belly Buddies
- Breast Feeding Education/Peer Counselors
- GED classes
- Food Pantry
- Emergency diapers, formula, cribs
- Healthy Start Store
- Early Childhood Development Program
- Fatherhood Services
- Pregnancy Testing
- Family Planning (Certified Nurse Practitioner)
- Teen Group
- Circle of Security Parenting Classes Transportation
- Podcast

OUR DIRECT SERVICES TEAM

- Recruiters
- Neighborhood Health Advocates
- Case Managers
- Certified Registered Nurse Practitioner
- High Risk Nurse
- Clinical Community Health Workers
- Early Childhood Development Advocates
- Fatherhood Engagement Specialists



REASONS WE PARTNER

- Common Agenda
- Partner Expertise
- Pooled Resources
- Broaden Reach
- Cost Savings
- Nimbleness of Company
- Fresh Ideas/Approaches
- Common Audience/People served
- Complimentary Services



WAYS PARTNERSHIPS ARE ESTABLISHED

- Relationship building with those in the field/Relationships that staff, evaluators, Board Members, Academicians etc. had existing
- Consortia
- Community Action Network
- Grant seeking (Identifying what agencies are needed to achieve the goals)
- Membership to subject matter organizations (AMCHP, National Healthy Start Association, Maryland Breastfeeding Coalition...)
- Connection to the Health Department
- Conference participation
- Participation in Leadership Programs/Taskforces/Special Interest groups of collaborations

SOME DOCUMENTS INVOLVED WITH PARTNERSHIP

- Contracts
- Grant Agreements
- Memorandums of Understanding (general)
- Memorandums of Agreement (specific project)
- Letters of Support
- Non Disclosure and Confidentiality Agreements
- Conflict of Interest Policy



SOME SUCCESSFUL PARTNERSHIPS

CAN and Housing-SDOH Physical Environment

- Reason for Partnering- Common Agenda
- Partners- Jews for Justice, Communities United and the Public Justice Center
- Outcome- Passing of a Law in Baltimore City that requires ALL Landlords to pass and inspection prior to renting



Merck and Maternal Health- SDOH Health Care

- Reason for Partnering- Grant Deliverables
- Partners- Maryland Hospital Association, Total Health Care, Baltimore City Health Department, Preeclampsia Foundation and MedChi
- Outcomes-Implementation of:
 - Expanded Maternal Health Monitoring during HVs
 - Dyad Care at FQHC
 - Establishment of a Baltimore City based SMM Review
 - Patients as Partners Initiative

BALTIMORE HEALTHY START PARTNERSHIP WITH THE PUBLIC JUSTICE CENTER

- **What steps did you take to establish this partnership?**
 - Identifying a common goal at a Baltimore Healthy Start Housing Symposium,
 - Agreeing on what each agency can do to help achieve the goal
 - Identify key contacts that can assist in achieving the goal (Councilman Bill Henry, other city council members etc.)
- **What challenges did you face in establishing this partnership and how did you resolve them?**
 - Unlikely partnership- discussing common goals
 - Scheduling- identifying who will represent each agency at meetings
- **What are some best practices around maintaining this relationship?**
 - Continued Communication/Shared Goals/Progress on initial win
 - Supporting each other as needed

BENEFITS OF PARTNERING

- Partnerships are mutually beneficial
 - Allows access to people and places not typically engaged with
 - Divides the workload
 - Strengthens the plea (especially when partners are from different disciplines/areas of expertise)



SOME OF OUR PARTNERS PAST AND PRESENT



We partner with numerous other agencies through care coordination, referrals and our CAN.

TELL YOU MORE?– OK!

Reach me by email:

Lashelle Stewart-

lstewart@baltimorehealthystart.org



Thank you!!

Des Moines Healthy Start

Cindy Winn
Des Moines Healthy Start
Project Director
EveryStep

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Des Moines Healthy Start Project (DMHSP)

- First funded in 1997; Empowerment (ECI) funds began in 1998
- Service area includes 6 ZIP codes in Polk County, Iowa
- Predominantly serves Black and Multiracial populations
- Iowa IMR in 2018: 5 deaths per 1,000 live births*
 - 12 per 1,000 live births for Black infants
- Polk County's IMR = 6 deaths per 1,000 live births*
- DMHSP Target Area's IMR = 0 deaths per 1,000 live births*

**Statistics are from the 2018 Competitive Healthy Start Grant Application*



DMHSP Overview

- Provide intensive, comprehensive home-based case management
- Provide prenatal, postpartum, parenting, child development education
- Advocate for participants to get health, emotional, and basic needs met
- Performs:
 - Prenatal and postnatal depression screenings
 - Age-appropriate child development screenings
- Provides appropriate referrals for mental health or early childhood development interventions as applicable

DMHSP Overview

- Direct Service Team
 - 17 of case managers (8 are bi or tri-lingual)
 - 3 of community health specialists (2 are bi-lingual)
 - 1 nurse consultant
 - 1 fatherhood consultant
 - 22 Outreach specialist/interpreters (over 20 languages & dialects spoken)



Healthy Start Community Days

- The objective is to work with other agencies to bring Healthy Start services into the communities where participants live.
- **Social Determinants of Health Addressed:**
 - School readiness
 - Early childhood development
 - Social inclusion & non-discrimination
 - Access to affordable health services
 - Food insecurity
 - Housing



Healthy Start Community Days

- Twice a month the DMHSP takes its project into the community as a resource event
- Case Managers, Community Health Specialists, Outreach Specialists/Interpreters, Nurse Consultant and Fatherhood Consultant are present
- The event contains parent/child activities and story time
- Participants receive child development bags full of goodies for children and diapers
- Education on healthy pregnancy, maternal and infant mortality, SUID, child development, relationships, COVID vaccines, and more available



DMHSP Community Days Eligibility

- All individuals with young children can participate in the parent child activities, receive child development bag, and diapers
- All individuals who attend can receive education and/or community referrals from the nurse consultant, fatherhood consultant, case manager, and/or community health specialist

Join us for

EveryStep 
care & support services

HEALTHY START COMMUNITY Days

at the Forest Avenue Library



Beginning
**Wednesday,
October 6** 10 a.m.
to noon

Forest Avenue Library | 1326 Forest Ave.
In case of bad weather, Healthy Start activities will be cancelled. However, visitors are still encouraged to use the library.

EveryStep's Healthy Start program will be hosting a series of fun and educational events for children and families. Our experienced staff will be there to provide:

Referrals to community resources	Blood Pressure screenings
Information about health, parenting, relationships and child development	Healthy Start Program Enrollment (for eligible individuals)
Child Development screenings	Stork's Nest Program Enrollment (for eligible individuals)

- OCT 6** **Fire Safety**
Presented by the Des Moines Fire Dept.
- OCT 20** **Pumpkin and Gourd Decorating**
- NOV 3** *To be announced*
- NOV 17** *To be announced*

We'll be giving out child development activity kits, children's books and other fun surprises!

This will be a great time for individuals and families to get a library card, check out library books and enjoy time outdoors.

00515 9/21

The Nest Programs

- The Stork's Nest is a cooperative project of Zeta Phi Beta Sorority, Inc. and the March of Dimes that has been in partnership for over 4 decades
- Its objective is to increase the number of women receiving early and regular prenatal care to prevent poor birth outcomes
- **Social Determinants of Health Addressed:**
 - Access to affordable, quality health care services
 - Education on prenatal care and parenting skills
 - Financial insecurity – receives new baby items at no financial cost
 - Language and cultural barriers
 - Social inclusion and non-discrimination
 - Lack of transportation

The Nest Programs

- Healthy behavior incentive program for pregnant individuals or families with infant or young children
- Participants receive points for performing healthy behaviors
- Points are redeemable in the Stork's Nest store
- Items available in the Stork's Nest are health and safety items for young children
- Offers prenatal and parenting classes at no cost to community members
- Funding received from Polk County Early Childhood Iowa, Variety the Children's Network, and private donors



The Nest Programs' Eligibility

- Pregnant individuals who reside in Polk County
- Primary caregiver for children under 6 years old who reside in Polk County
- Participants must have an annual household income at or below 200% Federal Poverty Level



Collaboration Breakdown – The Nest Programs

- Partnership Overview
 - The Nest is run by the DMHSP but is a partnership built by Zeta Phi Beta Sorority, March of Dimes, Polk County Early Childhood Iowa, Variety the Children's Network, EveryStep, and over 30 plus community agencies within Polk County
- **Steps to establishing partnership**
 - Reaching out to local community agencies that provide services to the same populations
 - Creating a shared mission and goals for the project
 - Finding local funding to support services provided

Collaboration Breakdown continued...

- **Challenges** in establishing partnership & resolutions
 - Conflicting goals/expectations, paperwork, and HIPAA
 - Frequent communication with all partners
 - Obtaining releases of information as needed
 - Mandatory training for all new partners
- **Best practices to maintain relationships**
 - Determine a point of contact for each partnership
 - Open and timely communication
 - Addressing issues as they arise – do not wait

Recommendations When Establishing a Collaboration

- Identify potential partners who will help you meet your proposed collaboration's object
 - Find the right fit then explain how the partnership will benefit the community and their agency
- Have a clear mission and strategy to keep all partners on the same page
 - This will help prevent miscommunication, uncertainty, frustration, and duplication of services

DMHSP Partnerships Described in One Word:

Intentional



Contact Us

The Des Moines Healthy Start Project
EveryStep
1111 9th Street
Suite 320
Des Moines, IA 50314
Phone: 515-288-1516
Fax: 515-288-0437

EveryStep 

Gadsen Woman to Woman Healthy Start

Sharon Ross-Donaldson,
MSW, LCSW, CFSW
Healthy Start Project Director
Center for Health Equity, Inc.

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Gadsden Federal Healthy Start Project (GFHSP)

- **Funded from 1991 to present; project is currently in its 6th funding cycle**
- **Service area comprised of 6 cities in rural area (89.9 people per square mile)***
- **Over the past 3 years, have served over 2,168 participants**
 - **Predominantly African American females ages 14-44 and their children, families, partners, who reside in Gadsden County, Florida**
 - **32.5% women (in prenatal, inter-conception, preconception phase)**
 - **54.1% infants and children**
 - **13.4% males (fathers and/or partners)**
- **Florida IMR: 6 deaths per 1,000 live births**
- **Service Area IMR: 12 deaths per 1,000 live births**



***Comparison: 413.1 people per square mile (Leon County) 1,204.9 people per square mile (Hillsborough)**

Gadsden County Statistics



Caria Shorter sat with her 3-month-old son, Quez' Darius Mitchem, in front of her room at a shelter run by an evangelical couple in Gadsden County, Fla. Photographs by Fred R. Conrad for The New York Times

COUNTY POPULATION

- 45,660 people; 17,149 households
- 55.5% African American; 41.9% White, 2.6% Other (10.9% Hispanic/Latino)
- 52.5% Female; 47.5% Male
- 21.6% persons under 18 years; 6.0% persons under 5 years old

INCOME, POVERTY & HOUSING

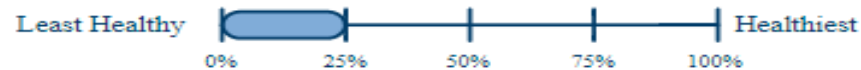
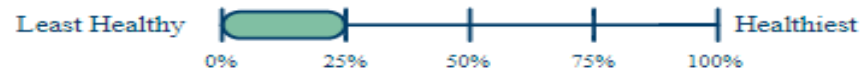
- 49.3% of population 16 years+ in civilian labor force
- \$41,401 Median household income
- 24.4% poverty; 20.7% 18-64 below poverty; 41.5% < 5 years below poverty
- 28.1% African American in poverty; 13.4% White; 47.4% Other race [36.1% Hispanic/Latino]
- 52% Owner-occupied housing units; 48.0% renter-occupied
- 22.2% Female householder, no spouse present
- 49% Children in single-parent households

CHALLENGES

- High Poverty; Intergenerational Poverty
- Transportation (availability and cost)
- Limited Availability and Affordability of Housing
- High Unemployment; Limited Job Opportunities
- Low Birthweight rate (12% compared to FL at 9%; Black (16%); Hispanic (7%); White (6%))
- Infant Mortality (12% compared to FL at 6%)
- High adult obesity, cardiovascular disease, diabetes & hypertension
- Poor physical health days (5.2); Poor mental health days (5.3)
- Federally recognized as a health professional shortage area
- High food insecurity and child food insecurity



Gadsden (GA)



Health Outcomes

Gadsden (GA) is ranked among the least healthy counties in Florida (Lowest 0%-25%)

Health Factors

Gadsden (GA) is ranked among the least healthy counties in Florida (Lowest 0%-25%)



Infant Mortality In Focus

Infant Mortality (0-364 days from birth), 2019

2019 Infant Deaths (All races)	GWTW*	Gadsden*	Florida*
Count	0	5	1,328
Denominator	110	501	220,010
Rate	0	10.0	6.0

Source: GWTW MIS for GWTW. FL CHARTS for Gadsden and Florida; 2019 is the most current available data in www.FLHealthCharts.com

2019 Infant Deaths (Race: black and white)	GWTW*		Gadsden*		Florida*	
	Black	White	Black	White	Black	White
Count	0	0	4	1	524	682
Denominator	110	1	320	176	48,155	155,825
Rate	0	0	12.5	5.7	10.9	4.4

Source: GWTW MIS for GWTW. FL CHARTS for Gadsden and Florida; 2019 is the most current available data in www.FLHealthCharts.com

Infant Mortality (0-364 days from birth), 3-Year Rolling

2017-19 Infant Deaths (All races)	GWTW*		Gadsden*		Florida*	
Count	0		16		4,017	
Denominator	294		1,556		665,097	
Rate	0		10.3		6.0	

Source: GWTW MIS for GWTW. FL CHARTS for Gadsden and Florida; 2017-19 is the most current 3-year rolling data available in www.FLHealthCharts.com

2017-19 Infant Deaths (Race: black and white)	GWTW*		Gadsden*		Florida*	
	Black	White	Black	White	Black	White
Count	0	0	12	4	1,607	2,055
Denominator	294	1	979	552	146,523	471,706
Rate	0	0	12.3	7.2	11.0	4.4

Source: GWTW MIS for GWTW. FL CHARTS for Gadsden and Florida; 2017-19 is the most current 3-year rolling data available in www.FLHealthCharts.com

Successful Collaborations

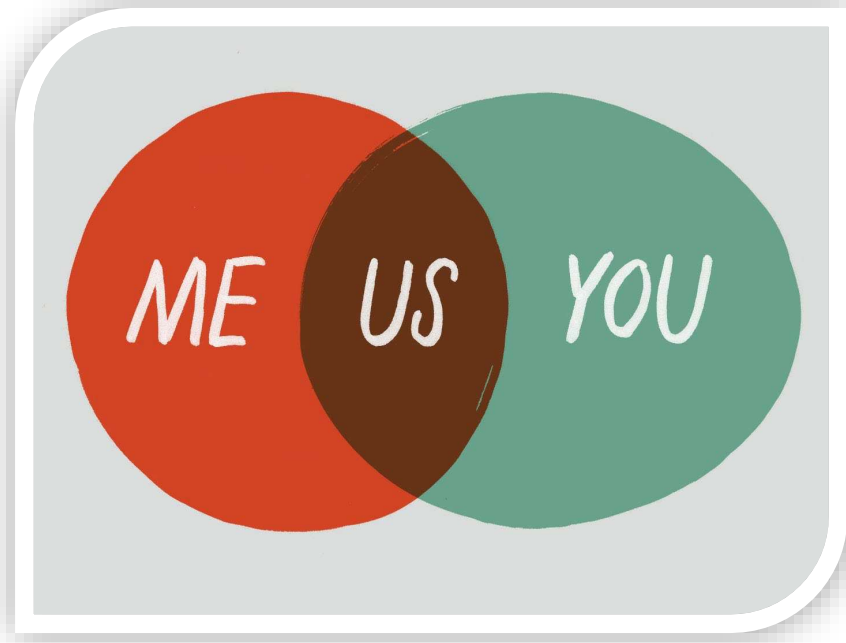
Florida State University (FSU):

- College of Social Work: BSW undergraduate and MSW graduate interns every semester; opportunity provide students with an excellent field experience; the enhancement of the work productivity with additional team members; excellent work pool to select from.
- College of Nursing: BS nursing rotations working along side the Project Outreach nurses.
- College of Medicine: partnerships on statewide initiatives, advocacy, trainings, system change.



Successful Collaborations *Cont.*

CHE Food Pantry - Response-to County Food Insecurity



- **Farm Share:** local food bank, agency picks ups food and other items bi-weekly that include:
 - fresh fruits, vegetables, dry goods, bread, meats, juice, milk, etc.
 - cleaning products, sanitizer, water
 - diapers, wipes, pullups
- **Hope Harvest:** local church prepares 70 bags per month with meats, not perishables, dairy, etc.
- **American Second Harvest:** food bank that deemed the project as a feeding site, as project site delivers food to consumers due to limited to no transportation in the county.



**Successful Collaborations
and Partnerships leads to...**



Center for Health Equity
Gadsden Woman to Woman Program

EVENT SPONSORS
2018 "Be Smart Be Healthy"
Gadsden Community Event

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SPECIAL RECOGNITION SPONSOR
Dr. Maurine Jones, dedicated in special memory of her sister, Mary Patricia Jones

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Capital Regional Medical Center Capital Region Health System Centennial Bank

Staywell Staywell

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Pat Thomas & Associates Insurance THOMAS ASSOCIATES

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Center for Health Equity 2018 Summer Health Event

Be Smart



Be Healthy



Center for Health Equity 2019 Summer Health Event

Center for Health Equity
Gadsden Woman to Woman Program

EVENT SUPPORTERS
2019 "Be Smart Be Healthy"
Gadsden Community Event

BOOKBAG GIVEAWAY PARTNER

WALMART

DOG OF FOOD PARTNER

Second Harvest

BOOKS & TV RAFFLE PARTNER

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GC Snappers Capital Regional Medical Center

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Chick-fil-A Costco Damfino's

Divine Creativity Dragons Unleashed Earth Fare

Gadsden County Public Schools Gadsden County Times Kavanah's Sweet Boutique

Keller University Message Envy Public

Hack Room Shoes Serenity Rise Skate World Subway

Target Trader Joe's Winn-Dixie YouFit Health Clubs

The generosity of our Supporters, Vendors, and Volunteers makes this event possible.
THANK YOU!



Steps to Establishing Collaboration/Partnerships

- Next Steps:
 - Assess what you need
 - Identify who in your community can meet those needs
 - Identify what is going to be mutually beneficial to all parties
 - Identify point person's in each agency/organization/university
 - Determine capacity for what you can do, and what you want
 - Example, having interns require certain level staff at your agency
 - If you become a feeding site, will you deliver, store food, do you have storage space?
 - If you commit to macro level work, determine time commitment requirements



Recommendations

- Think outside the box
- Remember collaborations and partnerships takes time
- Allow your team to be a part of the “what if we could?” dream planning



Q&A

Please submit questions using the Q&A module in the Whova platform.

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NICHQ
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Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER



Thank you for joining us!

If you need any support...

Please email healthystart@nichq.org

Upcoming Session:
**Division of Healthy Start and Perinatal
Services Update**

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*Successful Grantee Collaborations & Partnerships
Hosted by the Healthy Start TA & Support Center at NICHQ on November 4, 2021*

#HealthyStartVGM2021
#Healthy Start Strong
@HS_TASC @NICHQ