

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

Group-Based Education Webinar Series, Part 1
Thursday, May 29th / 1:30-3:00 PM (ET)





Group-Based Education Webinar Series, Part 1

Thursday, May 29

1:30-3:00 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.



LEARNING OBJECTIVES

By the end of each webinar session, grantees will:

- ENHANCE THEIR UNDERSTANDING OF THE REQUIREMENTS AND EXPECTATIONS FOR GROUP-BASED HEALTH AND PARENTING EDUCATION (GBE).
- GAIN A BETTER UNDERSTANDING OF THE CHANGES IN DATA COLLECTION FOR GBE PARTICIPANTS.
- INCREASE THEIR AWARENESS OF TASC GBE TECHNICAL ASSISTANCE OPPORTUNITIES.

Agenda

WELCOME / INTRODUCTIONS AND HOUSEKEEPING

FEUCIA HANNEY
HEALTHY START TA & SUPPORT CENTER

Overview of Group-Based Health and Parenting
Education

DR AARON LOPATA
DIVISION OF HEALTHY START & PERINATAL SERVICES, HRSA

Group-Based Health and Parenting Education Data
Collection

DR ADA DETERMAN
DIVISION OF HEALTHY START & PERINATAL SERVICES, HRSA

Q&A

Shé-Tiel Coley-Winder
DIVISION OF HEALTHY START & PERINATAL SERVICES, HRSA

SUPPORTING HS GRANTEES THROUGH TECHNICAL
ASSISTANCE

HEALTHY START TA & SUPPORT CENTER

GRANTEE Q&A
PART 2 ANNOUNCEMENT / ADJOURN

Shé-Tiel Coley-Winder
DIVISION OF HEALTHY START & PERINATAL SERVICES, HRSA



Welcome

Felicia Hanney

SUPPORTING HEALTHY START PERFORMANCE PROJECT /
HEALTHY START TA & SUPPORT CENTER

*GROUP-BASED EDUCATION WEBINAR SERIES, PART 1
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*



Overview of Group-Based Health and Parenting Education

Dr. Aaron Lopata

DIVISION OF HEALTHY START &
PERINATAL SERVICES, HRSA

*GROUP-BASED EDUCATION WEBINAR SERIES, PART 1
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Overview of Group-Based Health and Parenting Education

May 29, 2025

GBE Webinar Series

Aaron Lopata, MD, MPP

Senior Medical Officer

Division of Healthy Start & Perinatal Services

Vision: Healthy Communities, Healthy People



Healthy Start - Continuum of Direct and Enabling Services



Case Management/Care Coordination

- Family centered and strength-based
- Pregnant, preconception and interconception women, fathers, partners, infants and children



Group-Based Health and Parenting Education

- Robust learning and supportive connections
- Pregnant, pre-conception and interconception women, fathers/partners



Clinical Services

- 12% of annual budget
- Maternal and child health advanced practice professionals (e.g., certified nurse midwives)

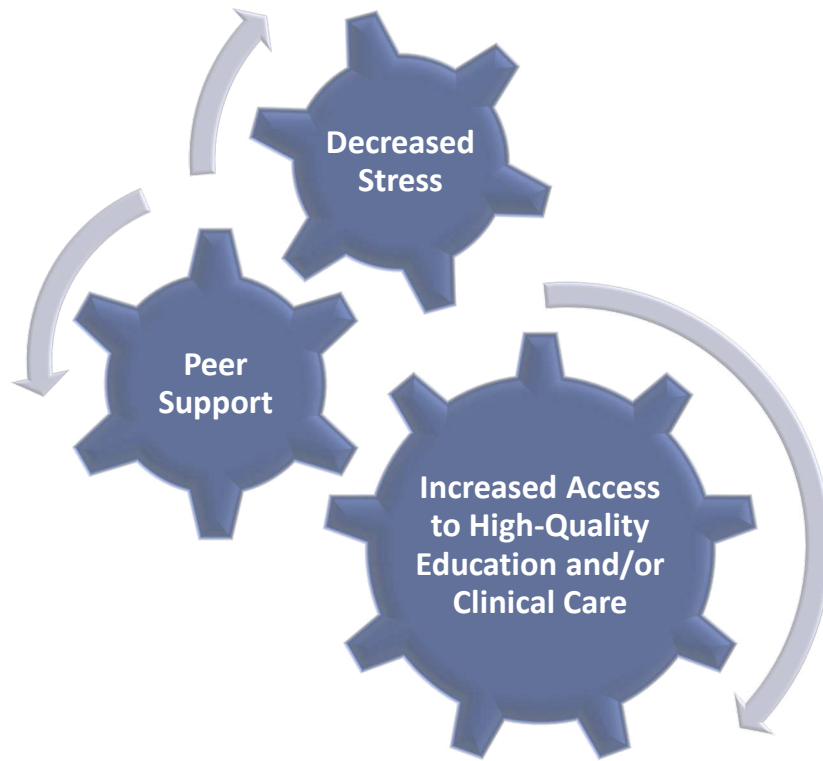
Health Promotion

Group-Based Health and Parenting Education: Program Requirements

- ✓ Provide evidence-based/scientifically informed health promotion information.
- ✓ Formation of groups with successive sessions.
- ✓ Implement strategies that reduce barriers to attendance:
 - Transportation
 - Child care
 - Other incentives



Benefits of Group-Based Education (GBE)



Group Prenatal Care (GPC)

- Clinic-based
- GPC includes:
 - Traditional 1:1 prenatal care
 - Group prenatal education
- The group prenatal education sessions are held at same time as the traditional 1:1 prenatal (clinical care) appointment
- GPC models:
 - **CenteringPregnancy**
 - **Pregnancy & Parenting Partners (P3)**
 - **Expect with Me**

Group Health & Parenting Education (GHPE)

- Community (CBO) based
- The group health (prenatal, preconception, inter-conception) & parenting education sessions are offered by a community-based organization (CBO) and/or group pf CBOs at a convenient site in the community
- The traditional 1:1 prenatal care is provided elsewhere at the participant's chosen prenatal clinic.
- GHPE models:
 - **Moms2b** (central Ohio)
 - **Becoming a Mom®/Comenzando bien"** prenatal education program (Kansas March of Dimes)

Group Prenatal Care (GPC)

- Clinic-based
- Participants of the group prenatal education sessions are patients of the prenatal clinic
- Requires appointments to be made through the clinic
- Appointments are scheduled based on women's gestational age
- Generally accept only women with low-risk pregnancies
- Difficult to scale-up

Group Health & Parenting Education (GHPE)

- Community-based
- Open to all pregnant residents in the community- regardless of gestational age and pregnancy risk level
- Open to new parents in the community and to persons thinking about having a baby
- Appointment not required to attend sessions.
- Group sessions are held at a place in the community convenient to participants

Group-Based Health and Parenting Education – Typical Characteristics

Category	Group Prenatal Care	Group Health & Parenting Education
Participants	<ul style="list-style-type: none"> Groups of 8-12 women with similar due dates (and fathers, partners or other support people) 	<ul style="list-style-type: none"> Groups of 8-12 women or up to 120 participants, including fathers, partners, and/or other support people <ul style="list-style-type: none"> Large groups can be divided into smaller groups of 10-15 participants to discuss specific topics, e.g., guidance participants in early pregnancy, late pregnancy, and/or new parent.
Number and Length of Sessions	<ul style="list-style-type: none"> 10 1:1 prenatal care visits → 10 prenatal health education sessions (using an evidence-based 10 session course/curriculum) 1.5 - 2 hours 	<ul style="list-style-type: none"> Regularly held weekly, bi-weekly, monthly group health education sessions Scientifically-based prenatal & parenting education rotating (e.g. 6 to 10 sessions) curriculum 1.5 - 2 hours
Location	<ul style="list-style-type: none"> Typically, a clinic setting 	<ul style="list-style-type: none"> Location that is convenient for participants In-person encouraged, virtual allowed
Learning	<ul style="list-style-type: none"> Collaborative learning environment Discussions on topics including nutrition, stress reduction, labor and delivery, well childcare and well woman care, parenting education/guidance 	<ul style="list-style-type: none"> Collaborative learning environment Discussions on topics including nutrition, stress reduction, labor and delivery, well childcare and well woman care, parenting education/guidance

Group-Based Health and Parenting Education – Characteristics

Category	Group Prenatal Care	Group Prenatal and Parenting Education
Workforce	<ul style="list-style-type: none"> Clinical staff including OB/GYNs, Advanced Practice Nurses, Certified Nurse Midwives, Nurses and Medical Assistants 	<ul style="list-style-type: none"> Community Health Workers, Child Development Specialists, Dietitians, Lactation Counselors, Clinicians etc. Leverage partnerships with local hospitals, residency programs, Dept of Health, etc. and invite staff, residents to serve as visiting instructors
Case Management/ Care Coordination	<ul style="list-style-type: none"> Programs determine process for connecting participants with additional supports 	<ul style="list-style-type: none"> Participants can be provided on-the-spot or quick follow-up CM/CC guidance or, for HS grantees, enrolled to receive HS CM/CC services.
Incentives	<ul style="list-style-type: none"> Programs determine approach for providing incentives (<i>typically</i>, gift cards and child care are not provided) 	<ul style="list-style-type: none"> Transportation Child Care Other: Gift cards, meals/snacks

CenteringPregnancy group prenatal care (GPNC) curriculum outline

1	12–16 weeks	Prenatal testing, nutrition, healthy lifestyle choices	Exercise
2	16–20 weeks	Body changes in pregnancy, common discomforts, oral health	
3	20–24 weeks	Relaxation and stress reduction, breastfeeding	Gestational diabetes
4	24–28 weeks	Family relationships, violence and abuse, family planning, preterm labor	Breastfeeding
5	26–30 weeks	Labor, birth facility	Stress management/relaxation
6	28–32 weeks	The birth experience	
7	30–34 weeks	Newborn care	
8	32–36 weeks	Pregnancy to parenting transition, postpartum emotions, kick counts	Nutrition
9	34–38 weeks	Newborn safety, putting it all together	Preterm labor
10	36–40 weeks	Newborn care, growth and development, home and family changes	

Centering and Racial Disparities (CRADLE study): rationale and design of a randomized controlled trial of centeringpregnancy and birth outcomes | BMC Pregnancy and Childbirth | Full Text

Learn more at <https://mchb.hrsa.gov>

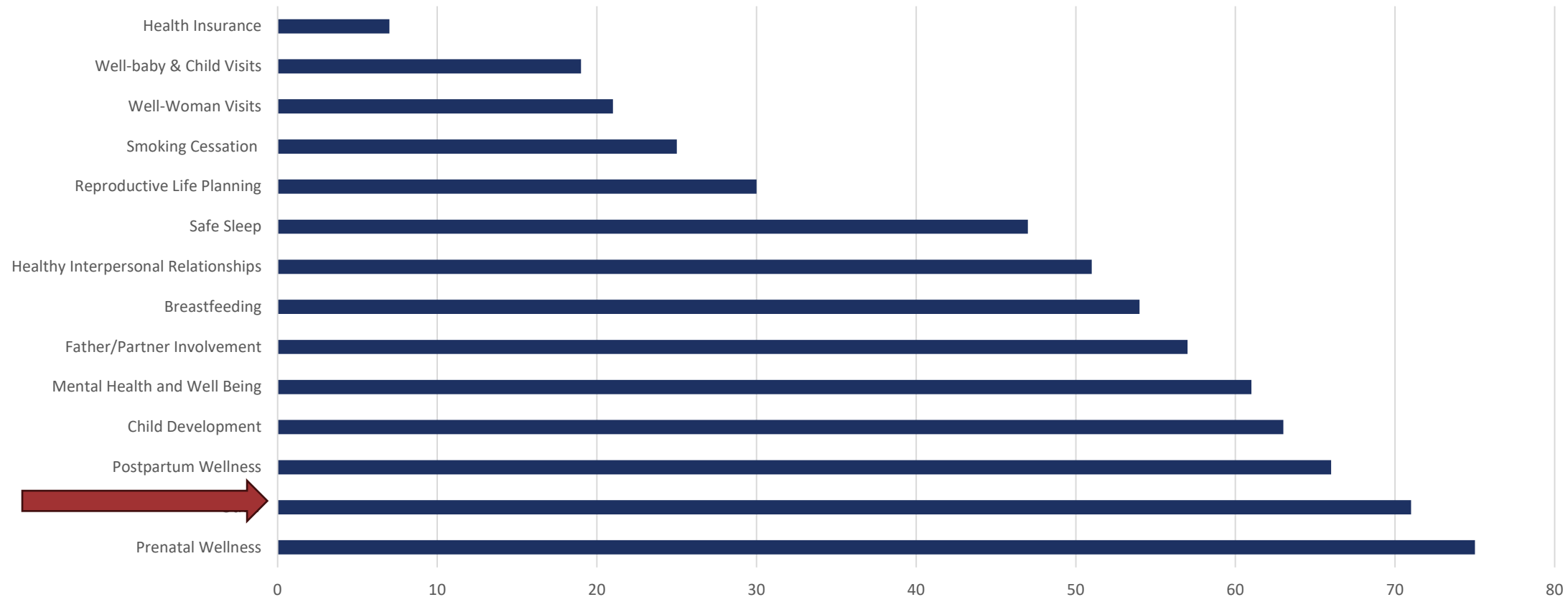
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Expect With Me group prenatal care session timing and topics

Session	Themes	Topics
1 (13–17 weeks)	You're a healthy mom	<ul style="list-style-type: none">• Eat and live healthy for you and your baby• Stay active while you're expecting• Maintain healthy weight during pregnancy• Understand routine prenatal testing and emergencies• Know what blood pressure and weight numbers are healthy for you
2 (17–21 weeks)	Staying healthy and strong through change	<ul style="list-style-type: none">• How babies grow and develop• Mom's clean teeth = healthier mother and baby• Learn why you're feeling the way you do• Move safely and comfortably while pregnant• Get a good night's sleep• Keep calm and stress-free while expecting• Stay safe at home, work and play
3 (21–24 weeks)	Breastfeeding = Healthy Babies and Healthy Moms	<ul style="list-style-type: none">• Benefits of breastfeeding• Barriers to breastfeeding• Basics of breastfeeding• Choose a pediatric provider (Part 1)• Your support systems (Part 1)
4 (25–29 weeks)	Healthy moms building healthy relationships	<ul style="list-style-type: none">• Understand Gestational Diabetes Testing• Build healthy relationships• Prevent STDs including HIV (Part 1)• Choose when to get pregnant (Part 1)
5 (27–31 weeks)	Healthy moms and healthy labor	<ul style="list-style-type: none">• Signs of labor• Stages of labor (Part 1)• Fetal heart rate monitoring• Stay comfortable during labor• Understand Cesarean birth
6 (29–33 weeks)	Healthy labor	<ul style="list-style-type: none">• Stages of Labor (Part 2)• What happens immediately after delivery• Labor and delivery decisions• Provider policies and options for labor and delivery• Prevent STDs including HIV (Part 2)

Health Education Plans: Group-Based Health and Parenting Education Topics

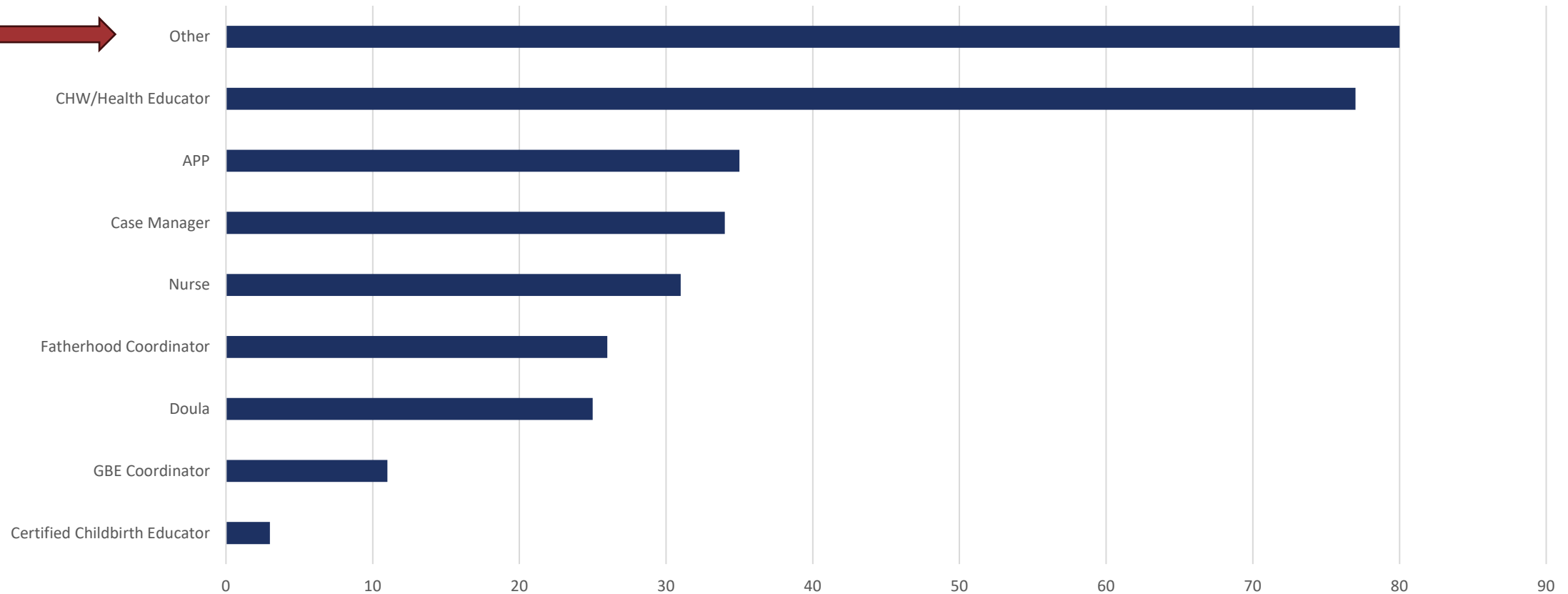


Learn more at <https://mchb.hrsa.gov>

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Health Education Plans: Group-Based Health and Parenting Education Instructors

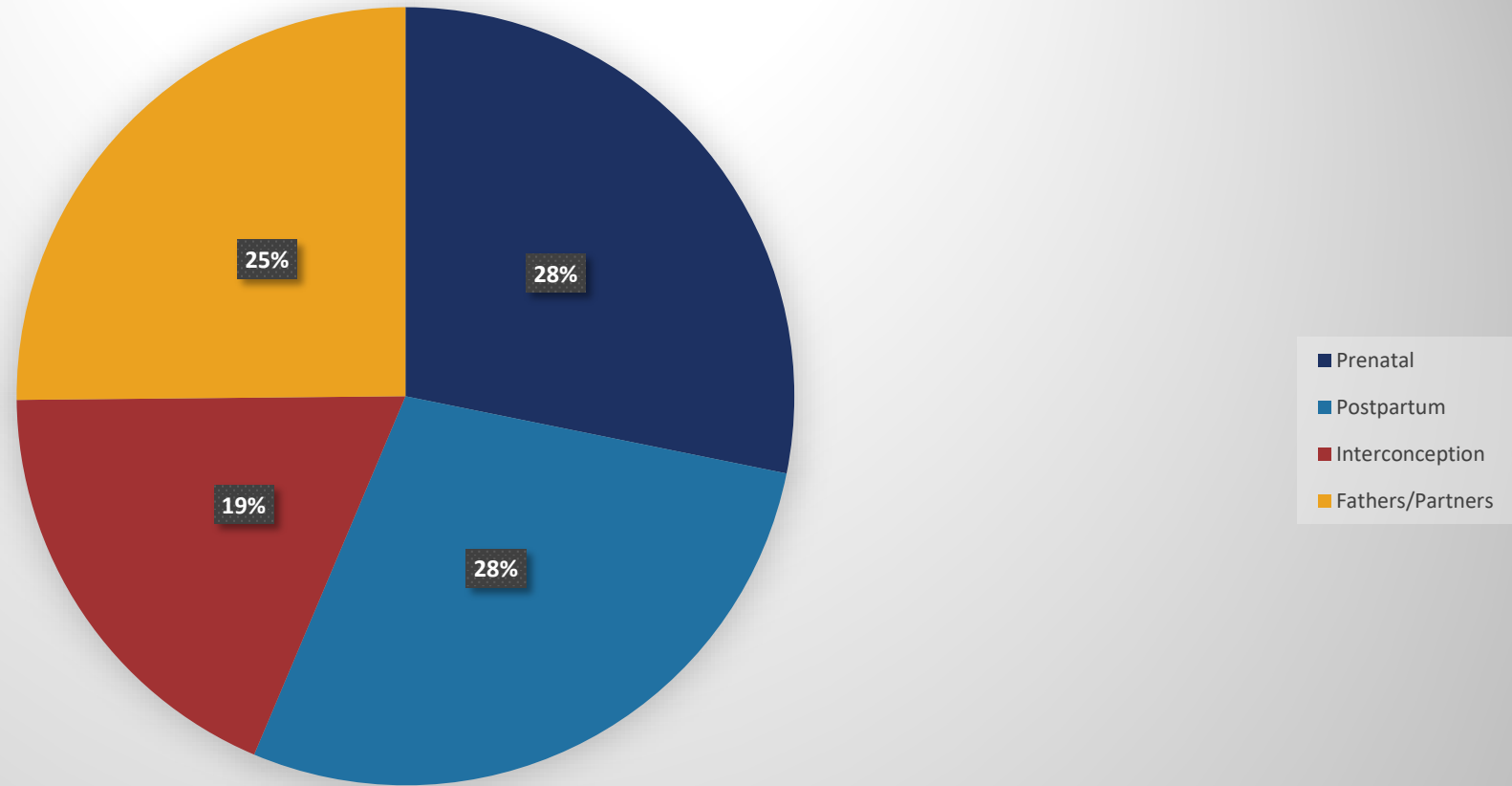



Learn more at <https://mchb.hrsa.gov>

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Health Education Plans: Group-Based Health and Parenting Education Participant Types





Group-Based Health and Parenting Education Data Collection

Dr. Ada Determan

DIVISION OF HEALTHY START &
PERINATAL SERVICES, HRSA

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Group-Based Health and Parenting Education Data Collection

May 29, 2025

*Group-Based Health and Parenting
Education Webinar Series*

Ada Determan, PhD, MPH

Branch Chief, Data Analysis and Planning Branch

Division of Healthy Start & Perinatal Services

Vision: Healthy Communities, Healthy People



Group-Based Health and Parenting Education: Program Requirements



- Healthy Start projects are expected to:
 - ✓ Serve at least **250 participants** through **group-based health and parenting education**
- Sessions are expected to provide participants with a forum to:
 - ✓ Learn and obtain information about critical health promotion and education topics
 - ✓ Form connections and receive support from other pregnant woman/parents

Case Management/Care Coordination: Program Requirements

- HS Projects are expected to provide **CM/CC services** to a minimum of **450 participants** annually:
 - 250 pregnant women
 - 25 fathers/partners
 - 175 of any combination of the following categories:
 - pregnant women
 - preconception women
 - interconception women of reproductive age
 - infants/children from birth to 18 months of age
 - fathers/partners



Group-Based Health and Parenting Education: Demographic Form & HSMED Update

G2. Who is being screened?

(Select one or both of the first/two options below, as applicable. If selecting "Other adult," neither of the first two options may be selected.)

- ☐ **CM/CC participant** (an individual who is enrolling, or is already enrolled in the Healthy Start program for case management/care coordination services)
- ☐ **Group-based health education (GBE) participant** (an individual who is attending group-based health education)
- ☐ **Other adult** (a person who is not enrolled in the Healthy Start program or attending group-based health education, but has primary responsibility for/custody of an enrolled child)
 - **Specify relationship to child (select one):**
 - ☐ Grandparent
 - ☐ Foster parent
 - ☐ Family member
 - ☐ Other legal guardian

- Previous instructions
 - Select **one** of the 3 options
 - **Updated instructions**
 - Permits selection of CM/CC **and/or** GBE
 - If selecting "other adult," neither CM/CC nor GBE may be selected
- *Improved accuracy and increased flexibility in reporting participant services*

Group-Based Health and Parenting Education: Changes to data collection

Grantees must serve a minimum of **700 unduplicated participants**. This overall target is **unchanged**.

Within this total:

- **At least 250 participants** must receive **group-based education**
- **At least 450 participants** must receive **case/management care coordination services**

Some participants may receive both types of services. They should be counted for each service but only once toward the total of 700 unduplicated individuals.

Participants	Care Coordination	Group Based Education	Unduplicated Count
Participant 1	✓		1
Participant 2	✓	✓	1
Participant 3		✓	1
Participant 4	✓		1
Participant 5	✓	✓	1
Total	4 participants served through CM/CC	3 participants served through GBE	5 participants served by the program

Group-Based Health and Parenting Education: Reporting Updates

- Reporting Time Period
 - HSMED report opens July 1st
 - HSMED report is due July 15th
- Implementation of Changes
 - May begin immediately
 - Grantees may update participant type for previously submitted records, but it is not required





Grantee Q&A

Shé-Tiel Coley-Winder

DIVISION OF HEALTHY START &
PERINATAL SERVICES

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Supporting HS Grantees through Technical Assistance

HEALTHY START TA & SUPPORT CENTER

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TASC Evaluation Team



BECKY RUSSELL, MSPH
VICE PRESIDENT



REBECCA HUBER, MPP
PRINCIPAL ANALYST



ERIN DUFFY, MPH
ANALYST

TASC GBE Readiness Questionnaire Results

GOAL: UNDERSTAND HOW GROUP-BASED EDUCATION (GBE) IS BEING IMPLEMENTED ACROSS HEALTHY START SITES.

- ASSESSMENT OPEN LATE MARCH – EARLY MAY
- 71 TOTAL RESPONSES, REPRESENTING 52 UNIQUE SITES
- QUESTIONS COVER CURRENT STAGE OF GBE IMPLEMENTATION, HS STAFF INVOLVED, CURRICULUMS USED, RECRUITMENT, ETC.

WHERE ARE YOUR HS PROGRAMS IN THE IMPLEMENTATION PROCESS FOR GBE?

Implementation Stage	Percent
Implementation (hosted 1 or more GBE offerings during the FY24 project cycle)	70%
Long standing history of GBE implementation*	18%
Planning + development (currently developing GBE offerings, planning topics, etc.)	12%

N = 52

* HOW MANY YEARS HAS GBE BEEN IMPLEMENTED AT YOUR SITE?

- 8 – 10 + YEARS

Who leads Group-Based Education at your site?

GBE Leader	Percent
Other*	52%
Community Health Worker (CHW)	46%
Case Manager	33%
Fatherhood Coordinator	26%
CAN/Consortium Coordinator	22%
Health Educator*	22%
Program Manager	20%
Program Director	20%
Nurse (LPN, RPN, APN)	19%
Midwife (CNM)	15%

N = 54

**COULD SELECT MULTIPLE, PERCENTAGES WILL NOT ADD TO 100%

*OTHER:

- HEALTH EDUCATOR, BEHAVIORAL HEALTH SPECIALIST, LSW, DOULA, SMEs, COMMUNITY MEMBERS
- DEPENDS ON TOPIC AND MAY VARY BY COHORT

What curriculum do staff members use for facilitation?

(N = 43)

- EVIDENCE-BASED RESOURCES FROM ORGANIZATIONS (CDC, ACOG, APA, PSI, UNIVERSITIES, STATE AND LOCAL DEPARTMENTS OF HEALTH, ETC.)
(N = 24)
- LOCALLY DEVELOPED MATERIAL – FROM HEALTH EDUCATOR, COMMUNITY ORGANIZATIONS, GBE FACILITATOR, ETC. (N = 7)
- TOPICS INCLUDED: BREASTFEEDING, SAFE SLEEP, MENTAL HEALTH, FATHERHOOD, PARENTING, NUTRITION, FINANCIAL LITERACY, INTERPERSONAL VIOLENCE

How does your site recruit and reach potential GBE participants?

(N = 49)

- SOCIAL MEDIA (INSTAGRAM, FACEBOOK, X) (N = 31)
- COMMUNITY OUTREACH EVENTS, AGENCY WEBSITE, STAFF AND PROVIDER REFERRALS (N = 28)
- TARGETED NETWORKING AND OUTREACH TO COMMUNITY PARTNERS WHO SERVE MCH POPULATIONS (N = 23)
- WORD OF MOUTH (N = 9)

Summary and Discussion

- GBE IMPLEMENTATION IS ONGOING FOR MOST HS SITES
- GBE IS MOSTLY DELIVERED BY CASE WORKERS, CHWs, FATHERHOOD AND CAN/CONSORTIUM COORDINATORS, HEALTH EDUCATORS
 - MOST OF THESE ROLES HAVE RECEIVED FORMAL TRAINING AND ARE EMPLOYED FULL-TIME
- GBE CURRICULUM MOST COMMONLY INCLUDES:
 - EVIDENCE-BASED MATERIAL FROM NATIONAL ORGANIZATIONS, ACADEMIA, AND MISSION-BASED NON-PROFITS
 - LOCALLY DEVELOPED MATERIAL BY STAFF AND SMEs
- RECRUITMENT METHODS: COMMUNITY OUTREACH, SOCIAL MEDIA, REFERRALS

TASC GBE Consortium Workgroup

FEUCIA HANNEY



TASC Resource Repository Review

KAREN CHUSTZ & JENNA PARTEE



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RESOURCE REPOSITORY CURRICULUM

ACTIVE PARENTING - EVERY STAGE, EVERY STEP (ENGLISH & SPANISH)

HPE

- Supports and prepares families through "every stage, every step" of their child's development.
- Supports and prepares parent educators "every stage, every step" in their efforts to provide the best programs possible to the families they serve.

BUILDING ON CAMPAIGNS WITH CONVERSATIONS: AN INDIVIDUALIZED APPROACH TO HELPING FAMILIES EMBRACE SAFE SLEEP & BREASTFEEDING

HPE | POSTPARTUM | PRENATAL

- Learning modules designed for a range of health professionals, human service providers, community health workers, home visitors, and peer supporters who interact with families on topics of safe sleep and breastfeeding.
- Helps users understand the Conversations Approach and gain the knowledge and skills needed to implement it to promote breastfeeding and safe sleep practices.
- Modules cover: A New Approach, How Babies Sleep and Eat, Understanding Current Recommendations, Anticipating Reluctance and Refusal, Respectful Dialogue and Structure of a Conversation, Creating Plans to Support Family Decisions, and Putting It All Together to Make a Difference.

EFFECTIVE BLACK PARENTING PROGRAM

HPE

- Group-based parent skills training program designed to serve Black and African American families.
- Aims to promote family pride and cohesion and to help families cope with the negative effects of racism.
- In the first session, instructors introduce a framework called the Pyramid of Success for Black Children to help parents set goals for their children and identify what their children need to reach those goals.
- The remaining sessions teach parenting skills and educate parents on how children learn and develop.
- Skills taught include setting family rules, using positive consequences to reward respectful and desirable child behavior, and using corrective consequences to address disrespectful and undesirable child behavior.
- Addresses the topics of drug use, single parenting, and child abuse.
- After each session, parents are provided with home activities to practice the skills taught during the session.

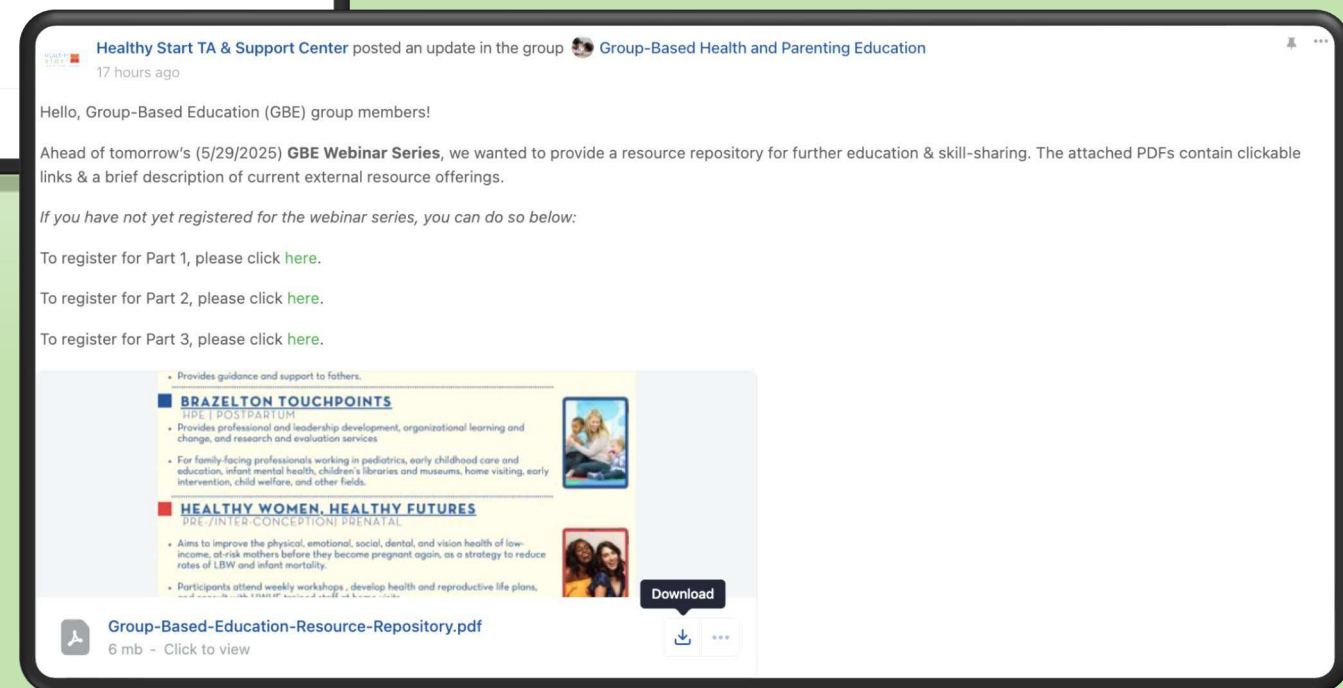
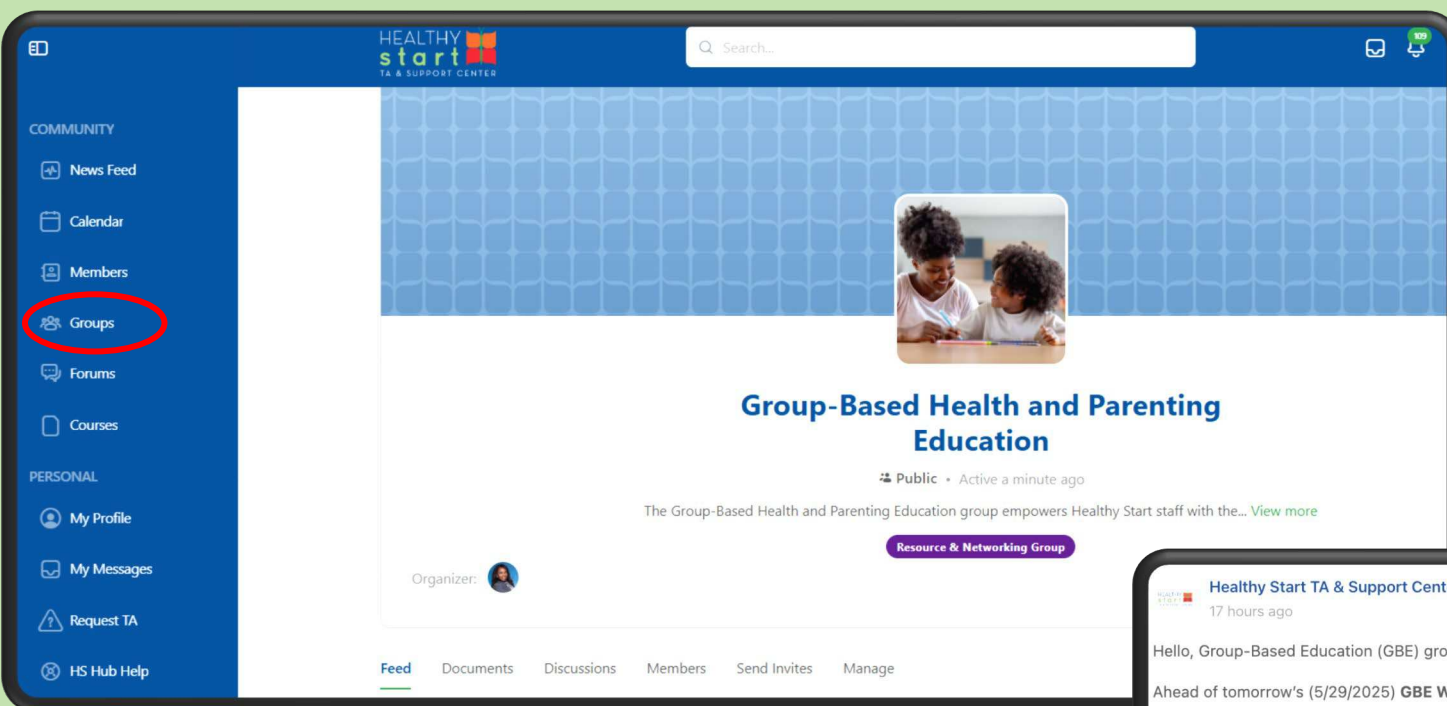
FAMILY SPIRIT*

PARENTING | POSTPARTUM | PRE-/INTER-CONCEPTION | PRENATAL

- Evidence-based early childhood home-visiting program designed for and by American Indian communities.
- Combines the use of paraprofessionals from the community as home visitors and a culturally focused, strengths-based curriculum as a core strategy to support young families.
- From pregnancy through the child's 3rd birthday, parents gain knowledge and skills to promote healthy development and positive lifestyles for themselves and their children.
- Addresses intergenerational behavioral health problems, optimizes local cultural assets, and overcomes deficits in the professional health care workforce in low resource communities.
- Curriculum modules cover: Prenatal Care, Infant Care, Your Growing Child, Toddler Care, My Family and Me, and Healthy Living.



*TOP RESOURCE (CURRENTLY UTILIZED BY MULTIPLE HEALTHY START SITES)



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Outreach – Recruitment – Partnerships

TECHNICAL ASSISTANCE (TA)

TESS PIERSON



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Individual TA

Submit a TA request

- VISIT HEALTHYSTART-TASC.ORG AND CLICK 'REQUEST TA' IN THE TOP TOOLBAR
- COMPLETE THE TA APPLICATION

Which TA topic(s) does your request align with? Check all that apply.

* must provide value

- ☐ Behavioral and Mental Health
- ☐ Breastfeeding
- ☐ CAN/Consortium
- ☐ CAREWare
- ☐ Catalyst for Infant Health Equity Program Support
- ☐ Data Collection Forms
- ☐ Evaluation
- ☐ Fatherhood
- ☒ Group-Based Education
- ☐ Marketing and Communications
- ☐ Technology Platforms and Support
- ☐ Recruitment & Retention
- ☐ Other

Develop a plan

- THE TASC TEAM WILL REACH OUT TO SET UP AN INTAKE CONSULTATION WITH YOU
- DURING THE CONSULTATION, WE WILL DISCUSS YOUR REQUEST, IDENTIFY YOUR GOALS, AND DEVELOP A PLAN TO SUPPORT

Complete support

- SUPPORT WILL EITHER BE PROVIDED DIRECTLY FROM THE TASC TEAM OR BE AN EXTERNAL SME THAT THE TASC HAS PARTNERED WITH
- A FORM WILL BE COMPLETED AT THE BEGINNING OF THE SUPPORT TO LAY OUT TIMELINE AND KEY MILESTONES

TASC's GBE Support Team



FELICIA HANNEY



TONCÈ JACKSON

Recruitment Strategies

DEVELOPED BY 2022 RECRUITMENT & RETENTION COHORT MEMBERS

- IMPROVE COMMUNICATION WITH PARTNER ORGANIZATIONS AND IMPLEMENT AN AUTOMATIC REFERRAL SYSTEM FOR ANY CLIENTS WHO POSSIBLY QUALIFY FOR PARTNER ORGANIZATIONS' SERVICES
- USE WHATSAPP, ZOOM, OR OTHER PLATFORMS TO CREATE A SPACE TO BRING TOGETHER CLIENTS VIRTUALLY (E.G., BREASTFEEDING GROUPS, PARENTING CLASSES)
- HOST A REFERRAL FAIR WHERE CURRENT CLIENTS CAN HELP RECRUIT NEW CLIENTS AND PROMOTE GBE OPPORTUNITIES

Sample Healthy Start Client Recruitment Pitches

DEVELOPED BY 2022 RECRUITMENT & RETENTION COHORT MEMBERS

PRENATAL WOMEN

“WE HAVE THIS PROGRAM FOR PRENATAL MOMS, WHERE THEY CAN HAVE ACCESS TO TOPICS ON NUTRITION, SAFE SLEEP, BREASTFEEDING, ETC.”

POSTPARTUM WOMEN

“HEALTHY START IS HERE TO ASSIST YOU WITH YOUR NEW BABY. WE CAN HELP YOU GET CONNECTED TO WIC, BREASTFEEDING SUPPORT, POSTPARTUM MENTAL HEALTH CARE, ESSENTIALS FOR YOUR BABY, RELATIONSHIP SUPPORT, AND HOW TO ADVOCATE FOR YOUR OWN NEEDS. THE BEST PART IS WE CAN ASSIST YOU ON HOW TO MEET YOU AND YOUR BABY’S NEEDS.”

Sample Healthy Start Pitch for Potential Partners

DEVELOPED BY 2022 RECRUITMENT & RETENTION COHORT MEMBERS

“HEALTHY START IS A NATIONAL INITIATIVE, WITH 115 PROGRAMS ALL OVER THE US THAT HAVE PROGRAMMING THAT IS TAILORED TO THEIR INDIVIDUAL COMMUNITIES. WE ARE A FEDERAL PROGRAM HOSTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION THAT HAS A HISTORY OF SERVING FAMILIES AND BABIES FOR OVER 30 YEARS!

THE BASIS OF MOST PROGRAMS IS CASE MANAGEMENT OF PREGNANT AND PARENTING MOTHERS AND FATHERS UP UNTIL THE BABY TURNS 18 MONTHS. MOST PROGRAMS PROVIDE PARENTING EDUCATION, INCENTIVES, AND RESOURCES TO SUPPORT HEALTHY PREGNANCIES AND DEVELOPMENT. HEALTHY START IS VERY FAMILY-ORIENTED, AND WE LIKE TO PROVIDE SUPPORT FOR HEALTH AND WELLNESS OF THE ENTIRE FAMILY AND THE COMMUNITIES THEY LIVE IN.

IN ADDITION TO THE SERVICES WE PROVIDE, WE CONNECT FAMILIES TO RESOURCES AND FIND PARTNERS THAT WOULD BE A GREAT FIT COLLABORATING WITH US, RESULTING IN MAKING FAMILIES AND COMMUNITIES THE HEALTHIEST THEY CAN BE. I WOULD LOVE TO EXPLORE FINDING AREAS THAT WOULD BE A GREAT FIT IN WORKING TOGETHER TO DEVELOP STAFF AND ASSIST GROWING FAMILIES.

WE WANT TO HELP YOU IN YOUR WORK TOO. WHAT DO YOU OR YOUR ORGANIZATION DO FOR FAMILIES?”



Grantee Q&A

Shé-Tiel Coley-Winder
DIVISION OF HEALTHY START &
PERINATAL SERVICES

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Upcoming Webinars:

GBE Webinar Series: Part 2

THURSDAY, JUNE 5 FROM 1:30-3:00 PM ET

GBE Webinar Series: Part 3

THURSDAY, JUNE 12 FROM 1:30-3:00 PM ET

FOLLOW THE LINKS IN THE CHAT TO REGISTER!

GROUP-BASED EDUCATION WEBINAR SERIES, PART 1
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ



Satisfaction Survey

Please take a moment to complete the Zoom poll and provide your feedback on today's webinar.

Thank you!



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